

Incident, Injury, Trauma and Illness Policy

NQS 2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.

NQS 2.2 Each child is protected.

NQS 2.2.1 At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

NQS 2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

NQS 7.1.2 Systems are in place to manage risk and enable the effective management and operation of a quality service.

Introduction

The health and safety of children at Glenaeon Rudolf Steiner Preschool is the responsibility of all staff and educators. Policies and procedures (including documented records) must be in place to effectively manage the event of any incident, injury, trauma or illness that occurs in the service. Young children's innate desire to explore and test their growing capabilities is essential in developing wellbeing. Educators must consider the understanding of all of the elements of wellbeing, and ensure that programs acknowledge both adventure and the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

Aims

Our care and education service will:

- Develop program goals that promote the wellbeing of each child;
- Establish procedures and practice that minimise the risk of harm to children;
- Maintain communication with families to ensure that they are informed of any incidents, injury, trauma and illness to their child/ren as required;
- Ensure that records of any incident, injury, trauma and illness are documented, transmitted to the Department of Education and Communities (as required) and kept in storage according to regulatory requirements; and
- Ensure that this policy is implemented in conjunction with our Emergencies and Evacuation policy, First Aid Policy, Medical Conditions Policy and Infectious Diseases Policy.

High Temperatures or Fevers

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. But sometimes a fever will last much longer, and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child's normal temperature will range between 36.0°C and 37.0°C, this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the service until 24 hours after the temperature/fever has subsided.

When a child has a high temperature or fever, educators will:

- Encourage the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin
- notify parents when a child registers a temperature of 38°C or higher.
- If requested by a parent or emergency contact person, administer Paracetamol in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child. The parent will be asked to sign the Medication Authorisation Form on arrival and the child should not return to the Preschool for a further 24 hours after the child's last temperature.
- complete an illness, Accident & Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

Dealing with colds/flu (running nose)

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

The Preschool have the right to send children home if they appear unwell due to a cold. Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, it can lead to germs spreading to other children, educators, toys and equipment. Management will assess each individual case prior to sending the child home.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours.

Please note: if there is a gastroenteritis outbreak at the service, children will be excluded from the service until the diarrhoea and/or vomiting has stopped for 48 hours.

If there are 2 or more cases of gastroenteritis, Management will report the outbreak to the local health department.

Procedure

The Glenaeon Rudolf Steiner Preschool, Nominated Supervisor(s) and educators consider the development of children's wellbeing as paramount to the educational philosophy of the service. All educators will be aware of the development of wellbeing, and children's emerging capabilities, and plan the program accordingly.

The procedures of the service will include the following:

The Approved Provider will:

- Notify Regulatory Authorities within 24 hours of any serious incident at the Service. The definition of serious incidents that must be notified to the regulatory author is:
 - a) The death of a child:
 - (i) While being educated and cared for by an Education and Care Service or
 - (ii) Following an incident while being educated and cared for by an Education and Care Service.
 - (b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
 - (i) A reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - (ii) For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
 - (c) Any incident where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought
 - (d) Any circumstance where a child being educated and cared for by an Education and Care Service
 - (i) Appears to be missing or cannot be accounted for or
 - (ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
 - (iii) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.
- Ensure a serious incident is documented on an Incident, Injury, Trauma and Illness Record as soon as possible and within 24 hours of the incident.
- Ensuring that incident, injury, trauma and illness records are kept and stored securely until the child is 25 years old (regulations 87, 183).
- Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (regulation 92, 183).

Directors and Nominated Supervisors will:

- Ensure that educators are rostered so that at least one educator who holds a current approved first aid qualification is present at all times that the children are being educated and cared for by the service;
- Ensure the service holds at least one onsite and one portable first aid kit, suitably stocked and maintained;
- Ensure that all staff are aware of the completion of appropriate records.
- Make staff aware of the appropriate accessibility for approved officers and families to these records and the appropriate storage of these records according to regulatory requirements;
- Complete a summary and audit of the Injury, incident, trauma and illness reports to reflect on the effectiveness of the procedures in place at the service;
- Give staff access to appropriate up to date information, or professional development on the management of incidents; and

- Ensure that all staff have access to the Regulations and Law and are aware of their responsibilities under these ensuring that this occurs as part of staff induction or orientation to the service and that position descriptions reflect this responsibility.
- Ensure staff accompany a child and or family to medical attention where needed to support the situation.
- Notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable.

Educators will:

- Ensure that all children have opportunities to engage in experiences that enhance their sense of wellbeing and allow children to develop a sense of assessing risks for themselves as appropriate;
- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe;
- Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing;
- Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times;
- Seek further medical attention for a child if required;
- Be aware of the signs and symptoms of illness/trauma, and update their understanding as part of their ongoing professional development.
- Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness;
- Respond to children showing signs of illness and begin monitoring the symptoms of the child, and recording as appropriate. Educators will contact the child's authorised person to inform them of the illness signs, or to request the collection of the child;
- In response to a child registering a high temperature, follow procedures for temperatures, and complete the incident, injury, trauma and illness record as required;
- Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid;
- Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities;
- Check that equipment and furniture in the service is well maintained and that any materials that may be hazardous are removed or repaired.
- Ensure that hazardous items are inaccessible to children; and
- Be involved in regularly reviewing and discuss policy and procedure and consider any improvements that need to be made to this policy.

Families will:

- Be informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status;
- Inform the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, letters from a medical professional, asthma or anaphylaxis plans etc;
- Be notified of any incident, injury, trauma, or illness as soon as is practicable, but no later than 24 hours after the noted incident, and will be provided with a copy of the report

- Receive access to this policy and notification of its existence;
- Have the opportunity to provide input into the review and effectiveness of policies and procedures;
- Be provided access to information on children's development, the service program, and relevant resources (such as Kidsafe, SIDs and Kids, for example) from the service.

First Aid Kits

All workers must be able to easily access a first aid kit. The first aid kit should provide basic equipment for administering first aid for injuries including:

- cuts, scratches, punctures, grazes and splinters
- muscular sprains and strains
- minor burns
- amputations and/or major bleeding wounds
- broken bones
- eye injuries
- shock.

The contents of first aid kits are to be based on a risk assessment that will be reviewed at least annually or as circumstances or legislation change.

The contents of the first aid kit should be checked regularly and depleting stock or out of date stock replenished.

Statutory Legislation & Considerations

- Education and Care Services National Regulations 2011
- Education and Care Services National Law Act 2010

Sources

- ACECQA – www.acecqa.gov.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015
- National Quality Standard.
- Staying healthy in child care. 5th Edition
- First Aid Workplace - <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>

Evaluation

Educators at the Glenside Rudolf Steiner Preschool respond in a timely manner to any incident, and documentation is completed, shared, and stored as appropriate. Regular reviews of procedures and policy are implemented.

Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Review

Policy Reviewed	Modifications	Next Review Due
Feb 2013 Oct 2014 Dec 2015 Dec 2016	Discussion around accompanying family to medical care	
Jan 2018	<ul style="list-style-type: none"> • Updated the references to comply with the revised National Quality Standards. • Include information about First Aid Kits • Include additional information on the Approved Providers responsibility relating to serious incidents. • Include information on high temperatures, colds and diarrhea and vomiting. 	Jan 2019
March 2019	<ul style="list-style-type: none"> • Include how long incident, injury, trauma and illness and medication records must be kept for. • Add that the NS / Director is responsible for notifying parents / guardians of an incident involving their child. 	March 2020