

INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

The health and safety of all staff, children, families and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Out of School Hours Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

In the event of an incident, injury, trauma or illness, all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 174(2)(a)	Prescribed information to be notified to Regulatory Authority
Sec.176(2)(a)	Time to notify certain information to Regulatory Authority
86	Notification to parents of incident, injury, trauma and illness

87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
93	Administration of medication
97	Emergency and evacuation procedures
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

PURPOSE

Educators have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

SCOPE

This policy applies to children, families, staff, management and visitors of the OSHC Service.

IMPLEMENTATION

Our OSHC Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

We are committed to minimise the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by the [Australian Government- Department of Health and Safe Work Australia.](#)

Our OSHC Service implements procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act.

Identifying signs and symptoms of illness

Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice is required to ensure a safe and healthy environment.

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the service to manage the spread of the virus. These measures may include but are not limited to the following:

- exclusion of unwell staff, children and visitors (symptoms may include fever, coughing, sore throat, fatigue or shortness of breath)
- notifying vulnerable people within the workplace of the risks of the virus/illness including:
 - people with underlying medical needs
 - children with diagnosed asthma or compromised immune systems
 - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- restrict the number of visitors entering the Service
- request parents to drop off and collect children from designated points outside the service
- enhanced personal hygiene for children, staff and parents (including frequent handwashing)
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily

Children who appear unwell at the OSHC Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. A child who is displaying symptoms of a contagious illness (vomiting, diarrhoea) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

Symptoms indicating illness may include:

- behaviour that is unusual for the individual child
- high temperature or fevers
- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- headaches
- stiff muscles or joint pain
- a stiff neck or sensitivity to light
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing

As per our *Sick Child Policy* we reserve the right to refuse a child into care if they:

- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature/fever, or vomiting in the last 24 hours
- have had diarrhoea in the last 48 hours
- have been given medication for a temperature prior to arriving at the Service
- have started a course of anti-biotics in the last 24 hours
- have a contagious or infectious disease
- have been in close contact with someone who has a positive confirmed case of COVID-19

High temperatures or fevers

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

When a child develops a high temperature or fever whilst at the OSHC Service

- Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions
- Educators will notify parents when a child registers a temperature of **38°C** or higher
- The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/guardian or authorised nominee

- The child will need to be collected from the OSHC Service and will not be permitted back for a further 24 hours
- Educators will complete an *Illness, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

Methods to reduce a child's temperature or fever

- encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- if requested by a parent or emergency contact person and written parental permission to administer paracetamol or ibuprofen is recorded in the child's individual enrolment form, staff may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the OSHC Service
- before giving any medication to children, the medical history of the child must be checked for possible allergies
- the child's temperature, time, medication, dosage, and the staff member's name will be recorded in the *Incident, Injury, Trauma and Illness Record*. Parents will be requested to sign and acknowledge the *Administration of Medication Form* or *Administration of Paracetamol Record* when collecting their child.

Dealing with colds/flu (runny nose)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home or be assessed/tested for COVID-19. If a child, employee or visitor is tested for COVID-19, they are required to self-isolate until they receive notification from the Public Health Unit of their test results.

Management has the right to send children home if they appear unwell due to a cold or general illness.

Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing 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)

If a child has diarrhoea and/or vomiting whilst at the OSHC Service, Management will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local public health unit on **1300 066 055 (NSW)**.

Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period.

Children that have had diarrhoea and/or vomiting will be asked to stay away from the OSHC Service for **48 hours** after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

An *Incident, Injury, Trauma and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

Preventing the spread of illness

To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures as per the *Australian Health Protection Principal Committee* guidelines.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the OSHC Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

Prevention strategies

Practising effective hygiene helps to minimise the risk of cross infection within our OSHC Service.

Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel.

All surfaces including cushions and pillows used by a child who is unwell, will be cleaned with soap and water and then disinfected.

Parents, families and visitors are requested to wash their hands upon arrival and departure at the OSHC Service or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)

PARENT/FAMILY NOTIFICATION COVID-19

The Public Health Unit (PHU) will notify the Approved Provider of the OSHC service in the event of a positive COVID-19 diagnosis of a child, employee, parent or visitor and conduct contact tracing. Any decision to close the Service and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the [Regulatory Authority](#) within 24 hours of any closure due to COVID-19 via the [NQA IT System](#).

Serious injury, incident or trauma

In the event of any child, educator, staff, volunteer or contractor having an accident at the OSHC Service, an educator who has a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff.

Incident, Injury, Trauma and Illness Record

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the OSHC Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Parents/Authorised Nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age.

Missing or Unaccounted for Child

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the OSHC Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the OSHC Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or another emergency.

For After School Care, educators will check that all children booked in for a session of care arrives at the expected time. If a child does not arrive at the OSHC Service or nominated collection point, at the expected time educators will follow procedures outlined in the *Arrival and Departure Policy*.

Educators will regularly cross-check the attendance record to ensure all children signed into the OSHC Service are accounted for. Should an incident occur where a child is missing from the OSHC Service educators and the Nominated Supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person
- if the child is not located within a 10-minute period, emergency services will be contacted on 000 and the Approved Provider will notify the parent/s or guardian
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

The Approved Provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

Head Injuries

Any knock to the head is considered a *head injury* and should be assessed by a doctor. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

Trauma

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

MANAGEMENT, NOMINATED SUPERVISORS, RESPONSIBLE PERSON, AND EDUCATORS WILL ENSURE:

- OSHC Service policies and procedures are adhered to at all times
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours
- an *Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- first aid qualified educators are present at all times on the roster and in the OSHC Service
- first aid kits are suitably equipped and checked on a **monthly basis** (see *First Aid Kit Checklist*)
- first aid kits are easily accessible when children are present at the OSHC Service and during excursions
- first aid, emergency anaphylaxis management training, and asthma management training is current and updated as required
- adults or children who are ill are excluded for the appropriate period (see *Sick Children Policy*)
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the OSHC Service, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- parents are notified of any infectious diseases circulating the OSHC Service within 24 hours of detection

- children are excluded from the service if staff feel the child is too unwell to attend or is a risk to other children
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- Appropriate cleaning practices are followed.
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or immediately if a child who is unwell has used toys or resources.
- additional cleaning will be implemented during any outbreak of an infectious illness or virus
- all illnesses are documented in the service's *Incident, Injury, Trauma and Illness Record*

FAMILIES WILL:

- provide up to date medical and contact information in case of an emergency
- provide the OSHC Service with all relevant medical information, including Medicare and **private health insurance**
- provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness
- inform the Service if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

REVIEW

POLICY REVIEWED BY	Charmayne Nathan	Director	13/1/2022
POLICY REVIEWED BY			
POLICY REVIEWED	JANUARY 2022	NEXT REVIEW DATE	JANUARY 2023
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE

JANUARY 2022	<ul style="list-style-type: none"> • review of policy/sources checked for currency <ul style="list-style-type: none"> • Additional information added to section relating to COVID-19 procedures to align with our centre • Dot points rearranged to create a more fluent flow • Information removed that is not relevant to our centre 	JANUARY 2023
--------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------

PROCEDURE IN THE EVENT OF A SERIOUS INCIDENT, ILLNESS, INJURY OR TRAUMA

If an incident or injury occurs whilst a child is receiving education and care at our OSHC Service, the Nominated Supervisor or educator holding approved first aid training will administer First Aid and seek hospital transportation and treatment if required.

Incident or injury management

The Nominated Supervisor/first aid officer/educator will:

- ensure the safety of themselves and others- DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation)
- attend to the child immediately
- assess whether further medical attention is required (hospital or other medical assistance)
- contact Emergency Services for an ambulance on 000
- administer First Aid procedures
- ensure injured child is reassured
- if the illness or incident involves asthma or anaphylaxis, refer to the child's Medical Management Plan or Action Plan
- notify parent/s or nominated authorised person to inform them an ambulance has been called and request them to either:
 - come immediately to the OSHC Service premises or place of incident/injury or
 - meet the ambulance at the hospital
- remain with the child until the ambulance arrives
- ensure any medical conditions/history is readily available (eg: Emergency Action Plan for Asthma or Anaphylaxis)

- Action Plans should provide guidance of First Aid responses in an emergency as provided by the child's doctor and authorised by the child's parents
- as soon as practicable, document details on *Incident, Injury, Trauma and Illness Record*
- Notify Regulatory Authority of any serious incident within 24 hours

Calling an ambulance

Do not hesitate to contact an ambulance if you think emergency services are required.

If a child displays any of the following symptoms or suffers any of the following call 000:

- the child has experienced unconsciousness or an altered state of unconsciousness
- is experiencing difficulty breathing for any reason
- has difficulty breathing and has not responded to reliever inhaler medication (even if they are not diagnosed with Asthma)
- is showing signs of shock
- is experiencing severe bleeding, or is vomiting blood
- has an injury to their head, neck or back.
- could have broken bones
- has an extremely high temperature, with or without a rash

Dial 000 and be prepared to answer the following:

- the address of where the ambulance is required and the closest cross street
- what the problem is
- how many people are injured.
- the child/person's age
- the child/person's gender
- if the child/person is conscious and
- if the child/person is breathing

Emergency Response Procedures

Follow instructions as per the child's ASCIA Action Plans for children who are known to have asthma or allergies including anaphylaxis

- Administer adrenaline autoinjector or reliever inhaler medication (Ventolin) as instructed

- Contact an ambulance **immediately** for any incident involving anaphylaxis
- Contact an ambulance **immediately** for asthma emergencies if the child cannot breathe normally after following their Action Plan for asthma and receiving reliever inhaler medication or if their breathing become worse.

Head Injuries

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital. The child must be closely observed until the parent or guardian collects the child from the educator- or they are transferred to hospital.

- if the child has suffered a head injury and is unconscious, they should not be moved unless there is immediate danger
 - Call for an Ambulance immediately
 - Monitor the airway and breathing until the arrival of an ambulance
 - If breathing stops or they have no pulse, begin CPR immediately