

Incident, Illness, Trauma and Injury

National Law: Section 167, 174

National Regulations: Regulation 12, 85-87, 168, 177-178, 183.

National Quality Framework: Standard 2.1, 2.3

Policy Statement

When groups of children play and learn together, illness and disease can spread from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents may occur. The service is committed to preventing illness and reducing the likelihood of accidents through its risk management and hygiene practices.

The service has a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the service's operation.

The purpose of this policy is to guide educators to manage illness and prevent injury and the spread of infectious illness. The policy will assist the educators to

- Meet the children's needs when they are unwell
- Identify symptoms of illness
- Identify areas that may be hazardous and cause injury
- Monitor and document the progress of an illness
- Guide educators actions when symptoms change
- Notify families or emergency contact when a symptom of an infectious illness, disease or medical condition has been observed
- Notify stakeholders when a doctor has confirmed an infectious illness

Identifying Signs and Symptoms of Illness

It is important to remember that educators and carers are not doctors and are unable to diagnose an illness. To ensure that symptoms are not infectious and minimise the spread of an infection medical advice should always be sought.

Symptoms of an illness can occur in isolation or in conjunction with others. Educators are to be aware of the following symptoms which may indicate a possible infection or serious medical illness or condition.

Symptoms indicating an illness may include

- Behaviour that is unusual for the individual child, such as a child who is normally active and who suddenly becomes lethargic or drowsy
- High temperature or fever
- Loose bowels
- Faeces which is grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear
- Skin that displays rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff neck or other muscular and joint pain
- Continuous scratching of scalp or skin
- Difficulty in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty in breathing

High Temperatures or Fevers

A high temperature is a symptom that can be observed in children and is generally considered to be a mechanism that indicates the body is experiencing an infection. Recognised authorities define a child's normal temperature within a range between 36.5 and 37.5 degrees Celsius and this depends on the age of the child and the time of day.

Children can also experience an elevated temperature for other reasons, which may not indicate an infection. Children may have a higher temperature than normal when they

- Experience discomfort or irritation. E.g. when they are teething or after immunisation
- Are sleeping
- Have been participating in physical activity or exercise

Methods to Reduce a Child's Fever

- Encourage the child to drink plenty of water unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (cultural beliefs may need to be acknowledged)
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin, such as arms and legs

When a Fever Requires Medical Attention

There are several indicators or factors that define when a fever requires immediate medical attention. These are when the child

- Has an earache
- Has difficulty swallowing
- Is breathing rapidly
- Has a rash
- Is vomiting
- Has a stiff neck
- Is very sleepy or drowsy

The Children's Hospital at Westmead, 2010

Dealing with a Runny Nose

The common cold is caused by many different viruses that affect the nose and throat. Young children may have up 8-10 colds each year with the highest number being in their first two years of combined care. Nasal discharge is usually clear to start with and then within a day can become thicker, yellow and sometimes green. Children with clear mucous at the beginning of a cold are most contagious. Towards the end of a cold the body has begun to mount its defences against the virus and white blood cells enter the mucous and give it the green/yellow colour.

Green runny noses that last for longer than 10-14 days or are accompanied by fever, headache, coughing or lethargy should seek medical attention.

National Prescribing Service 2008

Panadol

Fever is one of the body's ways of removing germs. It is generally a sign that there is an infection and that the body is fighting that infection. In the event that your child has a fever the centre will ensure the child is offered additional fluids, remove excessive clothing and monitor the way your child looks, behaves and their level of alertness. Due to the damage that Panadol can cause to the liver, the decision to administer paracetamol will not be made lightly. Parents will initially be contacted and should a fever reach 38 or above and picking up the child is still a little way off then Panadol may be administered by centre employees therefore reducing the risk of convulsions. Parents will be required to sign the medication form upon arrival. "Staying Healthy in Childcare 4th Ed." *Centre's Panadol is for emergencies only.* If you require your child to have Panadol during the day, please supply your own and complete a centre medication form.

Caring for a Child who is Unwell

Excluding sick children and educators is one of the three most important ways of limiting the spread of infection in a child care service. Often children are unwell with the common cold (coughing, runny nose and a slight temperature) but do not display symptoms of an infectious illness that requires exclusion. Although the exclusion of a child may place added pressure on parents and

families with work commitments, educators must ensure the Health and Safety of all other families utilising the service and therefore the need for exclusion from the service is at the Nominated Supervisors discretion.

In the event of a child being unwell, educators are to ensure the child

- Has a quiet place to rest, away from the group when required
- Is encouraged to wash their hands after blowing his/her nose to prevent the spread of germs
- Is encouraged to cover their mouth when coughing and to wash their hands afterwards
- Is monitored for signs of symptoms deteriorating

Monitoring the Symptoms of an Illness

It is important to remember that educators can interpret the severity of the same symptom differently. Multiple people observing symptoms independently of each other may not accurately reflect when changes become more severe and therefore, an illness may become more serious without notice. For this reason, educators are to nominate one person to care for an ill child, who can record any changes in breathing, colour of skin, levels of consciousness or change in temperature.

Documenting Symptoms of an Illness

Documenting symptoms is crucial to the success of monitoring an illness, especially when the conditions change and the child becomes increasingly unwell. Records are an important way of communicating to a family how their child's illness has developed or been managed by educators. Paramedics, medical practitioners and hospitals may use the information collected from educators to diagnose an illness. For example, by documenting a child's temperature every 15 minutes assists educators to determine how quickly the temperature is rising and the possible severity of the illness.

Educators are to record the symptoms of an illness on the *Incident, Injury, Trauma and Illness Record*. The National Regulations require that these records are kept until the child is 25yrs old.

Notifying Families or Emergency Contacts when an Illness is Present

In the event of a child displaying symptoms of an illness requiring exclusion educators are to

- Notify the Administrator and Certified Supervisor in charge.
- Children and educators are to be excluded from the service as per the exclusion policy
- Informing other families and stakeholders of an infectious disease is only to be done after a formal diagnosis from a doctor is received

In the event of not being able to contact a parent or emergency contact, educators are to follow steps outlined in *Caring for a Child who is Unwell, Monitoring the Symptoms of an Illness and Documenting Symptoms of an Illness*.

Protection from Harm and Hazards

The service will take all reasonable precautions to protect children from harm and hazards likely to cause an injury. Reasonable precautions include

- Daily safety checklists
- Secure storage of all hazardous products including chemicals
- An equipment maintenance schedule
- Risk assessments for identified hazards
- Risk assessments for all excursions
- Consumption of hot food and beverages away from children
- Purchasing equipment that meets the Australian standards
- Yearly testing and tagging of electrical equipment
- Safety plugs in electrical outlets
- Fire drills supervised by the Fire Department every 2 years
- Educator work plans and appraisals to ensure compliance with policies and procedures

Not all risks to children and educators can be eliminated from the play space and work environments. However hazards will be identified and managed.

Procedures in the event of a Serious Injury, Incident or Trauma

- Educators will administer the appropriate first aid
- The child will be kept under adult supervision until he/she recovers while fellow educators contact parents or nominated emergency contacts. If nominated persons cannot be readily contacted the service will act on their behalf
- Every accident that occurs at the service regardless of severity MUST be documented. The educators witnessing and managing the accident is required to complete Accident/Incident/Trauma/Injury Form and have it signed by-
 - witnessing educators
 - a Certified Supervisor
 - the child's parent/s
- Incident forms are to be signed by a Certified Supervisor and kept in the office
- Notification needs to be made to the Department of Education and Training. *Form s101*

http://acecqa.gov.au/storage/SI01_NotificationOfSeriousIncident.pdf



Procedures to follow in the event of death

In the event of serious injury or death of either a child or adult occurring on the services premises the following emergency procedures will be taken

Check → For immediate danger, and then commence resuscitation or CPR.

Advise → Need for an Ambulance.

Location → **A second educator will telephone for the ambulance.**

Give the operator the location of the service

Nature → Give the nature of the injury and first aid being administered.

- All other children need to be relocated
- Contact the nominated contacts, in the event of a child, usually parent/guardian OR in the event of an educator, from their employment details
- Calmly advise that there has been an accident: **In the event of a death, educators cannot advise that there has been a death as only a medical doctor can determine this**
- Assign an educator to assist the Ambulance Officers with the casualties details and if necessary travel with the casualty. (Ensure correct educators ratios are maintained at the service – call relief if necessary)

No educator other than the Nominated Supervisor is to give statements to other parents or any other outside organisation, especially the media. Statements will be made after proper consultation with the appropriate authorities and management committee

- All educators directly involved in the incident are to prepare and file accurate documents and record the sequence of events
 - Notification needs to be made to the Department of Education and Training. *Form s101*
- http://acecqa.gov.au/storage/SI01_NotificationOfSeriousIncident.pdf

- Educators need to support family in any possible way. Educators responses to the incident will be monitored and continuing support provided where necessary

Communication with Stakeholders

Educators, Children and Families

The service encourages educators, carers and families to wash their hands with soap (from dispenser or pump pack) at peak times set out in the Hygiene policy. Visual cues will be placed in the bathrooms as a reminder of hand washing techniques.

Management

Management will ensure that all educators will receive training and information pertaining to the identification of illness and providing care for sick children. In the event of educators being absent due to Infectious illness, the service will utilise the use of agency educators if necessary. Management will ensure that all other stakeholders, including families, other educators and departmental bodies, are adequately informed of an infectious illness in a timely manner.

Sources and Further Reading



National Health and Medical Research Council. (2005). *Staying Healthy in Child Care: Preventing infectious disease in child care* (4th Ed.).

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