

INCIDENT, INJURY, TRAUMA & ILLNESS

AUTHORISATION

POLICY TYPE:	Operational
POLICY LOCATION:	Community Services
RESPONSIBLE OFFICER:	CSU Coordinator
AUTHORISED BY:	Director Corporate and Community Services
DATE ADOPTED:	9 July 2024
ADOPTED BY:	Manex
MINUTE NO:	
REVIEW DUE DATE:	July 2026
REVISION NUMBER:	
RELATIONSHIP TO THE COMMUNITY STRATEGIC PLAN	This Policy supports Council's Delivery Program Strategy 4.2 Provide quality, accredited and affordable Education and Care services within Bland Shire and surrounds (Bland Preschool, Family Day Care, Mobile Resource Unit and Toy library Services).

DOCUMENT HISTORY

VERSION NO.	DATE	DESCRIPTION OF AMENDMENTS <i>Include names of former policies that this policy will replace if applicable</i>	AMENDED BY <i>(Where required)</i>
0	October 2018		October 2020
1	March 2021		March 2022
2	May 2022		May 2024
3	June 2024	Reviewed, minimal updates	July 2026

REVIEW OF THIS POLICY

This Policy will be reviewed within Two (2) YEARS from the date of adoption or as required in the event of legislative changes. The Policy may also be changed as a result of other amendment that are to the advantage that Council and in the spirit of this Policy. Any amendment to the Policy must be with the approval of the General Manager/Manex.

1. Purpose:

The purpose of this policy is to guide staff with clear procedures and guidelines in the event that a child is injured, becomes ill or suffers trauma. Ensure appropriate documentation is completed by educators when presented with an incident, illness or trauma.

2. Scope:

This policy document applies to all educators and staff at Bland Shire Children Services Unit.

3. Outcomes:

To clearly advise that Bland Shire Children Services Unit implement and follow guidelines when a child is injured, ill or suffers trauma whilst attending an Education and care service. Children will be provided opportunities to explore, test their capabilities and engage in “Risky play” in a safe, actively supervised environment.

4. Roles and Responsibilities:

The Approved Provider will:

- Notify the Regulatory Authority via the National Quality Agenda IT System (NQAITS) of any serious incident at any Bland Shire Children Services Unit, the death of a child, or complaints alleging that the safety, health or wellbeing of a child was, or is, being compromised.
- Notify CCCFR (Community Child Care Fund Restricted) of any serious incident at any Bland Shire Mobile or Family Day Care Service, the death of a child, or complaints alleging that the safety, health or wellbeing of a child was, or is, being compromised by completing CCCFR – Notification of Serious Incident Form <https://www.dese.gov.au/child-care-package/resources/notification-serious-incident-form> and emailed to CCCFRrestricet@dese.gov.au with “Serious Incident Notification” in the subject line.
- Appoint a First Aid Officer to be the Bland Shire Children Services Unit representative as part of the Bland Shire Council Work, Health and Safety committee.
- Provide opportunities for staff to participate First Aid, CPR, Asthma and Anaphylaxis training as required by the Department of Education and the Australian Children’s Education and Care Quality Authority (ACECQA).

The Nominated Supervisor will:

- Ensure that premises are kept clean and in good repair.
- Ensure that completed medication records are kept until the end of 3 years after the child’s last attendance date.
- Ensure that children’s enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service. In the event a parent/guardian declines this authorisation, seek written advice from the parent/guardian about the action they would like the service to take.
- Ensure that a staff member who holds a current approved first aid qualification is present at all times that children are being educated and cared for by each service.
- Ensure that all staff are aware of the completion of appropriate records (Incident, Injury, Trauma and Illness Record) in the event of any incident, injury, trauma or illness to children whilst in care of the service, and this information is completed no later than 24 hours after the incident occurred.
- In the case of a serious incident, illness, injury or trauma, ensure that an Incident, Injury, Trauma and Illness Record is completed and is documented on the National Quality Agenda IT System (NQAITS) www.acecqa.gov.au/national-quality-agenda-it-system. This must occur within 24 hours of the incident/illness.
- In the case of a serious incident, illness, injury or trauma within an MRU or FDC service, ensure that an Incident, Injury, Trauma and Illness Record is completed and is documented by completing a CCCFR – Notification of Serious Incident Form. This

must occur within 24 hours of occurrence. <https://www.dese.gov.au/child-care-package/resources/notification-serious-incident-form> and emailed to CCCFResticet@dese.gov.au with "Serious Incident Notification" in the subject line.

- Ensure that completed Incident, Injury, Trauma and Illness Records are kept and stored confidentially until the child is 25 years of age.
- Report major incidents/accidents to Council Safety Officer for audit if medical attention has been sought.
- Give staff access to appropriate up to date information, or professional development on the management of incidents.
- Maintain and keep accessible records of the child's emergency contacts.
- Make certain that all staff are aware of their responsibilities ensuring that this occurs as part of staff induction to the service and that position descriptions reflect this responsibility.

Educators will:

- Implement appropriate first aid procedures in accordance with their training when required.
- Seek further medical attention for a child if required.
- Notify the parent/guardian immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable.
- Request the parent/guardian (or Authorised Nominee if parent/guardian is non contactable) make arrangements for the child or children involved in the incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called.
- Record details of any incident, injury, trauma and illness on the record as soon as practicable but completed no later than 24 hours after the incident occurred.
- Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid.
- 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, monitor symptoms of the child, and record appropriately. Staff will contact the child's parent 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 (medical administration policy, or later in this policy), and complete the incident, trauma and illness record as required.
- Report to the Nominated Supervisor as required, all incident, injury, trauma and illnesses.
- Carry emergency contact details on all excursions.

Parent/Families will:

- Provide current emergency contact details and authority for staff to seek medical, dental or other emergency treatment if required. In the event a parent/guardian declines this authorisation, seek written advice from the parent/guardian about the action they would like the service to take.
- Ensure prompt collection of any child who becomes ill or injured whilst attending a service.

- Exclude their child from care if they have a fever over 38C, vomiting or diarrhoea in the previous 24 hours, children who have been sent home with any of these symptoms cannot attend the following day.
- Exclude children who have been medicated for a fever on the morning of contracted care;
- Exclude their child from care if the child has been prescribed a course of antibiotics, medication or anti-fungal medication. They will not be permitted to re-enter the service for at least 24 hours after commencing treatment so that the medication has time to take effect, and to ensure the child has no adverse reactions to the medication.

Notify the Service within 24 hours, if their child has been exposed to, or is diagnosed with any communicable disease or infectious illness.

Recommended Practices:

Prevention Strategies:

- Ensure that all children have opportunities to engage in experiences, ensuring that the spaces are safe.
- 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.
- Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities.
- Regularly check that both indoor and outdoor equipment and furniture is well maintained and that any materials that may be hazardous are removed, repaired or disposed of.
- Ensure that hazardous items are inaccessible to children.
- Be involved in the regular review of and discussions regarding policy and procedure and consider any improvements that need to be made to this policy.
- Review and discuss the cause of any incident, injury or illness and take appropriate action to remove the cause if reasonable.

Watching for, and recording symptoms in children:

Signs and symptoms that suggest that a young child may be quite ill and need urgent medical attention may include the following:

- High fever—a high fever in a young child can be a sign of infection, and needs to be investigated to find the cause. However, fever by itself is not necessarily an indicator of serious illness (see below for more details about fever).
- Drowsiness—the child is less alert than normal, making less eye contact, or is less interested in their surroundings.
- Lethargy and decreased activity—the child wants to lie down or be held rather than participate in any activity, even those activities that would normally be of interest.
- Breathing difficulty—this is an important sign. The child may be breathing very quickly or noisily, or be pale or blue around the mouth. The child may be working hard at breathing, with the muscles between the ribs being drawn in with each breath.
- Poor circulation—the child looks very pale, and their hands and feet feel cold or look blue.
- Poor feeding—the child has reduced appetite and drinks much less than usual. This is especially relevant for infants.
- Poor urine output—there are fewer wet nappies than usual; this is especially relevant for infants.

- Red or purple rash—non-specific rashes are common in viral infections; however, red or purple spots that do not turn white if pressed with a finger require urgent medical referral because the child could have meningococcal disease.
- A stiff neck or sensitivity to light—this may indicate meningitis, although it is possible for infants to have meningitis without these signs.
- Pain—a child may or may not tell you they are in pain. Facial expression is a good indicator of pain in small infants or children who do not talk. General irritability or reduced physical activity may also indicate pain in young children.

These clinical features cannot be relied on to say for certain that a child is seriously ill, nor does their absence rule out serious illness. The more symptoms displayed, the more likely it is that the child may have a serious illness. Illness in infants and young children can progress very quickly. If there is any doubt, educators are to contact the parent/guardian and recommend they seek medical advice without delay.

What to do if a child seems unwell:

- Monitor a child who is observed as having symptom/s of illness.
- If the child is not well enough to participate in activities, or the child presents with symptoms which are considered infectious, educators are to contact their parent and request the child be collected. While waiting for the parent to arrive, keep the child away from the main group of children, if possible. After the child leaves, ensure that any equipment used by the child is cleaned before it is used again. Some infectious agents can persist on surfaces and may cause infection even if an object looks clean or is wiped clean
- In the event the child develops the following - vomiting, diarrhoea (watery bowel motion), loose stools (2+ motions in the day), fever (over 38C), severe/persistent or prolonged coughing, sore throat or difficulty swallowing, discharge from eyes, contact parents for collection of children.
- In the event a child experiences a febrile convulsion call an ambulance (000) immediately, followed by the parent/guardian.

What to do if a child has a fever:

- record the child's temperature with an appropriate child thermometer.
- if the child's temperature is 38C or over contact parents for collection.
- if the child appears flushed and the temperature is under 38C continue to monitor and record temperature every 5 minutes;
- attempt to cool the child - remove excess clothing, sponge with lukewarm water, offer water or ice block.
- place child in a quiet, cool area with full supervision until collected by parent.
- complete relevant documentation.
- families will be encouraged to visit a doctor to find the cause of the temperature.
- If the child's temperature continues to elevate, remains constant and the child is in medical distress, including suffering from febrile convulsions, call an ambulance.
- If the child is less than 3 months old and has a fever above 38 °C, contact the child's parent and ask them to take the child to a doctor.

Documenting a child's illness:

It is important that educators document a child's illness. Include information such as temperatures and the time the temperature was taken, as well as any signs or symptoms the child may be showing. An Incident, Injury, Trauma and Illness Record will need to be completed when a child is sick in care and given to the Nominated Supervisor as soon as possible.

If the illness is identified as a communicable disease, parents/guardians of other children that may have been in contact with the child will be advised as soon as practical.

The Nominated Supervisor is required to report any serious incident to the Regulatory Authority and/or Department of Health within 24 hours of becoming aware of the incident. This may include a child that requires medical attention from a Doctor or hospital.

5. Definitions:

In this policy “staff” and “educators” refers to staff employed by Bland Shire Council Children Services Unit and Educators registered with Bland/Temora Family Day Care. “Volunteers” refers to parents/carers participating in Children Services events.

6. Legislation and Supporting Documents:

ACECQA (2023, v.2) Guide to the National Quality Framework.
Education and Care Services National Law 2010
Education and Care Services National Regulations 2011
Incident, Injury, Trauma and illness Record
Medication Record