

Warradale Community Children's Centre acknowledges the traditional custodians of the land we live on today and we pay our respects to the Aboriginal and Torrens Strait Islander People past, present and emerging.



Incident, Illness, Accident and Trauma Policy

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, practised 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 Regulations

Children (Education and Care Services) National Law	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases

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89	First aid kits
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
174	Prescribed information to be notified to Regulatory Authority
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Aim

This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

Implementation

We have 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 centre's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can help the body fight infection.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

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

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child.
- High Temperature or Fevers.
- Loose bowels.
- Faeces that are grey, pale or contain blood.
- Vomiting.
- Discharge from the eye or ear.
- Skin that displays rashes, blisters, spots, crusty or weeping sores.

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- Loss of appetite.
- Dark urine.
- Headaches.
- Stiff muscles or joint pain.
- Continuous scratching of scalp or skin.
- Difficult in swallowing or complaining of a sore throat.
- Persistent, prolonged, or severe coughing.
- Difficulty breathing.

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. 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 without Panadol.

Methods to reduce a child's temperature or fever.

- 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.
- The child's temperature, time, and the staff member's name will be recorded on the Illness, Accident & Trauma form every 10 minutes until parent arrives, and the parent asked to sign this upon arrival at the centre.

When a child has a high temperature or fever

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the centre and will not be permitted back for a further 24 hours after the child's last temperature.
- Educators will 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.)

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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.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. More severe symptoms may indicate other serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Management has the right to send to 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, 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.

Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

Infectious causes of gastroenteritis include:

- Viruses such as rotavirus, adenoviruses, and norovirus

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- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins.
- Parasites such as Giardia and Cryptosporidium.

Non-infectious causes of gastroenteritis include:

- Medication such as antibiotics.
- Chemical exposure such as zinc poisoning.
- Introducing solid foods to a young child.
- Anxiety or emotional stress.

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

- Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care service.
- S.A. Health recommends that children/educators with signs of gastrointestinal illness (Norovirus) must be excluded from the centre for a period of 48 hours from the last symptom. The Director if in doubt that the child has returned to full health may request a doctor's certificate.

Serious Injury, Incident or Trauma

Regulations require the Approved Provider or Nominated Supervisor to 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.

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(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.

A serious incident should be documented as an incident, injury, trauma, and illness record as soon as possible and within 24 hours of the incident.

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect, or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

'Trauma changes the way children understand their world, the people in it and where they belong.'
[Australian Childhood Foundation 2010] [Making space for learning: Trauma informed practice in schools.](#)

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.

Behavioural Response in Babies and Toddlers who have experienced trauma may include:

- Avoidance of eye contact.
- Loss of physical skills such as rolling over, sitting, crawling, and walking.
- Fear of going to sleep, especially when alone.

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- Nightmares.
- Loss of appetite.
- Making very few sounds.
- Increased crying and general distress.
- Unusual aggression.
- Constantly on the move with no quiet times.
- Sensitivity to noises.

Behavioural responses for Pre-School aged children who have experiences trauma may include:

- New or increased clingy behaviour such as constantly following a parent, carer, or staff around.
- Anxiety when separated from parents or carers.
- New problems with skills like sleeping, eating, going to the toilet, and paying attention.
- Shutting down and withdrawing from everyday experiences.
- Difficulties enjoying activities.
- Being jumpier or easily frightened.
- Physical complaints with no known cause such as stomach pains and headaches.
- Blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust into the way they are feeling. When parents, Educators and staff take the time to listen, talk and play they may find children start to tell 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 takes time to understand how to respond to a child's needs and often their behaviour before parents, educators and staff works out the best ways to support a child. It is imperative to evoke a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent. This is one of the ways children try to manage their experiences.

Educators can assist children dealing with trauma by:

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.

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- Trying different types of play that focus on expressing feelings (e.g., drawing, playing with play dough, dress-ups, and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g., 'you look sad/angry right now, I wonder if you need some help?').

There are several ways for parents, Educators, and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist Families, Educators and Staff may include:

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible.
- Forward planning with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

Leadership will ensure:

- Service policies and procedures are always adhered to.
- Parents / Guardians are notified as soon as practicable of the illness, accident or trauma occurring.
- To complete an Illness, accident, or trauma record accurately and as soon as practicable.
- First aid kits are easily accessible and recognised where children are present at the centre and during excursions.
- First aid, CPR, anaphylaxis management training and asthma management training is current and updated.
- Adults or children who are ill are excluded for the appropriate period.
- Educators and children always practice appropriate hand hygiene.

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- Appropriate cleaning practices are followed.
- Educators or Staff who have diarrhoea/gastro do not prepare food for others and take personal leave until all symptoms have ceased for at least 48 hours.
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- First aid kits are suitably prepared and checked monthly.
- Incident, Injury, Trauma, and Illness Records are completed accurately as soon as practicable following the incident.
- That if the incident, situation, or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Centre 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.
- Notify parents of any infectious diseases circulating the Service within 24 hours of detection
- First aid qualified educators are always present on the roster and in the Centre.
- Exclude children from the Centre if they feel the child is too unwell.
- Complete and acknowledge details in the Administration of Medication Record if required.
- Ensure Medical Management Plans are in date and notify parents when needing updating annually or whenever medication/medical needs change.

Educators will:

- Advise the parent to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours.
- In the event of a child coming with an injury to care to be recorded with photo evidence which is time stamped.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in service.
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register.
- The administration of medications to children needs to be adhered to by staff following the child's action plan or the written direction requirements outlined by their doctor.
- Staff to file old Incident, Trauma and illness records until the child is 25 years old.
- Ensure parents are completing documentation as requested by the educator - Incident, Injury, Trauma, and Illness record and acknowledge that they were made aware of the incident, injury, trauma or illness.
- Ensure medications and medical equipment are stored safely and appropriately.

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Evaluation

- This policy is viewed as working effectively when appropriate guidelines are followed.

Source

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html3
- Staying healthy in childcare. 5th Edition
- Policy Development in early childhood setting
- Revised National Quality Standards

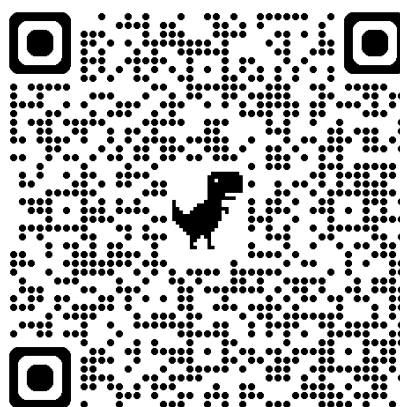
Record of Policy Adoption and Amendment:

Version	Date	Details	Author	Next Review Date
1.0	12/4/18	Policy developed.	Trish Cook	May 2020
1.1	31/8/20	On the Incident, injury, trauma and illness record. The form must be signed yes if there is a possibility that medical attention is sought from a <u>registered practitioner or hospital.</u>	Dian Faranda-Pluke	September 2021
1.2	19/5/21	Reviewed no changes.	Dian Faranda-Pluke Lori Hay	May 2022
1.3	24/7/23	Acknowledgement on top and regulations and minor adjustments made to educator requirements in relation to illness and injury and medication administration.	Michelle and Pamela	December 2024

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1.4	Sept 2024	Added check and record child's high temp every 10 min until parent arrives. Added keep CPR up to date. Added Incident, Injury, Trauma & Illness QR Code	Lori Hay	Sept 2025
1.5	March 2025	Added- In the event of a child coming with an injury to care to be recorded with photo evidence which is time stamped.	Poornima Radhakrishnan	Sept 2025



Incident, Injury, Trauma & Illness Record QR Code