

Incident, Injury, Trauma & Illness Policy

In early childhood illness and disease spreads easily 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 and illnesses may occur. Our Service is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

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 Regulations

Children (Education and Care Services) National Law NSW	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
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PURPOSE

Educators have a duty of care to respond to and manage illnesses, accidents & trauma that 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.

SCOPE

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

Whether or not a person becomes ill in an Education and Care Service depends on three things:

The type of germ—some viruses, such as measles and norovirus, are very infectious. Others, such as Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV) are very difficult to spread in Education and Care Services.

The opportunity for transmission—germs have a greater chance of spreading if, for example, there are inadequate hand-washing facilities or sick children are not excluded from the Education and Care Service.

The person's immunity—people who have been immunised against a particular disease, or who have had that disease before, are unlikely to become ill if they come in contact with that disease. People who have not been immunised; or who do not have natural immunity to that disease have a much higher risk of becoming infected and developing that disease. *Staying Healthy 5th Edition*

Balmain Care for Kids is committed to providing a safe and healthy environment for all those in the Education and Care Service. The ways this is achieved is by:

- Monitoring the immunisation status of the children and Educators
Please Note: that there is a shared responsibility with the monitoring of the immunisation status of those within the Education and Care Services. Families and Team Members must update their information as changes occur.
- **Nominated Supervisors** must complete bi-monthly audits to ensure that immunisation records of all children are up to date at all times.
- Excluding children and Educators from the Services should they display signs of, or are diagnosed with, an infectious illness. This include symptoms such as green and yellow running noses or if body temperatures are recorded above 38 degrees. (Exclusion procedure found below)
- Notifying Public Health of outbreaks of infectious disease.

Policy Guidelines Immunisation

Staying Healthy: Preventing Infectious Disease in Education and Care Services 5th Edition, provides guidance for Educators and families around the care for children who have been recently immunised by following this link:

http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55_staying_healthy_child_care_5th_edition_0.pdf - the relevant information is located on pages 34 – 37.

The Education and Care Services collection of immunisation records for the children is guided by the National Immunisation Schedule as provided below.

NSW Immunisation Schedule



Health

AGE	DISEASE	VACCINE
CHILDHOOD VACCINES		
Birth	Hepatitis B	H-B-VAX II
6 weeks	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type B, hepatitis B, polio Pneumococcal Rotavirus	INFANRIX HEXA PREVENAR 13 ROTARIX
4 months	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type B, hepatitis B, polio Pneumococcal Rotavirus	INFANRIX HEXA PREVENAR 13 ROTARIX
6 months	Diphtheria, tetanus, pertussis, <i>Haemophilus influenzae</i> type B, hepatitis B, polio Pneumococcal	INFANRIX HEXA PREVENAR 13
12 months	<i>Haemophilus influenzae</i> type B, meningococcal C Measles, mumps and rubella	MENITORIX MMR II or PRIORIX
18 months	Measles, mumps, rubella, varicella Diphtheria, tetanus, pertussis	PRIORIX TETRA or PROQUAD INFANRIX or TRIPACEL
4 years	Diphtheria, tetanus, pertussis, polio	INFANRIX-IPV
ADOLESCENT VACCINES		
12 years (Year 7 school vaccination program)	Diphtheria, tetanus, pertussis Human papillomavirus (3 doses) Varicella (catch-up only – ends 31 December 2017)	BOOSTRIX GARDASIL VARIVAX or VARILRIX
ADULT VACCINES		
65 years and over	Influenza Pneumococcal*	INFLUENZA PNEUMOVAX 23
70 years	Shingles (from 1 November 2016)	ZOSTAVAX
AT RISK GROUPS		
6 months and over with medical risk conditions Aboriginal 6 months to < 5 years Aboriginal 15 years and over Pregnant women	Influenza	INFLUENZA
65 years and over Aboriginal 50 years and over Aboriginal 15-49 years with medical risk factors	Pneumococcal (*refer to the current edition of <i>The Australian Immunisation Handbook</i> for timing of doses)	PNEUMOVAX 23

Refer to the current edition of *The Australian Immunisation Handbook* for all medical risk factors and conditions.

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More information for services and families can be found at www.immunise.health.gov.au.

Nominated Supervisors are required to obtain information regarding the child's immunisation

status from the parents at the time of enrolment. This information is to be recorded on the child's enrolment form and a copy of any documentation retained in the child's individual file.

Under the changes to the Public Health Act 2010, before enrolling a child, child care centres **must obtain** documents from parents/guardians that show the child:

- is fully vaccinated for their age, or;
- has a medical reason not to be vaccinated, or;
- is on a recognised catch-up schedule if their child has fallen behind with their vaccinations

From 1 January 2018 [NSW] children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in childcare in NSW. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule will still be able to be enrolled upon presentation of the appropriate form signed by a medical practitioner.

http://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx#1 (NSW Government – Department of Health)

Exclusion

Balmain Care for Kids has a duty of care to all stakeholders who utilise the Education and Care Service to ensure that it is a Safe and Healthy Environment to be in. Each Education and Care Service will be guided by Staying Healthy (5th edition) as to the recommended exclusion periods for infectious diseases.

Condition	Exclusion of case	Exclusion of contacts
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours _n	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours _n	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours _n	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours _n	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group

Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza- like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded for non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours _n	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours _n	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours _n	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in nonimmunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours _n	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

Notifiable Diseases

Balmain Care for Kids will notify the relevant Public Health Unit for their State if any of the following Notifiable Diseases occurs in the Service or is brought to their attention by a parent or legal guardian after a diagnosis is confirmed.

Education and Care Services should notify Public Health if a child or adult in the service has:

- Diarrhoea (if there are two or more cases)
- Diphtheria
- Haemophilus influenzae type B (Hib)
- Hepatitis A
- Measles
- Meningococcal infection
- Mumps
- Norovirus infection (if there are two or more cases)
- Rubella
- Salmonella Infection (if there are two or more cases)
- Whooping Cough.

The Nominated Supervisor will record the illness onto the Illness Log and notify the General Manager and then call the Public Health Unit (generally in cases of Notifiable Diseases that have been diagnosed by a medical practitioner they will have already notified Public Health).

Public Health Units State or territory	Authority	Phone	Web
New South Wales	NSW Health—Public H Division	02 9391 9000 (g switchboard)	www.health.nsw.gov.au/publichealth/index.asp (includes contact details for local public health units in NSW)

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 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 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. 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 Educators will....

- Notify guardians when a child registers a temperature of 38°C or higher
- Encourage the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids, or give them a tepid bath
- 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
- Contact guardians to administer Paracetamol (Panadol or Nurofen) in an attempt to bring the temperature down. However all parents have consented via their enrolment forms that staff can administer Paracetamol (Panadol or Nurofen). A parent or emergency contact person must still collect the child.
- The child's temperature, time, medication, dosage and the staff member's name and witness will be recorded on an *Incident, injury, trauma & illness report* (green), and the parent will be asked to sign the Incident Form on arrival as acknowledgment of the illness
- Ensure the child is collected from the service. They can return to the centre the following day if it is a day of their enrolled attendance pattern, provided the child does not have a temperature above normal.

If the temperature registers 39°C and cannot be reduced then the Educator / Nominated Supervisor will call for an ambulance to take the child to Royal Prince Alfred Hospital for immediate medical attention.

If the guardian or emergency contact has not arrived at the time of the ambulance arriving, it is permissible for a staff person to ride in the ambulance and remain with that child until guardian or emergency contact has arrived at the destination. A copy of the *incident, injury, trauma & illness report* and contact details should be with staff person accompanying the child so they can give this to the doctor / and or guardians when they arrive.

In some cases, a child may have febrile convulsions, which are physical seizures caused by the fever.

They usually last only a few seconds or minutes, however you should call an ambulance if;

- The convulsions last for more than 5 minutes
- If the child does not wake up when the convulsions stop
- Or if they look very ill when the convulsions stop

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. Watch for any new or more severe symptoms—these may indicate other, more 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 have the right to send children home if they appear unwell due to a cold. Children can become distressed and lethargic when unwell. 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.

Teething

If the child is showing signs of discomfort, staff are to administer Bonjela (Teething Gel) as per our Product Consent Form. Temperatures due to teething may be treated during the day by staff. If a child has continued temperatures or signs of discomfort, then the parents will be contacted to collect their child.

Diarrhoea and Vomiting

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 can disappear in a few days but most diarrhoea is infectious and parents are to seek medical advice. 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.

If a child has two diarrhoea episodes at the Centre parents will be notified and are to collect their child within one hour. Children with diarrhoea or vomiting are to be excluded from the Centre until these episodes have stopped for at least 24 hours. If a child has had diarrhoea overnight, then they are not permitted to attend the Centre the next day as they could still be contagious.

In some circumstances diarrhoea may not be contagious however we require a medical certificate certifying that they are fit for attendance and not contagious to other children. If a medical clearance/certificate is provided the child is able to attend the service even within the 24 hour period.

Educators with diarrhoea or vomiting are to be excluded from the Centre until these episodes have stopped for at least 48 hours, or are able to provide a Doctors clearance certifying they are not contagious and are fit for work.

Infectious causes of gastroenteritis include:

- Viruses such as rotavirus, adenoviruses and norovirus
- 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 parent and doctor will need to know the details of the child's illness while the child was at the education and care service so a copy of the *Incident, injury, trauma & illness report* can be provided to the parent/guardian if needed.

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

Green and Yellow Running Noses

If a child has discharge from the nose that is green or yellow in colour and they are at the Centre, staff will contact parents and ask that they be collected as soon as possible. They cannot return to the Centre until it has returned to a clear colour. If parents notice that their child has green or yellow discharge coming from the nose in the morning before attending the Centre, please do not send them in that day. They are able to return to the centre when the discharge has returned to a clear colour. We will require a certificate from a Doctor certifying that they are fit for attendance and not contagious to other children if they do attend while the discharge is still coloured.

Head Lice

Parents will be contacted if Head Lice are found on their child, children must be collected within an hour. After you have treated your child for head lice, they may return to the Centre.

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.
- (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 on a *Incident, injury, trauma and illness record* as soon as possible and within 24 hours of the incident.

Procedure for all staff to follow if a serious incident occurs and requires medical attention:

If a child has a serious injury that needs urgent medical attention then the following steps must be taken:

1. Administer / apply first aid to the child by a qualified first aid staff person;
2. Assess the situation as to the severity of the incident – if an extreme emergency, child unconscious or life threatening – call 000 immediately.
3. If situation is not severe (as per point 2)- contact the nominated legal guardians of the child on all numbers supplied to come and collect the child to get medical attention;
4. If these contacts cannot be contacted, then you must call the emergency contact details on the child's enrolment form in their file in the office or in QikKids system to come and collect the child to get medical attention;
5. If none of these contacts are available or cannot be reached, then you must call 000 for an ambulance.
6. If the guardian or emergency contact has not arrived at the time of the ambulance

arriving, it is permissible for a staff person to ride in the ambulance and remain with that child until guardian or emergency contact has arrived at the destination. A copy of the *incident, injury, trauma & illness report* and contact details should be with staff person accompanying the child so you can give this to the doctor / and or guardians when they arrive.

Under no circumstances must any staff person use their own vehicle or a private vehicle such as a cab to take the child to a doctor or the hospital.

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
- 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 more jumpy 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 work 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 behaviour and noting the feelings of the child.
- 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.
- 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 a number of 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 carer or staff member if possible.
- Planning ahead 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.

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 service'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 actually help the body fight infection.

Management reserves the right to ask guardians to produce a medical clearance for their child or otherwise has the right to call the child's guardians to collect them from the service if they believe the child is not fit to attend the service.

Management/Nominated Supervisor/Responsible Person will ensure:

- Service policies and procedures are adhered to at all times
- Parents or Guardians are notified **as soon as practicable** no later than 24 hours of the illness, accident or trauma occurring.
- *Incident, injury, trauma & illness records* are completed accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions.
- Staff are completely immunised upon employment – part of the induction process
- First aid, anaphylaxis management training and asthma management training is current and updated
- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Educators or Staff who have diarrhoea do not prepare food for others.
- 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 on a monthly basis (First Aid Kit Record)
- *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 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.**
- Notify parents of any infectious diseases circulating the Service within 24 hours of detection
- Educators qualifications (including first aid qualifications) are displayed where they can be easily viewed by all educators, families & authorities
- Exclude children from the Service if they feel the child is too unwell

Educators will:

- Advise the parent to keep the child home until they are feeling well and they have not had any symptoms for the appropriate exclusion period

- 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

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.html
- Staying healthy in child care. 5th Edition
- Policy Development in early childhood setting
- First Aid Workplace - <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>
- Revised National Quality Standards

Review

Policy Reviewed	Modifications	Next Review Date
January 2018	Streamlined 2 health policies into 1 policy Updated information regarding Children's immunisations and requirements	December 2018
May 2019	Slightly changed wording to be clearer.	May 2020

