

POLICY – INCIDENT, INJURY, TRAUMA, AND ILLNESS

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1. National Quality Standard

Area	Concept	Descriptor
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.

2. Purpose

- 2.1 Staff have a duty of care to respond to and manage incidents, injury, trauma and illness that may occur at the service to ensure the safety and wellbeing of children, educators and visitors. This policy will provide guidance to manage these events and prevent their reoccurrence or spread of infectious diseases.

3. Scope

- 3.1 This policy applies to children, families, staff, management, and visitors of the service.

4. Policy Statement

- 4.1 Baringa is committed to the safety, wellbeing, and support of all children in our care. The Provider is committed to reducing illness and the likelihood of accidents through its risk management and effective hygiene practices.

5. Notifications to Regulatory Authority

- 5.1 Under the National Law and Regulations, the Approved Provider must notify the Regulatory Authority of any:
- serious incidents
 - complaints
 - circumstances at the service which pose a risk to the health, safety or wellbeing of children
 - any incident or allegation that physical or sexual abuse of a child or children has occurred or is occurring while the child or children are being educated and cared for by the service.
- 5.2 The Baringa Board as the Approved Provider has delegated responsibility to the Nominated Supervisor or Management to submit notifications to the Regulatory Authority.
- 5.3 Where it is not practicable for the Nominated Supervisor or Management to submit notifications to the Regulatory Authority within the prescribed timeframes, the Person in Day-to-Day Charge and/or any Responsible Person must submit the notification to the Regulatory Authority.
- 5.4 The Notification Types and Prescribed Timeframes for submitting notifications to the Regulatory Authority, and the relevant Laws and Regulations are set out on the ACECQA Website: <https://www.acecqa.gov.au/resources/applications/notification-types-and-timeframes>
- 5.5 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, with any evidence attached.

Serious Incidents

- 5.6 The prescribed timeframe to notify the Regulatory Authority of serious incidents – whether actual or alleged – is within 24 hours of the incident, or within 24 hours of when the Service was made aware of the incident.
- The definition of serious incidents is set out on the ACECQA Website: <https://www.acecqa.gov.au/resources/applications/reporting>.
 - In determining whether an incident could possibly constitute a 'serious incident' a conservative interpretation will be applied. A notification will be submitted to the Regulatory Authority within 24 hours of the incident or Baringa being informed of the incident.
 - If relevant, further information can be provided to the Regulatory Authority at a later date, such as following an internal review if applicable.
- 5.7 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, with any evidence attached.

Other Notifiable Incidents

- 5.8 The prescribed timeframe to notify the Regulatory Authority of the following incidents – whether actual or alleged – is within 7 days of the incident, or within 7 days of when the Service was made aware of the incident:
- Where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring at the service; or
 - Any allegation that sexual or physical abuse of a child has occurred or is occurring at the service; or
 - Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service.
 - Further information is on the ACECQA Website: <https://www.acecqa.gov.au/resources/applications/reporting>.

6. **Illnesses**

Identifying signs and symptoms of illness

- 6.1 Early Childhood 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.
- 6.2 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 display rashes, blisters, spots, crusty or weeping sores
 - Loss of appetite
 - Dark urine
 - Headaches
 - Stiff muscles or joint pain
 - Continuous scratching of scalp or skin
 - Difficulty in swallowing or complaining of a sore throat
 - Persistent, prolonged or severe coughing
 - Difficulty breathing

High Temperatures or Fevers

- 6.3 Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.
- 6.4 Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.
- 6.5 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.

Colds or Flus

- 6.6 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.
- 6.7 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.
- 6.8 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.

Diarrhoea & Vomiting (Gastroenteritis)

- 6.9 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.
- 6.10 However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously.
- 6.11 If a child has diarrhoea and/or vomiting whilst at the service, Centre Management will notify parents or an emergency contact to collect the child immediately. If the service has a total of three cases of gastroenteritis, the ACT Health must be notified.
- 6.12 Children that have had diarrhoea and/or vomiting will be asked to stay away from the service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.
- 6.13 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.
- 6.14 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.
- 6.15 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.
- 6.16 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.

Trauma

- 6.17 Trauma is defined as 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 effect 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).
- 6.18 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.
- 6.19 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.
- 6.20 Behavioural response in pre-school aged who have experienced 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.
- 6.21 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.
- 6.22 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.
- 6.23 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.
- 6.24 Living or working with traumatised children can be demanding so it is important to be aware of your own responses and seek support from management when required.

7. **Responsibilities**

- 7.1 Centre Management, Responsible Persons and Educators:
- a) Service policies and procedures are adhered to at all times.
 - b) Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.
 - c) 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.
 - d) An Illness, accident or trauma record is completed accurately and in a timely manner as soon after the event as possible.
 - e) First aid qualified educators are present at all times on the roster and in the Service.
 - f) First aid kits are suitably equipped and checked on a monthly basis (see First Aid Kit Record).
 - g) First aid kits are easily accessible when children are present at the Service and during excursions.
 - h) First aid, anaphylaxis management training, and asthma management training is current and updated as required.
 - i) Adults or children who are ill are excluded for the appropriate period.
 - j) Educators or staff who have diarrhoea or an infectious disease do not prepare food for others.

- k) Cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria.
- l) 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.
- m) Parents are notified of any infectious diseases circulating the Service within 24 hours of detection.
- n) Children are excluded from the service if staff feel the child is too unwell to attend or is a risk to other children.
- o) Staff and children always practice appropriate hand hygiene.
- p) Appropriate cleaning practices are followed.
- q) Toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register.
- r) All illnesses are documented in the service Illness Register.

8. Related Education and Care Services National Regulations

Regulations	
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
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
176	Time to notify certain information to Regulatory Authority

9. Feedback

Families, staff and other stakeholders they may provide feedback to admin@baringa.org.au.

10. Approval and Review Details

Approval and Review	Details
Approval Authority	Management
Administrator	Centre Director
Next Review Date	31 December 2026

History	Details
Amendment History	24 November 2023: Updated as part of review cycle.
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