

# Only Early Learning Centre



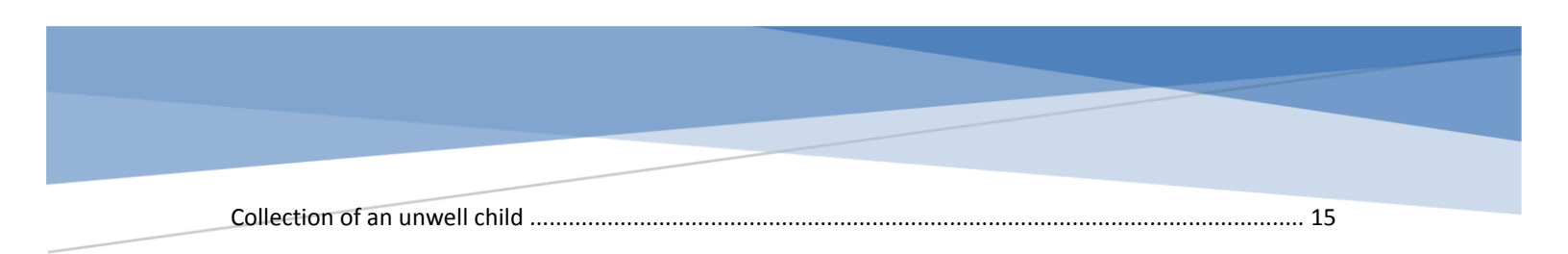
## Incident, Injury, Trauma and Illness Policy

Policy Number 10

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## Aim

Only Early Learning Centre aims to ensure that immediate action is taken in the case of any incident, injury, trauma, illness or accident and that emergency treatment is carried out where required. Accurate records will be completed and kept. Only Early Learning Centre aims to ensure that all children and staff members are administered first aid where required by qualified first aiders in accordance with the Education and Care Services National Regulations 2011. Only Early Learning Centre aims to ensure that all educators are aware of potential hazards to children at every age and developmental stage. Management and educators are responsible for taking the necessary precautions to prevent all injuries and accidents.

## Who is affected by this policy

Children  
Educators  
Staff  
Management  
Visitors  
Families

## Accident Prevention

Learning, exploring and developing new skills always involve challenges and risks for young children. It is the responsibility of Only Early Learning Centre to ensure that the environment is as safe as possible and that the risk of accidents is minimised.

### Supervision

Educators throughout each age grouped learning environment will be involved and aware of the behaviours and the developmental ability of each child in their care. Educators will be aware of each child's abilities, establish clear boundaries, be aware of potential hazards, position themselves in an effective position when supervising and implement active supervision to minimise the risk of accidents.

- See Only Early Learning Centre Supervision Policy for more information.

### Safe Space Arrangement

Educators throughout each age grouped learning environment will carefully plan for children's play spaces to minimise the risk of accidents occurring. High traffic slow areas will not have obstructions added to them. Play spaces will be defined so that the children understand what experiences will be in which area. Educators will organise play spaces that can be flexible according to the children's interests. During sleep time, the children's beds will be organised in a way to ensure that children can move easily between them.

- See Only Early Learning Centre Safe Sleeping Policy for more information.

## Developmentally Appropriate Experiences

Children will be offered with experiences that match their needs, interests, abilities and developmental stage. Educators will provide appropriate activities and resources that the children can use without a high risk of accidents occurring. Gross motor activities will be planned to accommodate for the physical size of the children participating. During family grouping times of the day, children will not move into learning environments that are older than their age.

## Indoor Learning Environments

Within each indoor learning environment, the following items and areas will be organised and maintained to ensure that the child are safe and the risk of injury from accidents is minimised:

- Furnishings
- Windows
- Phones and cords
- Plants
- Hazardous materials
- Hallways and stairs
- Gates and doors
- Wiring, electrical plugs and appliances
- Toys and resources
- Kitchen areas
- Sleep rooms
- Bathrooms

The Workplace Health and Safety Committee will monitor these items and areas through the Daily Safety Checklist, Monthly Safety and Maintenance Checklist and Random Monthly Spot Checks.

## Serious Incidents and Accidents

The Approved Provider must notify the Regulatory Authority of certain incidents while a child or children are being educated and cared for by a service.

**The notification of a serious incident to the Regulatory Authority is needed where emergency services attended an education and care service in response to an emergency, rather than as a precaution or for any other reason. An emergency is defined as an incident, situation or event where there is an imminent or severe risk to the health, safety and wellbeing of any person present at a service.**

- The above was taken from the ACECQA Key Changes to Notifications, Incidents and Complaints Factsheet from October 2017.

A serious incident can include:

- The death of a child while that child is being educated and cared for at a service or following an incident while that child was being cared for by the service
- A serious injury or trauma while the child is being educated and cared for, which:
  - o required urgent medical attention from a registered medical practitioner; or
  - o the child attended or should have attended a hospital (e.g. a broken limb)
- Any incident involving serious illness at the service, where the child attended, or should have attended a hospital (e.g. severe asthma attack, seizure or anaphylaxis)
- Any circumstance where a child appears to be missing or cannot be accounted for
- Any circumstance where a child appears to have been taken or removed from the service premises by someone not authorised to do this
- Any circumstance where a child is mistakenly locked in or locked out of the service premises or any part of the premises
- Any emergency for which emergency services attended.

A serious injury can include:

- Amputation
- Anaphylactic reaction requiring hospitalisation
- Asthma requiring hospitalisation
- Broken bone/Fractures
- Burns
- Epileptic seizures
- Head injuries

**Section 174(2)(a) Regulation 12, states that the Approved Provider is responsible for contacting the Regulatory Authority of a Serious Incident within 24 hours of the incident.**

#### **Procedure for Responding to a Serious Incident**

1. Immediately call for other staff members to come and help.
2. Call an ambulance.
3. Identify educators who have their approved first aid qualification.
4. Immediately establish priority treatment areas.
5. Where determined required, give immediate first aid treatment. This could be in the form of CPR if it is required.
6. Notify the Centre Director or Responsible Person as soon as possible.
7. Notify the child's parent, guardian and emergency authorised contact.
8. Notify the Regulatory Authority within 24 hours.
9. Ensure an Accident Report is completed.

## Incidents and Accidents

Although Only Early Learning Centre aims to prevent all accidents from occurring, there are still situations in which children can become injured whilst at the service due to accidents.

### Regulations

The following are legal regulations that all services in New South Wales must follow. The Approved Provider, Nominated Supervision, Centre Director and Responsible persons will ensure that these regulations are upheld and carried out as required.

The Approved Provider must ensure that an Accident Report is completed, signed and dated as soon as reasonably possible within 24 hours of an accident occurring.

The Approved Provider must ensure that a parent, guardian or authorised emergency contact is notified of an accident as soon as practical, but no later than 24 hours following the accident.

The Approved Provider must keep a copy of each Accident Form until the child is 25 years of age.

The Approved Provider must ensure that the weekly educator roster is created to ensure that there is at least one person with a childcare authorised first aid qualification on the premises at all times. This qualification must be HLTAID004.

### Procedure for Responding to a Minor Accident

1. Ask for help from other educators if required.
2. Identify an educator who holds a current and authorised first aid HLTAID004 qualification.
3. If required, bring the child to the office to be examined by the Responsible Person.
4. Fill out an Accident Form.
5. Notify the Nominated Supervisor, Centre Director or Responsible Person of the accident and ensure that they complete the required sections of the report.
6. Notify the child's parent, guardian or authorised emergency contact if the injury is **above the shoulders, there is blood, broken skin, bruising or if requested by the Responsible Person.**
7. Ensure that the Accident Report is signed by a parent, guardian or emergency contact as soon as possible.
8. Once the form has been signed, ensure the completed form is signed off on by the Responsible Person and filed away as required.

### Accident Report

The Accident Reports utilised by Only Early Learning Centre include the following sections, required by the Education and Care Services National Regulations:

- Details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected while being educated and care for by the education and care service including:
  - The name and age of the child
  - The circumstances leading to the incident
  - The time and date the incident occurred

- Details of the action taken by the service in relation to the accident or injury which a child has suffered while being educated and cared for by the education and care service including:

- Any first aid provided
- Any medical personnel contacted
- Details of any person who witnessed the accident or injury
- The name of any person whom the education and care service notified or attempted to notify of the accident or injury
- The time and date of the notifications or attempted notifications
- The name and signature of the person making an entry in the record and the time and date that the entry was made

### **Monitoring Children following Accidents**

Only Early Learning Centre educators and management will ensure that children are closely monitored following accidents that have caused an injury with potential to become increasingly worse, cause further harm to the child or has resulted in an injury in a sensitive area of the body. The procedure for monitoring a child is:

1. Completed the above procedure for the response to minor accidents and injuries
2. Notify a parent, guardian or authorised emergency contact that the child will be monitored for an hour following the accident.
3. Use the Monitoring Section of the Accident Report to document that hour following the accident.

This section includes:

- a. Recording the name of the parent, guardian or authorised emergency contact that was notified of the monitoring
- b. The time that the parent, guardian or authorised emergency contact was notified of the monitoring
- c. The name of the educator that communicated that the child was being monitored
- d. The method of communication between the parent, guardian or authorised emergency contact and the educator responsible
- e. Any details of the conversation
- f. The start and finish times of the hour monitoring period
- g. The educator responsible for the monitoring of the child
- h. Anything that the child ate or drank during the monitoring period
- i. If the child used the toilet or passed urine or faeces in a nappy during the monitoring period
- j. If the child has any signs of pain or discomfort during the monitoring period
- k. The general interactions had with the child during the monitoring period

A member of Management or the Responsible Person is to be notified of all monitoring of children. They are required to meet with the child and educator responsible prior to the monitoring period beginning and after each monitoring period has finished. Monitoring periods of one hour will continue until the child is cleared to return to normal care by a member of Management or the Responsible Person, or they are collected by a parent, guardian or authorised emergency contact.

Please note: The length of the monitoring period can be altered to appropriately reflect the severity of the injury, as determined by a member of Management or the Responsible Person.



## Administration of First Aid

The capacity to provide prompt basic first aid is particularly important in the context of an early childhood service where educators have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

### Regulations

The Approved Provider must ensure that the following qualified people **at all time times in attendance** at any place children are being educated and cared for by the service and immediately available in an emergency.

- At least one staff member of the service who holds a current approved first aid qualification – HLTAID004
- At least one staff member of the service who has undertaken current approved Anaphylaxis management training
- At least one staff member of the service who has undertaken current approved Emergency Asthma management training

### Qualification Renewal

The industry standard is that First Aid qualifications should be renewed every three years, and that a refresher training in CPR should be undertaken annually. Only Early Learning Centre encourages all educators to renew their qualifications as per this industry standard.

The following first aid actions are only to be conducted or witnessed by staff members at Only Early Learning Centre that hold a current and approved First Aid qualification:

- Taking a child's temperature
- Signing as a witness to a child's temperature being taken
- Administering any kind of first aid
- Carrying medication bags
- Administering any kind of medication

In the event of a medical, allergic, anaphylactic or asthma emergency, emergency administration of medication or first aid will be conducted, where possible, by a staff member with a current and approved first aid qualification.

### First Aid Kits

A number of first aid kits are always accessible and are suitable equipped and maintained at the service. To maintain these kits, time is given to the Workplace Health and Safety committee to monitor the contents of first aid kits and to arrange replacement stock.

Only Early Learning Centre has a number of portable first aid kits which can be taken in the event of an evacuation or excursion.

There will be Safety Signs indicating where the first aid kits are located in all areas of the centre.

## **Providing First Aid**

Whilst administering first aid the educators at Only Early Learning Centre will:

- Ensure that all children are adequately supervised whilst receiving first aid treatment and comfort is given to children involved in an incident or suffering trauma
- Ensure that the details of any first aid administered is recorded on an Accident Record.

## **Illness Prevention**

The way that children interact with each other and with adults in education and care services means that diseases can quickly spread in a variety of ways. Only Early Learning Centre recognises the chain of infection in the spreading of illness and infectious diseases. This chain includes:

1. The germ has a source
2. The germ spreads from the source
3. The germ infects another person

This chain of infection can be stopped at any time using the following procedures that are implemented by the educators and children.

### **Effective Hand Washing**

Hand hygiene is one very effective way to control the spread of infection. The most effective method of hand hygiene is using soap and water. Washing hands with soap and running water loosens, dilutes and flushes off dirt and germs. This is the effective illness prevention tool use at the service.

\* See Only Early Learning Centre Health and Hygiene Policy for further information about the services hand washing procedures.

### **Appropriate Use of Gloves**

Gloves provide a protective barrier against germs. When educators and other staff wear gloves appropriately, they protect both themselves and the children in their care from potential infection, although wearing gloves does not replace the need to wash hands.

### **Effective Environmental Cleaning**

Some germs can survive in the environment, usually on surfaces such as bench tops, door handles and toys. Reducing the number of germs in the environment can break the chain of infection. Routine cleaning with detergent and water, followed by rinsing and drying, is the most useful method for removing germs from surfaces and is used daily within the cleaning procedures at Only Early Learning Centre. Detergent and water is made up fresh daily in a clean, dry container.

# Illness and Infectious Disease

## Regulations

If there is an occurrence of an infectious disease at an education and care service, the approved provider of the service must ensure that reasonable steps are taken to prevent the spread of the infectious disease at the service.

If there is an occurrence of an infectious disease at a centre-based service, the approved provider of the service must ensure that a parent or an authorised emergency contact of each child being educated and cared for by the service is notified of the occurrence as soon as practicable.

## Watching for Symptoms

Management and educators at Only Early Learning Centre will constantly monitor the children in their care so that symptoms of illness can be identified as soon as possible. These illness symptoms include:

- High Fever
- Drowsiness
- Lethargy and decreased activity
- Breathing difficulty
- Poor circulation
- Poor feeding
- Poor urine output
- Red or purple rash
- Stiff neck or sensitivity to light
- Pain

## Procedure for Unwell Children

If a child becomes ill whilst at the service:

- The child will be closely monitored by an educator until the child becomes well or a parent or guardian of the child arrives at the service. Where possible, the unwell child will be separated from the other children.
- If urgent medical treatment is required, immediate steps will be taken to secure treatment
- All children who present with any of the illnesses mentioned within this policy will be sent home including ear, eye or discoloured nasal discharge, any undiagnosed rash, high temperature, infectious sores or diseases, vomiting, loose bowel movements or any other obvious signs of ill health.
- Parents or guardians will be required to collect their child from the centre within 1 hour of being notified of their child's illness.
- If a parent cannot be reached, the centre will begin attempting to contact the Emergency Contacts listed on the child's enrolment form.
- **If the child is not collected within 1 hour, the parents may be charged an additional late fee.**

## Illness Report

The Illness Reports utilised by Only Early Learning Centre include the following sections, required by the Education and Care Services National Regulations:

- Details of any illness which becomes apparent while the child is being educated and cared for by the education and care service including:
  - The name and age of the child
  - The relevant circumstances surrounding the child becoming ill and any apparent symptoms
  - The time and date of the apparent onset of the illness
  - Any medication administered or first aid provided
  - Any medical personnel contacted
  - Details of any person who witnesses the illness symptoms
  - The name of any person whom the education and care service notified or attempted to notify
  - The time and date of the notifications and attempted notifications
  - The name and signature of the person making an entry in the record and the time and date that the entry was made

## Illness Exclusion Periods

The aim of exclusion is to reduce the spread of infectious diseases. The less contact there is between people who have an infectious diseases and people who are at risk of catching the disease, the less chance the disease has of spreading. The need for exclusion and the length of time a person is excluded will depend on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be.

### Minimum Exclusion Periods Strictly Implemented by Only Early Learning Centre

| Condition                              | Minimum Exclusion Period   |
|--|--|
| Conjunctivitis                         | Excluded until discharge from the eyes has stopped.  |
| Diarrhoea                              | Exclude until there has not been a loose bowel motion for 24 hours.  |
| Fungal infections of the skin or nails | Exclude until the day after starting appropriate antifungal treatment  |
| Hand, foot and mouth disease           | Exclude until all blistered have full dried.   |
| Haemophilus Influenzae Type B          | Exclude until the person has received appropriate antibiotic treatment for at least 4 days.                            |
| Head Lice                              | Not excluded if effective treatment begins before the next day at the centre. The child does not need to be sent home. |

|                         |  |
|-------------------------|--|
| Hepatitis A             | Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice. |
| Herpes Simplex          | Not excluded if the person can maintain hygiene practices to minimise the risk of transmission.                    |
| Impetigo                | Exclude until appropriate antibiotic treatment has started. Sores should be covered with a watertight dressing.    |
| Influenza               | Exclude until the person is well.  |
| Measles                 | Exclude for 4 days after the onset of the rash.  |
| Meningitis              | Exclude until person is well.  |
| Meningococcal Infection | Exclude until appropriate antibiotic treatment has been completed.   |
| Mumps                   | Excluded for 9 days or until swelling goes down.   |
| Norovirus               | Exclude until there has not been a loose bowel motion or vomiting for 48 hours.                                    |
| Whooping Cough          | Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing.   |
| Pneumococcal Disease    | Exclude until person is well.  |
| Rotavirus Infection     | Exclude until there has not been a loose bowel motion or vomiting for 24 hours.                                    |
| Rubella                 | Exclude until the person has fully recovered or for at least 4 days after the onset of the rash.                   |
| Salmonellosis           | Exclude until there has not been a loose bowel motion for 24 hours.  |
| Scabies                 | Exclude until the day after starting appropriate treatment.  |
| Shigellosis             | Exclude until there has not been a loose bowel motion for 24 hours.  |
| Scarlet Fever           | Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.                   |
| Tuberculosis            | Exclude until medical certificate is produced from the appropriate health authority.                               |
| Chickenpox              | Exclude until all blisters have dried. Usually at least 5 days after the rash first appeared.                      |
| Worms                   | Only exclude if loose bowel movements occur. If not, exclusion is not necessary if treatment has begun.            |

**Only Early Learning Centre has the right to continue to exclude any child or staff member that produces a Doctors Certificate before the end of their exclusion period.**

## Notifiable Disease

It is common for young children to pick up infections. Young children are still building up immunity and are more likely to be susceptible to many different infections. Under the Public Health Act certain diseases must be reported to the Public Health Unit.

In accordance with the NSW Public Health Act, Only Early Learning Centre will notify the Public Health Unit as soon as possible if it is suspected or we are aware that an enrolled child has one of the following diseases:

- Diphtheria
- Haemophilus Influenzae Type B (Hib)
- Measles
- Meningococcal Disease
- Mumps
- Whooping Cough
- Poliomyelitis
- German Measles
- Tetanus

## Managing Acute Fever

Where a child is suspected of having a temperature above 37.5 degrees they are to:

1. Contact a member of the Management Team and request that they visit the classroom to take the child's temperature. Alternatively, and where appropriate, the educator may bring the child with them to the office to have their temperature taken.
2. If the child has a temperature of between 37.5 degrees and 38 degrees;
  - a. The child's details and temperature will be recorded on a record of illness and they will be monitored for 15 minutes.
  - b. The child's parent or guardian will be contacted and informed that their child is being monitored.
  - c. If a parent or guardian cannot be contacted, educators will wait ten minutes, before attempting to contact Emergency Contacts listed on the child's enrolment form.
  - d. After 15 minutes, their temperature will be taken again.
  - e. If the child's temperature has gone up, the child's parent or guardian will be contacted, and the child will be sent home and excluded from the centre for 24 hours.
  - f. If the child's temperature has gone down or remained the same, they will be monitored for another 15 minutes. This 15 minute monitoring will continue until either the child's temperature goes below 37.5 degrees or rises.
  - g. Parents or guardians are required to sign off on all illness records.
3. If the child has a temperature of 38 degrees or above;
  - a. The child's details and temperature will be recorded on a record of illness.
  - b. The child's parent or guardian will be contacted and informed of their child's temperature and that the child will need to be collected from the centre with 1 hour.
  - c. If a parent or guardian cannot be contacted, educators will wait ten minutes, before attempting to contact Emergency Contacts listed on the child's enrolment form.

- d. The child's temperature will be taken every 15 minutes until their parent or guardian arrives to collect them.
  - e. Parents or guardians are required to sign all illness and Panadol records.
4. If required and parent or guardian permission has been granted, Panadol will be administered in the office in the presence of a member of the Management Team or the Responsible Person. All permission to administer Panadol forms will be kept in the office in a medication folder.

If a child's parents, guardians and emergency contacts all cannot be reached, the child will be closely monitored, and at the discretion of the Management Team or Responsible Person, an ambulance will be called at the families expense, if it deemed that the child requires care extending upon the centre's qualification.

## Collection of an unwell child

Only Early Learning Centre aims to ensure that immediate action is taken in the case of illness or suspected illness in any children at the centre. The centre expects a prompt collection children to minimise the spread of infection to other children, families and staff members.

If a child is not collected within the 1 hour time period given, they will be charged a 1:1 care ratio of \$40.00 per hour, after the first hour.

## Administering Paracetamol

Only Early Learning centre will ensure that the following medication requirements are followed when administering paracetamol:

- All educators at Only Early Learning Centre will administer paracetamol based on the following principles:
  - The right child
  - The right medication
  - The right dose
  - The right method
  - The right date and time
- Two educators must be present to check that the above details are correct before administering Paracetamol to any child.
- Paracetamol can only be administered when the service's Authority to Administer Paracetamol form has been completed and signed by a parent of guardian of the child.
- Only educators who hold a First Aid Qualification are to administer Paracetamol to children
- Two educators must check that the correct dosage is being administered

## Managing a Febrile Convulsion

A febrile convulsion is common in young children when they are experiencing a high temperature. A febrile convulsion can be identified through a change in the child's movements or awareness including:

- Becoming stiff or floppy
- Stare unresponsively, become unconscious or are unaware of their surroundings
- Display jerking or twitching movements
- Become blue around the lips

If a child displays symptoms of a febrile convulsion whilst at the centre, educators will:

- Stay calm
- Note the time that the convulsions started and ends
- Stay with the child
- Take note of everything that happens throughout the convulsion to relay to doctors later
- Move any sharp objects or objects that could cause harm to the child away from the child
- Do not move the child unless the environment could cause serious harm to the child
- Place something soft under the child's head to stop their head hitting the floor
- Where possible roll the child onto their side and into the recovery position
- If there is food in the child's mouth turn their head to the side
- Never put anything into the child's mouth

Most febrile convulsions will stop within seconds or minutes, without medical treatment.

An ambulance will be called for all children that experience a febrile convulsion whilst at the centre.





## Sources

### **National Quality Standards 2018**

Element 2.1.2 Health Practices and Procedures

Element 2.2.2 Incident and emergency management

### **Education and Care Services National Regulations 2011**

Division 2 Incidents, Injury, Trauma and Illness

Regulation 85

Regulation 86

Regulation 87

Regulation 88

Regulation 89

Regulation 93

Regulation 95

### **Education and Care Services National Law Act 2010**

167 – Offense relating to protection of children from harm and hazards

### **Review**

The policy will be reviewed annually. Review will be conducted by management, employees, parents and any interested parties.

**Reviewed By:** Alex Jury    **Date:** 30<sup>th</sup> January 2020

**Approved By:** Kelly Williams

**Date for Next Review:** 30<sup>th</sup> January 2021