Incident, Illness, Trauma and Injury

National Law: Section 51
National Regulations: Regulation 85-96, 136, 168, 177.
National Quality Framework: Standard 2.2

Policy Statement

When groups of children play and learn together, illness and disease can spread 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 may occur. The service is committed to preventing illness and reducing the likelihood of accidents through its risk management and hygiene practices.

The service has 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.

Goals / What are we going to do?

The purpose of this policy is to guide educators to manage illness and prevent injury and the spread of infectious illness. The service will assist educators to:

- Meet the children's needs when they are unwell or are injured.
- Identify symptoms of illness
- Identify areas that may be hazardous and cause injury
- Monitor and document the progress of an illness
- Notify families or emergency contact when a symptom of an infectious illness, disease or medical condition has been observed
- Notify stakeholders when a doctor has confirmed an infectious illness.
- Complete the relevant illness OR incident reports as necessary and parents within 24hrs of the incident.

Definition

Serious Incident

A serious incident (regulation 12) is defined as any of the following:

- the **death of a child** while being educated and cared for by the service or following an incident while being educated and cared for by the service
- any **incident involving a serious injury or trauma to a child** while that child is being educated and cared for, which:
    - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
    - the child attended or ought reasonably to have attended a hospital e.g. broken limb*
    - any **incident involving serious illness of a child** while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, **a hospital** e.g. severe asthma attack, seizure or anaphylaxis*
      NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultations from the hospital site. Only treatment related to serious injury, illness or trauma is required to be notified, not other health matters.
- any emergency for which **emergency services** attended
  NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be **missing or cannot be accounted** for at the service
- a child appears to have been **taken or removed** from the service in a manner that contravenes the National Regulations
- a child is mistakenly **locked in or locked out of the service** premises or any part of the premises.

Injury

"an instance of being injured." The service regards the following injuries needing an Incident, Injury, Trauma Form completed for; a wound, large bruises, cuts and gashes, suspected broken bones.

Trauma

"a deeply distressing or disturbing experience."

Strategies / How we are going to do it?

Identifying Signs and Symptoms of Illness

It is important to remember that educators and carers are not doctors and are unable to diagnose an illness. To ensure that symptoms are not infectious and minimise the spread of an infection medical advice should always be sought. Symptoms of an illness can occur in isolation or in conjunction with others. Educators need to be aware of the following symptoms which may indicate a possible infection or serious medical illness or condition.

Symptoms indicating an illness may include

- Behaviour that is unusual for the individual child, such as a child who is normally active and who suddenly becomes lethargic or drowsy
- High temperature or fever
- Loose bowels
- Faeces which is 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 neck or other muscular and joint pain
- Continuous scratching of scalp or skin
- Difficulty in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty in breathing.

What Educators will do when a child becomes unwell or has a fever

Step 1.

- Separate the child onto a cushion or bed.
- Commence first aid if the child is displaying serious medical symptoms.
- Notify the service Director or Assistant Director
- Monitor the child's symptoms and record on the illness form.

Step 2.

If the child continues to be lethargic, not playing with peers, not eating or drinking fluids contact the parent to arrange someone who is an authorised pick-up to collect the child.
For fever -Remove any blankets warm clothing provide a cool drink or wet face washer for face or back of neck. It may be appropriate to take the child's temperature.

While waiting for the authorised person to collect remember the main principles of preventing cross infection:

-Cover a cough or sneeze into the elbow
-Handwashing for the educator and the child.

Continue to monitor the symptoms –this should be done by the same educator (if possible) this will assist in identifying rapid deterioration of the child's condition. Should a parent refuse to come back for their child an ambulance will be called and the parent will be notified to collect their child from the hospital. An educator will accompany the child. Child safety will be notified.

Please note.

If a child attends the service with ongoing symptoms of sickness i.e. Continued temperatures, then the service will seek a medical clearance. With the clearance, the service may additionally require the doctor to sign the bottom of the illness form which the service has provided to the parent. Thus, ensuring the doctor is aware of the symptoms being identified at the centre.

High Temperatures or Fevers

A high temperature is a symptom that can be observed in children and is generally considered to be a mechanism that indicates the body is experiencing an infection. Recognised authorities define a child's normal temperature up to 38° and this depends on the age of the child and the time of day.

Children can also experience an elevated temperature for other reasons, which may not indicate an infection. Children may have a higher temperature than normal when they

- Experience discomfort or irritation. E.g. after immunisation
- Are sleeping

- Have been participating in physical activity or exercise

New research suggests that teething does not cause high fevers. Please monitor children for the signs of infection elsewhere.

Methods to Reduce a Child's Fever

- Encourage the child to drink plenty of water unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (cultural beliefs may need to be acknowledged)
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin, such as arms and legs.

When a Child Requires Medical Attention

There are several indicators or factors that define when a child requires immediate medical attention. These are when the child

- High fever- high fevers are usually the sign of infection, ***however fever itself is not necessarily of serious concern.***
- Drowsiness
- Lethargy and decreased activity- a child who just wants to be held etc.
- Breathing difficulty- this is important. A child who is turning blue around the mouth, working hard to breath with the muscles between the ribs being drawn in with each breath.
- Poor Circulation- child looks pale and their hands and feet are cold and look blue.
- Poor feeding
- Poor urine output
- Red or purple rash – non- specific rashes are common in viral infections, however, red or purple spots that do not turn white if pressed with a finger require urgent medical attention
- A stiff neck and sensitivity to light- this may indicate meningitis, although it is possible for infants to have meningitis without these signs.

After Surgery

Children who have had any form of anaesthesia or hospitalisation should not return to the service for a period of 24hrs. After this time if a child has returned to eating, playing and drinking then they are able to attend the educational setting.

Dealing with a Runny Nose

The common cold is caused by many different viruses that affect the nose and throat. Young children may have up 8-10 colds each year with the highest number being in their first two years of combined care. Nasal discharge is usually clear to start with and then within a day can become thicker, yellow and sometimes green. Children with clear mucous at the beginning of a cold are most contagious. Towards the end of a cold the body has begun to mount its defences against the virus and white blood cells enter the mucous and give it the green/yellow colour. Green runny noses that last for longer than 10-14 days or are accompanied by fever, headache, coughing or lethargy should seek medical attention.

Panadol

Fever is one of the body's ways of removing germs. It is generally a sign that there is an infection and that the body is fighting that infection. In the event that your child has a fever the centre will follow the steps outlined in "What educators will do with a child who is unwell or has a fever." However due to the damage that Panadol can cause to the liver, a high temperature will not be an automatic trigger for administering Panadol. The decision to administer Panadol will not be made lightly and will not be done without communicating to authorised person on the child's enrolment form. After consultation with parents and determining that collection of a child is still a little way off then Panadol may be considered. Parents will be required to sign the medication form upon arrival.

Panadol will also mask symptoms and the child will begin to feel better. When parents arrive the child appears happy and well and their temperature has now subsided. This in turn leads a parent to make the obvious decision of let's wait and see- delaying medical attention. On the contrary if a parent arrives to a child who is listless and clearly unwell they usually seek prompt medical attention and the child recovers quicker having received the appropriate medical attention. Management does not advocate that a child should suffer unnecessarily and consideration needs to be given to how far a parent may be in getting back to their child but in balance a child should not just be given Panadol just because they feel warm.

Caring for a Child who is Unwell

Excluding sick children and educators is one of the three most important ways of limiting the spread of infection in a child care service. Often children are unwell with the common cold (coughing, runny nose and a slight temperature) but do not display symptoms of an infectious illness that requires exclusion. Although the exclusion of a child may place added pressure on parents and families with work commitments, educators must ensure the Health and Safety of all other families utilising the service and therefore the need for exclusion from the service is at the Directors discretion. A child who is visibly distressed e.g. crying / miserable due to something not contagious ie. tooth ache will also be sent home for their own comfort.

In the event of a child being unwell, educators are to ensure the child

- Has a quiet place to rest, away from the group if possible.
- Is encouraged to wash their hands after blowing his/her nose to prevent the spread of germs.
- Is encouraged to cover their mouth when coughing and to wash their hands afterwards
- Is monitored for signs of symptoms deteriorating

Monitoring the Symptoms of an Illness

It is important to remember that educators can interpret the severity of the same symptom differently. Multiple people observing symptoms independently of each other may not accurately reflect when changes become more severe and therefore, an illness may become more serious without notice. For this reason, educators are to nominate one person to care for an ill child, who can record any changes in breathing, colour of skin, levels of consciousness or change in temperature.

Children who have experienced Trauma

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] 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 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 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.
• 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?').

Record Keeping

Record keeping is crucial to the success of monitoring an Illness or Incident, Trauma or Injury especially when the conditions change and the child becomes increasingly unwell. Records are an important way of communicating to a family how the situation has developed or been managed by educators. Paramedics, medical practitioners and hospitals may use the information collected from educators to assist with a diagnosis. For example, by documenting a child's temperature every 15 minutes it assists educators to determine how quickly the temperature is rising and the possible severity of the illness.

Educators are to record the symptoms of an illness on the Illness Record Form.

Educators are to record Incidents, Injuries or Trauma on the Incident, Injury and Trauma Record

The National Regulations require that these records are kept until the child is 25yrs old.

Notifying Families of an infectious disease

In the event of a child being diagnosed of an infectious disease confirmed by a medical practitioner.

- Exclude the child from the service as per exclusion policy
- Notify the relevant health authorities
- Informing other families and stakeholders of an infectious disease –this may be achieved by placing signage on the front door or door leading into the applicable room.

Monitoring, Evaluation and Review

Children

The service educators will discuss with the children the rules for safe play. The children will assist with rule setting, this ensures that children have agency and input into their environment. Obviously, this applies to the older children in the service.

Families

Families will receive a notification of Injury, Illness, Trauma or Incident as soon as practicable but not less than 24hrs after the incident.

Families should seek medical attention for their child when recommended to by the service. Ultimately, we respect a family's decision in getting medical attention however we also have regulations to follow and a duty of care to **all** children. Therefore, we may require a doctor to sign that he has sighted the Illness record by signing the document. This will need to be provided as part of the accompanying medical clearance.

Educators

All Educators will complete their Full First Aid / Asthma Anaphylaxis every three years, with an additional requirement of CPR every year.

Educators will complete the appropriate documentation as required they will do so with accuracy educators will not make assumptions on incidents that occur. This might sound like "I found Jonathon holding his knee, he told me that…..' Assuming will only make an **ASS** out of **U** and **Me.**

Management

Management will ensure that all educators will receive training and information regarding first aid and providing care for all children. The Responsible person will ensure that

- The Operations Manager / Area Manager is contacted notified by phone and briefed about major situations.
- Ensure that all the necessary paperwork is received within a timely manner to the Operations Manager / Area Manager who will make the necessary reports to the OECEC via the National Quality Agenda IT system.
- The Operations Manager will ensure that the notifications are made within the approved timeframes.

Sources and Further Reading

National Health and Medical Research Council. (2012). Staying Healthy: Preventing infectious disease in early childhood education and care settings (5th Ed).

The Children's Hospital Melbourne - www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/

Department of Health and Ageing. Therapeutic Goods Administration. (2011). *Poisons Standard 2011.* Retrieved December 2015 from http://www.comlaw.gov.au/Details/F2011L01612

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