

Illness, Injury, Accident and Medical Emergency Policy

Brunswick Crèche & Day Nursery has a duty of care to respond to and manage illnesses, accidents & trauma that occur at the centre 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. We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the centre's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

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 may occur. Our centre is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

This policy, and related policies and procedures at the centre will be followed by nominated supervisors and educator members of, and volunteers at, the centre in the event that a child -

- Is injured; or
- Becomes ill; or
- Suffers a trauma.

All staff are required to make a written report of the incident, Injury, Trauma and Illness and the treatment offered. Please Refer to Record Keeping and Retention Policy for correct procedure when making a written report.

The approved provider of the centre will ensure that a parent of a child is notified as soon as practicably possible and without undue delay. The centre will also ensure that an Incident, Injury, Trauma and Illness Record is completed in full and without delay.

The purpose of this policy is to guide the centre to manage illness and prevent the spread of infectious illnesses. The policy will assist the centre to:

- Meet children's needs when they are unwell;
- Develop individual health plans;
- Identify symptoms of illness;
- Monitor and document the progress of an illness;
- Guide educator actions when symptoms change;
- Notify families or emergency contact¹ when a symptom of an infectious illness, disease or medical condition has been observed;
- Notify parents when an infectious illness has been confirmed by a doctor;
- Assess when an illness is an emergency;
- Assess when an illness requires immediate medical attention;
- Assess when an illness requires medical advice;
- Identify exclusion guidelines and timeframes;
- Identify when an illness is no longer infectious; and
- Develop a policy to administer medications appropriately.

The centre prevents the spread of illnesses by implementing the following strategies:

- Hand washing and other hygienic practices;
- Identifying and excluding children and educator with symptoms of infection; and



- Maintaining clean and hygienic environments

First aid kits will be readily available where children are present at the centre and during excursions. First aid kits must be suitably equipped and easily recognised with regard to the design of the centre.

We will ensure first aid, anaphylaxis management training and asthma management training is current and updated at least every 3 years, and that all components of the first aid certificate are current if some require an earlier revision. We will display these qualifications and expiry date where they can be easily be viewed by all educators and staff.

First aid qualified educators will be present at all times on the roster and in the centre. They will never exceed their qualifications and competence when administering first aid.

During induction training for new educators and staff we will:

- Advise which educators have first aid qualifications, and asthma and anaphylaxis management training and the location of the first aid kit
- Obtain information about any first aid needs the educator may have that could require specific treatment in a medical emergency. This information will only be provided to first aid qualified educators with the employee's consent.

We will review our first aid response plan, the location of the first aid kit and who our first aid trained educators are at least annually or when there are any changes during staff meetings.

It is understood by educator, children and families that there is a shared responsibility between the centre and other parents that the Illness Policy and procedures are accepted as a high priority.

In meeting the centre's duty of care, it is a requirement under the Occupational Health & Safety Act 2004 that management and educator implement and endorse the centre's Illness Policy and procedures.

Identifying signs and Symptoms

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 with 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
- 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 36.5°C and 37.5°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 centre.

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water, unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin
- The child's temperature, time, medication, dosage and the staff member's name will be recorded in the Illness Folder, and the parent asked to sign the Medication Authorisation Form on arrival

When a child has a high temperature or fever

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the centre and will not be permitted back for a further 24 hours following a temperature.
- Educators will complete an illness, Accident & Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

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.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days. Children will need to be picked up from care after one sign and symptom of Gastroenteritis.

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

Infectious causes of gastroenteritis include:

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

Non-infectious causes of gastroenteritis include:

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning



- Introducing solid foods to a young child
- Anxiety or emotional stress.

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

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care service.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours.

Health and Sickness Policy

This policy has been established to protect all children and educator from cross infection. It is also to ensure that educator is not inappropriately occupied in caring for sick children at the expense of other children at the Centre. If a child develops any sickness throughout the day, e.g. Temperature, severe coughing, and not coping within the centre environment. The educator has the obligation to contact parents to collect their child immediately.

Broad Policy

Children will not be admitted to the Centre if they:

- Are unable to cope in a group situation or require an unmanageable level of educator time, due to the severity of their illness.
- Have any infectious disease listed in Health Department or Centre rulings for which exclusion periods are specified.

Responsibility of Parents

- Parents should take their child to the doctor if they notice any of the following:
- Pussey or sticky eyes (Keep Home until discharge from eyes has stopped)
- Persistent green/yellow nasal discharge
- Diarrhoea or vomiting(keep home for 48 hrs after last diarrhoea/vomit)
- Unusual skin rashes
- Fever >38 degrees Celsius
- Pain
- If in doubt discuss the symptoms with Centre educator.
- The doctor will be able to diagnose the child needs treatment and whether there is a risk of infecting other children and educator at the centre. A doctor's clearance must be presented to educator, before the child can return to crèche.

Management/Nominated Supervisor/Certified Supervisor will ensure:

- Centre policies and procedures are adhered to at all times
- Parents or Guardians are notified no later than 24 hours of the illness, accident or trauma occurring.
- To complete an Illness, accident or trauma record accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the centre and during excursions.
- 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 and within hours
- To report any illness or incidents to regulatory authorities as stated in the National Regulations.
- Notify parents of any infectious diseases circulating the centre
- Educators qualifications are displayed where they can be easily viewed by all educators, families & authorities
- First aid qualified educators are present at all times on the roster and in the centre

Responsibility of Educators

The Coordinator and educator will, in consultation with parents, use their professional judgment in deciding how this policy is to be implemented.

- Advise the parent to keep the child home until they are feeling well and they have not had any symptoms for at least 48 hours.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in centre
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register
- If a child falls ill during the day, a parent will be notified.
- If the Coordinator judges that the child is in need of urgent medical care, the parent will be notified and asked to collect the child at the earliest possible time.
- If parents are requested to consult a doctor for their child, a medical certificate stating the child is unable to continue attending the Centre will be required.

The Community Health Centre in Brunswick has been approached and has agreed to be the Health Professionals with whom all childcare centres in Brunswick refer to in the case of having to determine whether it is safe for a child to remain at the Centre or any other case they feel the need to consult with the Community Health Centre

Source: Education and Care Services National Regulations 2011, National Quality Standard, Occupational Health and Safety Act 2004, Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html#3, Staying healthy in child care. 5th Edition

Date Implemented: 16/04/2012

Review Completed: 26/01/2017

Schedule for Review: 26/01/2018

National Quality Standard – NQS

Quality Area 2: Children's Health and Safety

2.3	Each child is protected
2.3.1	Children are adequately supervised at all times
2.3.2	Every reasonable precaution is taken to protect Children from harm and any hazard likely to cause injury
2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practices and implemented.

Education and Care Service National 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



Early Years Learning Framework

Learning Outcome 4 -

4.1 Staffing arrangements enhance children’s learning and development and ensure their safety and wellbeing

