

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 and illnesses 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 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.

Our Centre has adopted the Staying Healthy in Child Care – Preventing Infectious disease in child care Fifth Edition) publication, developed by the National Health and Medical Research Council and the NSW public health unit. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Centre.

There are three steps in the chain of infection

1. The germ has a source

Germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs.

2. The germ spreads from the source

Germs can spread in several ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as urine, saliva, discharges or blood).

Some germs can spread directly from person to person; others can spread from the infected person to the environment. Many germs can survive on hands, and on objects such as toys, door handles and bench tops. The length of time a germ can survive on a surface (including the skin) depends on the germ itself, the type of surface it has contaminated and how often the surface is cleaned. Washing hands and surfaces regularly with detergent and water is a very effective way of removing germs and preventing them spreading through the environment. (Source: Staying Healthy in Childcare. 5th Edition)

3. The germ infects another person

When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person's immunity. Illness can be prevented at this stage by stopping the germ from entering the body (for example, by making sure that all toys that children put in their mouths are



clean, by washing children's hands and by covering wounds), and by prior immunisation against the germ.
(Source: Staying Healthy in Childcare. 5th Edition)

You can break the chain of infection at any stage.

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can enhance negative attitudes in the workplace which can cause stress on families. Families may also experience guilt when they send their child to care who is not well. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of other children and the child care professionals at the Centre.

The need for exclusion and the length of time a person is excluded depend on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and staff within the Centre, it is important that children and staff who are ill are kept away from the Centre for the recommended period.

Responsibility:

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.

Management/Nominated Supervisor/Certified Supervisor will ensure:

- Centre policies and procedures are adhered to at all times
- All families are given a copy of relevant policies upon enrolment which will be explained by management including; Control of Infectious Diseases Policy, Injury and Accident Policy and Medical Emergency Policy.
- A child who has not been immunised will be excluded from the Centre if; an infectious disease is reported within the Centre community and that child is deemed to be in danger of contracting the illness. Please refer to our Control of Infectious Diseases Policy.
- Parents or Guardians are notified no later than 24 hours of the illness, accident or trauma occurring.
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- 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)
- To report any illness or incidents to regulatory authorities as stated in the National Regulations.
- Parents are notified of any infectious diseases circulating the centre within 24 hours of detection
- 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

Educators will:

- Effective environmental cleaning policies and procedures are adhered to at all times
- Any child who registers a temperature of 38°C or above will need to be collected from the Centre and will be excluded for 24 hours since the last elevated temperature or until the Centre receives a doctors clearance letter stating that the child is cleared of any infection and able to return to child care.



- Families are notified to pick up their child if they have vomited or had diarrhoea whilst at the Centre
- Incident, Injury, Trauma and Illness Records are completed accurately and within hours
- First aid kits are easily accessible and recognised where children are present at the centre and during excursions 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.
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register
- That parents are notified as soon as practicable. Also, details of the condition/situation will be recorded on the Incident, Injury, Trauma and Illness Record.
- That if the situation or event presents imminent or severe risk to the health, safety and wellbeing of the child 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.

The Community Health Centre in Brunswick has been approached and has agreed to be the Health Professionals with who 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.

Sick Children

Our Centre is not equipped to care for sick children; however we will do everything we can to comfort an unwell child. If a child becomes ill while at the centre and presents with any of the above symptoms, the child's parent/guardian will be contacted and asked to collect the child. If they are unable to be contacted, an alternative authorised person listed on the enrolment form will be contacted. Sick children are unable to remain at the Centre for their own well-being and for the safety of the other children. The child cannot return to the centre until a Medical Clearance from a GP has been received and the symptoms have been gone for more than 24 hours.

- When a child has been diagnosed with an illness or infectious disease by their GP, the centre will refer to Staying Healthy in Childcare (5th Edition) to find the recommended exclusion period and also request a medical clearance from the GP stating that the child is cleared to return to the childcare setting.
- When an infectious disease has been diagnosed by a GP, the centre will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from Staying Healthy In Child Care 5th Edition)
- All notify-able Diseases will be reported to Department of Health and Human Services. The confidentiality of the child will be respected.

Our Educators and Staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Centre may ask the family to collect their child from care as soon as possible or not bring the child to care.

Management and Educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care.

Identifying signs and Symptoms

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 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 until 24 hours after the temperature/fever has subsided.

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water (small sips), 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. Never use cold water as this can have the opposite effect of increasing a temperature as the body fights back.
- The child's temperature, time, medication (if supplied by the parent), 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 after the child's last 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)

The common cold (Viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in child care, Kindergarten and School. 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 a, 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.

Our Centre aims to support the family's need for child care, however families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children. Management have the right to send children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. With 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.

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.

Management will notify parents or emergency contact to collect the child immediately, if a child experiences:

- Vomiting
- Two runny stools – In the instance that cases of Gastroenteritis has been confirmed, a child will be sent home after 1 runny stool, and may only return 48Hrs after last episode of diarrhoea/ vomiting

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.

Children arriving at the Centre who are unwell

Management will not accept a child into care if they:

- Are unwell and unable to participate in normal activities or require additional attention
- Have had a temperature, vomiting and/or diarrhoea in the last 48 hours
- Have been started anti-biotics in the last 24 hours



- Have a contagious illness or disease as listed in Health Department or Centre rulings for which exclusion periods are specified.
- Have been given medication for a temperature (Panadol etc.)

Children who become ill at the Centre

Children may become unwell throughout the day, in which Management and Educators will respond to children's individual symptoms of illness.

- Children that have had diarrhoea and vomiting will be asked to stay away from the Centre for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.
- Educators will take the child's temperature. If the child's temperature is 38°C or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child picked up and provide verbal authorisation to administer paracetamol. The child will be excluded for 24 hours since the last elevated temperature or until the centre receives a doctor's clearance letter stating that the child is cleared of any infection and able to return to child care.

Excluding children from the Centre

- When a child has been diagnosed with an illness or infectious disease, the Centre will refer to Staying Healthy in Childcare (5th Edition) to find the recommended exclusion period and also request a medical clearance from the GP stating that the child is cleared to return to the childcare setting.
- When an infectious disease has been diagnosed, the Centre will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from Staying Healthy In Child Care 5th Edition)
- Children that have had diarrhoea and vomiting will be asked to stay away from the Centre for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.

Notifying families and Emergency Contact

- It is a requirement of the Centre that all emergency contacts are able to pick up an ill child within a 1 hour timeframe.
- In the incident that the ill child is not collected in a timely manner or should parents refuse to collect the child a warning letter will be sent to the families outlining Centre policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

Responsibility of Parents

In order to prevent the spread of disease, families are required to monitor their child's health, in particular:

- Persistent green/yellow nasal discharge
- High temperature >38 degrees Celsius
- Diarrhoea or vomiting(keep home for 48 hrs after last diarrhoea/vomit
- Red, swollen or Pusy or sticky eyes (Keep Home until discharge from eyes has stopped) Vomiting
- Unusual skin rashes
- Irritability, unusually tired or lethargic
- Drowsiness
- Lethargy or decreased activity
- Breathing difficulty
- Poor circulation
- Poor feeding
- Poor urine output
- A stiff neck or sensitivity to light
- 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.

Families should keep up to date with their child's immunisation, providing a copy of the updated immunisation schedule to the Ce

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.

Reporting Outbreaks to the Department of Health and Human Services

Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their doctors to help prevent spread to other people.

The Public Health and Wellbeing Act 2008 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify the Department of Health and Human Services of conditions, and to provide the information delineated on the notification forms. Specialist trained public health staff review this information and if necessary contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

Management is required to notify the Department of Health and Human Services by phone (call 1300 651 160) as soon as possible after they are made aware that a child enrolled at the Centre is suffering from one of the following vaccine preventable diseases:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus
- An outbreak of gastrointestinal or respiratory illness

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 Centre. 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 as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident.

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 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?').

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.

Returning to Care after Surgery

- Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Centre and participate in daily activities.

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.html3, Staying healthy in child care. 5th Edition

Date Implemented: 16/04/2012

Review Completed: 16/04/2019

Schedule for Review: 16/04/2020

| 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 |



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|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.2.2 | Incident and emergency management | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised 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 Service National Regulations | | |
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