



Marton Activity Centre

MAC Policy

MANAGEMENT OF INCIDENT, INJURY, ILLNESS & TRAUMA

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The health and safety of all staff, children, families and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

In the event of an incident, illness, accident or trauma, all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

POLICY STATEMENT

Marton Activity Centre aims to ensure the safety and wellbeing of educators, children and visitors, within the service through proper care and attention in the event of an incident, injury, illness or trauma. The service will make every attempt to ensure sound management of the event to prevent any worsening of the situation and complete reports on each event that will be signed by the family of the child involved. Family members or emergency contacts will be informed immediately where the incident, injury, illness or trauma is deemed serious and be reported to the NSW Regulatory Authority as per the National Law and Regulations.

SCOPE

This policy applies to the children, families, staff, management and visitors of Marton Activity Centre.

PROCEDURE

ENROLMENT INFORMATION

- Families are required to provide written consent for educators to seek medical attention for their child, if required, as part of the enrolment process. This will be recorded in the enrolment form.
- Families will be required to supply details of their preferred doctor, dentist, health fund and Medicare details.
- Educators will be required to supply two contact numbers in case of an emergency or accident.

INCIDENT, INJURY OR TRAUMA TO A CHILD WHILST IN THE SERVICE

- If a child, educator or visitor has an accident while at the centre, an educator who holds a first aid certificate will attend to them immediately, procedures as per our *Administration of First Aid Policy*.
- Anyone injured will be kept under adult supervision until they recover, and an authorised person takes charge of them.

IN THE CASE OF A MAJOR INCIDENT, INJURY, ILLNESS OR TRAUMA AT THE SERVICE REQUIRING MORE THAN BASIC FIRST AID, THE FIRST AID ATTENDANT WILL:

1. Assess the injury and decide whether the injured person needs to be attended to by a doctor or whether an ambulance should be called. The educator in charge or nominated supervisor will be advised of their decision.
2. If the injury is serious, the first priority is to get immediate medical attention. Families or emergency contacts should be notified straight away where possible. If not possible, there should be no delay in organising proper medical treatment.
3. Attend to the injured person and apply first aid as required.
4. Educators will ensure that disposable gloves are used with any contact with blood or bodily fluids as per the infectious disease policy.
5. Educators will stay with the child until suitable help arrives, or further treatment is taken.
6. The educators will try to make the child comfortable and reassure them that they will be ok and that their families have been called.
7. If an ambulance is required and the child is taken to hospital, an educator will accompany the child and take the child's medical records with them.
8. Complete a centre accident report and a serious incident report for the regulatory authority.

ANOTHER EDUCATOR WILL:

1. Notify family or emergency contact person immediately regarding what happened and the action that is being taken including clear directions of

where the child is being taken (e.g. hospital). Every effort must be made not to cause panic and to provide minimal detail regarding the extent of the injuries

2. Ensure that all blood or bodily fluids are cleaned up in a safe manner.
3. Ensure that anyone who has come in contact with any blood or fluids washes their hands in warm soapy water.
4. Try to reassure the other children and keep them calm, keeping them informed about what is happening, and away from the child.

ACCIDENTS WHICH RESULT IN SERIOUS INCIDENT, INJURY, ILLNESS AND TRAUMA (INCLUDING DEATH) TO A CHILD MUST BE REPORTED TO:

1. The ambulance services
 2. The police
 3. Family or emergency contact person
 4. Regulatory Authority: Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at Marton Activity Centre through the NQA IT System
- The centre will notify the family or emergency contact person that a serious incident has happened and advise them to contact the relevant medical agency. Only a qualified medical practitioner can declare a person is deceased, therefore educators should ensure the parents are only advised that the injury is serious and refer them to the medical agency (i.e. hospital) where the child has been taken.
 - This information should be provided in a calm and extremely sensitive manner.
 - The site of the accident should not be cleared, or any blood or fluids cleaned up until after approval from the Police.
 - All other children should be removed away from the scene and if necessary, parents contacted for early collection of children. The children should be reassured and notified only that a serious incident has occurred.

DEATH OR SERIOUS INJURY TO A CHILD OR EDUCATOR, OUT OF HOURS

- Educators in the service must be prepared to handle all incidents in a professional and sensitive manner. In the event of tragic circumstances such as the death of a child or educator, the educators will follow guidelines as set out below to minimise trauma to the remaining educators and children in the service.
- In the event of the death occurring out of service hours, a clear emergency procedure will be maintained for the other children at the service.
- If a child is deceased, the Coordinator/Nominated Supervisor should contact the child's school to liaise with them regarding the school's response to the event.

- The Nominated Supervisor should also contact the NSW Regulatory Authority as soon as possible and within 24 hours to report the incident. The school and Network of Community Activities should be contacted to seek additional support, resources or advice.

REPORTING OF SERIOUS INCIDENT, INJURY AND TRAUMA

- All serious incidents, injury, illness or trauma will be recorded within 24 hours of the event occurring. The child's family or emergency contact must be notified of any accident or injury that has occurred to the child as soon as possible and no later than 24 hours after the event.
- The Nominated Supervisor is responsible for ensuring that, in the event of a serious incident, the regulatory authority is advised as well as the Approved Provider (e.g. Management Committee).
- It may not be until sometime after the incident that it becomes apparent that an incident was serious. If that occurs, the Nominated Supervisor must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

HOW TO DECIDE IF AN INJURY, TRAUMA OR ILLNESS IS A 'SERIOUS INCIDENT'

- If the advice of a medical practitioner was sought or the child attended hospital in connection with the incident, injury, trauma or illness, then the incident is considered 'serious' and the regulatory authority must be notified.
- An incident, injury, trauma or illness will be regarded by the service as a 'serious incident' if more than basic first aid was needed to manage the incident, injury, trauma or illness and medical attention was sought for the child, or should have been sought, including attendance at a hospital or medical facility for further treatment.

ILLNESS

- Symptoms indicating illness may include:
 - Behaviour that is unusual for the individual child
 - High temperature or fevers
 - Loose bowels
 - Faeces that are grey, pale or contains blood
 - Vomiting
 - Discharge from the eye or ear
 - Skin that display rashes, blisters, spots, crusty or weeping sores
 - Loss of appetite
 - Dark urine
 - Headaches
 - Stiff muscles or joint pain

- A stiff neck or sensitivity to light
 - Continuous scratching of scalp or skin
 - Difficulty in swallowing or complaining of a sore throat
 - Persistent, prolonged or severe coughing
 - Difficulty breathing
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- Families are advised upon enrolment and in regular reminders not to bring sick children to the service and to arrange a prompt collection of children who are unwell. The care needs of a sick child are difficult to meet without dramatically reducing the general level of supervision of the other children or risking other children's health.
 - Where a child takes ill at the service, all the care and consideration will be given to comfort the child and minimise the risk of cross infection until the child is collected by the family/emergency contact.
 - If a child is unwell at home, the family is not permitted to bring the child to the service. Children who appear unwell when being signed in by their parent/ guardian will not be permitted to be left at the service.
 - If a child becomes ill whilst at the service, the parents will be contacted to take the child home. Where the family is unavailable, emergency contacts will be called to ensure the child is removed from the service promptly.
 - The child who is ill will be comforted, cared for and placed in a quiet isolated area with adult supervision until the child's family or other authorised adult takes them home.
 - If a staff member becomes ill or develops symptoms at the centre, they can return home if able or the Nominated supervisor and or Responsible person will organise for someone to take them home.
 - The Coordinator will organise a suitable staff replacement as soon as possible.

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. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.
- Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.
- Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the OSHC Service until 24 hours after the temperature/fever has subsided.

WHEN A CHILD HAS A HIGH TEMPERATURE OR FEVER

- Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions.
- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from Marton Activity Centre and will not be permitted back for a further 24 hours
- Educators will complete an *Illness, Accident & Trauma* record and note down any other symptoms that may have developed along with the temperature.

METHOD 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 be mindful of cultural beliefs.
- If requested by a parent or emergency contact person, staff may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the temperature down and a medication record must be filled out. However, a parent or emergency contact person must still collect the child.
- Before giving any medication to children, the medical history of the child must be checked for possible allergies
- The child's temperature, time, medication, dosage, and the staff member's name will be recorded in the Illness Folder. Parents will be requested to sign the Medication Record for the administration of Panadol or Nurofen when collecting the child.

DEALING WITH A COLD/FLU (RUNNY 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.
- 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. Discharge coming from a child'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.
- If a child has diarrhoea and/or vomiting whilst at the centre, Management will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local public health unit on 1300 066 055 (NSW). Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)
- Children/educators that have had diarrhoea and/or vomiting will be asked to stay away from the Marton Activity Centre for **48 hours** after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

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 diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least **48 hours**.
- Please note: If there is a gastroenteritis outbreak at Marton Activity Centre children displaying the symptoms will be excluded from the Service until the

diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their doctor.

PREVENTING THE SPREAD OF AN ILLNESS

- To reduce the transmission of infectious illness, Marton Activity Centre implements effective hygiene and infection control routines and procedures.
- If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

PREVENTION STRATEGIES

- Practising effective hygiene helps to minimise the risk of cross infection within our Service.
- Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.
- Handwashing techniques are practised by all educators and children routinely using soap and water when entering the centre, before and after eating and when using the toilet and drying hands thoroughly with a paper towel.
- All surfaces including cushions and pillows used by a child who is unwell, will be cleaned with soap and water and then disinfected.
- Parents, families and visitors are requested to wash their hands upon arrival at the Service.
- Parents will be notified of any outbreak of an infectious illness (e.g. Gastroenteritis) within the Service via email, Our Facebook page or a Notice at the sign in desk to assist in reducing the spread of the illness.
- Exclusion periods for illness and infectious diseases are provided to parents and families and included in our *Sick Children Policy*.

CONSIDERATIONS NATIONAL QUALITY STANDARDS (NQS)

Quality Area 2: Children's Health & 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 respected
2.2.1	Supervision	At all times, reasonable precautions & adequate supervision to ensure children are protected from harm.
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 SERVICES NATIONAL REGULATIONS AND NATIONAL LAW

Education and Care Services National Regulations and National law NSW		
Reg 12		Meaning of Serious incident
Reg 85		Incident, injury, trauma and illness policies and procedures
Reg 86		Notification to parents of incident, injury, trauma & illness
Reg 87		Incident, injury, trauma and illness record
Reg 88		Infectious Diseases
Reg 89		First Aid Kits
Reg 97		Emergency and Evacuation Procedures
Reg 161		Authorisations to be kept in enrolment record
Reg 162		Health information to be kept in enrolment record
Reg 168		Education and care service must have policies and procedure
Reg 174		Prescribed information to be notified to Regulatory Authority
Reg 176		Time to notify certain information to Regulatory Authority

SOURCE

Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf
Australian Children's Education & Care Quality Authority. (2014).
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First Aid Workplace: http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017.)
Guide to the National Quality Standard. (2017).
National Health and Medical Research Council. (2012). Staying healthy: Preventing infectious diseases in early childhood education and care services.
NSW Public Health Unit: https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx
Raising Children Network: http://raisingchildren.net.au/articles/fever_a.html3
Revised National Quality Standard. (2018).

SERVICE POLICIES/ DOCUMENTATION

Policies	Documents
Administration of First Aid Policy	Australian Children's Education & Care Authority
Dealing with Medical Conditions and Medical Administration	My Time, Our Place
Anaphylaxis Management	ECA Code of Ethics
Asthma Management	Revised National Quality Standards
Diabetes Management	Family Communication
Dealing with Infectious Diseases	Immunisation
Epilepsy Management	Privacy and Confidentiality
Family Communication	Record keeping and Retention