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| **PURPOSE**  | Educators have a duty of care to respond to and manage illnesses, accidents & trauma that occur at the service 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.  |
| **REQUIREMENT**  | Mandatory – Quality Area 2 |
| **REVIEW DATE**  | This policy shall be reviewed in **March 2019**.  |

# POLICY STATEMENT

## 1. VALUES

Kindoo! Is committed to:

* Providing a safe and healthy environment for all children, staff, families, volunteers, students and any other persons visiting the service.
* Responding to the needs of an injured, ill or traumatised person at the service
* Minimising injuries and trauma
* Preventing and or minimising the spread of illness
* Maintaining a duty of care to all users of Kindoo!

## 2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Person in Day-to-Day Charge (PIDTDC), educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Kindoo! including during off site excursions and activities.

## 3. BACKGROUND AND LEGISLATION

**Background**

**People responsible for managing early childhood services and caring for children have a duty of care to act & prevent accidents, illnesses and emergencies at the service**

**An approved service must have policies and procedures in place in the event that a child is injured becomes unwell or suffers trauma. These procedure must be followed and require the parent/guardian to be notified in the event of an incident, injury, illness, or trauma relating to their child as soon as possible and within 24 hours of the occurrence**

**The National Regulations require accurate Incident, Injury, Trauma and Illness records to be kept and stored confidentially until the child is 25 years old (regulation 183(2)).**

**Under the national legislation, the service must ensure that an entry is recorded in the incident, Injury, Trauma and Illness record for the following**

* **An incident, injury or trauma that occurs to a child**
* **An illness presents while in the service care**

**Legislation and standards**

**Relevant legislation and standards include but are not limited to:**

**Education and Care Services National Law Act 2010: section 174(2)**

**Education and Care services National regulations: Regulation**

**Public Health and Wellbeing Act 2008 (VIC)**

**Public Health and Wellbeing Regulations 2009**

**Occupational Health and Safety Regulations 2007**

**Worksafe Victoria 2008**

**National Quality Standard Quality Area 2**

**Standard 2.1 Each child’s health is promoted**

* **Element 2.1.1 Each Child’s health needs are supported**
* **Element 2.1.3 Effective hygiene practices are promoted and implemented**
* **Element 2.1.4 Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines**

**National Quality Standard, Quality area 3: Physical environment**

**Standard 3.1: The design and location of the premises is appropriate for the operation of a services**

* **Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained**

**National Quality Standard, Quality Area 7: Leadership and Service Management**

**Standard 7.3: Administrative systems enable the effective management of a quality service**

* **Element 7.3.1 Records and information are stored appropriately to ensure confidentiality, are available and are maintained in accordance with legislative requirements**
* **Element 7.3.2 Administrative systems are established and maintained to ensure effective operation of the service.**
* **Element**

## 4. DEFINITIONS

**Emergency Services Includes** ambulance, fire brigade police and state emergency services

**Incident:** any unplanned event resulting in or having potential for injury, ill health damage or other loss.

**Injury:** any physical damage to the body caused by an incident

**Trauma:**An emotional wound or shock that often has long lasting effects or any physical damage to the body caused by violence or incident

**Notifiable incident:** An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the Guide to Incident Notification on the WorkSafe Victoria website: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

**Serious incident:** An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be

accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an Incident, Injury, Trauma and Illness Record as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

## 5. SOURCES AND RELATED POLICIES

* Australian Children’s Education & Care Quality Authority. (2014).
* Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
* ECA Code of Ethics.
* Guide to the National Quality Standard.
* Raising Children Network - <http://raisingchildren.net.au/articles/fever_a.html3>
* Staying healthy in childcare. 5th Edition
* Policy Development in early childhood setting

**IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS**

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 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
* 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 36.0°C and 37.0°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 service until 24 hours after the temperature/fever has subsided.

**When a child has a high temperature or fever**

* Educators will notify parents when a child registers a temperature of 38°C or higher and arrangements will be made for the collection of the child
* The child will not be permitted to attend the service until 24 hours after the temperature/fever has subsided.
* If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Nurofen) in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child.
* The child’s temperature, time, medication, dosage and any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.) will be recorded in the Illness Folder, and the parent/guardian will be asked to sign the Medication Authorisation Form on arrival

**Dealing with colds/flu (running nose)**

Management have the right to send children home if they appear unwell due to a cold. Children can become distressed and lethargic when unwell.

**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.

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.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours.

Please note: if there is a gastroenteritis outbreak at the service, children will be excluded from the service until the diarrhoea and/or vomiting has stopped for 48 hours.

If there are 2 or more cases of gastroenteritis, Management will report the outbreak to the local health department.

**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 Service. The definition of serious incidents that must be notified to the regulatory authority 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 on an incident; injury, trauma and illness record as soon as possible and notified to Regulatory Authorities within 24 hours of any serious incident at the Service

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.

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

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).
* 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 staff member if possible.
* 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.
* 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.

# PROCEDURES

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 service’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.

**The Nominated Supervisor is responsible for:**

* Service policies and procedures are adhered to at all times
* Parents or Guardians are notified of the illness, accident or trauma occurring.
* First aid kits are easily accessible and recognised where children are present at the service and during excursions and they are suitably prepared and checked on a monthly basis (First Aid Kit Record)
* First aid, anaphylaxis management training and asthma management training is current and updated
* Adults or children who are ill are excluded for the appropriate recommended exclusion periods.
* Staff and children always practice appropriate hand hygiene.
* Appropriate cleaning practices are followed.
* Ensure Educators or Staff who become unwell do not handle food for others.
* Incident, Injury, Trauma and Illness Records are completed accurately as soon as practicable
* Reporting any illness or incidents to regulatory authorities as stated in the National Regulations.
* Notifying parents/guardians of any infectious diseases circulating the service
* First aid qualified educators are present at all times on the roster and in the service
* Exclude children from the service if they feel the child is too unwell

**PIDTDCs and other educators are responsible for:**

* Advising the parent to keep the child home until they are feeling well and they have not had any symptoms for at least 24-48 hours.
* Practicing effective hand hygiene techniques
* Ensuring that appropriate cleaning practices are being followed in service
* Disinfecting toys and equipment on a regular basis which is recorded on the toy cleaning register

**Parents/guardians are responsible for:**

* Adhering to the policies and procedures
* Providing authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (reg 161(1)
* Informing Kindoo! Of any medical conditions and/or disability and providing current medical management plans specific to this (if required)
* Ensuring that exclusion periods are followed at all times
* Informing Kindoo! If their child has an infectious disease
* Being contactable either directly or through authorised emergency contacts.
* Collecting their child as soon as possible when notified.
* Signing the Incident, Injury, Trauma and illness register.
* Keeping staff informed of any Incident, Injury, Trauma and illness that has occurred away from the service

# EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

* regularly seek feedback from everyone affected by the policy regarding its effectiveness
* review an and analyse information gathered from the Incident, Injury, Trauma and illness record regarding incidents at Kindoo!
* assess the ability of the Nominated Supervisor, PIDTDC, educators, staff, children and others to follow the policy and procedures
* revise the policy and procedures as part of Kindoo!’s policy review cycle, or as required by legislation, research, policy and best practice
* notify parents/guardians at least 14 days before making any change to this policy

# ATTACHMENTS

**Table 1: Minimum period of exclusion from primary schools and children's services centres for infectious diseases cases and contacts (Public Health Health and Wellbeing Regulations 2009, Schedule 7)**

|  |  |  |
| --- | --- | --- |
| Condition | Exclusion of cases | Exclusion of contacts |
| Amoebiasis *(Entamoeba histolytica)* | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Campylobacter | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Chickenpox | Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children | Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded |
| Conjunctivitis | Exclude until discharge from eyes has ceased | Not excluded |
| Diarrhoea | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Diphtheria | Exclude until a medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later | Exclude family/household contacts until cleared to return by the Secretary |
| Hand, foot and mouth disease | Exclude until all blisters have dried | Not excluded |
| *Haemophilus influenzae* type b (Hib) | Exclude until at least 4 days of appropriate antibiotic treatment has been completed | Not excluded |
| Hepatitis A | Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness | Not excluded |
| Hepatitis B | Exclusion is not necessary | Not excluded |
| Hepatitis C | Exclusion is not necessary | Not excluded |
| Herpes (cold sores) | Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by a dressing, where possible | Not excluded |
| Human immunodeficiency virus (HIV) infection | Exclusion is not necessary | Not excluded |
| Impetigo | Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing | Not excluded |
| Influenza and influenza-like illnesses | Exclude until well | Not excluded unless considered necessary by the Secretary |
| Leprosy | Exclude until approval to return has been given by the Secretary | Not excluded |
| Measles\* | Exclude for at least 4 days after onset of rash | Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received normal human immunoglobulin within 6 days of exposure, they may return to the facility |
| Meningitis (bacteria, other than meningococcal meningitis) | Exclude until well | Not excluded |
| Meningococcal infection\* | Exclude until adequate carrier eradication therapy has been completed | Not excluded if receiving carrier eradication therapy |
| Mumps\* | Exclude for 9 days or until swelling goes down (whichever is sooner) | Not excluded |
| Pertussis (whooping cough)\* | Exclude for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment | Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment |
| Poliomyelitis\* | Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery | Not excluded |
| Ringworm, scabies, pediculosis (head lice) | Exclude until the day after appropriate treatment has commenced | Not excluded |
| Rubella\* (German measles) | Exclude until fully recovered or for at least 4 days after the onset of rash | Not excluded |
| *Salmonella* or *Shigella* infection | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |
| Severe acute respiratory syndrome (SARS) | Exclude until a medical certificate of recovery is produced | Not excluded unless considered necessary by the Secretary |
| Streptococcal infection (including scarlet fever) | Exclude until the child has received antibiotic treatment for at least 24 hours and feels well | Not excluded |
| Tuberculosis | Exclude until a medical certificate is received from the treating physician stating that the child is not considered to be infectious | Not excluded |
| Typhoid fever (including paratyphoid fever) | Exclude until approval to return has been given by the Secretary | Not excluded unless considered necessary by the Secretary |
| Verotoxin-producing *E. coli* (VTEC) | Exclude if required by the Secretary and only for the period specified by the Secretary | Not excluded |
| Worms (intestinal) | Exclude until there has not been a loose bowel motion for 24 hours | Not excluded |

\* Vaccine-preventable disease

Note: In this schedule, ‘medical certificate’ means a certificate of a registered medical practitioner.