



Accident, incident, illness, medication and first aid

National Law: section 165, 167

Regulation 77, 85, 86, 87, 88, 92, 93, 95, 96, 168(2)(b)

National Quality Standard 2.1, 2.3

It is the aim of this policy to reassure all stakeholders at Kozy Kids (families, employees, members of the community and the children), that they can feel confident that all educators can effectively respond to, and manage any incident, injury, trauma or illness that occurs.

Families will be provided with a copy of this policy upon enrolment and a hard copy version is available to families at reception at all times.

Details of any incident in relation to a child or injury received by a child or trauma to which a child has been subjected, or of any illness which becomes apparent while being educated and cared for by the Education and Care Service must be recorded on the *Incident, injury, trauma and illness record* and the parent/authorised person must be notified as soon as reasonable practicable but no later than 24 hours after the incident, injury or trauma, or the onset of the illness.

The incident, injury, trauma and illness record must include—

- the name and age of the child
- *For incident, injury or trauma*
 - the circumstances leading to the incident, injury or trauma; and
 - the time and date the incident occurred, the injury was received, or the child was subjected to the trauma; and
 - details of any person who witnessed the incident, injury or trauma;
- *For illness*
 - the relevant circumstances surrounding the child becoming ill and any apparent symptoms; and
 - the time and date of the apparent onset of the illness;
- details of the action taken by the Education and Care Service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the Education and Care Service, including—
 - any medication administered or first aid provided; and
 - any medical personnel contacted; and
 - the name of any person—
 - whom the Education and Care Service notified or attempted to notify, of any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the Education and Care Service; and
 - the time and date of the notifications or attempted notifications; and
 - the name and signature of the person making an entry in the record, and the time and date that the entry was made.

NOTE: This information must be included in the incident, injury, trauma and illness record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Accidents and incidents

A parent of a child being educated and cared for by the Education and Care Service is notified as soon as practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while the child is being educated and cared for by the Education and Care Service.

Illness and exclusions

Children in child care come into contact with more children and adults than they do in their home environment and are therefore exposed to an increased number of potentially infectious illnesses. This does not mean if your child does not attend child care that they will never suffer from an infectious illness nor does it mean that all illnesses a child who attends child care suffers originates from the service he/she attends. What it does mean is that families and educators need to work in partnership to be vigilant in identifying unwell children in care and excluding them to minimise the risk of spreading the illness to children and adults in the Education and Care Service who are well. Health and licensing bodies recommend and sometimes require child care services to exclude children from care. Exclusion of infectious children significantly reduces the risk of the spread of diseases to other healthy children and children's centre staff. Our exclusion periods follow the National exclusion guidelines provided in Staying Healthy in Child Care and apply to both children and staff.

The Education and Care Service will exclude children and employees who:

- are acutely ill and may need to see a doctor, -
- are too ill to participate in normal children's Education and Care Services' activities,
- may require extra supervision to the detriment of the care and safety of other children,
- have symptoms or signs of a possible infectious illness
- have a temperature of 38 degrees or higher

The Education and Care Service will also aim to separate acutely ill children from well children as much as practicable and will keep them under supervision until they can be picked up by their family or nominated responsible person. In an outbreak of a vaccine preventable disease, the Education and Care Service will exclude children and staff who are not immunised or are too young to have been immunised on advice from the local Public Health Unit.

It can be difficult for families to know when their child is unwell enough to stay home from child care. Children can also appear well in the morning, before care, and then become more unwell as the day progresses. Educators need to be aware that families can experience difficulty when trying to take time off work or study to care for an ill child at home. They can also experience guilt when taking time off work or study or if they send a child to care who is not well. However, it is important that families understand that the educator's focus is not only on the wellbeing of their child but also on the wellbeing of others in the service. Although it can be difficult for families to care for ill children or to take children with symptoms of illness to the doctor, in the interests of all children's health it is important that they follow this policy for illness and exclusion.

If a child or employee has been unable to attend the service because of an infectious illness, when the child or employee has fully recovered the Director or Responsible Person may request the family or employee to obtain a certificate from their doctor which specifically states the child or employee is not infectious and is able to attend care or return to work. Children and employees should not attend care when they have an infectious illness even if medication is suppressing the symptoms of the illness.

Educators 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 the family will be contacted to collect their child from care within an hour of contact or initial message being left or not bring the child into care. In these occasions we recommend families seek medical advice. If the medical practitioner believes the child is fit to attend child care, the family may opt to obtain a medical clearance stating this and the child may return to the service. In some cases, the Director or Responsible Person may request the medical practitioner acknowledge that they have reviewed the specific symptom the child was excluded for such as a rash on torso when writing the clearance to attend child care.

Families need to be aware that although they may present doctors' certificates of fitness of a child to attend care this does not mean that the child will **not** be excluded from care that day if the Director or Responsible Person believes the child is too unwell to participate in normal activities, require extra supervision to the detriment of the care and safety of other children or shows signs or symptoms of an infectious illness that were not present at the child's arrival at the service and/or at the time the clearance was written.

Elevated temperatures/Fever

Fever is usually a sign of infection, most often the cold virus or an upper respiratory infection. The infectious diseases common in childhood, like chickenpox, also cause high temperatures. A fever is generally a good sign—it indicates that the body is fighting the germs. In this respect, the fever itself is not necessarily harmful and, in most cases, doesn't need to be treated as it will run its course.

A child's body temperature often fluctuates markedly during the course of an infection. A common pattern is for a child to develop a high temperature during the course of the night and then to appear well the next morning. During the day, however, the child's temperature may once again rise. A child's temperature is taken at the centre if the child does not seem to be engaging as they usually would within the program or feels unduly warm. It is expected that educators know the child well within the context of their setting and they will make a decision to take a child's temperature when they suspect they are not well, or the child tells them so. If an educator is concerned about a child's temperature, they are to place the digital thermometer under the child's arm for at least three minutes. Digital thermometers are to be used and between each use, cleaned according to the manufacturer's instructions, or by washing with neutral detergent and water, wiped with a single use alcohol swab, and left to dry.

If a child's temperature is between 37.5 - 37.9 degrees Celsius, the centre will contact the family to inform them that their child has a low-grade temperature. This is a courtesy call and, if the child is otherwise well, he/she does not require collection.

If a child's temperature becomes 38 degrees Celsius or greater the centre will notify the parent/guardian and ask them to organise collection of the child as soon as possible but within an hour. If the child seems well and is happy, there is no need to treat a fever.

When a child has a high fever (over 38.5 °C) - It is usually not necessary to reduce a fever, because fever in itself is not harmful. However, medication is sometimes given to 'bring a fever down' because there is no doubt that a fever can make a person feel miserable. If the parent/authorised person has given written permission upon enrolment to administer Panadol to their child, the educator can gain verbal permission from the parent/authorised guardian to administer Panadol on this occasion (the parent/authorised guardian must also advise whether paracetamol has already been administered that day and, if so, what time). This must be recorded on the accident/incident/illness form. This does not address the cause of the fever but can help the child feel better and may bring the temperature down temporarily. It is very important to read the label carefully because paracetamol for children comes in different strengths and formulations. It is essential that the dose is appropriate for the child's age/weight. Follow the instructions on the bottle or box.

Some studies show that giving medication to reduce the fever can actually slow down the body's immune response to infection. In most cases, do not worry about treating the fever itself—instead, focus your attention on the way the child looks and behaves, their level of alertness, and whether there are any other symptoms that indicate serious infection, such as vomiting, coughing or convulsions. When the reason for the child's raised temperature is unknown, administering analgesics can lead to possible misdiagnosis by the doctor because paracetamol can mask symptoms of underlying illness. Masking symptoms of serious illness creates a potential risk that our actions may delay the seeking of medical attention for the child.

While waiting for the child to be collected, educators will implement the following procedures to reduce the child's fever and discomfort:

- Remove excess clothing to cool the child down
- Offer fluids to the child
- Encourage the child to rest
- Monitor the child for any additional symptoms
- Maintain supervision of the unwell child at all times, while keeping them separated, if possible, from children who are well.

Children who have a fever (38 degrees and above are to be excluded from the centre for 24 hours after temperature has returned to normal).

In any circumstance when a child has had a convulsion (regardless of whether it is a febrile convulsion or a seizure due to another cause), and even if it stops, employees should immediately dial 000 for an ambulance and notify the parent or nominated person.

Hypothermia

Hypothermia occurs when the body's control mechanisms fail to maintain a normal body temperature and the temperature falls below 35 degrees Celsius. Signs and symptoms that may develop include gradual loss of mental and physical abilities. Severe hypothermia can lead to death. The risk of hypothermia isn't confined to freezing conditions. It often happens in temperatures ranging from 0 – 10 degrees and may be caused by medical conditions. If educators have concerns about a child's state of health and the child's temperature falls below 35 degrees Celsius, the educators must first ensure the child has sufficient clothing to bring the child's temperature up and contact the family to collect the child.

Diarrhoea and vomiting

Diarrhoea is an increase in the frequency, runniness or volume of the faeces. Acute diarrhoea may be a symptom of infection of the digestive system (gastroenteritis) which is usually caused by a virus, but sometimes is caused by bacteria or parasites. Infections of the gut cause diarrhoea and sometimes vomiting and fever. Other symptoms typically include stomach cramps and headache. Vomiting usually settles quickly but diarrhoea may last for a week or more. The danger of diarrhoea in young children is the loss of fluids from the body, which can quickly lead to dehydration. This can be life-threatening. The child must be watched closely because he/she can get worse very quickly. Duration of the illness depends on what organism is the cause and what treatment is used. The child is infectious for as long as the organism is in their faeces, whether or not they are ill.

Viral diarrhoea is very infectious and can rapidly spread to other young children. Therefore, **a child with diarrhoea and/or vomiting should be excluded from child care until there has not been a loose bowel motion for 24 hours and the child is well.**

Any educators experiencing vomiting or diarrhoea and who are likely to handle food in the facility should also be excluded until they have not had any vomiting or diarrhoea for 48 hours.

Other signs that a child is unwell:

It is important, especially with babies and young children, to watch out for other important signs if they are unwell.

- Drowsiness and loss of interest in playing and interacting - the baby or young child may be less alert than usual and not interested in what is going on around them. The child may prefer to just be cuddled and may be 'floppy'
- Breathing difficulty - breathing may be noisy, rapid and/or shallow, or the child may take long pauses between breaths. The baby may make a grunting sound, or the ribs or breastbone may be sucked in with each breath

- Poor feeding or loss of appetite - the baby or child may suck less vigorously, for shorter periods or refuse feeds all together. This needs to be taken seriously in an infant. Taking less than half the normal amount of feed in a 24-hour period is of concern
- Poor urine output - less than four wet nappies in a 24-hour period is a concern. This may be difficult to assess if the child has diarrhoea. For an older child, their urine will be reduced in amount and it may be concentrated (a brown to orange colour)
- Change in skin colour - the baby or child may be very pale, have mottled skin or cold hands and feet
- Change in bowel motions - very loose, absent or change in colour of bowel motion may occur

Medications

When children are ill, they may require medications to help manage symptoms or stop infection.

- No medications are to be left in child's bag. All medications are to be given directly to an educator who will ensure medication is securely stored in a locked medication box. Medication that requires refrigeration (e.g. antibiotics, syrups) should be stored at the back of the top shelf, in a separate compartment, or in a childproof container
- Medications are to be administered at home where possible
- All medications are to be taken home at the end of each day with the exception of long term medications such as asthma inhalers, nappy creams, epi-pens and teething gel (provided these items have supporting documentation such as individual health management plans or letters from the doctor specifying ongoing use).
- For medications to be administered the following requirement must be met:
 - All medication must be prescribed by a registered medical practitioner.** (This includes over the counter medications such as nappy cream and teething gel)
 - (i) *Prescription medications:* In its original container, bearing the original label (with the name of the child to whom the medication is to be administered, dosage required, frequency of dose, date prescribed, prescribing doctor) and before the expiry or use by date. Should a doctor prescribe an over the counter medication a letter from the doctor or completed health plan must also be provided
 - (ii) the medication must be administered in accordance with any instructions
 - attached to the medication; or
 - any written or verbal instructions provided by a registered medical practitioner;

Daily medication request forms must be filled out accordingly for all medications/creams. All areas must be completed by the parent before medication can be administered and the parent/guardian must sign the form upon collection of their child to ensure they have been informed of the administration of the medication.

The details to be recorded by the parent or authorised person are—

- ✓ the name of the child;
- ✓ the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
- ✓ the name of the medication to be administered;
- ✓ the time and date the medication was last administered;
- ✓ the time and date, or the circumstances under which, the medication should be next administered;
- ✓ the dosage of the medication to be administered;
- ✓ the manner in which the medication is to be administered;

Educators are not authorised to administer medication without a completed medication record unless, in the case of an emergency, authorisation is given verbally by

- a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or

- if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service

Medication may also be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. If medication is administered in this situation the educator or responsible person must ensure that the following are notified as soon as practicable—
(a) a parent of the child; (b) emergency services.

If the medication is administered to the child, the details to be recorded by the educators are:

- ✓ the dosage that was administered; and
- ✓ the manner in which the medication was administered; and
- ✓ the time and date the medication was administered; and
- ✓ the name and signature of the person who administered the medication; and
- ✓ the name and signature of the person that checked the dosage and identity of the child the medication was administered to.

Please note: When children have commenced treatment with a medication, the child should not attend care for at least 24 hours to ensure the child is recovering and is not having side effects from the medication.

In relation to administering medications, educators must ensure they act in the best interests of the safety and health of the child. If an educator feels doubt about the safety of administering any medication or treatment, the educator should not administer the medication or treatment and refer the matter to the Director/ Responsible Person and seek advice from the parent, doctor, or the local Public Health Unit.

Trauma

Grief is something many children experience, and it can have profound and lasting effects of their health and wellbeing. Although children have a limited understanding and experience of the world, they are still able to experience overwhelming emotions and negative physical reactions following loss or trauma. Children depend on adults to support and reassure them, and to provide strength and security. Children often express their reaction to trauma through their actions rather than words, so it is important for educators to watch for changes in behaviour. By building a partnership with families and showing an interest in children's lives, educators can stay informed of loss or trauma that a child may be experiencing. When dealing with grief and loss it is vital that educators are aware of each families' cultural sensitivities and traditions toward this.

First Aid Kits

First aid kits are available in children's bathrooms, easily recognisable and accessible to educators. The First Aid Officer ensures that each first aid kit is suitably equipped at all times. To facilitate this educators are encouraged to advise the First Aid Officer if supplies are running low but before they have run out.

Procedure for a Child requiring an Ambulance

Immediate Action

- An educator holding a current Senior First Aid Certificate is to assess the injury, trauma or illness and administer Emergency First Aid.
- A second educator is to telephone an ambulance to attend – dial 000.
- Ensure the child is comfortable and kept under adult supervision.
- Inform the Nominated Supervisor or Responsible Person present.
- Parent/ Guardians/ Emergency contact must be informed immediately. Tell the Parents/ Guardians/ Emergency Contact that an ambulance is on its way to the service. If he/she is unable to reach the service to meet the ambulance, then ask him/her to meet the ambulance at the hospital (Indicate the expected hospital).

- The Nominated Supervisor or Responsible Person present is to ensure that an educator, who is known to the child, accompanies him/her to the hospital until the parent or authorised guardian can attend.
- Complete an Incident, Injury, Trauma and Illness Record and provide parents with a copy as soon as possible.
- Nominated Supervisor or Responsible Person present to complete a Notification of serious incident form and submitted this to the Department no later than 24 hours after the incident occurred.

The Education and Care Service will not be liable for any for any medical fees, ambulance or other costs, which may arise due to these emergencies.

Further items:

Educators will

- Clean blood and body fluid spills according to standard infection control precautions.
- Cover cuts, abrasions, dermatitis or open wounds on their hands with a water-resistant occlusive dressing, which should be changed each time it is soiled or wet.
- Ensure confidentiality of any personal or health related information obtained by staff in relation to any children, children's parents and families.
- Ensure medication is only administered to a child enrolled for the service with the written permission of the child's parent or legal guardian.
- Advise parents who leave medication to be administered without meeting the conditions of the relevant legislation and these guidelines that the medications will not be administered, and medication prescribed for one child will not be administered to a sibling or another child.

We appreciate your support in helping us to provide an environment that is safe and healthy for all children, staff and families within the community.

Reference

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- Australian Children's Education and Care Quality Authority (2013) *Guide to the National Quality Standard* accessed online at <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF03-Guide-to-NQS-130902.pdf>