



P2-01: Incident, Injury, Trauma, & Illness Policy

The health and safety of all staff, children, families, and visitors to Queanbeyan & District Preschool Association (QDPA) is of the utmost importance. QDPA 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.

QDPA acknowledge that in early education services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. QDPA aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents and illnesses may occur. QDPA is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

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.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced 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 LAW AND REGULATIONS	
Sec.165	Offence to inadequately supervise children
Sec. 174(2)(a)	Prescribed information to be notified to Regulatory Authority



Sec.176(2)(a)	Time to notify certain information to Regulatory Authority
86	Notification to parents of incident, injury, trauma, and illness
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RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Adventurous (Risky) Play Policy Anaphylaxis Management Policy Asthma Management Policy Child Safe Environment Policy Dealing with Infectious Disease Policy Delivery of children to, and collection from ECE Premises Policy Enrolment Policy	Family Communication Policy Handwashing Policy Health and Safety Policy Immunisation Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Road Safety Policy Safe Transportation Policy Unwell Children Policy Work Health and Safety Policy
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PURPOSE

Educators have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Preschool's 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 and provide guidance of the required action to be taken in the event of an incident, injury, trauma, or illness occurring when a child is educated and cared for.

SCOPE

This policy applies to children, families, educators, staff, the Approved Provider, nominated supervisor, management, and visitors of QDPA.

IMPLEMENTATION

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma, and illness and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021). In the event of an incident, injury, trauma, or illness 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.

QDPA implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

We are committed to minimise the spread of infectious diseases by implementing recommendations provided by the [Australian Government- Department of Health](#) and [Safe Work Australia](#). QDPA implements procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of our Preschool's. We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act.

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice may be required to ensure a safe and healthy environment.



Recommendations from the [Australian Health Protection Principal Committee](#) and Department of Health will be adhered to minimise risk where reasonably practicable.

During a pandemic, such as COVID-19, risk mitigation measures may be implemented within the Service to manage the spread of the virus. These measures may include but are not limited to the following:

- notifying vulnerable people within the workplace of the risks of the virus/illness including:
 - people with underlying medical needs
 - children with diagnosed asthma or compromised immune systems.
 - Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
- enhanced personal hygiene for children, staff, and parents (including frequent handwashing)
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing, and laundering play items and toys.
- recommending influenza vaccination for children, staff, and parents

Children who appear unwell at Preschool, will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in the curriculum, parents or an emergency contact person will be contacted to collect the child as soon as possible.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the class and supervised until he/she is collected by a parent or emergency contact person. Children must be collected within 30 minutes of notifying a collection is required.

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 displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain



- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat.
- persistent, prolonged, or severe coughing
- difficulty breathing
- a stiff neck or sensitivity to light

As per our *Unwell Children Policy* we reserve the right to refuse a child into Preschool if they:

- are unwell and unable to participate in normal activities or require additional attention.
- have had a temperature/fever or vomiting in the last 24 hours.
- have had diarrhoea in the last 48 hours.
- have been given medication for a temperature within 24 hours of arriving at Preschool.
- have started a course of anti-biotics in the last 24 hours or
- have a contagious or infectious disease.

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 Preschool until 24 hours after the temperature/fever has subsided.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT PRESCHOOL

If a child becomes ill whilst at Preschool, educators will respond to their individual symptoms of illness and provide comfort and care. 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. The child will be cared for in an area that is separated from other children in the Preschool to await pick up from their parent/carer. If a parent is uncontactable, emergency contacts will be contacted. If family members are unable to be contacted and emergency medical assistance is required, the service will follow the *Administration of First Aid Policy* and contact emergency services where required.

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the Preschool and will not be permitted back until 24 hours after the temperature has subsided



- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.
- Educators will complete an *Incident, Injury, Trauma, and Illness* record on OWNA and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

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 be mindful of cultural beliefs.
- parents/guardian will be contacted by phone and informed of their child's temperature, and will be required to collect their child

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza, and a cold. If any child, employee, or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough, or runny nose) they may be requested to either stay at home or self-test using a Rapid antigen test (RAT). (See: Australian Government [Identifying the symptoms](#))

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever.

Nasal discharge may start clear but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. 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. 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 has the right to send children home if they appear unwell due to a cold or general illness. Parent requests for a child not to participate in outside curriculums will not be accommodated. If a child is too unwell due to a cold or illness to participate in any component of the curriculum (indoor or outdoor) they will be asked to remain at home until well.

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.

However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously. If a child has diarrhoea and/or vomiting whilst at Preschool, 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**. [Public Health Unit- Local state and territory health departments](#)

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 that have had diarrhoea and/or vomiting will be excluded from the Preschool for 24 hours after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances. In the event of an outbreak of gastroenteritis in the Preschool, the exclusion will be increased to 48 hours. Families will be notified of any outbreaks and any required changes to exclusion periods following notification to the Public Health Unit.



An *Incident, Injury, Trauma, and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

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 Preschool.

Children, educators, and staff with 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 Preschool, children displaying the symptoms will be excluded from Preschool until the diarrhoea and/or vomiting has stopped.

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, QDPA implements effective hygiene and infection control routines and procedures as per the *Australian Health Protection Principal Committee* guidelines.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Preschool. 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 Preschool's. Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

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 before and after eating and when using the toilet and drying hands thoroughly with paper towel. (See *Handwashing Policy*).

After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel.

All surfaces including pillows, mats and cushions used by a child who is unwell, will be cleaned appropriately and then disinfected.

Parents, families, and visitors are requested to wash their hands upon arrival and departure at Preschool or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)

PARENT/FAMILY NOTIFICATION

Parents will be notified of any cases of infectious illness within the Preschool community via our notice board, OWNA app or email 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 Parent/Family Handbook and *Unwell Children Policy* and *Dealing with Infectious Disease Policy*.

SERIOUS INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, volunteer, or contractor having an accident at the Preschool, an educator who has a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children. Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines. Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff.

INCIDENT, INJURY, TRAUMA, AND ILLNESS RECORD

An *Incident, Injury, Trauma, and Illness* record contains details of any incident, injury, trauma, or illness that occurs while the child is being educated and cared for at the Preschool. The record will include:



- name and age of the child
- circumstances leading to the incident, injury, illness.
- time and date the incident occurred, the injury was received, or the child was subjected to trauma.
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time, and date of the onset of the illness.
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted.
- details of any person who witnessed the incident, injury, or trauma.
- names of any person the educator notified or attempted to notify, and the time and date of this.
- signature of the person making the entry, and the time and date the record was made.

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated for by our Preschool's. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma, or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Parents/Authorised Nominee must acknowledge the details contained in the record, sign, and date the record on arrival to collect their child. All Incident, Injury, Trauma, and Illness Records must be kept until the child is 25 years of age.

DEFINITION OF SERIOUS INCIDENT

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service through the [NQA IT System](#)

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 or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (e.g.: severe asthma attack, seizure, or anaphylaxis)

(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, with any evidence attached.

MISSING OR UNACCOUNTED FOR CHILD

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the Preschool premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Preschool, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the Preschool in the care of a parent, an authorised nominee named in the child's enrolment record, or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or another emergency.

Educators must ensure that:

- the attendance record is regularly cross-checked to ensure all children signed into the service are accounted for.
- children are always supervised.
- visitors to the Preschool are not left alone with children at any time.

Should an incident occur where a child is missing from the Preschool, educators and the Nominated Supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person.
- if the child is not located within a 10-minute period, emergency services will be contacted, and the Approved Provider will notify the parent/s or guardian.



- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care.
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

If a child is missing during or following transportation the *Missing Child During Regular Transportation Procedure* is to be followed.

The Approved Provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not. In the event of any head injury, Educators will assess the child, administer any urgent First Aid, and notify parents/guardians to collect their child/of the incident.

Emergency Services will be contacted immediately on 000 if the child:

- Has sustained a head injury involving high speeds or fallen from a height (play equipment)
- Loses consciousness
- Seems unwell or vomits several times after hitting their head

GLOSSARY OF HEAD INJURY TERMS

Concussion – a mild traumatic brain injury that alters the way the brain functions. Effects of concussion are usually temporary, but can include altered levels of consciousness, headaches, confusion, dizziness, memory loss of events surrounding the injury, and visual disturbance.

Loss of consciousness – when a person is unable to open their eyes, speak or follow commands. They have no awareness of stimulation from outside their body and cannot remember the immediate periods before and after the injury.



SIGNS & SYMPTOMS OF HEAD INJURY

The symptoms experienced straight after a head injury are used to determine how serious the injury is. The information below is a guideline.

Moderate to severe head injury

If a child has a moderate or severe head injury, they may:

- Lose consciousness
- Be drowsy and not respond to a voice
- Be dazed or shocked
- Not cry straight after the knock to the head
- Be confused, have memory loss or loss of orientation about place, time, or the people around them
- Experience visual disturbance
- Have unequally sized pupils or weakness in their arm or leg
- Have something stuck in their head, or a cut causing bleeding that is difficult to stop, or a large bump or bruise on their head
- Have a seizure, convulsion or fit
- Vomit more than once.

If a child has been assessed as having a moderate to severe head injury, Educators will call an ambulance immediately.

Mild head injury

A mild head injury or concussion is when a child:

- May display altered level of consciousness at the time of the injury
- Is now alert and interacts with you
- May have vomited, but only once
- May have bruise, lump, or cut on their head
- Is otherwise normal.

If a child receives a mild head injury, the family will be contacted by the Nominated Supervisor, and advised of the incident. It will be recommended that the child should be collected, and medical advice should be sought by parent.



In the case of a “minor” head bump (e.g., Child knocks head with another child, but no evidence of bump/bruise/symptoms and continues to be monitored after with no symptoms or evidence appearing), the parent will be notified as a courtesy and the child will continue to be monitored for signs and symptoms. Should signs or symptoms develop, Educators will reassess using the categories above.

TRAUMA

Trauma is defined as 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 (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect 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).

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 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 jumpier 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 to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say 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 may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

EDUCATORS CAN ASSIST CHILDREN DEALING WITH TRAUMA BY:

- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations.
- 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 several 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 TO COPE WITH CHILDREN'S STRESS OR TRAUMA 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 educator 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.
- accessing support resources- BeYou, Emerging Minds.
- Accessing the Employee Assistance Program funded by QDPA.



Living or working with traumatised children can be demanding so it is important for all educators to be aware of their own responses and seek support from management when required.

THE APPROVED PROVIDER/ MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- QDPA policies and procedures are always adhered to.
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service and if required, transportation by an ambulance service.
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.
- an *Incident, Injury, Trauma, and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods advised)
- first aid qualified educators are always present on the roster and in the Service.
- first aid kits are suitably equipped and checked regularly (see *First Aid Kit Checklist*)
- first aid kits are easily accessible when children are present at the Preschool and during excursions.
- first aid, emergency anaphylaxis management training, and asthma management training is current and updated as required.
- adults or children who are ill are excluded for the appropriate period (see *Unwell Children Policy*)
- children are excluded from the Preschool if staff feel the child is too unwell to attend or is a risk to other children.
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria.
- if the incident, situation, or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Preschool, 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.
- parents are notified of any infectious diseases circulating the Preschool within 24 hours of detection.
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette.
- appropriate cleaning practices are followed.
- toys and equipment are cleaned and disinfected on a regular basis, or immediately if a child who is unwell has mouthed or used these toys or resources.
- additional cleaning will be implemented during any outbreak of an infectious illness or virus.



QUEANBEYAN & DISTRICT PRESCHOOL ASSOCIATION

- all illnesses are documented in the Preschool *Incident, Injury, Trauma, and Illness Record*
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation.

FAMILIES WILL:

- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital, or ambulance service and if required, transportation by ambulance service.
- provide up to date medical and contact information in case of an emergency.
- provide emergency contact details and ensure details are kept up to date.
- provide the Preschool with all relevant medical information, including Medicare and private health insurance.
- provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change.
- adhere to recommended periods of exclusion if their child has a virus or infectious illness.
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma, and Illness record* and acknowledge that they were made aware of the incident, injury, trauma, or illness.
- inform the Preschool if their child has an infectious disease or illness.
- provide evidence as required from doctors or specialists that the child is fit to return to care if required.
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

RESOURCES

[beyou Bushfire resource](#)

[Emerging Minds Community Trauma Toolkit](#)

[Fever in children- \(health direct.gov.au\)](#)

[Head Injury and concussion](#)

[NSW Health Gastro Pack NSW Health](#)

Staying Healthy: Preventing infectious diseases in early childhood education and care services

[Recommended exclusion periods- Poster](#)

[Minimum periods for exclusion from childcare services \(Victoria\)](#)



[Time Out Keeping your child and other kids healthy!](#) (Queensland Government) Updated Nov 22

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma, and Illness Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators, and management.

SOURCE

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REVIEW

Version Control	Date	Author	Description of Change
1.0		QDPA	Original document
2.0	2018	QDPA	Scheduled review
3.0	July 21	QDPA	<ul style="list-style-type: none">• Document reviewed with change in leadership team in 2021. Additional related regulations & NQS references added.• Version control and description box added to clarify reviewed items/new inclusions.• Format change to include policy statement, purpose, scope and implementation, addition of footers and page numbering and general layout changes.• Policy name amended to include incidents, illnesses & trauma.• Former Critical Incident Policy incorporated.
4.0	April 2023	QDPA	<ul style="list-style-type: none">• annual policy maintenance• name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i>• reference to ELYF updated to V2.0• vaccination requirements for COVID 19 removed.• updated information on managing positive COVID cases added.• hyperlinks checked and repaired as required.• continuous improvement section and Resource section added.• procedure removed from policy (available as a separate document)• Added collection with 30 minutes if child sent home unwell.• Added administration of paracetamol procedures• Added requests from parent for child not to participate in any area of the program due to being unwell will not be accommodated.• Added child to be sent home with any head injury