

PURPOSE

We have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, FDC educators, educator assistants, coordinators, staff 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, coordinators, staff, educators, educator assistants, families and visitors of Clarence Family Day Care.

IMPLEMENTATION

We require FDC educators to implement risk management planning to identify any possible risks and hazards in their learning environments and practices. Where possible, FDC educators have eliminated or minimised these risks as is reasonably practicable by implementing risk management strategies and providing adequate supervision to ensure children are protected from harm or hazards. FDC educators will follow this policy and procedures to minimise the impact of incidents and injury to children.

In the event of a serious injury or accident, an ambulance will be called immediately, and the FDC educator will follow any instructions provided by emergency services. FDC educators will ensure parents are contacted as soon as practicable and the principal office of our service will also be contacted.

We will ensure we review and evaluate our policies and procedures and ensure that educators' physiological wellbeing is supported following any serious incident, injury or trauma.

ILLNESS

Family Day Care educators 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 is 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.

Children who appear unwell at the FDC Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, 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 (vomiting, diarrhoea) will be moved away from the rest of the group, where possible and supervised until he/she is collected by a parent or emergency contact person.

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

- 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

As per our *Sick Child Policy* we reserve the right to refuse a child into care 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 prior to arriving at the FDC service
- have started a course of anti-biotics in the last 24 hours or
- have a contagious or infectious disease
- have been in close contact with someone who has a positive confirmed case of COVID-19
- have a temperature above 37.5°C when assessed prior to entry to the service (effective during a pandemic or outbreak of an 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 the FDC Service until 24 hours after the temperature/fever has subsided.

When a child develops a high temperature or fever at the FDC Service

- FDC 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
- For infants under 3 months old, parents will be notified immediately for any fever over 38°C for immediate medical assistance. If the parent cannot take the child to a GP immediately, permission will be required for the FDC Educator to arrange for medical assistance
- FDC educators will notify parents when a child registers a temperature of 38°C or higher and requested to collect their child from care
- The child will need to be collected from the FDC service and will not be permitted back for a further 24 hours
- FDC educators will complete an *Incident, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- Parents must sign and date this record and verify the information stated upon collection of their child
- A copy of this record must be provided to the Coordinator and Manager/Nominated Supervisor
- In the event of any child requiring ambulance transportation and medical intervention, a serious incident will be reported to the regulatory authority (Reg. 12) on behalf of the educator by the Approved Provider.

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.) FDC educators will be mindful of cultural beliefs
- If requested by a parent or emergency contact person and written parental permission to administer paracetamol or ibuprofen has been provided and recorded in the child's enrolment form, the FDC educator or educator assistant may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the

temperature down. However, a parent or emergency contact person must still collect the child as soon as possible

- 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 educator's name will be recorded in the *Incident, Injury, Trauma and Illness Record*. Parents will be required to sign the *Administration of Medication Form* for the administration of Panadol or Nurofen when collecting the 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, or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home or be assessed/tested for COVID-19. If a child, educator, coordinator or any other visitor is tested for COVID-19, they are required to self-isolate until they receive notification from the Public Health Unit of their test results. (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. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

The FDC educator has 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. Each individual case will be assessed 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.

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 the FDC residence or venue, the educator will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, the FDC educator must inform their coordinator/nominated supervisor and they will contact the local public health unit.

The FDC educator and coordinator 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 asked to stay away from the FDC for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

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 the FDC residence receiving education and care.

Children, educators and any adults/visitors 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 the FDC service, children displaying the symptoms will be excluded 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 ILLNESS

To reduce the transmission of infectious illness, FDC educators are to implement 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 FDC 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 FDC Service.
- Signs and posters remind parents and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.
- The FDC educator and/or educator assistant, 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 the FDC educator, educator assistant and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel.
- After wiping a child's nose with a tissue, the educator will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel. (See *Handwashing Policy*).
- All surfaces including bedding (pillows, mat, cushion) 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 and departure 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

Infectious Illness- (gastroenteritis, whooping cough etc.)

Parents will be notified of any outbreak of an infectious illness (eg: Gastroenteritis) within the FDC residence or venue verbally, via our notice board, online 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 Family Handbook and *Sick Children Policy*.

INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, volunteer or contractor having an accident at the FDC service, the FDC educator will:

- attend to the person immediately and administer first aid (see Procedures below)
- call for an ambulance immediately in the event of a serious injury or incident

- contact parents as soon as possible to notify them of the injury or incident and request them to collect their child from the service
- advise parents if an ambulance has been called
- if the parent is unable to be contacted, the educator will contact an emergency person as listed on the enrolment record
- contact the approved provider for support and assistance
- ensure supervision is provided to other children in care at the residence
- provide details for notification to the Regulatory Authority to the Approved Provider if the incident or injury is a notifiable incident
- complete an *Incident, Injury, Trauma and Illness record* and ensure parents have verified the information, signed and dated the record
- keep a copy of all records on file at the FDC residence
- provide any further documentation provide by the paramedics to the principal office
- ensure parents are notified as soon as practicable but no later than 24 hours after the occurrence (Regulation 86)
- notify the Nominated Supervisor/Manager who will ensure notification is submitted to the Regulatory Authority as required

The Nominated Supervisor or Coordinator may be requested to assist with contacting parents or emergency contacts if the educator is administering first aid and cannot leave the child to make any phone calls

If the incident occurs outside normal office hours, an after-hours emergency phone number must be used and/or a message left at the main switchboard of the FDC Service principal office.

The Manager/Nominated Supervisor must have up to date emergency phone numbers for all children enrolled in the Service.

The Manager/Nominated Supervisor will provide guidance to FDC educators about the reporting requirements needed to be completed in the event of an incident, illness, injury or trauma as per the regulations and the requirements to notify parents and obtain their signature on the report.

The Approved Provider is responsible for monitoring, maintaining and storing all legislative and required records confidentially and securely until the child is 25 years of age- as per regulations.

Following any serious incident, injury or trauma, the Manager, Nominated Supervisor and Coordinators will review and evaluate policies and procedures with educators to ensure these were followed and to make any necessary adjustments.

Opportunities will be provided for the FDC educator to de-brief about any incident or injury, seek professional assistance such as counselling.

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 FDC 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 (eg: 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 in 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 FDC residence or venue premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the service, a serious incident notification must be made to the Regulatory Authority.

A child may only leave the Family Day Care Service 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 other emergency.

Family Day Care educators ensure that

- the attendance record is regularly cross-checked to ensure all children signed into the FDC service are accounted for
- children are supervised at all times
- visitors to the service are not left alone with children at any time
- a headcount of children is conducted as the visitor leaves the residence

Should an incident occur where a child is missing from the Family Day Care service, the educator will:

- attempt to locate the child immediately by conducting a thorough search of the residence and premise (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 – e.g.: educator assistant or coordinator
- if the child is not located within a 10-minute period, the educator will notify emergency services and notify the parent/s or guardian and the Approved Provider of the Family Day Care Service
- 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.

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

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 service. 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

Family Day Care educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the service. 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.

HEAD INJURIES

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital.

In the event of a head injury, the FDC educator will assess the child, administer any urgent First Aid and either contact the child's parents/guardian to request the child to be collected from the service, or if the child is unconscious or the head injury is causing excessive bleeding, immediately call for an ambulance.

The FDC educator must contact the principal office of the Family Day Care service at the time of the incident and also after the child has been collected or transferred to hospital.

An *Incident, Injury, Trauma and Illness* record must be completed and signed by the parent. The Manager/Nominated Supervisor will notify the regulatory authority on behalf of the Family Day Care educator.

(see *Head Injury Guide and Procedure*)

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).

COVID-19 has led to higher amounts of traumatic experiences and adversity in households leading many educators to look at trauma-informed practices to help support children.

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling, and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experiences trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer 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 implementing trauma-informed practice including:

- getting children to identify their emotions
- debriefing with children after any incident, illness or trauma to support their understandings of the events
- providing opportunities for children to voice their feelings, ask questions and talk
- supporting children to regulate their emotions and build positive relationships
- 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 a number of ways for parents, educators 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 and educators 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, Kids Help Line

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

An Incident, Injury, Trauma and Illness record must be completed detailing the trauma the child was subjected to, the time and date and circumstances as per Regulation 87.

THE NOMINATED SUPERVISOR & COORDINATOR WILL ENSURE:

- FDC policies and procedures are adhered to
- support, advice and tools will be provided to assist educators manage their mental health following any traumatic event/experience.

FDC EDUCATORS WILL ENSURE:

- FDC policies and procedures are adhered to at all times
- accurate attendance records are kept at all times

- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, incident, injury or trauma occurring at a family day care residence or whilst in the care
- parents are advised to keep their child at home until they are feeling well, and they have not had any symptoms for at least 24-48 hours
- 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)
- FDC educators and educator assistants hold current First aid qualifications, emergency anaphylaxis and asthma management training
- first aid kits are suitably equipped and checked on a regular basis and do not contain out of date items
- first aid kits are easily accessible when children are present at the FDC residence and during excursions
- CPR charts are displayed in a prominent position in the indoor and outdoor environment
- adults or children who are ill are excluded for the appropriate period
- 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 FDC service 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 FDC service within 24 hours of detection
- children are excluded from the FDC service if the educator feels the child is too unwell to attend or is a risk to other children.
- educators, coordinators, visitors 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 which is recorded in the toy cleaning register 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
- all illnesses are documented on the *Incident, Injury, Trauma and Illness Record*

FAMILIES WILL:

- provide up to date medical and contact information in case of an emergency
- provide the FDC Service with all relevant medical information, including Medicare and private health insurance
- provide a copy of their child's Medical Management Plans, Action 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 FDC Educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident
- inform the FDC Service 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 the FDC educator to administer first aid and call an ambulance if required (as per enrolment record).

NATIONAL ECEC REGULATIONS

12 – Meaning of serious incident	85 – Incident, injury, trauma and illness policies and procedures
86 – Notification to parents of incident, injury, trauma and illness	87 – Incident, injury, trauma and illness record
88 – Infectious diseases	89 – First aid kits
97 – Emergency and evacuation procedures	161 – Authorisations to be kept in enrolment record

162 – Health information to be kept in enrolment record	168 – Education and care service must have policies and procedures
174(2)(a) – Prescribed information to be notified to Regulatory Authority	176(2)(a) – Time to notify certain information to Regulatory Authority

NATIONAL QUALITY STANDARDS

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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.

REFERENCE & RELATED INFORMATION

- Education and Care NSW Regulations
- Australian Children's Education & Care Quality Authority.
- Australian Government Department of Health - Health Topics <https://www.health.gov.au/health-topics>
- Beyond Blue: <https://beyou.edu.au/resources/news/covid-19-supporting-schools>
- BeYou (2020) Bushfires response <https://beyou.edu.au/bushfires-response>
- Health Direct <https://www.healthdirect.gov.au/>
- Staying healthy: Preventing infectious diseases in early childhood education and care services.
- NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/plus.aspx>
- Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>
- The Sydney Children's Hospitals network (2020). <https://www.schn.health.nsw.gov.au/search/site?query=fever>

PROCEDURE IN THE EVENT OF AN INCIDENT, ILLNESS, INJURY OR TRAUMA

If an incident or injury occurs whilst a child is under the care of a FDC educator, the educator will administer First Aid and seek hospital transportation and treatment if required. In the event of a child being subjected to trauma, educators will support children following advice from other professional bodies such as Emerging Minds & BeYou.

Emergency Response Procedures

Follow instructions as per the child's ASCIA Action Plans for children who are known to have asthma or allergies including anaphylaxis

- Administer adrenaline autoinjector or reliever inhaler medication (Ventolin) as instructed
- Contact an ambulance **immediately** for any incident involving anaphylaxis
- Contact an ambulance **immediately** for asthma emergencies if the child cannot breathe normally after following their Action Plan for asthma and receiving reliever inhaler medication or if their breathing become worse.

Head Injuries

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital. The child must be closely observed until the parent or guardian collects the child from the educator- or they are transferred to hospital.

- if the child has suffered a head injury and is unconscious, they should not be moved unless there is immediate danger
 - Call for an Ambulance immediately
 - Monitor the airway and breathing until the arrival of an ambulance
 - If breathing stops or they have no pulse, begin CPR immediately

Incident or injury management

The educator will:

- ensure the safety of themselves and others- DRSABCD (Danger, Response, Send for Help, Airway, Breathing, CPR, Defibrillation)
- attend to the child immediately
- if the illness or incident involves asthma or anaphylaxis, refer to the child's Medical Management Plan or Action Plan
- administer First Aid procedures
- assess whether further medical attention is required (hospital or other medical assistance)
- call for help- Contact an ambulance and stay with the child
- contact the parent/s or nominated authorised person on the child's enrolment form to inform them an ambulance has been called and request them to either:
 - come immediately to educator's residence or place of incident/injury or
 - meet the ambulance at the hospital
- immediately arrange for assistance (contact approved provider to request assistance) to care for children in care whilst you travel with an injured/ill child in an ambulance
- if unable to provide supervision for attending children, sign injured child into paramedic's care to be met at the hospital by the parent or authorised nominee or approved provider
- remain with the child until the ambulance arrives
- reassure the child and other children
- ensure any medical conditions/history is readily available (eg: Emergency Action Plan for Asthma or Anaphylaxis)
- Action Plans should provide guidance of First Aid responses in an emergency as provided by the child's doctor and authorised by the child's parents

Calling an ambulance

Do not hesitate to contact an ambulance if you think emergency services are required.

If a child displays any of the following symptoms or suffers any of the following call 000:

- the child has experienced unconsciousness or an altered state of unconsciousness
- is experiencing difficulty breathing for any reason
- has difficulty breathing and has not responded to reliever inhaler medication (even if they are not diagnosed with Asthma)
- is showing signs of shock
- is experiencing severe bleeding, or is vomiting blood
- has an injury to their head, neck or back
- could have broken bones
- has an extremely high temperature, with or without a rash
- has a temperature above 38°C for an infant under 3 months old

Dial 000 and be prepared to answer the following:

- the address of where the ambulance is required and the closest cross street
- what the problem is
- how many people are injured
- the child/person's age
- the child/person's gender
- if the child/person is conscious and
- if the child/person is breathing