

## Incident, Injury, Trauma & Illness Policy

### Aim

This policy will provide clear guidelines to ensure the safety of all children in attendance at CSIROCare Clayton

### Rationale

At CSIROCare Clayton, we have a duty of care for every child that attends our centre and the centre will ensure that all staff are trained to effectively respond and manage accidents, illness and emergencies which occur at the centre to ensure the safety and wellbeing of children, educators and visitors.

### Body

#### Illness

To prevent the spread of germs, viruses, infections or diseases, a child may **NOT** attend the centre if suffering any of the following symptoms:

- High temperature or fever (38° and above)
- Severe cold, thick mucus nose or constant coughing or sneezing
- Vomiting
- Diarrhea
- Red, swollen or discharging eyes
- Rash (without a medical certificate stating that it is not infectious e.g. eczema)
- Open sores that cannot be fully covered (e.g. cold sore/school sores)
- Unwell without obvious symptoms (e.g. unusually tired, irritable, pale or lethargic)
- Require paracetamol or ibuprofen to be administered more than once (considerations will be made if the condition is due to teething)
- Difficulty breathing

If your child is starting a course of antibiotics or anti fungals for the first time or it's the first time they have had that particular medication they must be excluded from care for 24 hours. This gives time for the medication to begin to take effect and allows time to observe any adverse reactions to the medication.

If staff consider that a child is showing signs of any of the above conditions, an authorised person will be immediately contacted and asked to come and collect their child. Similarly, if you arrive at the centre with a child who is showing any of the above symptoms or appearing visibly unwell, staff reserve the right to ask you to take your child home.

We realise that this may present difficulties for working parents, however we must consider the needs of all of the children and staff at our Centre. Children who are unwell cannot manage a full and active day, and staff are unable to cope with the demands of an unwell child whilst also providing appropriate care for the other children in their room.

CSIROCare staff are required to implement and follow appropriate hygiene strategies at all times to alleviate the transfer of symptoms between children in their care, as much as possible.

Please note that a child who is sent home or has been unwell at home prior to being at care should be completely clear of any symptoms for at least 24 hours prior to returning to the centre.

Where a child has been identified as having an infectious virus, for example hand foot and mouth disease, school sores, etc, staff will endeavor to notify parents by placing a notice on the door advising of the virus and the room in which it is associated with.

With your co-operation in this matter, staff can work to minimise the spread of any communicable or infectious illnesses amongst the other children in their care.

### **Incident – occurring whilst the child is in the care of the centre**

Care is taken to prevent accidental injury to children in our care, however, should an accident occur, educators are required to complete the Accident/Incident Sheet in a folder located within each playroom.

The incident is then communicated to an authorised person for the child immediately (if the injury is deemed serious or for any injury above the neck).

If the injury is not deemed serious, the authorised person for the child will be notified when they arrive to collect the child and will be asked to acknowledge by signing the Accident/Incident Sheet.

If the injury is assessed as minor, the following procedure should be followed:

- The child should be comforted and then the minor injury treated appropriately – cold face washer or ice pack to reduce swelling, swab with water/saline to remove dirt or blood and Band-Aid applied if practicable.
- Room leader or a permanent room educator to make an assessment as to whether the incident should require a courtesy call to the child's authorised contact.
- Educators who viewed the accident/incident are then to complete full details in the accident/incident register in the Playroom. If staff members feel the Incident/Injury might be serious they will ask the Director to check the child and also the Report.
- If the child's authorised contact have not already been advised, educators are to communicate the accident to them at the end of the day and ask them to initial, date & time the medication book, thereby acknowledging the accident/incident and staff treatment thereof.
- It is a regulation of the Department of Education and Training that educators must note the name of the person advised of the accident/incident.

If the injury is assessed as more severe and/or requiring additional treatment, staff should:

- Comfort the child and then treat the injury appropriately – cold face washer or ice pack to reduce swelling, swab with water/saline to remove dirt or blood and Band-Aid applied if practicable.
- Immediately contact the Nominated Supervisor (Director), who, if an emergency is assessed, will contact an ambulance. Alternatively, in a severe but non-emergency case, the Nominated Supervisor will immediately notify the child's authorised contact and discuss the action required with them. If the director is not on the premises, contact the certified supervisor for that day and they will make an informed decision.
- Complete the register with details of accident/incident and any treatment commenced.
- The Director will then arrange for the educator to complete a more detailed formal record of the accident/incident. This document will be copied for our records and forwarded to the Department of Education and Early Childhood Development within 48 hours of the occurrence, who may then follow up the incident with the educator, the Director and parents if deemed necessary by the Children's Services Advisor.

- The director will inform CSIRO Property Services of the serious incident that occurred.
- Parents will be notified of the incident within 24 hours of the incident occurring.

### **Incident – occurring whilst the child is in the care of the parents**

An injury whether at the centre or in the child's life outside the centre, that requires medical attention or is such that a recurrence might easily occur during the course of activities at the centre requires some specific actions by the child's parents/guardian.

The parent/guardian should actively seek written medical advice and management plan as to the correct way to manage the condition and/or a medical assessment from the hospital or GP. These plans are often put in place when well known conditions such as food allergies occur, and clearly identify the correct procedure educators must follow to keep the child safe.

The parent/guardians must communicate all management plans with the Centre Director in writing so that centre staff can initiate the management plan if required.

Existing injuries such as a sprained ankle during holidays or a dislocated elbow may leave a child more susceptible to a repeat of the same injury during normal activities at the centre. For this reason, it is absolutely essential that parents/guardians proactively identify such conditions, seek proper medical guidance on managing the ongoing condition and then discuss the need for a management plan for the condition with the Centre Director.

## Appendix

### Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (*Public Health and Wellbeing Regulations 2009*).

In this Schedule, medical certificate means a certificate from a registered medical practitioner.

Conditions	Exclusion of cases	Exclusion of contacts
Amoebiasis ( <i>Entamoeba histolytica</i> )	Exclude until there has not been a loose bowel motion for 24 hours Not excluded	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours Not excluded	Not excluded
Chicken pox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Haemophilus type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immunodeficiency virus infection (HIV/AIDS)	Exclusion is not necessary	Not excluded
Influenza and	Exclude until well	Not excluded unless considered

influenza like illnesses		necessary by the Secretary
Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles *	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria—other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection *	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps *	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Pertussis* (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliomyelitis *	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella * (german measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded

Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing <i>Escherichia coli</i> (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Worms (Intestinal)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

### Statutory rule

A person in charge of a primary school or children's services centre must not allow a child to attend the primary school or children's services centre for the period or in the circumstances:

- a) specified in column 2 of the table in Schedule 7 if the person in charge has been informed that the child is infected with an infectious disease listed in column 1 of the table in Schedule 7; or
- b) specified in column 3 of the table in Schedule 7 if the person in charge has been informed that the child has been in contact with a person who is infected with an infectious disease listed in column 1 of the table in Schedule 7.

The person in charge of a primary school or children's services centre, when directed to do so by the Secretary, must ensure that a child enrolled at the primary school or children's services centre who is not immunised against a vaccine preventable disease (VPD) specified by the Secretary in that direction, does not attend the school or centre until the Secretary directs that such attendance can be resumed. (Note—VPDs marked in bold with an asterisk (\*) require the department to be informed immediately. Contact the department on 1300 651 160 for further advice about exclusion and these diseases.)

### Further information

For further information about exclusions mentioned in this document, please contact the Department of Health's Communicable Disease Prevention and Control Section on 1300 651 160 or visit [ideas.health.vic.gov.au](http://ideas.health.vic.gov.au)