

Orange Grove Public School Preschool

Incident, Injury, Trauma and Illness Procedures

| Associated National Quality Standard | Education and Care Services National Law or Regulation | Associated department policy, procedure or guideline |
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| 2.2 | Regulation 85 Regulation 86 Regulation 87 | Leading and Operating Department Preschool Guidelines Student health in NSW schools: A summary and consolidation of policy |
| Pre-reading and reference documents | | |
| Staying Healthy (5th Ed.): Preventing infectious diseases in early childhood education and care services Incident Notification and Response Policy | | |
| Related procedure | | |
| Administration of first aid | | |

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| Record of procedure's review |
| Date of review and who was involved |
| 02/08/2023 by Lauren Tinslay |
| Key changes made and reason/s why |
| <ul style="list-style-type: none"> Removal of flu like symptoms as a reason to call a family to collect a child from preschool as COVID-19 measures have now lifted. Inclusion of an example to illustrate the 24 hour exclusion policy for vomiting and diarrhea to improve clarity. |
| Record of communication of significant changes to relevant stakeholders |
| 11/08/23- communicated to Preschool educators and principal. |

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| Staff roles and responsibilities | |
| School principal | <p>The principal as Nominated Supervisor, Educational Leader and Responsible Person holds primary responsibility for the preschool.</p> <p>The principal is responsible for ensuring:</p> <ul style="list-style-type: none"> the preschool is compliant with legislative standards related to this procedure at all times all staff involved in the preschool are familiar with and implement this procedure all procedures are current and reviewed as part of a continuous cycle of self-assessment. |
| Preschool supervisor (If applicable, otherwise duties are assumed by the school principal) | <p>The preschool supervisor supports the principal in their role and is responsible for leading the review of this procedure through a process of self-assessment and critical reflection.</p> <ul style="list-style-type: none"> reflecting on how this procedure is informed by relevant recognised authorities. planning and discussing ways to engage with families and communities, including how changes are communicated |

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| | <ul style="list-style-type: none"> • developing strategies to induct all staff when procedures are updated to ensure practice is embedded. |
| Preschool educators including K-6 staff, relief staff and casual staff | <p>The preschool educators are responsible for working with leadership to ensure:</p> <ul style="list-style-type: none"> • all staff in the preschool and daily practices comply with this procedure • storing this procedure in the preschool, and making it accessible to all staff, families, visitors and volunteers • being actively involved in the review of this procedure, at least annually, or as required • ensuring the details of this procedure's review are documented. • analysing complaints, incidents or issues and what the implications are for the updates to this procedure. |

Documentation

If a child suffers an incident, injury, trauma or illness whilst in the care of the preschool, the details are documented on the Incident, injury, trauma and illness record. The staff member who witnessed or first noticed the incident, injury, trauma and illness must complete the record.

Blank and completed records are kept in the incident, injury, trauma and illness booklet on the door of the staff bathroom for the current school year, or in an archive box labelled with the year, for previous years.

As soon as practical, the record is shown to the child's parent or carer and the circumstances explained to them. They are then asked to sign the form as confirmation they are aware of the incident, injury, trauma or illness their child suffered.

For minor incidents, illnesses and injuries, verbal notification will be made at the end of the day when the child is collected, to the parent or authorised collector. If the child attends after school care, a message will be sent to the family on Seesaw notifying them. When they next attend the service, they must sign the incident, injury, trauma and illness record to confirm they have been notified. Educators record the time and method of notification (including attempts of notification) on the incident, injury, trauma and illness record.

In some circumstances, the preschool will contact the parent or carer immediately to notify them of an incident, injury, trauma or illness. A preschool educator will contact the parent or carer in the following instances:

- repeated vomiting and/or diarrhea
- a fever or illness presenting as changes to the child's usual patterns of activity e.g. eating, play
- injuries to the head
- symptoms of an infectious disease requiring exclusion as listed in Appendix A
- a serious incident (see below for definition)

For a serious incident, injury, trauma or illness, family members will be called via telephone, as soon as practical, after first aid has been administered and an ambulance is called, if required.

Serious incidents requiring notifications

Early Learning (phone 1300 083 698) will be notified within 24 hours of any serious incident, or a preschool closure due to an incident.

In the case of a serious incident at the preschool, an educator will phone the school office for immediate assistance. If emergency services are required, one educator make the call from their mobile and then

contact the school office for assistance. The other educator will supervise the rest of the children with the support of office staff.

Serious incidents requiring notification include:

- an incident involving serious injury or trauma to a child which a reasonable person would consider required urgent medical attention from a registered medical practitioner or for which the child attended a hospital
- an incident involving the serious illness for which the child attended hospital
- a circumstance where a child appears to be missing or cannot be accounted for
- a circumstance where a child appears to have been taken or removed from the service premises by a person other than their parent or authorised collector
- a circumstance where a child is mistakenly locked in or locked out of the preschool premises
- the death of a child
- an emergency for which emergency services attended
- a circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children has occurred or is occurring at the service
- an incident where the approved provider reasonably believes that physical abuse or sexual abuse of a child or children has occurred or is occurring at the service
- allegations that physical or sexual abuse of a child or children has occurred or is occurring at the service (other than an allegation raised as a formal complaint).

To decide if an injury, trauma or illness is a *serious incident* when the child did not attend a medical practitioner or hospital, the following issues will be considered:

- Was more than basic first aid needed to manage the injury, trauma or illness?
- Should medical attention have been sought for the child?
- Should the child have attended a hospital?

Injury

If a child is injured at preschool, they will be administered the appropriate first aid. The nearest educator on hand will assist the child and assess the situation. If necessary, they will administer first aid. They will request assistance if required, from the school office.

The other educator will supervise and manage the remaining preschool children, ensuring that they are protected from witnessing traumatic incidents, where possible. They will request assistance, if required, from the school office.

Where there is serious injury or injury to the head, the child's family will be notified once first aid has been administered. If the child shows distress after recovering from an injury past 1.5 hours, the child's family will be called to collect them.

Depending on the severity of the situation, an ambulance will be called immediately, if required.

Trauma

A child may suffer trauma if they witness or experience something distressing or frightening. Children may react by becoming withdrawn, preoccupied, anxious or exhibit physical symptoms such as a headache or sore tummy. If a child is involved in or has been affected by a traumatic event, they will immediately be comforted and reassured by an educator. They will be given the opportunity to talk about what they experienced or witnessed. If required, they will be referred to the school counsellor or external support services.

Children will be protected from witnessing traumatic events, when practical, by removing other children from the vicinity of the incident, injury, trauma or illness. These children will be supervised by the other educator, and educators must call for help if this is not possible.

Where a child suffers traumatic response in relation to an incident that occurred in the preschool, their family will be notified as soon as possible, after managing the incident.

If there is an incident involving serious trauma to a child which a reasonable person would consider required urgent medical attention from a registered medical practitioner or attended or ought reasonably to have attended a hospital, the family will be notified as soon as possible. A notification must also be made by the school principal to Early Learning who will then notify the regulatory authority on behalf of the school

Child immunisation

All education and care services must comply with their legal responsibilities under the NSW Public Health Act 2010. For a child's enrolment to be accepted, their parent/guardian must provide an approved immunisation form from the Australian Immunisation Register (AIR). This includes either the child's AIR Immunisation History Statement or an AIR immunisation history form. A copy of this will be stored with the preschool enrolment form. This documentation will show the child is:

- fully immunised for their age
- has a medical reason not to be immunised
- is on a recognised catch-up schedule.

There is a 12-week temporary exemption for supply of the history statement or form for:

- an Aboriginal or Torres Strait Islander child
- a child evacuated during a state of emergency
- a child in out of home care.

The Preschool maintains an immunisation register that records the immunisation status of all enrolled children. The register will be:

- referred to in the case of an outbreak of a vaccine preventable disease
- produced on request for inspection by: government health official and the regulatory authority.

If a child turns four after they are enrolled at preschool, the preschool will send a letter to remind the family to supply the updated history statement or form. However, a child will not be excluded if the family does not provide the documentation, unless there is an outbreak of a disease for which the child is not vaccinated against.

Please be aware that children who have not had all the recommended immunisations for their age may need to stay at home during an outbreak of infectious disease. This is to protect the child and stop the spread of disease.

Illness

Children are supported to prevent the spread of illness and infectious disease through regular teaching of hygienic handwashing, nose blowing, coughing, sneezing and hand sanitiser etiquette including "cough or sneeze into the inside of your elbow" and singing "happy birthday" twice when washing hands.

If a child becomes unwell and educators suspect they are suffering an infectious disease, they will be separated from the other children to stop the spread of the disease. This will be done with consideration of the child's emotional wellbeing and maintaining adequate supervision during both indoor and outdoor play sessions.

If the child appears to not be well enough to participate in activities, or is suspected of having an infectious disease, their family will be contacted and asked to collect them or arrange for an authorised collector to.

If a child has been collected early due to an illness, they must be kept home from preschool until their symptoms are no longer present, and it has been 24 hours since their last episode of fever, vomiting and/or diarrhea OR for the minimum exclusion period of the relevant infectious disease.

For example, if a child has been sent home due to vomiting at preschool on Monday, and their vomiting stops on Monday night, they cannot attend preschool on Tuesday because it has been less than 24 hours since their last episode of vomiting. They may attend on Wednesday, so long as there has been no further episodes of vomiting and they are otherwise symptom free.

The best place for children to recover is at home and keeping them home from preschool will help prevent the spread of illness among children, families and staff within the Preschool.

If required, educators will call the school office for assistance and make a call to emergency services. School office staff will assist with first aid and determining whether an ambulance needs to be called.

After the child departs from the preschool, all items they came into contact with will be removed and washed so no other child comes into contact with them (e.g. equipment used, pillow, sheet).

If there has been confirmation that a preschool child is suffering from an infectious disease educators will notify the families of the children in the same group as the child, whilst maintaining the privacy of the ill child. A factsheet will be provided along with the notification including symptoms of the disease and recommended exclusion periods. A poster of exclusion periods for all infectious diseases is displayed in the preschool foyer at all times.

| Record of previous procedure's review |
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| Date of review and who was involved |
| 10/08/2022 by Lauren Tinslay |
| Key changes made and reason/s why |
| <ul style="list-style-type: none">No changes |
| Record of communication of significant changes to relevant stakeholders |
| 11/08/23- communicated to Preschool educators and principal. |

Appendix A- List of infectious diseases and exclusion periods

Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

| Condition | Exclusion of case | Exclusion of contacts ^a |
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| Campylobacter infection | Exclude until there has not been a loose bowel motion for 24 hours ^b | Not excluded |
| Candidiasis (thrush) | Not excluded | Not excluded |
| Cytomegalovirus (CMV) infection | Not excluded | Not excluded |
| Conjunctivitis | Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis | Not excluded |
| Cryptosporidium | Exclude until there has not been a loose bowel motion for 24 hours ^b | Not excluded |
| Diarrhoea (No organism identified) | Exclude until there has not been a loose bowel motion for 24 hours ^b | Not excluded |
| Fungal infections of the skin or nails (e.g. ringworm, tinea) | Exclude until the day after starting appropriate antifungal treatment | Not excluded |
| Giardiasis | Exclude until there has not been a loose bowel motion for 24 hours ^b | Not excluded |
| Glandular fever (mononucleosis, Epstein Barr virus (EBV) infection) | Not excluded | Not excluded |
| Hand, foot and mouth disease | Exclude until all blisters have dried | Not excluded |
| Haemophilus influenzae type b (Hib) | Exclude until the person has received appropriate antibiotic treatment for at least 4 days | Not excluded. Contact a public health unit for specialist advice |
| Head lice (pediculosis) | Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected | Not excluded |
| Hepatitis A | Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice | Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group |
| Hepatitis B | Not excluded | Not excluded |
| Hepatitis C | Not excluded | Not excluded |
| Herpes simplex (cold sores, fever blisters) | Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible | Not excluded |
| Human immunodeficiency virus (HIV) | Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses | Not excluded |
| Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome) | Not excluded | Not excluded |
| Hydatid disease | Not excluded | Not excluded |
| Impetigo | Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing | Not excluded |
| Influenza and influenza-like illnesses | Exclude until person is well | Not excluded |
| Listeriosis | Not excluded | Not excluded |
| Measles | Exclude for 4 days after the onset of the rash | Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case |
| Meningitis (viral) | Exclude until person is well | Not excluded |
| Meningococcal infection | Exclude until appropriate antibiotic treatment has been completed | Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case |
| Molluscum contagiosum | Not excluded | Not excluded |
| Mumps | Exclude for 9 days or until swelling goes down (whichever is sooner) | Not excluded |
| Norovirus | Exclude until there has not been a loose bowel motion or vomiting for 48 hours | Not excluded |
| Pertussis (whooping cough) | Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing | Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics |
| Pneumococcal disease | Exclude until person is well | Not excluded |
| Roseola | Not excluded | Not excluded |
| Ross River virus | Not excluded | Not excluded |
| Rotavirus infection | Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b | Not excluded |
| Rubella (German measles) | Exclude until fully recovered or for at least 4 days after the onset of the rash | Not excluded |
| Salmonellosis | Exclude until there has not been a loose bowel motion for 24 hours ^b | Not excluded |
| Scabies | Exclude until the day after starting appropriate treatment | Not excluded |
| Shigellosis | Exclude until there has not been a loose bowel motion for 24 hours ^b | Not excluded |
| Streptococcal sore throat (including scarlet fever) | Exclude until the person has received antibiotic treatment for at least 24 hours and feels well | Not excluded |
| Toxoplasmosis | Not excluded | Not excluded |
| Tuberculosis (TB) | Exclude until medical certificate is produced from the appropriate health authority | Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics |
| Varicella (chickenpox) | Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children | Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded |
| Viral gastroenteritis (viral diarrhoea) | Exclude until there has not been a loose bowel motion for 24 hours ^b | Not excluded |
| Worms | Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred | Not excluded |

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

Staying Healthy, Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 NHMRC Ref. CH55e

