

# 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
2.2	Regulation <a href="#">85</a> Regulation <a href="#">86</a> Regulation <a href="#">87</a>	<a href="#">Leading and Operating Department Preschool Guidelines</a> <a href="#">Student health in NSW schools: A summary and consolidation of policy</a>

### Pre-reading and reference documents

[Staying Healthy \(5<sup>th</sup> Ed.\): Preventing infectious diseases in early childhood education and care services](#)  
[Incident Notification and Response Policy](#)  
[COVID-19 guidelines for Early Childhood Education and Care Services](#)  
 Appendix A- List of infectious diseases and exclusion periods

### Related procedure

Administration of first aid

### Record of procedure's review

#### Date of review and who was involved

30/09/21 by Lauren Tinslay (Previously 20/11/20 by Lauren Tinslay)

#### Key changes made and reason/s why

- Adding roles and responsibilities for principal, supervisor and educators to improve clarity of who is responsible for each task.
- Changing order of information to improve access to necessary information.
- Updated hyperlinks

#### Record of communication of significant changes to relevant stakeholders

05/10/2021 communicated to Kasey Henness  
 05/10/21 communicated to the P&C

### Staff roles and responsibilities

#### School principal

The principal as Nominated Supervisor, Educational Leader and Responsible Person holds primary responsibility for the preschool.

The principal is responsible for ensuring:

- 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.

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

## 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.

The incident, injury, trauma and illness are recorded as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness. Educators will refer to the preschool notification guidelines and inform the principal if a notification to Early Learning is required. All records are kept until the child reaches the age of 25 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.

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

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 diarrhea
- injuries to the head
- symptoms of an infectious disease requiring exclusion as listed in Appendix A

- symptoms of influenza, including a fever over 37.5 degrees, cough, runny nose etc... in line with current [COVID-19 guidelines for Early Childhood Education and Care Services](#).
- a serious incident (see below for definition)

## 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

## Illness

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
- the regulatory authority.

If a child turns four while 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.

If a child becomes unwell during the preschool day, the child will be checked with a thermometer for a fever. If the child's temperature is above 38 degrees, the parents will be contacted and asked to collect their child. Children are not to return to preschool until signs of illness have ceased. The best place for an ill child to rest and recover is at home.

If a child is vomiting or has diarrhoea, they will be monitored by an educator. After the second instance of vomiting or diarrhoea, their family member or emergency contact will be called to collect the child. The child must not return to preschool until 24 hours after vomiting and diarrhoea stops. Once the child's family have been contacted, the child will be separated from the other children and made comfortable, whilst kept under supervision. For example, lying with a pillow in a quiet corner.

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. The child must then also get a medical clearance from a doctor before they return to preschool.

If the child is not well enough to participate in activities, their parent / carer will be contacted and asked to collect them or arrange for their nominated emergency contact to do so.

If a child appears very unwell or has a serious injury that needs urgent medical attention, educators will call the school office for assistance and will make a call to emergency services.

If a child is taken home, an educator will need to complete the relevant section of the *Incident, injury, trauma and illness record* and have the parent / carer sign this to verify they have read it.

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).

After confirmation that a preschool child is suffering from an infectious disease, and as soon as practical, the family of each child in the group will be notified of the instance of infectious disease, 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. Any child who has received notification of exposure to an infectious disease and shows symptoms should be kept home until symptom free.

Children are supported to prevent the spread of 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.

## 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 <sup>a</sup>
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	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 <sup>b</sup>	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	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 <sup>b</sup>	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 <sup>b</sup>	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 <sup>b</sup>	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 <sup>b</sup>	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 <sup>b</sup>	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

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

<sup>b</sup> 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.

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