**Incident, Illness, Accident & Trauma Policy**

The health and safety of all staff, children, families and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

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

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

In the event of an incident, illness, accident or trauma, all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

**National Quality Standard (NQS)**

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| Quality Area 2: Children’s Health and Safety | | |
| 2.1.2 | **Health practices and procedures** | Effective illness and injury management and hygiene practices are promoted and implemented. |
| 2.2 | **Safety** | Each child is protected |
| 2.2.1 | **Supervision** | At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard |
| 2.2.2 | **Incident and emergency management** | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented. |
| 2.2.3 | **Child Protection** | Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect. |

**Education and Care Services National Regulations**

|  |  |
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| Children (Education and Care Services) | |
| 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 | Prescribed information to be notified to Regulatory Authority |
| 176 | Time to notify certain information to Regulatory Authority |

**REALTED POLICIES**

Administration of First Aid Policy

Administration of Medication Policy

Anaphylaxis Management Policy

Asthma Management Policy

Control of Infectious Disease Policy

Covid 19 Management Policy

Diabetes Management Policy

Epilepsy Policy

Family Communication Policy

Handwashing Policy

Health and Safety Policy

Immunisation Policy

Infectious Disease Policy

Medical Conditions Policy

Privacy and Confidentiality Policy

Record Keeping and Retention Policy

Road Safety Policy

**PURPOSE**

Educators have a duty of care to respond to and manage illnesses, accidents, incidents & trauma that occur at Waratah All Year Care to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

**SCOPE**

This policy applies to children, families, staff, management and visitors of Waratah All Year Care.

IMPLEMENTATION

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

We are committed to minimise the spread of infectious diseases such as coronavirus (COVID-19) by implementing recommendations provided by the [Australian Government- Department of Health](https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert) and Safe Work Australia.

Our Service implements procedures as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services (*Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction under the Public Health Act.

**IDENTIFYING SIGNS AND SYPTOMS OF ILLNESS**

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness of infectious disease. To ensure the symptoms are not infectious and 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*](https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statement-on-3-april-2020)and Department of Health will be adhered to minimise risk where reasonably practicable.

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

* exclusion of unwell staff, children and visitors (symptoms may include fever, coughing, sore throat, fatigue or shortness of breath)
* taking children’s temperature prior to entry into the Service and excluding anyone who has a temperature above 38°C
* notifying vulnerable people within the workplace of the risks of the virus/illness including:
  + people with underlying medical needs
  + children with diagnosed asthma or compromised immune systems
  + Aboriginal and Torres Strait Islander people over the age of 50 with chronic medical conditions
* requesting any person visiting our service to sign a Health Declaration form confirming they have not been in close contact with anyone with a positive COVID-19 diagnosis or travelled overseas within the past 14 days
* restrict the number of visitors entering the Service
* request parents to drop off and collect children from designated points outside the service
* reducing mixing of children by separating cohorts (staggering meals and play times)
* enhanced personal hygiene for children, staff and parents (including frequent handwashing)
* full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing and laundering play items and toys
* avoid any situation when children are required to queue- using the bathroom for handwashing or toileting, waiting their turn to use a piece of equipment etc.
* ensuring cots, mats, cushions, highchairs are positioned at least 1 metre apart
* cancelling excursions to local parks, public playgrounds and incursions during a pandemic
* recommending influenza vaccination for children, staff and parents

Children who appear unwell at the 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 or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group 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 with grey, pale or contains blood
* Vomiting
* Discharge from the eye or ear
* Skin that display rashes, blisters, spots, crusty or weeping sores
* Loss of appetite
* Dark urine
* Headaches
* Stiff muscles or joint pain
* Continuous scratching of scalp or skin
* Difficult 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 Service
* have started a course of anti-biotics in the last 24 hours or
* if we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)

**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. But sometimes a fever will last much longer, and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child’s normal temperature will range between 36.0°C and 37.0°C, 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 Waratah All Year Care until 24 hours after the temperature/fever has subsided.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT THE SERVICE

If your child becomes ill whilst at the Service, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/carer.

* Educators will notify parents when a child registers a temperature of 38°C or higher.
* The child will need to be collected from the Service and will not permitted back for a further 24 hours
* Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.

Educators will complete an *Illness, Accident & Trauma* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

**Methods to reduce a child’s temperature or fever**

* Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
* Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
* Sponge lukewarm water on the child’s forehead, back of neck and exposed areas of skin
* If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Neurofen) in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child.
* The child’s temperature, time, medication, dosage and the staff member’s name will be recorded in the Illness Folder, and the parent asked to sign the Medication Authorisation Form on arrival

**Dealing with colds/flu (running nose)**

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home or be assessed/tested for COVID-19. If a child, employee or 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](https://www.health.gov.au/sites/default/files/documents/2020/04/coronavirus-covid-19-identifying-the-symptoms.pdf)

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.

Management have the right to send to children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. With discharge coming from the children’s nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment. Management will assess each individual case 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.

Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

If a child has 2 episodes of diarrhoea and/or vomiting, Management will notify parents or emergency contact to collect the child immediately.

**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 education and care Service.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours.

Please note: if there is a gastroenteritis outbreak at the Service, children will be excluded from the Service until the diarrhoea and/or vomiting has stopped for 48 hours.

If there are 2 or more cases of gastroenteritis, Management will report the outbreak to the local health department.

PREVENTING THE SPREAD OF ILLNESS

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

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the 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 Service.

Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel. (See Handwashing Policy).

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

All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

Cleaning contractors hygienically clean the service to ensure risk of contamination is removed as per [Environmental Cleaning and Disinfection Principles for COVID-19](https://www.health.gov.au/sites/default/files/documents/2020/03/environmental-cleaning-and-disinfection-principles-for-covid-19.pdf)

Parents, families and visitors are requested to wash their hands upon arrival and departure at the Service 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.)

Parents will be notified of any outbreak of an infectious illness (eg: Gastroenteritis) within the Service via our notice board, online app or email to assist in reducing the spread of the illness.

The Public Health Unit (PHU) will notify the Approved Provider of the service in the event of a positive COVID-19 diagnosis of a child, employee, parent or visitor and conduct contact tracing. Any decision to close the Service and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the [Regulatory Authority](https://www.acecqa.gov.au/help/contact-your-regulatory-authority) within 24 hours of any closure due to COVID-19 via the [NQA IT System](https://www.acecqa.gov.au/resources/national-quality-agenda-it-system).

Exclusion periods for illness and infectious diseases are provided to parents and families and included in our Parent/Family Handbook and *Sick Children Policy* and *Control of Infectious Disease Policy*.

**Serious Injury, Incident or Trauma**

In the event of any child, educator, staff, volunteer or contractor having an accident at the Service, an educator who has a First Aid Certificate will attend to the person immediately.

Adequate supervision will be provided to all children.

Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff.

DEFINITION OF SERIOUS INCIDENT

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service through the [NQA IT System](https://www.acecqa.gov.au/resources/national-quality-agenda-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 as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context:

“*Trauma changes the way children understand their world, the people in it and where they belong.”* (Australian Childhood Foundation, 2010).

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

Behavioural responses for Pre-School aged children who have experiences trauma may include:

* New or increased clingy behaviour such as constantly following a parent, carer or staff around
* Anxiety when separated from parents or carers
* New problems with skills like sleeping, eating, going to the toilet and paying attention
* Shutting down and withdrawing from everyday experiences
* Difficulties enjoying activities
* Being more jumpy 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 into the way they are feeling. When parents, Educators and staff take the time to listen, talk and play they may find children start to tell 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 takes time to understand how to respond to a child’s needs and often their behaviour before parents, educators and staff work out the best ways to support a child. It is imperative to evoke a child’s behaviour may be a response to the traumatic event rather than just ‘naughty’ or ‘difficult’ behaviour. It is common for a child to provisionally go backwards in their behaviour or become ‘clingy’ and dependent. This is one of the ways children try to manage their experiences.

Educators can assist children dealing with trauma by:

* Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
* 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 and staff to reduce their own stress and maintain awareness so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist Families, Educators and Staff 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 carer 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.

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

**IMPLEMENTATION**

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of Waratah All Year Care’s operation. Infections are by far the most common cause of fever in children. In general, a fever is nature’s response to infection, and can actually help the body fight infection.

Management/Nominated Supervisor/Responsible Person will ensure:

* Waratah All Year Care policies and procedures are adhered to at all times
* Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring.
* To complete an Illness, accident or trauma record accurately and without deferral
* First aid kits are easily accessible and recognised where children are present at Waratah All Year Care and during excursions.
* First aid, anaphylaxis management training and asthma management training is current and updated
* Adults or children who are ill are excluded for the appropriate period.
* Staff and children always practice appropriate hand hygiene.
* Appropriate cleaning practices are followed.
* Educators or Staff who have diarrhoea do not prepare food for others.
* To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
* First aid kits are suitably prepared and checked on a monthly basis (First Aid Kit Record)
* Incident, Injury, Trauma and Illness Records are completed accurately as soon as practicable following the incident
* That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the 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 Waratah All Year Care within 24 hours of detection
* Educators qualifications are displayed where they can be easily viewed by all educators, families & authorities
* First aid qualified educators are present at all times on the roster and in Waratah All Year Care
* Children are excluded from Waratah All Year Care if they feel the child is too unwell

Educators will:

* Advise the parent to keep the child home until they are feeling well and they have not had any symptoms for at least 24-48 hours.
* Practice effective hand hygiene techniques
* Ensure that appropriate cleaning practices are being followed in Waratah All Year Care at all times
* Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register

FAMILIES WILL:

* provide up to date medical and contact information in case of an emergency
* provide the Service with all relevant medical information, including Medicare and private health insurance
* provide a copy of their child’s Medical Management Plans and update annually or whenever medication/medical needs change
* adhere to recommended periods of exclusion if their child has a virus or infectious illness.

RESOURCES

[beyou Bushfire resource](https://beyou.edu.au/bushfires-response)

[Emerging Minds Community Trauma Toolkit](https://emergingminds.com.au/resources/toolkits/community-trauma-toolkit/)

[Fever in children- (health direct.gov.au)](http://media.healthdirect.org.au/publications/Fever%20in%20children%20-%20infographic.pdf)

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

[Recommended exclusion periods- Poster](https://nhmrc.govcms.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services)

[Stopping the spread of childhood infections (NSW Health)](https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/infectious_childhood.PDF)

[Minimum periods for exclusion from childcare services (Victoria)](https://www2.health.vic.gov.au/Api/downloadmedia/%7B8B903A66-28C3-452E-B5A1-AE234D3365E5%7D)

**Source**

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| Australian Children’s Education & Care Quality Authority. (2014).  Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: <https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>  Australian Government Department of Education, Skills and Employment *Belonging, Being and Becoming: The Early Years Learning Framework for Australia*. (2009).  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>  Early Childhood Australia Code of Ethics. (2016).  Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).  Guide to the National Quality Standard. (2020)  Health Direct <https://www.healthdirect.gov.au/>  National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.* Fifth Edition (updated 2013).  NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>  Policy Development in early childhood setting  Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>  Revised National Quality Standard. (2018).  SafeWork Australia: <https://www.safeworkaustralia.gov.au/first-aid>  The Sydney Children’s Hospitals network (2020). <https://www.schn.health.nsw.gov.au/search/site?query=fever> |

**Review**

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| --- | --- | --- |
| Policy Reviewed | Modifications | Next Review Date |
|  | New service policy created July 2018 | July 2019 |
| July 2019 | No Changes | July 2020 |
| August 2020 | * inclusion of COVID-19 risk mitigation strategies * information about COVID-19 included in policy * Public Health Unit information added * additional information related to COVID-19 symptoms added to ‘dealing with cold and flu’ section * references included to Sick Children and Hand Washing Policy   additional resources and sources added | August 2021 |