

Incident, Illness, Trauma, and Injury

Education and Care Services National Law:

51 – Conditions on service approval

165 – Offence to inadequately supervise children

167 – Offence relating to protection of children from harm and hazards.

174-2(b) – Offence to fail to notify certain information to the regulatory authority.

Education and Care Services National Regulations:

12 – Definition of a 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

90 – Medical conditions policy

91 – Medical conditions policy to be provided to parents

92 – Medication record

93 – Administration of medication

94 – Exception to authorisation requirement – anaphylaxis or asthma emergency

95 – Procedure for administration of medication

96 – Self-administration of medication

136 – First aid qualifications

168 – Education and care service must have policies and procedures

177 – Prescribed enrolment and other documents to be kept by approved provider

188 – Storage of records and other documents

National Quality Framework:

2.1.2 – Health practices and procedures

2.2.2 – Incident and emergency management

7.1.2 – Management systems

Work Health and Safety Act 2011

Definitions

Term	Meaning	Source
ACECQA- Australian Children's Education and	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources, and services to support the sector to improve outcomes for children.	acecqa.gov.au
Approved anaphylaxis and asthma management training	Anaphylaxis and emergency asthma training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	ACECQA website
Approved first aid qualification	A qualification approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website.	ACECQA website
Communication Plan	A plan that outlines how relevant Educators, staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk management plan for the child. It also sets out how families can communicate any changes to the medical management plan and risk management plan for the child.	National Reg's 102, 102d, 160-162
Emergency	An incident, situation, or event where there is imminent or severe risk to the health, safety, or well-being of a person at the service. For e.g. A flood a fire or a situation that requires the service premises to be locked down.	Guide to the National Quality Framework

First Aid	Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers and these can be found on the ACECQA website.	ACECQA website
Hazard	A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological.	acecqa.gov.au
Injury	Any physical damage to the body caused by violence or an incident.	
Medication	Medicine within the meaning of the <i>Therapeutic Goods Act 1989</i> Medicine includes prescription, over the counter and complimentary medicines.	Guide to the National Quality Framework
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.	acecqa.gov.au
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long term health.	
Medical Management Plan	Individual medical management plans can be provided by a child's family and will be required by the service before the child is enrolled. The family is required to consult with a medical practitioner in the development of the plan and for the practitioners advice to be documented.	Guide to the National Quality Framework Quality Area 2 - Children's health and safety
Notifiable incident	Any incident that seriously compromises the safety, health or well-being of children. The notification needs to be provided to the regulatory authority and also the parents within 24hrs of a serious incident. The regulatory authority can be notified online through the NQA IT system.	National Law 174 National regulations 86
Serious Incident	For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident— (a) the death of a child— (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service. (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service— (i) which 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. Example— A broken limb. (c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital. Example—Severe asthma attack, seizure, or anaphylaxis reaction. (d) any emergency for which emergency services attended. (e) 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.	National Reg's 12

Link to other Policies and Manuals

- Acceptance and Refusal of Authorisations
- Administration of Medication
- Child Safe Environments
- Complaints and Grievances
- Emergency and Evacuations
- Excursions

- First Aid
- Governance and Leadership
- Infectious Diseases
- Medical Conditions
- Records and Record Keeping
- Regular Transportation
- Water Safety

- Child Protection and Safety
- Interactions with Children
- Directors Manual
- Parent Handbook

Induction and ongoing training

The following training process will be applied to Managers and Educators;

- Orientation and Induction procedures, thus allowing Educators to ask questions and discuss.
- Inductions may be staggered to allow the Educator enough time to absorb the information provided.
- Training will occur in various formats, including face-to-face training, discussions at staff meetings, video demonstrations, vignettes, guest speakers, and policy questionnaires.
- Inductions and training records will be completed and kept in each team member's file.
- Educators will be provided with ongoing support as required, based on the extent to which they have demonstrated competence in carrying out their responsibilities to policy and procedures.

Policy Statement

The service is committed to preventing illness and reducing the likelihood of accidents through its risk management and hygiene practices. Accidents may occur when groups of children play together and are in new surroundings. When children are together, illness and disease can spread from one child to another, even when implementing the recommended hygiene and infection control practices.

The service has a duty of care to ensure that all children, Educators, carers, families, management, volunteers, and visitors are protected at all times during the service's operation.

Goals / What are we going to do?

This policy aims to guide Educators in managing illness and preventing injury and the spread of infectious diseases. The service will assist Educators to:

- Meet the children's needs when they are unwell or injured.
- Identify symptoms of illness
- Identify areas that may be hazardous and cause injury.
- Monitor and document the progress of an illness.
- Notify families or emergency contact when a symptom of an infectious illness, disease or medical condition has been observed.
- Notify stakeholders when a doctor has confirmed an infectious illness.
- Complete the relevant illness OR incident reports as necessary and parents within 24 hrs of the incident.

Procedures / How will we do this?

Illness

Identifying Signs and Symptoms of Illness

It is important to remember that Educators and carers are not doctors and cannot diagnose an illness. Medical advice should always be sought to ensure that symptoms are not infectious and minimise the spread of infection. Symptoms of an illness can occur in isolation or in conjunction with others. Educators must know the following signs, which may indicate an infection, serious medical illness, or condition.

Symptoms indicating an illness may include;

- Behaviour unusual for the individual child, such as a child who is usually active and suddenly becomes lethargic or drowsy.
- High temperature or fever
- Loose bowels
- Faeces that are grey, pale or contain 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 neck or other muscular and joint pain
- Continuous scratching of scalp or skin
- Difficulty in swallowing or complaining of a sore throat.
- Persistent, prolonged, or severe coughing
- Difficulty in breathing.

An unwell child

Step 1.

- Separate the child onto a cushion or bed.
- Commence first aid if the child is displaying severe medical symptoms.
- Notify the service Director or Assistant Director
- Monitor the child's symptoms and record them on the illness form.

Step 2.

If the child continues to be lethargic, not playing with peers, or not eating or drinking fluids, contact the parent to arrange for someone who is an authorised pick-up to collect the child.

For fever:

- Remove any blankets or warm clothing.
- Provide a cool drink or wet face washer for the face or back of the neck.
- It may be appropriate to take the child's temperature.

While waiting for the authorised person to collect, remember the main principles of preventing cross-infection:

- Cover a cough or sneeze into the elbow.
- Handwashing for the Educator and the child.

Continue to monitor the symptoms –the same Educator should do this (if possible), which will assist in identifying the rapid deterioration of the child’s condition. Should a parent refuse to come back for their child, an ambulance will be called, and the parent will be notified to collect their child from the hospital. An Educator will accompany the child. Child safety will be notified.

Please note.

If a child attends the service with ongoing symptoms of sickness, e.g., Continued temperatures, the service will seek medical clearance. The service may require the doctor to sign the bottom of the service illness form, thus ensuring the doctor is aware of the symptoms being identified at the centre.

High Temperatures or Fevers

A high temperature is a symptom that can be observed in children and is considered a mechanism indicating the body is experiencing an infection. Recognised authorities define a child’s average temperature as up to 38° depending on the child’s age and the time of day.

Children can also experience an elevated temperature for other reasons, which may not indicate an infection. Children may have a higher temperature than normal when they

- Experience discomfort or irritation. E.g. after immunisation
- Are sleeping or have just woken up.
- Have been participating in physical activity or exercise.

Research suggests that teething does not cause high fevers. Please monitor children for signs of infection elsewhere.

Methods to Reduce a Child’s Fever

- Encourage the child to drink plenty of water unless there are reasons why the child is only allowed limited fluids.
- Remove excessive clothing (cultural beliefs may need to be acknowledged)
- Sponge lukewarm water on the child’s forehead, back of the neck and exposed areas of skin, such as arms and legs.

When a Child Requires Medical Attention

Several indicators or factors define when a child requires medical attention. These are when the child has:

- A high fever- high fevers are usually a sign of infection. However, ***fever itself is not necessarily of serious concern.***
- Drowsiness
- Lethargy and decreased activity- a child who wants to be held etc.
- Breathing difficulty- this is important. A child who is turning blue around the mouth, working hard to breathe with the muscles between the ribs being drawn in with each breath.

- Poor Circulation- the child looks pale, and their hands and feet are cold and blue.
- Poor feeding
- Poor urine output
- A red or purple rash – non-specific rashes are common in viral infections. However, red or purple spots that do not turn white if pressed with a finger require urgent medical attention.
- A stiff neck and sensitivity to light may indicate meningitis, although it is possible for infants to have meningitis without these signs.

After Surgery

Children who have had any form of anaesthesia or hospitalisation should not return to the service for 24 hours. After this time, if a child has returned to eating, playing, and drinking, they can attend the educational setting.

Dealing with a Runny Nose

The common cold is caused by many viruses affecting the nose and throat. Young children may have 8-10 colds each year, the highest in their first two years of combined care.

Nasal discharge is usually clear to start with and, within a day, can become thicker, yellow, and sometimes green. Children with clear mucous at the beginning of a cold are most contagious. Towards the end of a cold, the body has begun to mount its defences against the virus, and white blood cells enter the mucous and give it the green/yellow colour. Green runny noses that last longer than 10-14 days or are accompanied by fever, headache, coughing or lethargy should seek medical attention.

A runny nose in isolation is not a reason not to come to child care, provided your child is not coughing and is beginning to develop self-help skills. This means the runny nose is contained in the tissue and can be disposed of. Of course, the service Educators will assist our infants.

Educators will set up hygiene stations with tissues, bins, a mirror and pictures demonstrating how to wipe your nose. These stations will be located in each room for children above three and in each outdoor play space.

Panadol

Fever is one of the body’s ways of removing germs. It is a sign that the body is fighting that infection. If your child has a fever, the centre will follow the steps outlined in “What Educators will do with a child who is unwell or has a fever.”

Constant administration of Panadol can cause damage to the liver, and a high temperature will not be an automatic trigger for administering Panadol. We will monitor the child, and if they continue to deteriorate, we will communicate with an authorised person on the enrolment form and ask for someone to collect them. Service Educators are not doctors and, therefore, cannot determine if the child has a highly contagious infection, and as such, we respectfully ask for your child to be picked up.

However, some days, the service recognises that collecting your child may be more complex than just popping on down. If, after consulting with the child's authorised person and determining that collection is still a little way off, Panadol may be considered. Parents will be required to sign the medication form upon arrival.

Panadol will also mask symptoms, and the child will begin to feel better. Upon arrival, a parent may find their child appears happy and well and their temperature has subsided. This can now lead a parent to decide to let's wait and see- delaying medical attention.

However, suppose a parent arrives to a child who is listless and unwell. In that case, they usually seek prompt medical attention, and the child recovers quicker after receiving the appropriate medical attention. Management does not advocate that a child should suffer unnecessarily, and consideration needs to be given to how far a parent may be in getting back to their child. In balance, a child should not just be given Panadol just because they feel warm.

Should a child require the ongoing administration of Panadol, the centre will require a doctor's letter outlining the authorisation and dosage. The parent will supply the Panadol with the pharmacy dispensing label.

Refusing to collect an unwell child

Should a parent be able to collect a child but unwilling to do so, the service will seek medical attention for the child by calling an ambulance. A report to Child Safety will be made as parents have a duty of care to attend to an unwell child. The report to Child Safety will trigger a notification to the Department of Early Childhood Education and Care.

Caring for an Unwell Child

Excluding sick children and Educators is one of the three most important ways of limiting the spread of infection in a childcare service. Often children are unwell with the common cold (coughing, runny nose, and a slight temperature) but do not display symptoms of an infectious illness that requires exclusion. Although the exclusion of a child may pressure parents and families with work commitments, Educators must ensure the health and safety of all other families utilising the service. Therefore, the need for exclusion from the service is at the Directors' discretion. A visibly distressed child, e.g. crying / miserable due to something not contagious, i.e. toothache, will also be sent home for their comfort.

In the event of a child being unwell, Educators are to ensure the child;

- Has a quiet place to rest, away from the group if possible.
- Is encouraged to wash their hands after blowing their nose to prevent the spread of germs.
- Is encouraged to cover their mouth when coughing and to wash their hands afterwards.

- Is monitored for signs of the child's well-being deteriorating.

Monitoring the Symptoms of an Illness

It is important to remember that Educators can interpret the severity of the same symptom differently. Multiple people observing symptoms independently of each other may not accurately reflect when changes become more severe; therefore, an illness may become more serious without notice. For this reason, Educators are to nominate one person to care for an ill child, who can record any changes in breathing, the colour of skin, levels of consciousness or change in temperature.

Injuries

Head Injuries

What is a minor head injury?

Mild head injury, also known as concussion, means that the brain has had a mild injury and will need time to recover. It is common to have mild headaches, dizziness, nausea, or slight sleepiness.

If a child has had a known concussion and they have a further head knock at the service, we will ask they be collected and checked out by a medical practitioner.

What are the symptoms?

The symptoms will vary, depending on how the injury happened. Some people will 'black out' for a short period. Some people are confused about where they are and what has happened. It is common to have a headache, nausea, vomiting and mild dizziness or slight sleepiness.

Headache

The child may be uncomfortable, and the authorised nominee must be contacted to collect and consult with a medical practitioner. While waiting for collection, use ice packs over swollen or painful areas. To do this, wrap ice cubes, frozen peas or a sports ice pack in a towel. Do not put ice directly on the skin.

Vomiting

The child may vomit two or three times in the first hour or two after the injury. If the vomiting continues, go back to your doctor.

Drowsiness

Immediately after the head injury, your child may be sleepy. There is no need to keep your child awake if they want to sleep.

Missing Child

When a child being cared for by the service appears to be missing, to have been taken or removed from the service contrary to the regulations, or otherwise unaccounted for, the following procedure upon this 'serious incident' will take place:

Step 1.

- The Educator will check the attendance record and confirm whether the child has already left the service in the care of a parent, guardian, or authorised person.

- If the child is not recorded as having left the service, the Educator must inform all other Educators that the child is unaccounted for.
- Conduct a head count against the service rolls.
- Lead Educator and Responsible Person to conduct a thorough sweep of the service.
- The second Educator is to remain with other children in the group.
- Consider the use of the service CCTV cameras to locate the child.

Step 2. If the child remains unaccounted for after a thorough search of the service or a period of 10mins:

- The Responsible Person will contact the emergency services Police Link on 13 14 44 and notify the family and Area Manager. (in that order);
- The search is to be continued with one Educator (or two Educators, if possible, with the remaining Educator staying with the children who are accounted for) leaving the service and a search of the buildings and grounds in the immediate vicinity.
- On arrival at the emergency services, the Nominated Supervisor is to describe the child who is unaccounted for and, if possible, provide a photograph of that child.
- The Responsible Person or Nominated Supervisor is to be the central point for all communication with the other Educators and families in the service's office.
- The Nominated Supervisor will notify the Regulatory Authority within 24 hours of: – a serious incident occurring at the service, including when a child appears missing or cannot be accounted for.

Step 3.

- A counsellor may be engaged to assist in working through the event with Educators, children, and parents.
- Complete an investigation of the event and debrief with Educators about what led to the child being identified as missing and strategies to prevent future incidents.

Trauma

Children who have experienced Trauma

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. Various events might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, threats of violence, domestic violence, neglect, or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context. 'Trauma changes how children understand their world, its people and where they belong.' [Australian Childhood Foundation 2010]

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

Behavioural Responses 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 experienced 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 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 adjusting to how they feel. When parents, Educators and staff take the time to listen, talk and play, children may 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. Educators must 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 common for a child to go backwards in their behaviour provisionally 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:

- Observe the behaviours and feelings of a child, 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 struggle.

- 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?')

Record Keeping

Record keeping is crucial to monitoring an illness, incident, Trauma, or Injury, particularly when conditions change and the child becomes increasingly unwell. Records are an important way of communicating how Educators have developed or managed the situation to a family. Paramedics, medical practitioners, and hospitals may use the information collected from Educators to assist with a diagnosis. For example, documenting a child's temperature every 15 minutes helps Educators determine how quickly the temperature rises and the possible severity of the illness.

Educators are to record the symptoms of an illness on the Illness Record Form.

Educators are to record incidents, injuries, or Traumas on the Incident, Injury, and Trauma Record.

The National Regulations require that these records be kept until the child is 25 years old.

Notifying Families of an Infectious Disease

In the event of a child being diagnosed with an infectious disease confirmed by a medical practitioner.

- Exclude the child from the service as per the exclusion policy.
- Notify the relevant health authorities.
- Informing other families and stakeholders of an infectious disease –this may be achieved by placing signage on the front door or door leading into the applicable room.

Links to Theory

Worksafe Queensland writes, 'A safe workplace benefits everyone. It protects workers from injury and illness—but it also increases productivity, lowers running costs and improves morale.'

Managing risks is a condition of doing business in Queensland. If an incident occurs, the service must show the regulator that we have used an effective risk management process. Your primary duty of care covers this responsibility in the Work Health and Safety Act 2011.

Early Childhood Australia Code of Ethics

In relation to children, I will:

"Create and maintain safe, healthy, inclusive environments that support children's agency and enhance their learning."

National Quality Framework – Children's health and safety

2.1.2. Effective illness and injury management and hygiene practices are promoted and implemented.

2.2.2. Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

National Quality Framework- Governance and Leadership

7.1.2. Systems are in place to manage risk and enable the effective management and operation of a quality service.

Culturally Valued Perspectives

For young Aboriginal and Torres Strait Islander children and their families, a positive sense of well-being is promoted in emotionally fulfilling environments where responsive and respectful relationships and community connections are nurtured and valued. A culturally safe and caring environment will support children's health, well-being and sense of belonging and security.

Foundation for Success

Reflective questions about this policy.

How do we create environments responsive to children's safety but accommodate children's need for risky play?

How do we consider other cultures when reflecting on and working with the Injury, Illness and Trauma policy?

What is working well?

What are we challenged by? Has the service had to deal with events that need debriefing or reflection?

When answering the reflective questions, did you have areas identified for improvement:

If change is required:

- Discuss any proposed changes to Incident, Illness, Trauma and Injury procedures – have any incidents led to noticeable changes to be implemented?
- Discuss with Educators and families about changes that may strengthen this policy.

To implement the changes effectively:

- Trial the changes

- Seek feedback and consult.

A review of change is an important step:

- Evaluate and document in your QIP.

Roles and Responsibilities

Approved Provider, Area Managers, Director and Nominated Supervisor

- Ensure that obligations under the Education and Care Services National Law and Regulations are met.
- Ensure that an enrolment containing all the prescribed information is kept for each child.
- Management will ensure all Educators receive training and information on first aid and caring for all children.
- Notify families of Injuries, Illnesses, Traumas, or Incidents as soon as practicable but not less than 24 hours after the incident.
- Ensure Educators, families, and volunteers have access to the Injury, Illness and Trauma Records.
- Ensure that Educators and volunteers follow the policies and procedures.
- The Operations Manager / Area Manager is contacted, notified by phone and briefed about significant situations.
- Ensure that the Operations Manager / Area Manager receives all the necessary paperwork in a timely manner. Then, the Director will work with the Operations Manager/Area Manager to make the necessary reports to the OECEC via the National Quality Agenda IT system.
- The Operations Manager will ensure that the notifications are made within the approved timeframes.
- Keep Incident Illness and Trauma Records until the child turns 25.

Educators

- Record information on the Incident, Injury and Trauma Record as soon as possible.
- Ensure that two people are present when administering any medication.
- Be aware of children's attendance days for those who have allergies.
- Complete their full first aid/asthma anaphylaxis every three years, with an additional requirement for CPR every year.
- Educators will not share private and personal information about a family trauma without explicit consent from the family.

Families

- Provide all the relevant authorisations on the child's Enrolment Record.
- Notify the service upon enrolment of any specific health care needs of the child, including any

medical conditions and allergies and any medical management plans that need to be followed.

- Ensure medical management plans at the service are kept up-to-date.
- Seek medical attention for their child when recommended by the service.
- Notify the service of any infectious disease or illness identified when the child has been absent from the service that impacts the health and well-being of other children, Educators, staff, or others attending the service.
- Notify Educators or staff if the child's health condition has changed or if recent accidents or incidents may impact the child's care.
- Notify Educators or staff when the child is ill and will be absent from their regular program.
- When families at the service experience trauma or tragedy, they cope in various ways—everyone is different. To respect a family dealing with these issues, the event will not be discussed with families or children without guidance from the parents. All families using the service will respect this choice and refrain from harassing a family for details or information.

Sources and Further Reading

Early Childhood Australia (2016) *Code of Ethics*.

Queensland Government (2013) Foundations for Success: Guidelines for extending and enriching learning for Aboriginal and Torres Strait Islander children in kindergarten. QLD

National Health and Medical Research Council. (2012). *Staying Healthy: Preventing infectious disease in early childhood education and care settings* (5th Ed).

The Children's Hospital Melbourne- Fever Factsheet

Department of Health and Ageing. Therapeutic Goods Administration. (2011). Poisons Standard 2011.

Policy Update

This policy will be updated in December 2027 or if a policy review has been conducted and significant changes have been made. It will be reprinted and distributed to Educators and families.