

Policy 5

**Incident, Injury and Illness Policy**

**Policy Statement**

Wideview Outside School Hours Care Service aims to ensure the safety and well-being of educators, children and visitors, within the Centre and on excursions. We endeavour to prevent the event of any incident, injury, illness and trauma occurring through best practice, implementation of all service policies and procedures, adhering to State and National Laws and risk assessment.

Should any of these occur despite prevention methods, the service will make every attempt to ensure sound management of the event to prevent any worsening of the situation and complete reports on each event that will be signed by the family of the child involved.

Family members or emergency contacts will be informed immediately where the incident, injury, illness or trauma is deemed serious, and the incident reported to the NSW Regulatory Authority as per the National Law and Regulations.

**Links to Education and Care Services National Regulations and National Quality Standard**

QUALITY AREA		
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	
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

**Procedure**

**1. Enrolment Information**

- 1.1 Families are required to provide written consent to administer paracetamol and for educators to seek medical attention for their child as part of the enrolment process. This consent will be recorded in the enrolment information. Families are also required to ensure the service has accurate and detailed information regarding anything that may impact on their health, safety and well-being while attending the service.
- 1.2 Families will be required to supply details of their preferred doctor, dentist, health fund and Medicare details.
- 1.3 Families will be required to supply two contact numbers in case of an emergency or accident.

## 2. Incident, injury, or trauma to a child while in the service

- 2.1 How to decide if an injury, trauma, or illness is a 'serious incident'
  - An incident, injury, trauma, or illness will be regarded by the service as a 'serious incident' if more than basic first aid was needed to manage the incident, injury, trauma or illness and medical attention sought for the child including attendance at hospital or medical facility for further treatment.
- 2.2 If a child, educator, or visitor becomes ill or injured while at the service, an educator who holds a first-aid certificate will attend them too immediately.
- 2.3 Anyone injured will be kept under adult supervision until they recover, or an authorised person takes charge of them.
- 2.4 In the case of a major incident, injury, illness, or trauma at the service requiring **more than basic first aid**, the first aid attendant will follow the administration of first aid policy.
- 2.5 The Service will support staff and families affected by a serious trauma and refer them to appropriate counselling services where needed.

## 3. Reporting of Serious Incident, Injury and Trauma

- 3.1 Accidents which result in a serious incident, injury, illness, and trauma to a child must be reported to:
  - The Family or emergency contact person
  - Regulatory Authority
- 3.2 Other life-threatening, traumatic injuries or the death of a child will also need to be reported to the.
  - The ambulance services.
  - The police
- 3.3 The centre will notify the family or emergency contact person that a serious incident has happened and advise them to contact the relevant medical agency. Only a qualified medical practitioner can declare a person is deceased, therefore educators should ensure the parents are only advised that the injury is serious and refer them to the medical agency (i.e. hospital) where the child has been taken
- 3.4 All incidents, injury, illness, or trauma will be recorded within 24 hours of the event occurring and the child's family or emergency contact must be notified of any accident or injury that has occurred to the child as soon as possible.
- 3.5 The Nominated Supervisor is responsible for ensuring that, in the event of a serious incident, the Regulatory authority is advised as well as the Approved Provider (e.g., Parent Management Committee), the School Principal and insurance provider.
- 3.6 It may not be until sometime after the incident that it becomes apparent that an incident was serious. If that occurs, the Nominated Supervisor must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

## 4. Illness

- 4.1 Families are advised not to bring sick children to the service and to arrange prompt collection of unwell children. The care needs of a sick child are difficult to meet without dramatically reducing the general level of supervision of the other children or risking another child's health.
- 4.2 A child or an adult is considered "sick" if he/she:
  - Sleeps at unusual times or is lethargic.
  - Has a fever over 38 degrees.
  - Is constantly crying from discomfort.
  - Vomits or has diarrhoea.
  - Requires constant one to one care.

- Has symptoms of an infectious disease.

- 4.3 If a child becomes ill while at the service, the guardians will be contacted to take the child home. Where the family is unavailable, emergency contacts will be called to ensure the child is collected from the service promptly.
- 4.4 The child who is ill will be comforted, cared for and placed in a quiet, isolated area with adult supervision until the child's family or other authorised adult takes them home.
- 4.5 During a fever, natural methods will be employed to bring the child's temperature down until the family or medical attention arrives. Such methods include removing clothing as required, clear fluids are given, or tepid sponges administered.
- 4.6 If a child's temperature is high and cannot be brought down, parents will be contacted for verbal permission to administer paracetamol, if parents cannot be contacted paracetamol may be administered if consent has been given on enrolment. If parents and family cannot be contacted and the situation becomes serious, the child may be taken to the doctor, or an ambulance called.
- 4.7 If a staff member becomes ill or develops symptoms at the centre, they will be sent home if able or the Manager will organise for someone to take them home and the Manager or daily supervisor will organise a suitable staff replacement as soon as possible.
- 4.8 A Doctor's certificate will be required for any child/educator before returning if the illness is a serious infectious disease such as meningococcal, measles, mumps diphtheria etc.
- 4.9 Parents and Educators will be notified if an outbreak occurs within the service and recommended exclusion periods following staying healthy in childcare will be followed.

## 5. Responsibility of Parents

- 5.1 To ensure their own contact details and those of any persons authorised by the parents to consent to medical treatment or ambulance transportation details are accurate, complete and up to date.
- 5.2 To ensure medical management plans for their child are up to date and contain all relevant information.

## Sources, further reading and useful websites

- Australian Children's Education & Care Quality Authority. (2014).
- My Time, Our Place: Framework for School Age Care in Australia (2011)
- St John website <https://stjohn.org.au/>
- Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: <https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>
- Early Childhood Australia Code of Ethics. (2016).
- First Aid Workplace: <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>
- National Health and Medical Research Council. (2012). Staying healthy: Preventing infectious diseases in early childhood education and care services.
- NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>
- Raising Children Network: [http://raisingchildren.net.au/articles/fever\\_a.html#3](http://raisingchildren.net.au/articles/fever_a.html#3)

## Policy review information -

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