

HEALTH & SAFETY – INCIDENT, INJURY, TRAUMA AND ILLNESS

POLICY

The standard of care provided for each child must ensure maximum personal safety. In the event of a child being injured or having an accident, every attempt must be made to ensure the sound management of the child and to secure necessary medical treatment.

Every attempt must be made to inform the parent of the status of the health of the child in such situations.

Medication must only be administered following authorisation from parent/guardian or, in the case of emergency, permission from a Medical Practitioner.

DEECD of any serious incident or accident (involving medical intervention) or death of a child, within 12 hours, initially verbally followed with 48 hours by a full written report. DEECD will then initiate an investigation of the event and offer assistance to individuals who may benefit from support.

Monitoring of such occurrences also enables the identification of hazards that may otherwise go unnoticed.

KEEPING RECORDS

ALL accidents/injuries/illnesses, both minor and major must be recorded on the **Accident/Injury/Illness Record** (Appendix 10) to be signed by parent/guardian.

A record must be kept of all medication given to a child (**Medication Record** - Appendix 8).

It is important for insurance purposes that these records are kept up to date and stored in the child's information folder. These records must be returned to the Co-ordination Unit when the child ceases care.

REPORTING

Major injuries/illnesses (such as broken bones, burns, asthma attacks, convulsions) must be recorded and reported to the Co-ordinator. The Co-ordinator will submit a report to DEECD.

Parents must be notified as soon as possible of any bumps and knocks to the head even if the child does not show any symptoms of concussion. This is to enable the parent to watch for any signs of delayed concussion.

PROCEDURE

1. If a child has an injury and/or accident or becomes ill while care is being provided, every reasonable attempt must be made to notify the parent or guardian as soon as practically possible, and:
 - the child must be kept under adult supervision until the child recovers or the child's parents or some other responsible person takes charge of the child.
 - if the child requires immediate medical aid, all reasonable attempts must be taken to secure that aid and to notify the parent of the accident or illness.
 - in the case of medication being required in an emergency without the parent's/guardian's prior consent, every attempt must be made to secure that consent, or consent from a registered medical practitioner (eg. General Practitioner, Children's Hospital, Local Hospital) must be obtained.
2. A parent or other responsible person must be notified of any medication administered to the child and any other matter concerning the child's health that comes to the notice of the Educator.

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3. If a child has an accident that causes hospitalisation or death, or dies from non accidental causes at Family Day Care, the Co-ordinator must notify the chief executive officer of an appropriate authority no later than the next working day of the fact and the circumstances of the injury or death.
4. Details of all accidents/injuries/ illnesses, including the time, circumstances and actions taken by adults in attendance must be recorded on the **Accident/Injury/Illness Record** (Appendix 10) and parent and Co-ordination Unit notified if necessary. Records must be signed and kept in the child's information folder until the child ceases care and the folder is returned to the Co-ordination Unit.
5. A Educator must have a current certificate or approved training in first aid resuscitation and asthma management.

Dealing with a Suspected Sudden Infant Death Syndrome (SIDS - Cot Death) or other Death

FDC Co-ordination Unit Procedure:

1. Receive phone call from Educator's home. MAINTAIN CALM ATMOSPHERE.
2. Two FDC staff members go immediately to Educator's home.
 - One staff member to remain with Educator.
 - Other staff to care for the other children in the home or take to another Educator (except in the case of siblings of the deceased child).
3. FDC office staff to ring Police, giving details of who is ringing and why including:
 - Parent name/s
Home and/or Work address
Telephone number/s
 - Educator name
Address
Telephone numberRequest Police to contact parent/s and escort to Educator's home or hospital.
Inform DEECD of the event by phone.
Liaise with FDC staff at Educator's home.

Later - Police will come and question Educator and FDC staff and take statements, as by law they must investigate all deaths where the cause is not known, including SIDS. The Coronial Services Centre procedures are designed to protect the rights and interests of all who are concerned in the investigation.

It is advisable for the Educator and Coordinator to see the child after death for identification and to help with the acceptance of loss. Professional counselling will be offered to all involved in the incident, and paid leave through Workcover if deemed appropriate.

Explain the death carefully, clearly and truthfully to the children and other parents.

DEECD will conduct their own formal investigation and Coordination Unit staff and the Educator must participate in the process fully. Support and counselling will be offered and encouraged during this process, which may include legal action.

Source: Mt Alexander FDC handbook
National Law, Regulations and Standards (ACECQA 2011) 85 168(2)(h)

Reviewed September 2008, Jan 2009, July 2009, July 2012