



Policy: Injury and Illness

Rationale: The health, safety and wellbeing of all children and adults attending programs or working at the service are considered of paramount importance. Staff of Ingle Farm Children's Centre will plan for and respond effectively to accidents and medical emergencies.

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs. Our education and care service is committed to providing a safe and healthy environment. We recognise our responsibility to provide first aid facilities that are adequate for the immediate treatment of injuries and illnesses.

The educators and staff of our service are aware of their duty of care to children, families, staff and visitors in providing appropriate first aid treatment.

POLICY DETAIL

Staff will ensure they keep up to date with any changes to health and safety requirements in relation to the health, safety and wellbeing of children and staff.

1. First Aid & Accidents

- The centre will ensure that a minimum of two members of the education team has a current, recognised first aid certificate which includes asthma, anaphylaxis and annual CPR updates at all times
- If a child becomes injured or is ill, the first staff member to the scene will either provide first aid as required or will delegate to another appropriate staff member.
- If the incident is of a more serious nature the director/nominated supervisor must be informed. If required the parent may also be advised
- All information related to the injury or illness will be documented in the first aid folder and an accident report form which records the child's name, time and date of incident, what happened, any action taken and the staff member who witnessed/provided first aid, will be completed.
- Parents will be advised by telephone by centre staff if the injury requires it or the parent has asked to be informed of any injury regardless of severity.
- For the safety of children and staff, universal precautions are used when handling blood and body fluids. These include the wearing of disposable gloves, safe handling and disposal.

2. Head injuries

- All head injuries regardless of the severity of the incident, parents will be contacted.
- Any child who has had a head bump will have their hands stamped with a head bump stamp and all staff will be informed to watch the child in question for any changes. The child will be checked by a delegated staff member every 20 minutes.
- According to the seriousness of the injury:
- An ambulance may be called
- Parent contacted and child monitored until collected.
- If the parent is unable to be contacted then an adult from the emergency contact list will be contacted

3. First aid supplies

Ingle Farm Children's Centre will ensure that:

- the centre is supplied with an appropriate number of first aid kits for the number of adults and children attending the service
- the first aid kits are suitably equipped, easily accessible and recognisable and are indicated on the emergency plan
- first aid kits are carried on off-site excursions.
- a first aid box checklist is kept in every first aid kit and each time it's re-stocked, the date this occurs is recorded
- St James has been engaged to re-stock the first aid kits twice per year. They will monitor supplies and update stock as required, discarding and replacing out of date stock
- Centre staff will ensure basic and frequently used supplies such as band aids are replenished frequently.

4. Giving children medication for temporary illnesses

Parents/guardians will be encouraged to give children the required medication outside kindergarten hours e.g. if required 3 times per day could be taken in the morning before school, in the afternoon straight after their session and before bedtime.

If medication needs to be taken at kindergarten:

- Staff are not permitted to administer a first dose of any medication, in case of an allergic reaction. The only exception to this is where emergency medication is prescribed (ie midazolam or adrenaline)
- Medication must be provided in the original pharmacist container. The label must clearly indicate:
 - your child's name
 - Date of dispensing
 - Name of medication
 - Strength of medication
 - Dose (how much to give)
 - When it should be given
 - Length of treatment or end date (when appropriate)
 - Any other administration instructions ie to be taken with food
 - Expiry date (when there is no expiry date, the medication must have been dispensed within the last 6 months)
 - Medication that is labelled to be taken as directed (PRN) or similar does not provide sufficient information and will not be administered
- Medication must be stored in the kitchen or in the fridge.
- The parent/guardian must sign the medication register. A caregiver who is not the custodial parent or guardian is unable to sign on the parents behalf.

When administering the medication, staff will follow the **Medical Rights Checklist**. It will be done by two staff, one will administer and the other will witness to ensure the correct medicine and dosage is given to the child. Staff will fill in the medication log and will notify parents if the child has failed to take their required medication.

- Staff will not administer over the counter medications, such as paracetamol, vitamins etc. If the child has a temperature they will be sent home.

MEDICATION (INCLUDING ASTHMA MEDICATION) MUST NOT BE LEFT IN A CHILD'S BAG. IT MUST BE PLACED IN THE MEDICATION BUDDY OF HANDED TO A STAFF MEMBER

5. Contagious Illnesses

- If children become unwell whilst attending the service they will be cared for until a parent or emergency contact person can collect them. We expect that children who are unwell will be kept at home, particularly if they have fresh colds or gastric illnesses. Children may return when they are no longer infectious.
- Please check with your doctor re infectious period as this varies with the type of infection. If in doubt ask centre staff who will consult the Department for Education health resource manuals.
- Do not bring your child to Kindergarten if they have:
 - Been given pain relief eg Panadol that morning
 - A temperature of 38C or higher
 - Been vomiting within the last 24 hours
 - Had diarrhoea in the last 24 hours.
 - A productive cough
 - Conjunctivitis
 - Coloured nasal mucus
 - An undiagnosed rash
 - Head lice (until treated).
 - Cold Sores
 - Any other infectious disease, e.g. measles, chicken pox, schools sores, slap cheek etc.

If you are unsure please ring the centre before you bring your child.

In the event of your child becoming ill whilst at the centre we will phone you to collect your child. It is therefore very important that you keep us informed of any changes to your phone details.

We will advise parents of any contagious conditions, e.g. measles, chicken pox, etc., that are reported to us from other families. This information will be on the kindergarten entrance door.

6. Infection Control

Staff will undertake standard worksite precautions including:

- Cover personal cuts and abrasions with a waterproof bandage and ensure the same has been done for children.
- Use barriers for protection such as wearing gloves during the provision of first aid and continence care.
- Nappies will be disposed of in the nappy disposal bins.
- The appropriate advice regarding management will be provided from resources available at the Centre as well seek advice from health care authorities regarding infection/immunisation protocols.
- Gain authority from parents/carers to check their child for head lice if require, as per the signed consent form given to all families at enrolment.

7. Hazard identification and risk assessment

Staff will provide safe environment for children and adults by: Regularly conducting risk assessments (including safety checks) of the environment to determine likely injuries and illnesses that might occur, and rectify their potential causes;

- Introduce preventive measures to eliminate the risk, or control measures to minimise the risk;
- Review and analyse accident, injury, incident and 'near miss' data;
- Collaborate with staff and educators to develop and review policies and procedures relating to injury and illness.
- Regularly undertake risk assessments in the environment in order to plan safe experiences for children