

# Child Safety Policy – Incident, Injury, Illness, Trauma, First Aid, Sun and Water Safety

## Policy Statement

### Child incident, injury, illness and trauma

- Northern Rivers Community (the Community Gateway) aims to ensure the safety and well-being of educators, children and visitors within its service and on excursions through proper care and attention in the event of an accident illness or trauma. It will make every attempt to ensure sound management of an injury to prevent any worsening of the situation.
- The Community Gateway proactively strives to avoid injuries occurring at the service and to minimise the impact of injuries and illnesses by responding appropriately and as quickly as possible, to all injuries and illnesses.
- The rights and responsibilities of parents/guardians with respect to injuries and illnesses of their children is acknowledged and will be considered in administering all procedures. Parents/guardians or emergency contacts will be informed immediately when the accident is serious. Notification of Serious Incident Reports will be made to NSW Early Learning Commission, and other bodies if required.

### First aid

- The Community Gateway believes first aid equipment and facilities should be available to all educators, children and visitors in the service and while on excursions. All educators will be encouraged to undertake first aid training as part of their condition of employment to ensure full and proper care of all is maintained.
- The following person/s are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service:
  - (a) at least one staff member, educator or nominated supervisor of the service who holds a current approved first aid qualification;
  - (b) at least one staff member, educator or nominated supervisor of the service who has undertaken current approved anaphylaxis management training;
  - (c) at least one staff member, educator or nominated supervisor of the service who has undertaken current approved emergency asthma management training.

## Policy Statement

### Water Safety

The Community Gateway recognises the risks posed by bodies of water. It will ensure every precaution is taken so children are able to enjoy water-based activities safely. Risk assessments will be carried out for programmed water-based activities using the Risk Management Plan.

- The service plans experiences with appropriate levels of challenge where children will be encouraged to explore and experiment including the use of water for play in both the outdoor and indoor environment and on excursions. The safety and supervision of children is paramount when in or around water.
- The service will endeavour to ensure, wherever possible, all children are safe in and around water activities, supervise children at all times, educate children about water safety and ensure the experience is educational, physical and a fun activity.

### Sun safe

The Community Gateway is committed to providing a sun safe environment that ensures all children, educators and staff are protected from ultraviolet (UV) radiation for all outdoor activities. This includes:

- ensuring all children, educators and staff are well protected from too much UV exposure by using a combination of sun protection measures
- ensuring the outdoor environment is sun safe and provides shade for children, educators and staff and supports their learning and opportunities for play
- ensuring children are encouraged and supported to develop independent sun protection skills
- supporting the duty of care and regulatory requirements and supporting appropriate WHS strategies to minimise UV risks and associated harms.

## Purpose

The safety, wellbeing, rights, and best interests of children are our paramount consideration. This commitment underpins all decisions, actions, and practices, and takes precedence in every aspect of our service.

As a child safe organisation the Community Gateway creates a culture, adopts strategies and acts to promote child safety and well-being. This procedure covers:

- Incident, illness, injury or trauma
  - Minor injuries or accident
  - Contagious illness
  - Parental permission and contact procedures



- Recording and reporting injuries and illness
- First aid
- Water safety
- Sun safety
- Supervision and daily hazard checks
- Collaboration and continuous improvement

## Procedure

### Definitions

- Body of water' – swimming pools, water fun parks, wading pools, lakes, ponds, dams, sea/ocean, rivers and creeks, equipment which could contain more than 5cm or more of water and would allow a child to submerge both nose and mouth at the same time.
- A child will be considered sick if they:
  - are lethargic and sleeping at unusual times
  - have a fever over 37.5°
  - are crying constantly from discomfort
  - vomit or have diarrhoea
  - have an infectious disease
  - are in need of one-to-one constant care
  - have open weeping sores or rashes.

### Incident, illness, injury or trauma to a child at the service

- If a child becomes ill or injured while attending the service the staff member will comfort and calm the child.
- An ill child will be cared for in a quiet isolated area with supervision until an authorised adult collects them.
- If a child has a fever the parents/guardians will be informed, fever-reducing methods (such as ice pack or fan) will be employed to bring down the child's temperature. Paracetamol will not be given by Service staff. If the fever does not reduce the child's doctor or an ambulance will be called. The child will be kept under adult supervision and their condition monitored until the parent/guardian's arrival.
- Anyone injured will be kept under adult supervision and a staff member who holds a first aid certificate will attend to them immediately until the injured recover or an authorised person takes charge of them.
- If necessary, a staff member will ensure the child is separated from the other children and made as comfortable as possible in quiet, well-ventilated area.
- Only a staff member who holds a current first aid certificate will apply first aid and assess the child's condition.

- No staff member will administer non-prescribed oral medications to any child.
- Where a child requires medication due to the incident, injury or illness, consent will first be obtained from the parent/guardian. If this is not possible, consent will be obtained from the child's doctor.
- If the child's condition is assessed as serious or deteriorates and emergency medical attention is necessary:
  - Assistant Coordinator or qualified staff member will direct a staff member to call an ambulance
  - all attempts will be made to notify the parents
  - if parents/guardians are unable to accompany the child to the hospital, the Assistant Coordinator or staff member who administered the first aid will accompany the child to the hospital and take the child's medical records, provided they leave at least one educator who is qualified in first aid at the service and staff ratios are still met
  - re-assure the other children and keep them calm, informing them about what is happening away from the injured child.
- All costs incurred in obtaining medical attention for a child will be met by the parents/guardians.
- Staff will adhere to the Workplace Health and Safety Policy in all accident situations.
- As soon as possible advise the Assistant Coordinator, who will advise the Coordinator, of a serious incident. See Reporting Requirements About Children Procedure.

## Minor injuries or accident

In the event of minor injuries or accident the first aid attendant will:

- assess the injury
- advise the Nominated Supervisor
- attend to the injured person and apply first aid as required
- ensure disposable gloves are used with blood or bodily fluids
- ensure all blood or bodily fluids are cleaned up and disposed of in a safe manner
- ensure anyone who has come in contact with blood or bodily fluids wash in warm soapy water
- record incident and treatment given on the Report Child Incident, Injury, Trauma, Illness Form
- obtain parent/guardian signature confirming knowledge of the accident
- notify parents/guardian by phone after the incident if seen fit or on arrival to collect the child
- parents/guardian to acknowledge they have been informed of the accident by signing the form
- also adhere to the Workplace Health and Safety Policy in all accident situations.

## Contagious illness

- The Assistant Coordinator has the discretion to exclude an ill child from the service.
- Children will be excluded if they are known to be suffering from any contagious illness. This includes diarrhoea, staphylococcus and conjunctivitis.
- A doctor's clearance certificate will be required for a child with a known or reported infectious disease before returning to the service.
- In the event of a known or reported infectious disease in the service the Assistant Coordinator will inform all parents/guardians of the nature of the illness (Regulation 88).
- Refer to Infectious Diseases Policy for information, including on vaccine preventable disease.

## Parental permission and contact procedures

- Written permission from the child's parent/guardian will be sought through the enrolment process for the Nominated Supervisor or staff qualified in first-aid to obtain medical attention, in keeping with the organisation's policies and procedures, and recorded on the enrolment form.
- Written consent will also be obtained from the parent/guardian for the use of all health and other personal information which the service has relating to the child for the purpose of enabling staff to:
  - administer care and assistance to the child, including obtaining emergency or other medical assistance or care for the child in accordance with injury and illness procedures
  - report any injury or illness as required by law.
- Parents/guardians will be required to supply contact number of their preferred doctor, dentist, health fund and Medicare number and expiry date.
- Educators/staff must supply the Community Gateway head office with two contact numbers which can be used to contact them in case of an emergency or accident.
- If an emergency situation requires verbal consent to approve the administration of medication, the Assistant Coordinator /Coordinator will provide written notice to the family as soon as practical after administration of the medication.
- Parent/guardian authorisation is not required in the event of an asthma or anaphylaxis emergency however authorisation must be sought by the Assistant Coordinator /Coordinator as soon as possible after the parent/guardian and emergency services are notified.
- Parent/guardian will be contacted if their child becomes unwell at the service. See also Minor injuries or accidents.
- See also Child Medical Condition Policy and Enrolment and Orientation Policy.



## Recording and reporting

- All staff are responsible for maintaining a register of injury/illness/incident in OWNA, and to ensure, as soon as reasonably possible after the event at the service, that the staff member who administered care or first aid to the child documents all information required.
- Information which must be recorded in OWNA after a child suffers an injury or illness:
  - the child's name
  - date and time of accident and details of incident
  - parents/guardians contacted
  - treatment and outcome of accident
  - whether first aid kit was used and if so what treatment
  - staff signature and witness signature and signature of person making notifications
  - parent/guardian's signature confirming knowledge of incident
- This information must not be used for any purpose except strictly in accordance with this policy, the Privacy and Confidentiality Policy any other relevant policies and for the reporting of a serious incident to NSW Early Learning Commission or other relevant bodies.
- Reporting should be completed by the staff who witnessed the event (incident, injury, illness, behaviour). Both Assistant Coordinator and parents/guardians need to sign these forms.
- The Assistant Coordinator will ensure the parent/guardian of a child who is injured or ill at the service is informed of the situation, and the treatment given, on collection of the child.
- The Assistant Coordinator is responsible to ensure any serious or potentially serious incident is also reported in DoneSafe and advise the Coordinator by phone as soon as practically possible. The Coordinator is responsible to assess the report in DoneSafe for notification purposes. Refer to the Reporting Requirements About Children Procedure.

## Notification

- The Community Gateway and its staff must notify the NSW Early Learning Commission, of certain matters occurring while a child or children are being educated and cared for by the service. Refer to Reporting Requirements About Children Procedure.

## First aid

### First Aid Equipment

- The Nominated Supervisor will delegate a qualified staff member to ensure the following are kept at the service at all times, and are accessible to the staff but not to children:
  - fully maintained and equipped first aid kit, adequate for the number of children attending;
  - recognised and current first aid manual; and
  - cold pack kept in the freezer and ice ready for use in administering first aid.

- A fully stocked and updated first aid kit will be kept in a designated secure place in the service and serviced at the end of each school term and the end of each vacation care period.
- Staff are to ensure this is easily accessible to all educators and kept inaccessible to the children.
- During the orientation process all staff will be made aware of the first aid kit, where it is kept and their responsibilities in relation to it.
- A separate travelling first aid kit will be maintained and taken on all excursions.
- First aid kit will contain the minimum equipment suggested by Red Cross or St John's Ambulance.
- Telephone numbers of emergency contacts and poison centre will be displayed at the centre.
- Refer Workplace Health and Safety Policy for procedure on first aid kit checks – frequency and responsibility.

### First aid training and administration

- A minimum of one staff member currently qualified in first aid will be present at all times.
- The organisation will budget for the cost of the first aid course or renewal for each Assistant Coordinator as part of the training budget.
- Qualified first aid educators will only administer first aid in minor accidents or to stabilise the victim until expert assistance arrives in more serious accidents.
- Disposable gloves will be worn by staff when administering first aid and will be disposed of immediately after use, in a way reasonably secure from children and other staff.

### Water safety

- Educators will:
  - encourage safe participation in and around water during swimming, water activity, excursions
  - monitor the level of activity and education of each child
  - instruct children in the safe use of equipment used during water-based activities
  - ensure key messages are provided to participating children, such as swim with adults where possible, listen to life guard instructions.
- The service will endeavour to teach children about water safety including to:
  - never swim alone
  - always swim or surf at places patrolled by lifesavers or lifeguards, swim between the red and yellow flags when at the beach
  - read and obey all safety signs
  - never swim after consumption of food and/or beverages
  - check for slippery rocks

- use sunscreen and wear a shirt and hat and reapply sunscreen after swimming.
- The service is responsible to ensure safety in and around other water hazard areas including:
  - soaking buckets, baths, showers
  - any water troughs
  - hot beverage consumption
  - throwing of liquid in or around the service.
- At the completion of a water-based activity containers will be emptied and turned upside down or packed away. Educators will ensure water troughs or containers for water play are filled to a safe level.
- Any buckets of water used for cleaning or hand washing will not be left unsupervised near children and will be emptied immediately after use.
- Children's play areas will be checked each morning or after rain during the day to ensure no containers or pools of water are accessible to children including equipment used by the service that could contain 5cm or more of water and would allow a child to submerge both nose and mouth at the same time. All other visitors must make an appointment with the Coordinator/Assistant Coordinator at a convenient time.

### Supervision ratios for water-based activities

- The Regulations do not specify a specific educator to child ratio for activities where water is a feature. The Community Gateway will apply the minimum ratio of 1 educator to 8 children.
- The number of educator's present is to be determined by a risk assessment of the proposed activity. In sections 165, 167 and 169 of the National Law there are clear statements about adequate supervision.
- A range of factors shall determine the adequacy of supervision including:
  - numbers, ages and abilities of the children
  - number and positioning of educators
  - areas where children are playing, in particular the visibility and accessibility of these areas
  - risk in the environment and experiences provided to children during the activity
  - educator's knowledge of each child and each group of children, the experience, knowledge and skill of each educator.
- Refer also Children's Services Staff Policy.

## Sun safety

### Scheduling activities

Children's services staff will minimise outdoor activity 11am-3pm (daylight saving time) October to March. Sun protection practices are required at all times when outside and will be considered when planning excursions and events.



## Shade

All outdoor activities will be planned to occur in adequate shaded areas. Play activities will be set up in the shade and moved to take advantage of shade patterns. Shade options should routinely be assessed and may include portable, natural and built shade.

## Hats and clothing

Staff and children are required to wear sun-safe hats that protect their face, neck and ears, such as bucket hats with a deep crown and brim size at least 5cm (adults 6cm), broad-brimmed hats with a brim size at least 6cm (adults 7.5cm), legionnaire style hats. Baseball caps or visors are not sun-safe.

Staff and children are required to wear sun-safe clothing that covers as much of the skin (especially shoulders, back and stomach) as possible. This includes wearing loose fitting shirts and dresses with sleeves and collars or covered neckline and longer style skirts, shorts and trousers. Children without sun-safe hats and clothing are required to play in an area protected from the sun (e.g. under shade, veranda or indoors) or will be provided with spare hat or clothing.

## Sunscreen

Staff and children are required to apply at least SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the expiry date is monitored.

## Sunglasses

Staff and educators are required to act as role models and demonstrate sun-safe behaviour by wearing a sun-safe hat, clothing and sunscreen. They may also choose to wear sunglasses that comply with the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4). Families and visitors are encouraged to role model positive sun-safe behaviour when at the service.

## Education and information

Educators will incorporate sun protection information regularly into learning programs and communicate information to staff, educators, families and visitors.

## Supervision - OOSH and daily hazard checks

- Under no circumstances are children permitted to be unsupervised by staff
- Educator to child ratio 1:15 must be maintained in the service (modified ratios apply for excursions and water-based activity, refer Children's Services Staff Policy)
- Staff must be at the playground equipment supervising, not on the oval etc.
- Staff are required to have a walkie talkie at the bottom playground and take first aid kit
- Toileting is to be supervised by two staff members (when possible).

- Per the Work Health and Safety Policy staff at each OOSH service are required to complete the Daily Hazard Checklist, and if any hazard identified notify the Coordinator as soon as possible and complete a Report Hazard of Repair Form.

## Monitoring, evaluation and review

- This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review the procedures every two years.
- Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.
- In accordance with R.172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

## Related policies and procedures

- Interacting with Children Policy, Children and Young People Protection Policy, Reportable Conduct Procedure, Mandatory Reporting Flowchart, Reporting Requirements About Children Procedure, Work Health and Safety Policy, Privacy and Confidentiality Policy, Infectious Diseases Policy, Children's Services Staff Policy, Child Medical Condition Policy, Enrolment and Orientation Policy, Daily Hazard Checklist

## Related legislation and additional resources

- Education and Care Services National Law and Regulations Section 2A, 165-167, 169, 173-174, Regulations 12, 82, 84-87, 89, 95, 97, 103, 115, 122, 123, 136 (first aid qualifications), 161, 165-168, 168 (2) water safety), 170-172, 175, 177, 178, 183
- Criminal Code Act 1995,
- Work Health and Safety Act 2011,