



Illness, Injury, Accident and Medical Emergency Policy

Quality Area 2: Children's health and safety

Standard 2.1 Each child's health is promoted.

Standard 2.2: Healthy eating and physical activity are embedded in the program for children

Standard 2.3: Each child is protected

In the case of an accident the child's needs are to be considered and an appropriate medical professional will be contacted where deemed necessary by Primary Contact Staff

- No child is to be enrolled in the service unless a parent of the child has given written authorisation for the service to seek urgent medical, dental or hospital treatment or ambulance service or written consent to the carrying out of appropriate medical, dental or hospital treatment.
- If a child sustains an injury to the head and the injury seems to be insignificant, parents of the child will be contacted immediately so they can make the decision as to what medical treatment needs to be carried out beyond that available from the first aid trained staff at the Service.
- In the event of an accident or injury, primary contact staff will assess the child and will treat the child if within their knowledge to do so
- All staff members hold current First Aid Certificates as per the Regulations and the most Senior Staff member in the room is to apply first aid when necessary.
- The child will remain under the supervision of an Educator until the parent or person responsible for the child or a medical professional arrives.
- Gloves will be worn when treating children if bodily fluids are present
- If treatment is needed that is not within the first aid training or other specific training of primary contact staff members or the child is in need of professional medical attention, staff will seek the appropriate medical attention, which may include calling an ambulance to take the child to hospital. All attempts will be made to contact the parent or person responsible for the child to advise them of the situation.
- If staff members are to treat the child to the best of their abilities and the child still requires medical attention that is not an emergency, the parents/guardian of the child or authorised contacts will be contacted to take the child to hospital, e.g. a broken arm
- If the child's parent/guardian or other authorised person cannot be contacted and the child is in pain an ambulance will be called to take the child to hospital to be treated and accompanied by a staff member until the parent/guardian arrives

- In the event of a staff member accompanying a child to seek medical attention, a relief staff member will cover ratios within the Service
- An accident/illness report will be completed by the staff member who witnessed the accident, signed by the Nominated Supervisor and a copy given to the child's parent/guardian and the original will be kept in the child's file

The Department of Education and Communities will be informed of serious incident such as;

- *The death of a child while being educated and cared for by an education and care service; or*
- *Following an incident while being educated and cared for by an education and care service*
- *Any incident involving injury or trauma to, or illness of, a child while being educated and cared for by an education and care service for which;*
- *The attention of a registered medical practitioner was sought, or ought reasonably to have been sought; or*
- *The child attended, or ought reasonably to have attended, a hospital*
- *Any incident where the attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought*

Any circumstance where a child being educated and cared for by an education and care service;

- *Appears to be missing or cannot be accounted for; or*
- *Appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or*
- *Is mistakenly locked in or locked out of the education and care service premises or any part of the premises.*

In the event where the accident/illness has resulted in death, The Department of Education and Communities will be notified within 24 hours of the event or knowledge of the event.

- If the child's enrolment form lacks adequate local or up to date medical contacts the Service staff may contact a local medical practitioner or dentist on the parent/guardians behalf. Any costs incurred will be the parent/guardians responsibility
- In the instance that doubt is raised over the capability of staff to deal responsibly with the emergency an ambulance will be called.
- Any injury that involves a child's head requires their family to be contacted immediately so the family may determine what, if any, medical treatment should be undertaken.
- Any child who is enrolled in the Service who has Asthma will need to have their GP complete an Asthma Action Plan and ensure that the Service is provided with the medication and equipment needed for their child. It is required that all Asthma Plans are updated every 6 months.

- The Service recommends that all children attending the Service should have ambulance cover. In the case of an ambulance being called, the cost will be the responsibility of the child's parent/guardians.

High Temperatures or Fevers

- High temperature or fever is one of the most common reasons why children visit a medical practitioner (Staying Healthy in Child Care, 2005, p. 21) and is generally considered to be a mechanism that indicates the body is experiencing an infection.
- Various recognised authorities define a child's normal temperature within a range of 36.5oC to 37.5oC (measured in the ear), and this depends on the age of the child and the time of day.
- Any child with a high fever of 39°C and above should not attend the Service. They should be examined by a medical practitioner carefully to exclude serious infections such as meningitis, urinary tract infection or pneumonia.

When a Child has a High Temperature

- Parents will always be alerted when a child registers a temperature of 37.5°C or above. The child does not need to be collected from the Service at this point.
- Staff will note any other symptoms that may develop with the high temperature (for example, a rash or vomiting). If this is the case, a parent or emergency contact person will be asked to collect the child.
- When a child registers a temperature of 38°C or above as measured in the ear (or underarm for small babies), a parent or emergency contact person will be notified and requested to collect their child as soon as possible (within one hour). The child will not be permitted to return to the Service for a further 24 hours following a fever of 38°C or above when measured in the ear.

Staff will attempt to reduce a child's fever by the following:

- Encouraging the child to drink plenty of water unless there are reasons why the child is only allowed limited fluids
- Removing excessive clothing
- Sponging lukewarm water on the child's forehead, back of neck and exposed areas of skin, such as arms or legs; and
- If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Neurofen) in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child. The child's temperature, time, medication, dosage and the staff member's name will be recorded in the Illness Folder, and the parent asked to sign the Medication Authorisation Form on arrival.

In the event of injury or accident where a phone call is not deemed necessary, staff will inform parents on arrival with a completed incident sheet:

- [Parents or guardians will be shown the incident sheet and asked to counter-sign it.

- [For further information regarding the incident, the parents should refer to the contact person nominated on the form.
- [Where circumstances are exceptional and a written report is not available that day, the Centre will strive to provide an Incident Sheet within 24 hours of the incident

Useful Websites:

- National Health Medical Research Council
- http://www.nhmrc.gov.au/publications/synopses/_files/ch43.pdf
- Fever, Retrieved May 28, 2007, from <http://www.chw.edu.au/parents/factsheets/feverj.htm>
- Anaphylaxis Australia - www.allergyfacts.org.au/foodalerts.asp
- Asthma Foundations Australia – www.asthmaaustralia.org.au
- Service for Community Child Health - www.rch.org.au
- Health Insite - www.healthinsite.gov.au
- Immunise Australia Program – www.immunise.health.gov.au
- National Health and Medical Research Council - www.nhmrc.gov.au
- NSW Multicultural Health Communication Service - www.mhcs.health.nsw.gov.au
- Raising Children Network – www.raisingchildren.net.au

This policy was made with consideration to Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care, Fifth Edition (2006), The Children’s Hospital at Westmead, Education and Care Services National Regulations 2011

Date that the policy was last updated or revised: April 2016

Signature of Director: _____

Nurture and Nature Private Preschool