



**BRISBANIA BEFORE & AFTER SCHOOL & VACATION CARE CENTRE
ADMINISTRATION & MANAGEMENT**

TITLE: MANAGEMENT OF INCIDENT, INJURY, ILLNESS & TRAUMA

Status: CURRENT

Date of Origin: July 2012

Policy No: P14

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POLICY STATEMENT:

Brisbania Before & After School & Vacation Care Centre, aims to ensure the safety and wellbeing of educators, children and visitors, within the service and on excursions, through proper care and attention in the event of an incident, injury, illness or trauma. 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 be reported to the NSW Regulatory Authority as per the National Law and Regulations.

PROCEDURES:

a) Enrolment Information

Families are required to provide written consent for educators to seek medical attention for their child, if required, as part of the enrolment process. This will be recorded in the enrolment form.

Families will be required to supply details of their preferred doctor, health fund and Medicare details.

Families will be required to supply at least two contact numbers in case of an emergency or accident.

b) Incident, injury or trauma to a child whilst in the service

If a child, educator or visitor has an accident while at the centre, an educator who holds a first aid certificate will attend to them immediately.

Anyone injured will be kept under adult supervision until they recover, and an authorised person takes charge of them.

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:



- Assess the injury and decide whether the injured person needs to be attended to by a doctor or whether an ambulance should be called. The educator in charge or nominated supervisor will be advised of their decision.
- If the injury is serious, the first priority is to get immediate medical attention. Families or emergency contacts should be notified straight away where possible. If not possible, there should be no delay in organising proper medical treatment.
- Attend to the injured person and apply first aid as required.
- Educators will ensure that disposable gloves are used with any contact with blood or bodily fluids as per the infectious disease policy.
- Educators will stay with child until suitable help arrives, or further treatment taken.
- The educators will try to make the child comfortable and reassure them that they will be ok and that their families have been called.
- If an ambulance is required and the child is taken to hospital, an educator will accompany the child and take the child's medical records with them.
- Complete a centre accident report and a serious incident report for the regulatory authority.

c) Another educator will:

- Notify family or emergency contact person immediately regarding what happened and the action that is being taken including clear directions of where the child is being taken (e.g. hospital name and location). Every effort must be made not to cause panic and to provide minimal detail regarding the extent of the injuries
- Ensure that all blood or bodily fluids are cleaned up in a safe manner.
- Ensure that anyone who has come in contact with any blood or fluids washes their hands in warm soapy water.
- Try to reassure the other children and keep them calm, keeping them informed about what is happening, and away from the child.
- Accidents which result in serious incident, injury, illness and trauma (including death) to a child must be reported to:
 - The ambulance service
 - The police
 - Family or emergency contact person
 - Regulatory Authority
- 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. This information should be provided in a calm and extremely sensitive manner. The site of the accident should not be cleared or any blood or fluids cleaned up until after approval from the Police.



- All other children should be removed away from the scene and if necessary parents contacted for early collection of children. The children should be reassured and notified only that a serious incident has occurred.

d) Death or Serious Injury to a child or educator out of hours

Educators in the service must be prepared to handle all incidents in a professional and sensitive manner. In the event of tragic circumstances such as the death of a child or educator, the educators will follow guidelines as set out below to minimise trauma to the remaining educators and children in the service.

In the event of the death occurring out of service hours, a clear emergency procedure will be maintained for the other children at the service.

If a child is the deceased, the Coordinator/Nominated Supervisor should make contact with the child's school to liaise with them regarding the school's response to the event.

The Nominated Supervisor should also contact the NSW Regulatory Authority as soon as possible and within 24 hours to report the incident. The school and Network of Community Activities should be contacted to seek additional support, resources or advice.

e) Reporting of Serious Incident, Injury and Trauma

All serious incidents, injury, illness or trauma will be recorded within 24 hours of the event occurring. 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 and no later than 24 hours after the event.

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. Management Committee).

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.

f) How to decide if an injury, trauma or illness is a 'serious incident'?

- If the advice of a medical practitioner was sought or the child attended hospital in connection with the incident, injury, trauma or illness, then the incident is considered 'serious' and the regulatory authority must be notified.
- 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 was sought for the child, or should have



been sought, including attendance at hospital or medical facility for further treatment.

- Educators will watch for symptoms of sickness. If a child becomes ill whilst at the OSHC Service, educators will respond to their individual symptoms of illness and provide comfort and care.
- Educators will understand the difference between concerning and serious symptoms.
 - i. If any serious symptoms are observed (breathing difficulties, drowsiness or unresponsiveness, looking pale or blue or feeling cold) an ambulance will be called immediately.
 - ii. If any concerning symptoms are observed (lethargy, fever, poor feeding, new rash, poor urine output, irritation or pain or sensitivity to light) educators will: monitor the child carefully, call parents/carers, discuss symptoms with parents/carers and help them decide whether the child needs to see a doctor.
 - iii. educators will monitor the child and consider calling an ambulance if: any concerning symptoms become severe, the child gets worse very quickly or there are multiple concerning symptoms. (Staying healthy, 6th Edition, 2024)

g) Illness

- Families are advised upon enrolment and in regular reminders not to bring sick children to the service and to arrange prompt collection of children who are unwell. 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 other children's health.
- Where a child takes ill at the service, all care and consideration will be given to comfort the child and minimise the risk of cross infection until the child is collected by the family/emergency contact.
- Educators will closely monitor the child focusing on the symptoms displayed and how the child behaves and be alert to the possibility of symptoms that might suggest the child is very sick and needing urgent medical care.
- A child or adult will be considered sick if he/she:
 - i. Sleeps at unusual times, is lethargic.
 - ii. Has a fever over 38^o.
 - iii. Is crying constantly from discomfort.
 - iv. Vomits or has diarrhoea.
 - v. Is in need of constant one to one care.
 - vi. Have symptoms of an infectious disease.
- If a child is unwell at home, the family is not permitted to bring the child to the service. Children who appear unwell when being signed in by their parent/guardian will not be permitted to be left at the service.



- If a child becomes ill whilst at the service, the parents will be contacted to take the child home. Where the family is unavailable, emergency contacts will be called to ensure the child is removed from the service promptly.
- 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.
- During a fever, natural methods will be employed to bring the child's temperature down until the family arrives or help is sought. Such methods include removing clothing as required, clear fluids given, tepid sponges administered.
- If a child's temperature is very high, cannot be brought down and their family cannot be contacted, the child's enrolment record will be checked for permission to give paracetamol. If the situation becomes serious, the child will be taken to the doctor or an ambulance called.
- If a staff member becomes ill or develops symptoms at the centre they can return home if able or the Coordinator will organise for someone to take them home. The Coordinator will organise a suitable staff replacement as soon as possible.
- The service will effectively practise respiratory hygiene – by limiting airborne germs and the transmission of respiratory diseases. Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands immediately with soap and water or use hand sanitiser after touching their mouth, eyes or nose.
- Toilet infection control practises will also be applied by implementing hand hygiene practises and proper cleaning and disinfection procedures.

CONSIDERATIONS:

Education and Care Services National Regulations r12, 85, 86, 87, 88

National Quality Standard 2.1

Other Service policies/documentation

Parent Handbook

Staff Handbook

Acceptance and Refusal of Authorisations Policy

Enrolment and Orientation Policy

Administration of Medication Policy

Providing a Child Safe Environment Policy

Administration of First Aid Policy

Other

Work, Health and Safety Act 2011

ACECQA "Frequently Asked Questions"

NSW Department of Health guidelines

Disability Discrimination Act 1975

NSW Anti-discrimination Act 1977

Staying Healthy in Child Care (5th Edition)



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