

Sickness, Accident and Trauma Policy

Introduction

Duty of Care involves an obligation to take all reasonable steps to ensure the safety and welfare of children from both known and reasonably foreseeable risks of harm and/or injury while at school or engaged in school activities on-site and off-site. A school's duty of care, in some circumstances, may extend beyond normal school hours.

The concept of 'duty of care' is based on reasonable care. It is not a duty to ensure no harm will come to a child but that reasonable care to avoid harm being suffered is taken. What is considered reasonable care varies depending on the circumstances at the time.

From a 'whole school' approach it is important that:

- The school has appropriate policies and procedures in place to address the discharge of its duty of care in the school environment (in and outside of school hours) and at all school activities.
- Staff have a clear understanding of the meaning of the term 'duty of care.'
- Staff are aware of and have a good understanding of their responsibilities in relation to their duty of care to children.
- A reassessment of children's capacities is undertaken if circumstances surrounding the activity change. This includes any change in the environment or children's medical fitness (e.g., conditions such as asthma, diabetes, epilepsy, fatigue, dehydration) that could affect their capacity to undertake the activity. Alternative activities and or accommodations should be provided for children who are unable to participate in any part of the activity.

A school's governing body has a 'non-delegable' duty of care for the children enrolled at its school. This means that it will always be held accountable/responsible for setting the framework of and overseeing the development, implementation, and enforcement of the school's policies, procedures, and protocols to ensure that the duty of care is discharged by the school, as is appropriate to the circumstances. There are two clear non-delegable duty of care relationships in a school. These are:

- A school to its children; and
- Educators to their children.

Governing bodies and school leadership are *Persons Conducting a Business or Undertaking* (PCBU) under the Work Health and Safety (WHS) Act. They have a duty to manage workplace risks, and any potential or actual outbreaks of communicable disease and other health and safety responsibilities outlined in the WHS Act.

Disease Management

Schools have a responsibility to manage infectious diseases at the school. They are also expected to play a role in the prevention, and control of transmission of infectious diseases.

Child Side Playgroup and School's (CSS) duty of care obligation is one that drives the development of most school policies and procedures. **This Sickness, Accident and Trauma Policy works within the overall context of CSS duty of care, as a part of the Critical and Emergency Incidents and Crisis Management Policy and response and with consideration and oversight for risk management and risk mitigation.**

CSS aims to prevent and minimise the impact of sickness, accident and or trauma that occurs within the school environment, be it on or off the school site.

Scope and Application

This policy applies to all school staff (paid/unpaid), parents/guardians, children, volunteers, practicum teachers, work placement students and visitors (including therapists, contractors, delivery staff, community groups) and any other individuals who may use or visit the school site of Child Side Playgroup and School (CSS).

This Policy applies while at school or engaged in school activities on-site and off-site. This duty of care, in some circumstances, may extend beyond normal school hours.

The use of the word child/children in this policy refers to students in the context of the school environment.

The use of the word Educator/Educators in this policy refers to registered teachers in the context of the school environment.

Related Legislation/Guidelines

- Registration Standards and Other Requirements for Non-Government Schools (Non-Government School Regulation) – Standard 7
- Guide to the Registration Standards and Other Requirements for Non-Government Schools
- Work Health & Safety Act (2020)
- Schools Education Act (1999)
- National Principles For Child Safe Organisations
- Teachers Registration Act (2012)
- Workers Compensation and Injury Management Act (1981)
- The Education and Care Services National Law (WA) Act 2012
- The Education and Care Services National Regulations, 2012

Related Policies

- CSS Attendance Policy
- CSS Absence Procedures
- CSS Asthma Care Policy
- CSS Anti-bullying Behaviour Policy
- CSS Care and Use of Animals Policy and Procedure
- CSS Critical and Emergency Incidents and Crisis Management Policy
- CSS Code of Conduct – Parents/Guardians
- CSS Code of Conduct – School Staff
- CSS Employee Injury Management Policy
- CSS Excursions Policy
- CSS Guiding Children's Behaviour Policy
- CSS Incursions Policy
- CSS Leaving School To Learn: Workplace and Community Learning Policy
- CSS Nutrition, Health, and Hygiene Policy
- CSS Pandemic Management Policy
- CSS Playground Supervision Policy
- CSS Privacy Policy
- CSS Protective Behaviours Curriculum Policy

- CSS Use of Kitchens Policy
- CSS Risk Management Policy and Risk Management Register
- Response and Planning Guidelines for Students With Suicidal Behaviour and Non-Suicidal Injury Policy
- CSS Snake Safety Plan
- CSS Sun Protection Policy
- CSS Transportation Policy
- CSS Volunteers Policy and Procedures for Engaging Volunteers
- CSS Work Health & Safety Policy

Definitions

Critical and Emergency Incidents

As defined in Schools Regulations Guide: Standard 7.

Critical and emergency incidents which are foreseeable which, therefore, should be prepared for in policy and procedure will vary with each school's student cohort, location, and other factors. Perhaps the majority of incidents will also be reportable incidents.

Incidents which are not 'reportable incidents,' but for which preparations should be made, include the sudden death of a student or staff member unconnected with the school premises or a school-related activity.

Communicable Disease

Communicable diseases (infectious diseases) are illnesses that spread from one person to another or from an animal to a person, or from a surface or a food. Diseases can be transmitted through the air (airborne or droplet transmission), through direct contact with a sick person or their surroundings (contact transmission), or through contact with faeces (faeco-oral transmission).

Pandemic

A pandemic is an outbreak of a disease that occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population.

Reportable Incident Categories (Relevant to this Policy. See Appendix 1 for more specific information regarding Category 2)**

For the purpose of Standard 7, the following are reportable incidents:

- 1. The death of a student, staff member or visitor who is at school or during a school related activity or following an incident at school or during a school-related activity.*
- ** 2. An actual or potential injury, illness or trauma of a student, staff member or visitor who is at school or during a school-related activity or following an incident at school or during a school-related activity and where the incident has resulted or may result in significant impact.**
- 3. An incident requiring a police or other emergency services response when a student appears to have been taken or removed from the school or from a school-related activity without proper authority or goes missing and cannot be accounted for.*
- 4. An incident requiring the school to be locked down or to evacuate staff and students, or reduce the number of students or staff attending, or to close for any duration for health or safety reasons.*
- 5. The receipt of a complaint or allegation of child abuse, including but not limited to sexual abuse, committed against a student by: (a) a staff member or another student; or (b) another person on the school premises or during a school-related activity; whether the abuse is alleged to have occurred recently or in the past.*
- 6. Issuing a formal warning, a suspension or ceasing the employment of a staff member for a breach of the school's Code of Conduct involving suspected grooming behaviour.*

Trauma

For the purpose of standard 7.1 and the definition of reportable incidents, a trauma is a psychological wound or injury suffered at school or during a school-related activity [Australian Psychological Society].

Policy Statement

Child Side Playgroup and School (CSS) has and implements a *Critical and Emergency Incidents and Crisis Management Policy* and associated duty of care policies which:

- (a) include all reportable incidents as well as other critical and emergency incidents,
- (b) enable and require incidents to be managed in such a way as to minimise trauma and distress to children and staff and damage to property and ensure the education program is maintained or resumed, while giving highest priority to the best interests of the children and/or children affected,
- (c) require all incidents to be reported and documented, including as required by standard 7.2 when applicable and
- (d) enable and require the Co-Principal/s to notify the governing body of all incidents.

Specific to this policy, CSS will:

- carry out regular and purposeful risk assessment – identifies risks, assesses and prioritises risks, and develops treatment strategies,
- be proactive in prevention – acts in a way to minimise the risk of occurrences,
- be proactive in preparedness – will develop appropriate policy and guidelines. These will be communicated to staff, staff will be trained, and the policy will be reviewed regularly, and modifications made if and when incidents occur,
- be responsive to community and external influences – recognises the potential that emergency response procedures may need to be initiated; and
- be proactive in recovery – has a plan to initiate recovery and return to normal operations, and as part of this recovery, there will be a process for the reviewing and updating policy and other associated policies as required.

CSS will develop guidelines and associated procedures to manage, prevent, and control the transmission of communicable diseases at the school. This policy will also manage associated workplace risks, and other health and safety responsibilities outlined in the WHS Act. Refer to the *CSS Pandemic Management Policy*.

CSS will develop guidelines and associated procedures for the management of sickness, and accidents/incidents. All Staff will be trained (annual induction) and are required to follow these guidelines in order to prevent and minimise the impact of sickness and any accident, incident and resulting trauma that may occur within the school environment or when engaged in school activities on-site and off-site.

The CSS Governing Council will ensure the Director General is notified of every reportable incident as soon as practicable, and in any event within 48 hours of the incident, using the form published by the Director General for this purpose.

CSS will establish and maintain a process for the management of records in relation to the details of all accidents/incidents (including near misses), injuries and treatments carried out.

The GC will maintain a standing meeting agenda item where *Reportable Incidents* (including but not limited to work health and safety matters, school sickness, accidents, and critical and reportable incidents) are reported, discussed, and recorded in the meeting minutes.

The GC will maintain a standing meeting agenda item where *risk management and risk mitigation* is discussed, reviewed and considered as a result of current matters, an incident that has occurred and or consideration (specific to risk) is required relevant to policy and procedures.

All CSS Staff (unless exempted *) are required to complete the appropriate and current *Emergency First Aid Response in an Education and Care Setting Training* and to re-train every three years. CSS will support this training and maintains up-to-date records of Staff accreditation.

* Exemption from first aid training may be agreed between a staff member and the Co-principal Administration, dependent upon the staff member's capacity to carry out specific first aid responses effectively. This may involve training in other areas of first aid except for the area exempted.

CSS will maintain a variety of fully equipped (St. John Ambulance Australia standards) and accessible *First Aid Kits* for everyday use in school activities, on-site and off-site. The school site houses a defibrillator, externally mounted on the MAG building which is maintained by the Boyanup branch of St. John Ambulance. School Staff receive instruction as to use of the defibrillator and CPR as a part of their first aid training.

CSS will establish and maintain a process for the management, maintenance and administering of medication to children. This process should include the appropriate management of the receipt, handling and storage of medication and include a clear and well-articulated line of accountability and communication process for all stakeholders.

CSS will establish and maintain a whole school communication system which all Parents/guardians and Staff have access to for the purposes of receiving communication from the school in regard to (but not limited to) school sickness, medical alerts, and emergency notifications.

All Parents/guardians are required to supply comprehensive emergency and health Information at the time of enrolment for EACH child. This information should be updated by Parents/guardians at least annually.

Parents/guardians are responsible to ensure that all information provided to the school is accurate and current at all times.

Parents/Guardians are required to act promptly and follow the directions and guidance of the Co-Principals in relation to the management of sick or injured children at CSS.

Parents/guardians are responsible for ensuring they are connected and receive notifications via the *School Communication App* and that they respond appropriately to all communication received from the school in regard to school sickness, medical alerts, and emergency notifications.

Policy Review

All policies are reviewed and amended in accordance with the *CSS Policy on Policies* and the *CSS Policy, Guidelines, Procedures and Frameworks Register*.

This policy and associated guidelines will be reviewed every two years; provided that an earlier review is undertaken whenever a matter or other information becomes evident regardless of indicators or not, there has been a policy or procedural failure.

Appendices

Appendix 1	Reportable Incident Category 2. Additional information as outlined in <i>The Guide for Registration Standards</i> .
Appendix 2	Guidelines and Procedures for the Management of Sickness and Accidents
Appendix 3	Procedure for the Management and Administering of Children's Medication
Appendix 4	Accident/Incident Report Form
Appendix 5	Food Plan – for the Management of Food Allergies and Food Intolerances

Version Management

VERSION	DATE REVIEWED	DATE RATIFIED	CHANGES MADE	AUTHOR OF CHANGES	NEXT REVIEW DATE
1	June 2011	26/10/2011	Minor changes	KM	
2	June 2012	27/6/2012	Minor changes	KM	
3	Oct 2014	5/11/2014	Minor changes	KM	
4	May 2016	15/6/2016	Added reference to Accident/Incident Form as Appendix A and Appendices Table	LF KM	
5	March 2019	8/5/2019	Updated format to include related legislation and policies	LF	Term 1 - 2022
6	Oct 2019		Added requirement for parents to make notes of medication to be administered in the class medical book and plan to be submitted for self-medication.	LF	Term 4 - 2022
7	May 2020	29/07/2020	Consent required for temperature testing, normal temperature range for children added	LF	Term 2 – 2023
8	December 2022	07/12/2022	Reviewed alongside Risk register in regard to having bee hives on site.	Governing Council	Term 4 -2024
9	September 2024	11/09/2024	Formatting changes Reference to Standard 7. Linking policy to Duty of Care, Critical Incident, WHS and Risk Management policies. Update First aid training requirements and first aid practices and procedures. Rework procedures for clarity and explicit lines of accountability. Policy name change to reflect AISWA Policy recommendations. Added information about the school defibrillator	JM	Term 3 2026

**** Reportable Incident- Category 2**

Additional information as outlined in *The Guide for Registration Standards and Other Requirements for Non-government schools*.

Definitions

Visitor

This term could include the following: parent/guardian; governing body member; professional coach; peripatetic teacher; tradesperson, contractor, or another volunteer.

Significant Impact

In considering whether an incident under this category meets the definition of significant impact, schools should refer to the significant impact characteristics below as a guide.

Physical or Psychological Impairment

This means any physiological disorder or condition; cosmetic disfigurement, or anatomical loss; and any mental or psychological disorder.

Significant Impact Characteristics

This is not an exhaustive list of characteristics and is for guidance only – If in doubt, schools are encouraged to either submit a report or contact the Department for further guidance on 9441 1900.

- Police, Ambulance, Fire and Emergency Services, WorkSafe or Child Protection and Family Support notified or involved.
- In respect of an actual injury, illness, or trauma the apparent medical prognosis at the time is that the incident is likely to result in longer term physical or psychological impairment.
- Normal school operations or activities are significantly disrupted or cease.
- School has commenced a review to mitigate future risk and/or action has been taken against students or staff to prevent imminent harm.

Examples (not real examples – provided for guidance only)

- Student severs hand in a woodwork class and ambulance is called.
- Student suffers serious spinal injury playing sport, ambulance attends, and student is stretchered off campus.
- The roof of a brand-new classroom collapses, and staff and students are injured. Emergency Services respond and WorkSafe is involved.
- Student brings an object to school and threatens other students and staff. Staff de-escalate the situation and Police called.
- A staff member, student, parent, volunteer, or visitor contravenes the school code of conduct, and their actions present an imminent risk of harm to others. WA Police involved.
- Cyber-attack on the school involving inappropriate images is averted. Police are notified.
- Student with a known serious allergy to nuts inadvertently ingests a cake containing nuts. A teacher applies first aid before the allergic reaction harms the student. Ambulance called.
- Threat to school community, police intervene, and school remains open but is on heightened alert while threat is being assessed.
- Fight breaks out at an inter-school carnival between competing students. Non-life-threatening injuries are sustained by students and staff. WA Police are called, and carnival cancelled.
- A school bus filled with students, rolls on a country road on the way to a camp. No life-threatening injuries sustained but Police and Ambulance attend. Camp cancelled.

Guidelines and Procedures for the Management of Sickness and Accidents.

CSS has an obligation to take all reasonable steps to ensure the safety and welfare of children and Staff from both known and reasonably foreseeable risks of harm and/or injury while at school or engaged in school activities on-site and off-site. This duty of care, in some circumstances, may extend beyond normal school hours.

CSS has a responsibility to manage infectious diseases at the school. It is also expected to play a role in the prevention, and control of transmission of infectious diseases.

The School will

1	request, collate, maintain, and act upon information provided by Parents/guardians in relation to medical conditions, disability, cultural and or religious diversity and or any other considerations required for each child. Information provided, particularly in relation to <i>Individual Medical Condition Management Plans</i> must be provided by a certified medical practitioner.
2	request, collate, maintain, and act upon information provided by Staff members in relation to their own to medical conditions, disability, cultural and or religious diversity and or any other considerations required. Information provided, particularly in relation to <i>Individual Medical Condition Management Plans</i> must be provided by a certified medical practitioner. Refer to the <i>CSS Human Resources Policies</i> for specific Staff policy.
3	act in the best interest of all children and all Staff in the management of sickness and accidents with a view to minimise harm and trauma at school.
4	implement clear and well communicated processes to manage sickness at school particularly in relation to the prevention and the management of the transmission of infectious diseases.
5	abide by the legislated requirements for school exclusion, in relation to communicable diseases, including reportable diseases.
6	abide by the legislated requirements for immunisation status recording and reporting.
7	implement clear and well communicated processes to manage accidents/incidents at school.
8	ensure that all staff are connected to and receive notifications on the <i>School Communication App</i> and that they attend promptly and respond appropriately to all communication received from the school in regard to school sickness, medical alerts, and emergency notifications.

Parents/guardians will

1	ensure they are connected to and receive notifications on the <i>School Communication App</i> and that they attend promptly and respond appropriately to all communication received from the school in regard to school sickness, medical alerts, and emergency notifications.
2	provide comprehensive emergency and health Information for EACH child at the time of enrolment including all medication requirements. Each Child's medical

	information should be updated annually via the “Child Medical Information Form” found on the School Communication App homepage under the “Forms” icon. (this should also include but not be limited to, past illnesses, allergies (including food allergies), medical practitioner contact information)
3	provide a <i>Medical Condition Management Plan</i> for each child and for each medical condition requiring consideration and specific responses (including but not limited to asthma management, anaphylaxis management, diabetes management, epilepsy management, allergy management, Food allergy/intolerance management...) Information provided must be provided by a certified medical practitioner.
4	ensure that all <i>Medical Condition Management Plans</i> are up to date and reviewed at least annually by a certified medical practitioner.
5	ensure that their contact information and the information of their nominated emergency contacts are accurate and current. Changes to this information should be communicated in writing promptly to the school via the identified communication pathway – “Forms “icon on the home page of the <i>School Communication App</i> .
6	provide detailed information to the school to support the administering of medication at school if required.
7	sign a consent upon enrolment to agree to have their child's temperature tested via a non-contact temperature testing device if the child displays signs or symptoms of being unwell.
8	sign at the time of enrolment, to consent or not, for their child/children to receive analgesic (paracetamol) for mild pain or discomfort experienced at school or during a school event.
9	provide immunisation records for each child upon enrolment. The Department of Health requires the records be <i>The Australian Immunisation Register (AIR) immunisation history statement</i> . This applies to all children, for all year groups (kindergarten, pre-primary, Year 1-12), including those from overseas. The <i>Immunisation History Statement</i> document must not be more than 2 months old.
10	act promptly and follow the directions and guidance of the Co-Principals regarding the management of sick or injured children, particularly in relation to attending school promptly to pick up their sick or injured child and keeping children at home if they have a communicable disease or condition.
11	provide an absentee note for all child absences even if the child is sent home and or is required to stay at home as a result of sickness or injury. Absentee notes can be submitted quickly using the <i>School Communication App</i> under the “Attendance” icon from the App's home page.

- All school Staff (unless exempted *) maintain the current *Emergency First Aid Response in an Education and Care Setting Training*. Re-training is required every three years.
* Exemption from First Aid training may be agreed between a staff member and the Co-principal Administration, dependent upon the staff member's capacity to carry out specific First Aid responses effectively. This may involve training in other areas of First Aid except for the area exempted.
- All Staff participate in annual refresher training in the use of epi-pens (anaphylaxis), how to access and use the defibrillator, CPR, managing asthma and applying first aid to bee stings during staff dialogue sessions.
- All Staff are aware of all *Medical Condition Management Plans** in place and the requirements associated with the management of the plans.
* *Medical Condition Management Plans* = Plans which are current (reviewed annually), produced and overseen by a certified medical practitioner, received from a Parent/Guardian, and discussed with the Co-principals.
- All Staff will record and maintain the details of any accidents/incidents, injuries and treatment provided.

Sickness Procedures

- **Sick children are not to attend school.**
- **Sick Staff members are not to attend school (their workplace)**
- The School has a trained *Work Health and Safety (WHS) Officer* who must exercise due diligence to ensure the school meets its WHS obligations, has in place appropriate systems of work and actively monitors and evaluates health and safety management to protect workers and other persons.
- Staff will observe, be aware of and be vigilant to sudden changes in a child's health status. Staff will look for symptoms such as: fever, vomiting, diarrhoea, headache, irritability, seizures, crying etc.
- Parents/guardians and or their nominated emergency contacts will be notified if a child becomes sick or has an abnormal result from a non-contact temperature test (normal temperature for children is between 36.4 Celsius – 37.5 Celsius. A high temperature or fever is usually considered to be a temperature of 38 or above). **Parents/guardians are required to make prompt arrangements for their sick child/children to be collected from school.**
- **An absentee note must be provided** by a Parent/guardian **for all child absences even if the child is sent home and or is required to stay at home** as a result of sickness or injury. Absentee notes can be submitted quickly using the *School Communication App* under the "Attendance" icon from the App's home page.
- If First Aid is required to be administered by a Staff member for a sick child, the Staff member will follow the most current St. John Ambulance Australia standard of care practices in regard to sickness, wound and injury treatment.
- **Children attending school who may require temporary "Additional Considerations"* by the school and school staff should do so under the direction and with the knowledge of their Educator and the Co-Principals.** Parents/guardians are required to inform the school of the condition/situation and discuss potential considerations with the Co-principals and Educator before the Child arrives at school. It may be necessary for a plan for attendance to be established and agreed upon by all stakeholders (Parent/guardian, Co-principals, Child, and Educator) dependent upon the extent of considerations required.

* "Additional Considerations" – is generally considered as short-term, which affects and or may impact a child's ability/capacity to act and participate as usual in everyday activity at school.
This may include but not be limited to, fractures or muscle tears requiring a brace, a moonboot or a cast, injuries/treatment requiring mobility aides such as crutches, injuries requiring dressings and or a sling, braces on their teeth, conditions associated with menstruation, recovery from surgery or physical trauma including concussion, mental health conditions including depression, anxiety ...
- The School will use its discretion as to whether other agencies will be called upon to assist and or support the management of any school sickness incident. These agencies may include Police, Fire and Emergency Services, Department of Community, and the Ambulance Service. If an ambulance is called to support a child, their Parents/guardians will be responsible for the cost of this service.
NOTE : If an EpiPen is used to treat an anaphylactic response, **an ambulance will be**

called as response to a medical emergency which requires immediate medical attention.

Communicable Diseases and Conditions

- The School has established hygiene protocols for all children and Staff including:
 - hand hygiene facilities, resources, and protocols.
 - sneezing and nose blowing protocols.
 - the safe management of spills of blood and other body fluids or substances.
 - Safe kitchen hygiene and food safe handling protocols.
 - the safe laundering of communal linen and towels.
 - the capacity to increase hygiene and cleaning protocols in accordance with WA Health Department recommendations and directions.
- **In the interests of communicable disease management, and for the welfare and consideration of sick children, of other children, and of School staff, it is essential that sick children be collected from school promptly.** The school does not have the capacity to comfortably house sick children or the human resources to sit with sick children for extended periods. If a Parent/guardian is not able to be contacted or attend the school in a timely way, the nominated emergency contact will be contacted to collect the sick child.
- Staff and Parents/guardians will be made aware of the Health Department WA determined exclusion times for communicable diseases and conditions when picking up sick children and or reporting child absences due to sickness e.g. Tummy upsets – 24 hours, chicken pox – 10 days or until sores have healed, measles – one week or until a medical certificate is available.
In the event of a communicable disease being contracted, the child will be excluded from school for the period required under the *Communicable Disease Guidelines* (copy available in the office). Also refer to the Health Department WA Website.
<https://www.health.wa.gov.au/Health-for/Health-professionals/Communicable-Diseases>
- Parents/guardians are required to notify the school (Administration Assistant or Co-principal) immediately and preferably in writing of any communicable (infectious) diseases or conditions that have been contracted by their child/children.
- Parents/guardians will be notified if their child has been identified as having head lice. Under the *School Education Act 1999*, a child is required to be away from school until treatment has started. Parents/guardians will be asked to confirm that treatment has commenced before their child returns to school.
Information about treatment of head lice is available from the school and at https://www.healthywa.wa.gov.au/Articles/S_T/Treating-head-lice
The School community will be notified via the *School Communication App* if head lice is evident within the school. Parents/guardians will be asked to check and then treat their child's/children's hair if head lice are evident, and not return to school until treatment has commenced.
- The School Community will be notified* of any communicable disease or condition that is being experienced at the school or has been notified by another Parent/guardian.
*via the *School Communication App* and as a part of the weekly School Newsletter also posted on the “*Child Side Noticeboard*” on Facebook .

Medical Condition Management Plans

- A *Medical Condition Management Plan* is a formal document provided by a Parent/guardian if a child has a medical condition which requires specific responses and or considerations e.g. diabetes, anaphylaxis, asthma, epilepsy, allergies. Plans must be current (reviewed annually), produced and overseen by a certified medical practitioner, received from the Parent/Guardian, and discussed with the Co-principals.
- Parents/guardians are required to provide the school with **a current** (not more than 12 months old – either reviewed or updated within that period) *Medical Condition Management Plan* if their child has a medical condition requiring specific responses and or considerations e.g. diabetes, anaphylaxis, asthma, epilepsy, allergies. This plan will be copied and displayed in prominent places deemed suitable around the school (with parent permission) and all staff will be informed of the condition and the appropriate courses of action to be taken.
- Parents/guardians are to provide and maintain all personal medication including epi-pens, bronchodilators, and spacers for children if these are required as part of their child's *Medical Condition Management Plan*. This medication will be safely stored in the Administration Building (MAG) and managed by the Co-Principal Administration.
- **The school will not take responsibility for Parent/guardian or child identified “medical conditions.” It is a requirement that the School and Staff act within the guidance and direction of certified medical practitioners and within the scope of formal medical condition management plans.** The school is prepared to support families going through the process of medical diagnosis and the development of medical response plans for a short period, however, will not support Parent/guardian determined directives longer term. This arrangement must be discussed and agreed upon by and with the Co-principals. Consideration for individual circumstances may be provided, however the school is not obliged at any time to act beyond the articulated policy.
- Parents/guardians are required to inform the school of their child's medically diagnosed allergies through the enrolment form, especially if they have an identified allergy to bee venom. Children who have medically diagnosed allergies should have a medical practitioner supplied *Medical Condition Management Plan* which will assist staff to appropriately manage the condition at school.
- Parents/guardians are required to provide the school with a “Food Plan” (see Appendix 5) if their child/children have **medically identified food allergies or intolerances**. The “Food Plan” should inform staff of any adverse effects the child experiences from eating the identified foods. Children will be encouraged to develop responsibility for becoming self-regulating over time and in relation to suitable and acceptable food choices.
- **The school will not take responsibility for Parent/guardian or child identified “allergies or intolerances,” particularly in relation to food. It is a requirement that the School and Staff act with the guidance and direction of certified medical practitioners and within the scope of formal medical management plans.** The school is prepared to support families going through the process of medical diagnosis and the development of medical response plans for a short period, however, will not support Parent/guardian determined directives longer term. This arrangement must be discussed and agreed upon by and with the Co-principals of the school. Consideration for individual circumstances may be provided, however the school is not obliged at any time to act beyond the articulated policy.

Medication Administered at School

- The Co-principal Administration is responsible for managing the administration of all medication at the school. The Co-principal Administration, the Administration Assistant and one other nominated Staff member is responsible for the administration of all medication at school.
- If a child requires the administration of medication (short-term or long-term) to occur during school hours or during a school activity, Parents/guardians should contact the Co-principal Administration to discuss this requirement. It may be appropriate for an older child (YAC) to self-medicate for a diagnosed medical condition and this can be discussed, and a written plan agreed upon between the Parent/guardian, a Co-principal, the Educator, and the Child.
- Each Class maintains a *Medication Book* which provides a centralised record of all children who receive medication, and the medication required to be administered.
- All medication is maintained in a locked cupboard in the Administration Building (MAG)
- If a child requires medication (including homeopathic) to be administered during school hours or during a school activity:
 - **Parents/guardians are required to hand the medication directly to Administration staff** (Administration Assistant or the Co-principal Administration) for safe storage and not place it in the child's bag where other children can easily access it.
 - The medication is required to be provided in the original packaging, it must state the child's name, name of the medication, the required dosage and the prescribing practitioner's name. **The medication provided MUST be in date.**
 - Parents/guardians are required to log in their child's class *Medication Book* the following directions -
 - o the child's name,
 - o the name of the medication and what is being treated,
 - o when it is to be administered and
 - o the dosage of medication
 - o The Staff member administering the medication is required to sign under the parents notes at the time when the medication is administered, and have it counter signed by another staff member.
- It is the Parents/guardians responsibility to ensure that the medication supplied is of adequate quantities to support the requested regime. The School will notify the Parent/guardian as the medication is getting low but will not be responsible if medication is missed due to a lack of supply.
- Some occasions may call for a child to receive an analgesic to assist with mild pain or discomfort, usually associated with a condition that their Educator and or the Co-principal is already aware of. Parents/guardians provide consent on their child's/children's enrolment form to dispense paracetamol if required. In the event that consent has not been provided, and the Co-principal considers it appropriate, they may contact a parent/guardian to seek permission to provide an analgesic. This discussion will be logged (with either the agreement to provide medication or to not provide medication) If it is agreed that medication should be provided, then the time of administering, the medication name, and the dosage will be recorded in the class *Medication Book* and countersigned by another staff member. Medication will not be provided if the Parent/guardian cannot be contacted.

Accident Procedures

- All school Staff will be vigilant at all times, during all school activities with full consideration for risk management and risk mitigation. Children will be encouraged and supported to act safely and with consideration for minimising accidents/incidents at all times.
- **Children attending school who may require temporary “Additional Considerations”* by the school and school staff should do so under the direction and with the knowledge of their Educator and the Co-Principals.** See *Sickness Procedures*. Identified “Additional Considerations” may be relevant and impact the way a Child participates safely in school activity and is treated in the event of an accident or incident.
- The School has a trained *Work Health and Safety (WHS) Officer* who must exercise due diligence to ensure the school meets its WHS obligations, has in place appropriate systems of work and actively monitors and evaluates health and safety management to protect workers and other persons.
- The Co-principals are responsible for the management of all accident/ incident events. School staff will act in accordance with school policy, guidelines, and procedures to manage accidents/incidents.
- If First Aid is required to be administered by a Staff member, the Staff member will follow the most current St. John Ambulance Australia standard of care practices in regard to wound and injury treatment.
- The School will use its discretion as to whether other agencies will be called upon to assist and or support the immediate management of any school accident/incident. These agencies may include Police, Fire and Emergency Services, Department of Community, and the Ambulance Service. If an ambulance is called to support a child, their Parents/guardians will be responsible for the cost of this service.
- Parents/guardians and or their nominated emergency contacts will be notified if a child has been injured or involved in an incident requiring follow-up action or parent/guardian support. **Parents/guardians are required to make prompt arrangements for their child to be collected from school.**
- **In the interests of the welfare for children who are injured at school and in consideration of other children and of the School staff, it is essential that injured children be collected from school promptly.** The school does not have the capacity to comfortably house injured children or the human resources to sit with an injured child for extended periods. If a Parent/guardian is not able to be contacted or attend the school in a timely way, the nominated emergency contact will be contacted to collect the injured child.
- **An absentee note must be provided by a Parent/guardian for all child absences even if the child is sent home and or is required to stay at home** as a result of sickness or injury. Absentee notes can be submitted quickly using the *School Communication App* under the “Attendance” icon on the App's home page.
- Staff will use the established communication pathways to report accidents/incidents and will seek assistance and direction from other staff members and or the Co-principals as required.

- The Co-principals will use their discretion as to when and if the GC Chair is notified about an accident/incident at the time of the event or to wait until reporting at the next GC Meeting.
- The Co-principals will manage all communication with the School Community following an accident/incident (If information is required to be managed and or shared) using the established whole *School Communication App*, particularly if the accident/incident has required the school to be locked down and or there may be ongoing activity as a result of the event. The GC Chair will be contacted prior to any communication being provided to the School Community.
- All accidents/incidents and near misses regardless of severity, will be verbally reported to the Co-principals and then recorded appropriately in the *Accident/Incident Book* in each classroom if the incident is minor **OR** on an *Accident/Incident Report Form* if the incident is more serious and parents/guardians have been informed of the incident.
- *Accident/Incident Report Forms* – (Appendix 4) are intended for more serious reportable accidents. They are located in the lock-up cabinet in the Administration Building (MAG) and can be accessed by staff via the Administrative Assistant and or the Co-Principal Administration. This document **MUST** be completed as soon as practicable and within 24 hours of an incident. The Co-principal is responsible for management and any subsequent action associated with the report.
- The Governing Council will be informed by the Co-principal Administration of any accidents/incidents that have necessitated an *Accident/Incident Report Form*. Consideration may be given by the GC as to the need for policy and or procedural review as a result of the incident.
- In the case of a *Reportable Incident* relative to this Policy (*Reportable Incidents Category 2*, refer to Appendix 1), the GC will ensure the Director General is notified as soon as practicable, and in any event within 48 hours of the incident, using the “*Reportable Incident Notification Form*” required by the Director General for this purpose. The Co-principal Administration is responsible for this process and will inform the GC Chair prior to the notification being sent.
- The school will use its discretion as to whether other agencies will be called upon to assist and or support the ongoing management of any school accident/incident. The actions decided will be determined by the extent and severity of the incident and the potential trauma associated.
These agencies may include AISWA, School Psychologist, School Nurse, Emergency Services Personnel (Police Fire and or Ambulance) to debrief with staff and or Children, Department of Community, St John Ambulance Personnel to debrief with staff who attended the incident, online agencies such as Crisis Care, Lifeline, Kids Helpline. It may also be necessary to provide assistance for the Parents/guardians or family of the individuals involved in the incident.
- If a School accident/ incident is deemed as a “Critical Incident,” the *Critical Emergency Incidents and Crisis Management Policy* will be enacted, and the *Crisis Management Team (CMT)* established to manage the incident going forward.
- In the case of a serious incident or emergency situation, the Governing Council (GC) Chair will be contacted by phone and will attend the school site (if appropriate) as a part of the *Critical Management Team (CMT)* response, as outlined in the *Critical and Emergency Incidents and Crisis Management Policy*



CHILD SIDE PLAYGROUP AND SCHOOL
FOLLOWS CHILD PROTECTION AND
PROTECTIVE BEHAVIOUR PROCESSES

ACCIDENT/INCIDENT REPORT FORM

Person Making the Report:

Name: _____

Occupation: _____

Date of Report: _____

Accident/Incident Details:

Date: _____ Time: _____

Location: _____ Witness: _____

Reported to Whom: _____

Full accident/incident details: (what happened or what could have happened in case of a near miss)

Injury – Nature of injury: (burn, concussion, bone break, fracture, dislocation etc)

Location of injury: (head, face, eye, leg etc)

Results of injury

Lost time injury Y / N No. Of days____ Worker’s Compensation Y / N

Treatment received: (circle) First aid Doctor Hospital

Damage to equipment/buildings etc

What was damaged? _____

Extent of damage _____

Contributing factors (if any)

Corrective Actions

Immediate Actions _____

What controls have been put in place to prevent this from happening again?

Who is to implement these controls/corrective actions?

Date by which action is to be taken: _____

Actions Completed: _____ Date: _____ Signed: _____

Signatures:

Co-Principal Senior Educator: _____

Co-Principal Administrator: _____

WHS Rep: _____

Chair of Governing Council: _____



CHILD SIDE PLAYGROUP AND SCHOOL
FOLLOWS CHILD PROTECTION AND
PROTECTIVE BEHAVIOUR PROCESSES

Food Plan – for the Management of Food Allergies and Food Intolerances.

Parents/guardians are required to provide the school with a “Food Plan” if their child/children have **medically identified food allergies or intolerances**. This Food Plan should inform staff of any adverse effects the child experiences from eating the identified foods. Children will be encouraged to develop responsibility for becoming self-regulating over time and in relation to suitable and acceptable food choices.

If any foods have been identified as inducing anaphylaxis, then this form **MUST** be accompanied by a *Medical Condition Management Plan* which has been produced and is overseen by a certified medical practitioner. **This form should be updated by the parent/guardian annually.**

Child Name

Identified Allergens

Allergen	Adverse responses if this allergen is consumed	Response required

Foods to be avoided (which include the allergen)

Other Considerations

(e.g. food preparation, food contact , Child’s capacity to self-regulate)

A Medical Condition Management Plan is associated with this plan? **YES NO**

Date of this plan: _____
This plan should be reviewed annually

Signatures:

Co-Principal Senior Educator: _____

Co-Principal Administrator: _____

CC Educator: _____

Parent/guardian: _____

Child: _____