



DAME NELLIE MELBA
KINDERGARTEN
EST 1915

Incident, Injury, Trauma and Illness

Mandatory – Quality Area 2



PURPOSE

This policy will define the:

- procedures to be followed if a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of staff, parents/guardians and the Approved Provider when a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.

POLICY STATEMENT

1. VALUES

DNMK is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students on placement and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised person at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of DNMK.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at DNMK, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the national legislation, each service must ensure that an entry is recorded in the *Incident, Injury, Trauma and Illness Record* for the following occurrences:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected
- an illness that becomes apparent.

Details that must be entered in the *Incident, Injury, Trauma and Illness Record* include the following:

- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child, however they can affect everyone in the children's service. In some cases it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- *Education and Care Services National Law Act 2010*: Section 174(2)
- *Education and Care Services National Regulations 2011*: Regulations 77, 85–87, 103, 177, 183
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)
- *Occupational Health and Safety Act 2004* (Vic)
- *Occupational Health and Safety Regulations 2007*
- WorkSafe Victoria Compliance Code: *First aid in the workplace* (2008)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *National Quality Standard*, Quality Area 3: Physical Environment
- *National Quality Standard*, Quality Area 7: Governance and Leadership
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Emergency services: Includes ambulance, fire brigade, police and state emergency services.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website:

<https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Incident, Injury, Trauma and Illness Record: The Approved Provider must ensure an *Incident, Injury, Trauma and Illness Record* is kept in accordance with Regulation 87 of the *Education and Care Services National Regulations 2011*. A sample is available on the ACECQA website at:

<https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) action plan for anaphylaxis.

Medical attention: Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical emergency: An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Minor incident: An incident that results in an injury that is small and does not require medical attention.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

5. SOURCES AND RELATED POLICIES

Sources

- ACECQA sample forms and templates: <https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>
- Building Code of Australia: <https://www.abcb.gov.au/Connect/Categories/National-Construction-Code>
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: *Guide to Incident Notification*: <http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/guide-to-incident-notification>
- WorkSafe Victoria: Online notification forms: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*

PROCEDURES

The Approved Provider and Persons with Management and Control is responsible for:

- ensuring that the premises are kept clean and in good repair
- ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA – refer to *Sources*) and WorkSafe Victoria incident report forms (refer to *Sources*)
- ensuring that the service has an occupational health and safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to *Occupational Health and Safety Policy*)
- ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183)

- ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86)
- ensuring that Incident, Injury, Trauma and Illness Records are kept and stored securely until the child is 25 years old (Regulations 87, 183)
- ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (refer to *Administration of First Aid Policy*)
- ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to *Administration of First Aid Policy*)
- ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency
- ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- ensuring that an incident report (SI01) is completed and a copy forwarded to the regional DET office as soon as is practicable but not later than 24 hours after the occurrence.

The Nominated Supervisor, Persons in Day to Day Charge, other educators and staff are responsible for:

- ensuring that volunteers and parents on duty are aware of children's medical management plans (refer to *Definitions*) and their responsibilities in the event of an incident, injury or medical emergency
- responding immediately to any incident, injury or medical emergency
- implementing individual children's medical management plans, where relevant
- notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable
- requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called
- notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable
- recording details of any incident, injury or illness in the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*) as soon as is practicable but not later than 24 hours after the occurrence
- ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency
- maintaining all enrolment and other medical records in a confidential manner (refer to *Privacy and Confidentiality Policy*)
- regularly checking equipment in both indoor and outdoor areas for hazards, and taking the appropriate action to ensure the safety of the children when a hazard is identified
- assisting the Approved Provider with regular hazard inspections (refer to Attachment 1 – Sample hazard identification checklist)
- reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's *Hygiene Policy*
- notifying DET in writing within 24 hours of an incident involving the death of a child, or any incident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital
- ensuring that the following contact numbers are displayed in close proximity of each telephone:
 - 000
 - DET regional office

- Approved Provider
- Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
- Victorian Poisons Information Centre: 13 11 26
- local council or shire.

When there is a medical emergency, educators will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- notify the Approved Provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DET, the Approved Provider and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, educators will:

- ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child to outline the signs and symptoms observed
- request that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
- call an ambulance (refer to definition of *medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the Approved Provider is notified of the incident
- ensure that the *Incident, Injury, Trauma and Illness Record* is completed as soon as is practicable and within 24 hours of the occurrence.

Parents/guardians are responsible for:

- providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (Regulation 161(1))
- payment of all costs incurred when an ambulance service is called to attend to their child at the service
- notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162)

- ensuring that they provide the service with a current medical management plan, if applicable (Regulation 162(d))
- collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child
- informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service
- being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention
- signing the *Incident, Injury, Trauma and Illness Record*, thereby acknowledging that they have been made aware of the incident
- notifying the service by telephone when their child will be absent from their regular program
- notifying staff/educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of [Service Name] will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review and analyse information gathered from the *Incident, Injury, Trauma and Illness Record* and staff first aid records regarding incidents at the service
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: DNMK Incident, injury, trauma and illness record
- Attachment 2: Sample hazard identification checklist

AUTHORISATION

This policy was adopted by the Approved Provider of DNMK on May 2019

REVIEW DATE: AUGUST 2020

ATTACHMENT 2
DNMK Incident, Injury, Trauma and Illness Form



DAME NELLIE MELBA
KINDERGARTEN
EST 1915

Incident, injury, trauma and illness record

(Circle relevant type of record)

Child details

Given Name:Surname:

Date of birth:/...../.....

Room/group:

Incident/injury/trauma/illness details

Incident/injury/trauma

Circumstances leading to the incident/injury/trauma:
.....
.....
.....
.....
.....

Products or structures involved:
.....
.....

Location: Time: am/pm Date:/...../.....

Name of witness (DNMK Staff Member):

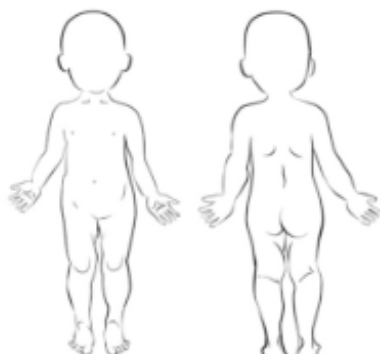
Signature:

Date:/...../.....



DAME NELLIE MELBA
KINDERGARTEN
EST 1915

Nature of injury sustained:



- | | |
|---|---|
| <input type="checkbox"/> Abrasion, scrape | <input type="checkbox"/> Cut |
| <input type="checkbox"/> Bite | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Broken bone / fracture | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Concussion | |

Illness

Circumstances surrounding child becoming ill, including apparent symptoms:

.....
.....
.....

Time of illness: am/pm

Date of illness:/...../.....

Action Taken

Details of action taken, including first aid administration of medication:

.....
.....
.....

Medical personnel contacted: Yes / No

If yes, provide details:

.....

Details of person completing this record

Name: Signature:

Time record was made: am/pm Date record was made/...../.....



DAME NELLIE MELBA
KINDERGARTEN
EST 1915

Notifications (including attempted notifications)

Parent/guardian: Time: am/pm Date:
...../...../.....

Director/teacher/coordinator: Time: am/pm Date:
...../...../.....

Regulatory authority (if applicable): Time: am/pm Date:
...../...../.....

Parental acknowledgement:

I.....

(name of parent/guardian)

have been notified of my child's incident/injury/trauma/illness.

(Please circle)

Signature: Date:/...../.....

Additional notes / follow up:

.....

.....

.....

.....

.....

.....

.....

.....

ATTACHMENT 2
Sample hazard identification checklist

Service: _____

Date: _____

Inspected by: _____

Hazard	Yes	No	Comments
1. Floors			
Surface is even and in good repair			
Surface is free from tripping and slipping hazards (e.g. oil, water, sand)			
Surface is safe (e.g. not likely to become excessively slippery when wet)			
2. Kitchen and work benches			
Work bench space is adequate and at comfortable working height			
Kitchen and work bench space is clean and free of clutter			
Equipment not in use is properly stored			
Lighting is satisfactory			
A door or gate restricts child access to the kitchen			
Ventilation fan is in good working order			
Kitchen appliances are clean and in good working order			
3. Emergency evacuation			
Staff have knowledge of fire drills and emergency evacuation procedures			
Fire drill instructions are displayed prominently in the service			
Regular fire drills are conducted			
Extinguishers are in place, recently serviced and clearly marked for type of fire			
Exit signs are posted and clear of obstructions			
Exit doors are easily opened from inside			

4. Security and lighting			
Security lighting is installed in the building and car park			
There is good natural lighting			
There is no direct or reflected glare			
Light fittings are clean and in good repair			
Emergency lighting is readily available and operable (e.g. torch)			
5. Windows			
Windows are clean, admitting plenty of daylight			
Windows have no broken panes			
6. Steps and landings			
All surfaces are safe			
There is adequate protective railing which is in good condition			
7. Ladders and steps			
Ladders and steps are stored in a proper place			
Ladders and steps are free of defects (e.g. broken or missing rungs etc.)			
They conform to Australian Standards			
They are used appropriately to access equipment stored above shoulder height			
8. Chemicals and hazardous substances			
All chemicals are clearly labelled			
All chemicals are stored in locked cupboard			
Material Safety Data Sheets (MSDS) are provided for all hazardous substances			
9. Storage (internal and external)			
Storage is designed to minimise lifting problems			
Materials are stored securely			
Shelves are free of dust and rubbish			
Floors are clear of rubbish or obstacles			
Dangerous material or equipment is stored out of reach of children			
10. Manual handling and ergonomics			
Trolleys or other devices are used to move heavy objects			

Heavy equipment (such as planks and trestles) is stored in a way that enables it to be lifted safely			
Adult-sized chairs are provided and used for staff (to avoid sitting on children's chairs)			
Workstations are set up with the chair at the correct height			
Workstations are set up with phone, mouse and documents within easy reach and screen adjusted properly			
Work practices avoid the need to sit or stand for long periods at a time			
11. Electrical			
There are guards around heaters			
Equipment not in use is properly stored			
Electrical equipment has been checked and tagged			
Use of extension leads, double adaptors and power boards are kept to a minimum			
Plugs, sockets or switches are in good repair			
Leads are free of defects and fraying			
Floors are free from temporary leads			
There are power outlet covers in place			
12. Internal environment			
Hand-washing facilities and toilets are clean and in good repair			
There is adequate ventilation around photocopiers and printers			
13. First aid and infection control			
Staff have current approved first aid qualifications and training			
First aid cabinet is clearly marked and accessible only to staff			
Cabinet is fully stocked and meets Australian Standards (refer to <i>Administration of First Aid Policy</i>)			
Disposable gloves are provided			
Infection control procedures are in place			
Current emergency telephone numbers are displayed			

14. External areas			
Fencing is secure, unscalable and of a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that would assist children to scale the fence)			
Child-proof locks are fitted to gates			
Paving and paths have an even surface and are in good repair			
Paving and path surfaces are free of slipping hazards, such as sand			
Soft-fall and grass areas are free of hazards			
Equipment and materials used are in good repair and free of hazards			
15. Equipment			
Furniture and play equipment are in good repair (no protruding bolts, nails, splinters)			
Impact-absorbing material is placed under all equipment where fall height could exceed 0.5 metres			
Guardrails are provided for play equipment over 1 metre			
16. Sun protection			
There is an adequate supply of SPF 30+ broad spectrum, water-resistant sunscreen provided for use by children and staff			
Sunhats are provided for all staff required to work in the sun			
There is a <i>Sun Protection Policy</i> in place, which requires staff and children, and others who work in the sun to use sunscreen and an appropriate sunhat			

If any box is marked with a “No”, it is deemed to be unsatisfactory and must be followed up using an appropriate risk assessment and control checklist.

ATTACHMENT 1

Authorisation procedures

These procedures are to be followed when a child is collected by an unauthorised person, including where a parent/guardian or authorised nominee telephones the service to notify that such a person will be collecting their child.

The Nominated Supervisor will:

1. request that the parent/guardian or authorised nominee email or fax the authorisation if it is possible to do so, detailing the name, address and telephone number of the person who will be collecting the child
2. accept a verbal authorisation if it is not possible for the parent/guardian or authorised nominee to provide authorisation via email or fax, provided the following procedure is followed and witnessed by a second educator:
 - 2.1 all details of the person collecting the child, including the name, address and telephone number of the person must be obtained
 - 2.2 the verbal authorisation is documented and stored with the child's enrolment record for follow-up
 - 2.3 photo identification is obtained to confirm the person's identity on arrival at the service
 - 2.4 ensure that parents/guardians or authorised nominees follow up a verbal authorisation by completing an Authorisation Form (Attachment 2) when next at the service, or by adding details of the new authorised nominee to the child's enrolment form
3. ensure that fax or email authorisation is stored with the child's enrolment record
4. ensure the attendance record is completed prior to child leaving the service
5. refuse to release a child where authorisation is not/cannot be provided by the parent/guardian or authorised nominee
6. contact police if the safety of the child or service staff is threatened
7. implement late collection procedures (refer to Attachment 4) if required
8. notify the Approved Provider in the event that written authorisation is not provided for further follow-up.

ATTACHMENT 2 Authorisation Form

Authorisation form

To be used as a follow-up to a verbal/email/fax authorisation when the parent/guardian or authorised nominee is next at the service

I _____ authorised by telephone/email/fax (please circle)

for my child/ren (write name/s) _____ to
be

collected from DNМК on (date) _____ by:

Name: _____

Address: _____

Telephone number: _____

Relationship to child: _____

- This was a one-off occasion and this person is **not** to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis.
- This is an ongoing arrangement and this person is to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis. Please select the following as appropriate:
 - Authorised to Collect (Authorised Nominee) (Reg.160(3)(b)(iii))
 - Notification in the event of an Emergency (Reg.160(3)(b)(ii))
 - Authorised to Consent to Medical Treatment (Reg.160(3)(b)(iv))
 - Authorised for the administration of medication (Reg.160(3)(b)(iv))
 - Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iii))

Signed: _____ (Parent/guardian or authorised nominee)

Date: _____

This form will be attached to the child's enrolment form.

Authorisation form

To be used where the parent/guardian or authorised nominee is able to provide prior written authorisation

I _____ authorise

Name: _____

Address: _____

Telephone number: _____

Relationship to child: _____

to collect my child/ren (write name/s) _____

from DNMK on (date) _____.

- This will be a one-off occasion and this person is **not** to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis.
- This will be an ongoing arrangement and this person is to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis. Please select the following as appropriate:
 - Authorised to Collect (Authorised Nominee) (Reg.160(3)(b)(iii))
 - Notification in the event of an Emergency (Reg.160(3)(b)(ii))
 - Authorised to Consent to Medical Treatment (Reg.160(3)(b)(iv))
 - Authorised for the administration of medication (Reg.160(3)(b)(iv))
 - Authorised to authorise an Educator to take the child outside of the premises (Reg.160(3)(b)(iii))

Signed: _____ (Parent/guardian or authorised nominee)

Date: _____

This form will be attached to the child's enrolment form.

ATTACHMENT 3

Procedures to ensure the safe collection of children

Early childhood professionals have a duty of care not to endanger children at DNMK by knowingly placing them in a situation that could reasonably be expected to be dangerous, including releasing a child into the care of an inappropriate person (refer to *Definitions*).

Where an educator believes that the parents/guardians or authorised nominee may be ill, affected by alcohol or drugs, or not able to safely care for the child, the following procedures must be followed.

- Consult with the Nominated Supervisor or the Approved Provider, if possible.
- Advise the person collecting the child of their concerns and suggest contacting an alternative authorised nominee to collect the child.
- If the Nominated Supervisor or the Approved Provider fears for the safety of the child, themselves or other DNMK staff at any time, contact the police immediately.
- Complete the *Incident, Injury, Trauma and Illness Record* and file with the child's enrolment form.
- Inform the Approved Provider as soon as is practicable, and at least within 24 hours of the incident.
- Inform the Regulatory Authority (DEECD) within 24 hours of a serious incident occurring (refer to *Definitions*).

ATTACHMENT 4

Procedures for the late collection of children

Scenario 1: DNMK has been notified of the late collection

Where a parent/guardian or authorised nominee **has** notified DNMK that they will be late collecting their child, the Nominated Supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at DNMK
- contacting parents/guardians or the authorised nominee if the child has not been collected by the agreed time, and informing the Approved Provider of the situation
- following the steps listed in scenario 3 (below) if parents/guardians or the authorised nominee do not arrive to collect the child and cannot be contacted.

Scenario 2: DNMK has *not* been notified of the late collection

Where a parent/guardian or authorised nominee is late collecting their child and **has *not*** notified DNMK that they will be late, the Nominated Supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at DNMK
- contacting parents/guardians or the authorised nominee to request collection
- informing the Approved Provider of the situation
- following the steps listed in scenario 3 (below) if the parents/guardians or authorised nominee cannot be contacted.

Scenario 3: The child has not been collected and a parent/guardian/authorised nominee is unable to be contacted

Where the parent/guardian or authorised nominee is late collecting their child and is **unable to be contacted**, the Nominated Supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at DNMK
- contacting Child FIRST or the local police if a child has not been collected within a set time period (to be determined by DNMK)
- notifying DEECD as soon as is practicable
- informing the Approved Provider of the situation.

Late collection fee

A late collection fee may be charged in accordance with the *Fees Policy* of DNMK in all of the above scenarios.