

SHARE Before, After and Vacation Care Risk assessment Sleep and Rest

Date Created: 23/2/2024	Next Review: 23/2/2025	Task Title: Children in sick Bay	Considerations: Children in sick <ul style="list-style-type: none"> Education and Care Services National Regulations 84A, 84B, 84C, 84D National Quality Standard, Elements 2.1.1, 2.1.2, 2.2.1
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Consequence: 1= Catastrophic. 2= Major. 3 = Moderate. 4= Minor. 5= Insignificant. **Likelihood:** A = Very high. B= High. C= Medium. D= Low. E=Very low.

Risks: 1 & = High Risk. 3 & 4 = Medium. 5 & 6 = Low Risk.

Job Step/Task	Hazard	Initial Risk			Recommended Controls Steps to be taken and procedures to be in place to lower risk	Final Risk			Who	When
		C	L	R		C	L	R		
Resting and sleeping positions										
Rest with face uncovered	Children could suffocate if face is covered	3	C	3	Children to rest on sick bay bed with 1 or 2 pillows, toys to be removed as they may roll over on to them. Clothing to be checked for hazards.	4	D	5-6	Whomever is assigned to the task	Every 15 mins and fill in sick bay log
Contact of parents and carers										
Contacting parent or carer	Non collection of children could result in child not receiving the medical attention required	2	B	2	Parent/carers of children with temperature or injuries are to be contacted immediately either by phone or text to come and collect child immediately.	3	D	5-6	Whomever is assigned to the task	Every 15 mins and fill in sick bay log
Supervision and management of child resting or sleeping: Child has no symptoms of illness or trauma.										
Supervising children resting or sleeping – no symptoms	Child can develop symptoms	3	C	5	If child is well, has no temp, or injuries and just resting because they are tired child may remain in sick bay if monitored at regular intervals. Contact parent if child is sleeping.	4	D	6	Whomever is assigned to the task	Every 15 mins and fill in sick by log
Supervision and management of unwell child resting or sleeping: Child has symptoms, or trauma, higher supervision will be required.										
Supervision of unwell child waiting to be collected by parent/carers.	Child can vomit, have seizures, choke, temp rises	2	B	3	If child has a high temp, minor head injury, or other injury that requires collected by carer or parent then that child is to be monitored every 5 minutes or more if necessary. Sick bay log to be filled out noting the time the child was checked on and by whom. If child unable to be monitored in sick bay, child can be moved to office for continuous supervision	3	C	5-6	Whomever is assigned to the task	5 mins intervals depending on age of child and symptoms.
Bed and Bedding										
Materials and equipment	Bed in unsafe conditions	4	D	6	Bed to be checked on a regular basis to ensure that there are no sharp edges, mattress is in good condition – not mouldy and that both bed and mattress can support a resting child.	5	E	6	Whomever is assigned to the task	Once a term

Sheets & Blankets	Rips and tears.	4	D	6	Sheets and blankets to be inspected to ensure that there are no tears or rips that could cause a child to become tangled up and either and choke	5	E	6	Whomever is assigned to the task	Every time they are used.
Hygiene	Cross contamination	4	D	6	Bedding to be changed on a regular basis, more if child has vomited, bled, or has a high fever.	5	E	6	Whomever is assigned to the task	Daily/weekly.
Sick Bay Environment										
Environment is conducive to a resting or sleeping child	Room not ventilated, noisy, hard lighting. No choking hazards	4	D	6	Room has no blinds therefore no possibility of a child becoming tangled in cords. Room has good air flow and air conditioning. Light is on a sensor and goes on with movement.	5	E	6	Whomever is assigned to the task	Every time a child is in sick bay.
Clothing										
Childs clothing	Clothing tight, restrictive, cords on hoodie	4	D	6	Child clothing to be checked prior to allowing child to rest on sick bay bed. Cords on hoodies need to be arranged so they cannot restrict a child's breathing.	5	E	6	Whomever is assigned to the task	Every time a child rests or is unwell in sick bay

Management Of Risks: A duty imposed requires the person to eliminate **risks, so far as reasonably practicable**. If it is not reasonable to eliminate, then it is required to **minimise** those risks so far as is reasonably practicable. The ways of minimising/controlling risks are ranked from the highest level of protection and reliability to the lowest as shown in Figure 2. This ranking is known as the hierarchy of risk control. The WHS Regulation require duty holders to work through this hierarchy when managing risk.

Consequence	Description
1. Catastrophic	Multiple deaths or widespread disease
2. Major	Singular death or severe injury
3. Moderate	Lost time injury
4. Minor	Medical treatment
5. Insignificant	First aid treatment

Likelihood	Description
A. Very High	Likely to occur several times a year
B. High	Likely to occur once a year
C. Medium	Likely to occur once in 5 years
D. Low	Likely to occur once in 10 years
E. Very Low	Likely to occur once in 25 years

Risk Matrix		Consequence				
		1	2	3	4	5
Likelihood	A	1	1	2	3	4
	B	1	2	3	4	5
	C	2	3	4	5	5
	D	3	4	5	5	6
	E	4	5	5	6	6

1 & 2	High Risk	Immediately (within 1-2 weeks)
3 & 4	Medium Risk	Immediately (within 3-4 weeks)
5 & 6	Low Risk	Within 5-6 weeks

