

## EDUCATOR INCIDENT - RISK ASSESSMENT AND MANAGEMENT

KATH DICKSON FAMILY DAY CARE

EAST COST & METROPOLITAN SERVICES | 1300 336 345

| Educator name:  |                         |               |                  |                  |                         |
|---|-------------------------|---------------|------------------|------------------|-------------------------|
| Signature   |                         |               |                  |                  |                         |
| Date of analysis:   |                         |               |                  |                  |                         |
| Date of Review:   |                         |               |                  |                  |                         |
| Address:  |                         |               |                  |                  |                         |
| EMERGENCY BACKUP  | PERSON DETAILS          |               |                  |                  |                         |
| Name:   |                         |               |                  |                  |                         |
| contact number:   |                         |               |                  |                  |                         |
| Address:  |                         |               |                  |                  |                         |
|   |                         |               |                  |                  |                         |
| BlueCard Number:  |                         |               |                  |                  |                         |
| BlueCard Expiry:  |                         |               |                  |                  |                         |
| RISK RATING MATRIX  |                         |               |                  |                  |                         |
| THIS KITO THING WITH THE  |                         | CONSEQUE      | NCE              |                  |                         |
| ALMOST CERTAIN  | INSIGNIFICANT  Moderate | MINOR<br>High | MODERATE<br>High | MAJOR<br>Extreme | CATASTROPHIC<br>Extreme |
| LIKELY  | Moderate                | Moderate      | High             | Extreme          | Extreme                 |
| POSSIBLE  | Low                     | Moderate      | High             | High             | Extreme                 |
| UNLIKELY<br>RARE  | Low                     | Low           | Moderate<br>Low  | High<br>Moderate | High<br>High            |
| HAZARD IDENTIFICATION AND RISK RATING  A hazard is defined as anything that has potential to cause harm, injury, ill health etc. in some way.  A risk is defined as the actual chance that the hazard will cause harm.  Use the risk rating matrix overleaf to assess the risk's severity by finding the intersection of consequence and likelihood.  Supervision  Rating:  |                         |               |                  |                  |                         |
| Visitors to the home  |                         |               | Rating:          |                  |                         |
| Communication with families and the service   |                         |               | Rating:          |                  |                         |
| Behaviour of children   |                         |               | Rating:          |                  |                         |
| Educator needing to leave the premises  |                         |               | Rating:          |                  |                         |
| RISK CONTROL MEAS   | SURES                   |               |                  |                  |                         |
| Identify which control measures you will apply to alleviate the relevant risks  ☐ SUPERVISION   |                         |               |                  |                  |                         |
| □ Discussion with children about staying within sight of the Educator or Emergency Backup person at all times □ Educators are to be responsible for the children at all times and, no other adults are to be left alone with children unless this is the emergency backup person and authorization has been given by the Coordination unit □ Visitor log to be completed for all visitors on every visit □ VISITORS TO THE HOME |                         |               |                  |                  |                         |

|            | Discussing Stranger Danger with children   |
|------------|--|
|            | Other adults attending the FDC environment are not to be left alone with children unless this is the emergency backup person |
|            | and the backup person has been given authorisation from the Coordination unit  |
|            | Visitor logs are to be completed for all visitors on every visit   |
|            | COMMUNICATION WITH FAMILIES AND THE SERVICE  |
|            | Ensure access to a working telephone at all times while providing care   |
|            | access to a battery pack for phones in case of a blackout  |
|            | emergency contact details are up to date and easily accessible for all children  |
|            | Parents have identified preferred contact details/method   |
|            | The coordination unit is called as soon as possible in the event of an incident  |
|            | BEHAVIOUR OF CHILDREN  |
|            | Children to follow directions given by the Educator <b>a</b> t all times   |
|            | Regular discussion with children about behaviour expectations  |
|            | Consistent behaviour guidance strategies used  |
|            | EDUCATOR NEEDING TO LEAVE THE SERVICE  |
|            | Educate children to call 000 in an emergency   |
|            | Educator to contact the service as soon as possible to advise of incident  |
|            | Educator to have check-in protocol with colleague/family member/coordinator  |
|            | Educator to nominate an emergency backup person  |
|            | Emergency contact list is update and easily accessible   |
|            | OTHER CONTROL MEASURES SPECIFIC TO HAZARD  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            |  |
|            | T ACKNOWLEDGEMENT  |
|            | rgency situation arises while your child is in the care of their educator, and the educator is unable to continue providing  |
|            | will be contacted immediately  |
|            | ent that the primary educator is unable to continue caring for your child due to the emergency, I understand and authorize   |
| that the " | Emergency Backup person" listed above will take responsibility for your child.   |
| Parent Na  | ame:   |
| Contact r  | number   |
| Child/ren  | name:  |
| Parent Sig | gnature:   |
|            |  |
| Date:      |  |
|            |  |