
ARANDA AFTERS ASSOCIATION INCORPORATED



INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

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1 REFERENCES

NATIONAL QUALITY STANDARDS

2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
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NATIONAL REGULATIONS

12	Meaning of serious incident.
85	Incident, injury, trauma and illness policies and procedures.
86	Notification to parents of incident, injury, trauma and illness.
87	Incident, injury, trauma and illness record.
88	Infectious diseases.
89	First aid kits.
97	Emergency and evacuation procedures.
161	Authorisations to be kept in enrolment record.
162	Health information to be kept in enrolment record.
168	Education and care service must have policies and procedures.
174	Prescribed information to be notified to Regulatory Authority.
176	Time to notify certain information to Regulatory Authority.

2 AIM

Aranda Afters Association Incorporated [Aranda Afters] aims to ensure that the service and all educators can effectively respond to and manage accidents, illness and emergencies which occur at the service to ensure the safety and wellbeing of children, educators and visitors.

3 IMPLEMENTATION

This policy and related policies and procedures at the service will be followed by the Director, nominated supervisors, educators and volunteers at the service in the event that a child:

- Is injured.
- Becomes ill.
- Suffers a trauma.
- Suffers a long term medical condition.

The approved provider of the service will ensure that a parent of a child is notified as soon as practicably possible and without undue delay. Parents/carers will be notified no later than 24 hours of the injury, illness or trauma. An Incident, Injury, Trauma and Illness Record will be completed without delay.

First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

We will ensure first aid, anaphylaxis management training and asthma management training is current and updated at least every three (3) years, and that all components of the first aid certificate are current if some require an earlier revision.

We will display a list of the first aid trained educators and their contact details to assist in the identification process.

First aid qualified educators will be present at all times on the roster and in the service. They will never exceed their qualifications and competence when administering first aid.

During induction training for new educators and staff we will:

- Advise which educators have first aid qualifications, and asthma and anaphylaxis management training and the location of the first aid kit.
- Obtain information about any first aid needs the educator may have that could require specific treatment in a medical emergency. This information will only be provided to first aid qualified educators with the employee's consent.

We will review our first aid response plan, the location of the first aid kit and who our first aid trained educators are at least annually. Changes will be communicated, when they occur, during staff meetings or through newsletters, emails or memos to relevant stake-holders.

4 ADMINISTRATION OF FIRST AID

If there is an accident, illness or injury requiring first aid, the following response procedure will be implemented:

- Educator or staff member notifies the Director, or delegate, and a first aid qualified educator of the incident, illness or injury.
- The Director, or delegate, or the first aid qualified educator reviews child's medical information including any medical information disclosed on the child's enrolment form, medical management plan or medical risk minimisation plan before the first aid qualified educator attends to the injured or ill child or adult.
- If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult.
- The Director, or delegate, and educators supervise and care for children in the vicinity of the incident, illness or injury.
- If required, first aid qualified educator or nominated supervisor notifies and co-ordinates ambulance access.
- If required, the first aid qualified educator or nominated supervisor notifies parent/carer or authorised nominee that child requires medical attention from a medical practitioner.

- If required, the first aid qualified educator or nominated supervisor contacts parent/carer or authorised nominee to collect child from service.
- The Director, or delegate ensures the Incident, Injury, Trauma and Illness Record is completed in full and without delay and parent or authorised nominee is notified as soon as possible and within 24 hours of the injury, illness or trauma.

5 FIRST AID KIT GUIDELINES

5.1 Any First Aid kit at the service must:

- Not be locked.
- Not contain paracetamol.
- Be maintained in proper condition and the contents replenished as necessary.
- Be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service.
- Be in a place that takes an employee no longer than two minutes to reach, including time required to access secure areas.
- Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents.
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
- Contain a list of the contents of the kit.
- Be checked regularly, using the First Aid Kit Checklist, to ensure the contents are as listed and have not deteriorated or expired.
- Have a white cross on a green background with the words “First Aid” prominently displayed on the outside.
- Be easy to access and if applicable, located where there is a risk of injury occurring.
- Display emergency telephone numbers, the phone number and location of the nearest first aid trained educators (including appropriate information for those employees who have mobile workplaces).
- Display a photograph of the first aid trained educators along with contact details to assist in the identification process.

5.2 Consideration should be given to preventative measures such as sunscreen protection and portable water if working outdoors.

5.3 First Aid kits must be taken on excursions and be attended by First Aid qualified educators.

5.4 Delegated responsibilities:

- Our First Aid delegated individual responsible for maintaining all First Aid kits at the service is the Director.
- Our back-up First Aid delegated individual responsible for maintaining all First Aid kits when the person listed above is away is the Assistant Director.

These individuals are responsible for using the First Aid Checklist and ensuring each kit has the required quantities, items are within their expiry dates and sterile products are sealed.

This will occur at the beginning of each school term and commencement of the school vacation care program.

They will also consider whether the first aid kits and modules suit the service's hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the nominated supervisor.

Number of First Aid Kits Responsible For In the Service:	3
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- 7.1 We will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

6 FIRST AID KIT CHECKLIST

Our Service will use the following Checklist which is taken from the ACT First Aid in the Workplace Code of Practice.

http://www.legislation.act.gov.au/Updates/OHSCodes/94-31%20first_aid_code_of_practice.pdf

We will determine whether we need additional items to those in the checklist, or whether some items are unnecessary, after considering the number of children at our Service and what injuries children or adults may incur.

We will check our incident, injury, trauma and illness records to help us make an informed decision about what to include. Educators may wish to provide additional items or modules, for example burns modules and eye wound modules.

We will also include appropriate resources to deal with a child at risk of anaphylaxis and other medical conditions.

ACT First Aid in the Workplace Code of Practice

Basic First Aid Kits Contents List	Quantity
Adhesive plastic dressing strips, sterile, packets of 50	1
Adhesive dressing tape 2.5cm x 5m	1
Bags, plastic (for amputated parts) - small 150mm x 100mm	1
Bags, plastic (for amputated parts) - medium 200mm x 150mm	1
Bags, plastic (for amputated parts) - large 400mm x 200mm	1
Dressing, non-adherent, sterile 7.5cm x 7.5 cm	2
Eye pads, sterile	3
Gauze bandages 100mm	2
Gauze bandages 50mm	2

Gloves, disposable single	6
Rescue Blanket	1
Safety pins, packet	1
Scissors, blunt, short nosed, minimum length 12.5cm	1
Splinter forceps, stainless steel	1
Sterile eyewash solution, 10ml single use ampoule	6
Swabs, packet of 10, prepacked, antiseptic	2
Kidney dish	1
Triangular bandages	6
Wound dressing No 14	2
Wound dressing No 13	2
Antiseptic 250ml – Savlon or equivalent	1
Disinfectant 250ml -Betadine, Iodine or equivalent	1
Guidance note from The Australian Red Cross Society or St John Ambulance Australia on DRABC (Danger Response Airway; Breathing; Circulation).	1
Guidance note from The Australian Red Cross Society or St John Ambulance Australia on RICE management for bruises.	1
St John Ambulance Australia book First Aid Volume 1 or The Australian Red Cross Society First Aid Manual	1

Our service will use the following Incident, Injury, Trauma and Illness Record

7 NOTIFICATION OF SERIOUS INCIDENTS AND COMPLAINTS

The Director, or delegate, will notify the regulatory authority within 24 hours of any serious incident at our service.

This includes any serious injury or trauma to, or illness of a child which a reasonable person would consider required urgent medical attention from a medical practitioner or for which the child attended, or ought reasonably to have attended, a hospital.

7.1 Serious injuries, traumas and illnesses include:

▪ Head injuries	▪ Epileptic seizures
▪ Broken limbs	▪ Bronchiolitis
▪ Burns	▪ Whooping cough
▪ Anaphylactic reaction requiring urgent medical attention	▪ Measles
▪ Meningococcal infection	▪ Diarrhoea requiring urgent medical attention

<ul style="list-style-type: none"> ▪ Witnessing violence or a frightening event 	<ul style="list-style-type: none"> ▪ Asthma requiring urgent medical attention
<ul style="list-style-type: none"> ▪ Removal of fingers 	<ul style="list-style-type: none"> ▪ Sexual assault

7.2 A serious incident also includes:

- The death of a child at the service or following an incident at the Service
- An incident at the service where the emergency services attended or ought reasonably to have attended
- A child is missing
- A child has been taken from the service without the authorisations required under the regulations
- A child is mistakenly locked in or out of the service.

7.3 If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

We will notify the regulator using form [SI01 Notification of Serious Incident](#)

The Director, or delegate, will also notify the regulatory authority, as required, in writing using form [NL01 Notification of Complaints, Incidents and Additional Children in an Emergency](#), within:

- 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service; or
- Seven (7) days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child.
- 24 hours of the attendance of any children being educated and care for in an emergency. This includes where the child needs protection under a child protection order or the parent of the child needs urgent health care. The emergency care can be for no more than two consecutive days the service operates.

7.4 We will advise the regulatory authority what the emergency is and make a statement that the Approved Provider has taken into account the safety, health and wellbeing of all the children attending the service before deciding to accept the additional child/children.

8 WORK HEALTH AND SAFETY (WHS) REQUIREMENTS

8.1 Serious injury or illness is a “notifiable incident” under the work, health and safety legislation. Serious injury or illness means a person requires:

- Immediate treatment as an in-patient in a hospital, or
- Immediate treatment for:
 - the amputation of any part of the body
 - a serious head injury
 - a serious eye injury
 - a serious burn

- the separation of skin from an underlying tissue (such as de-gloving or scalping)
 - a spinal injury
 - the loss of a bodily function
 - serious lacerations; or
 - Medical treatment within 48 hours of exposure to a substance.
- 8.2 A serious illness includes any infection to which the carrying out of work is a significant contributing factor, for example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.
- 8.3 A dangerous incident is also notifiable under the legislation. Dangerous incidents include:
- An uncontrolled escape, spillage or leakage of a substance.
 - An uncontrolled implosion, explosion or fire.
 - An uncontrolled escape of gas or steam.
 - An uncontrolled escape of a pressurised substance.
 - Electric shock.
 - The fall or release from a height of any plant, substance or thing.
 - The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations.
 - The collapse or partial collapse of a structure.
 - The collapse or failure of an excavation or of any shoring supporting an excavation.
 - The inrush of water, mud or gas in workings, in an underground excavation or tunnel.
- 8.4 The approved provider or nominated supervisor must notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident.
- 8.5 Records of the incident must be kept for at least 5 years from the date that the incident is notified. The approved provider/nominated supervisor must ensure the site where the death occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

9 SOURCES

- Education and Care Services National Regulations 2011
- National Quality Standard
- Code of Practice: First Aid in the Workplace “Safe Work Australia”
- Work Health and Safety Act 2011
- Work Health & Safety Regulation 2011
- First Aid in the Workplace Code of Practice ACT WorkCover
- Safe Work Australia Legislative Fact Sheets First Aiders