

1 National Quality Standards

Element	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
	3.1.1	Fit for purpose - Outdoor and indoor spaces, buildings, fixtures, and fittings are suitable for their purpose, including supporting the access of every child
	4.1.1	Organisation of educators - The organisation of educators across the service supports children's learning and development
	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

2 National Law

Section	165	Offence to inadequately supervise children
	167	Offence relating to protection of children from harm and hazards
	174	Offence to fail to notify certain information to Regulatory Authority

3 National Regulations

Regs	12	Meaning of serious incident
	77	Health, hygiene, and safe food practices
	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
	95	Procedure for administration of medication
	97	Emergency and evacuation procedures
	103	Premises, furniture, and equipment to be safe, clean and in good repair
	104	Fencing
	117	Glass
136	First aid qualifications	

	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
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies and procedures
	175	Prescribed information to be notified to Regulatory Authority
	176	Time to notify certain information to Regulatory Authority
	183	Storage of records and other documents

4 Aim

To provide guidance on the prevention and management of incidents, injuries, illnesses, and traumas involving children in our care, including first aid, reporting obligations, communication and record keeping.

5 Intersection with other Policies

Acceptance and Refusal of Authorisations Policy
 Administration of Authorised Medication Policy
 Child Safe Policy
 Child Protection Policy and Procedures
 Death of a Child Policy
 Emergency Service Contact Policy
 Emergency Management and Evacuation Policy
 Enrolment Policy
 Excursion Policy
 Grievance Policy
 Infectious Diseases Policy
 Medical Conditions Policy
 Physical Environment (WHS, Learning and Administration) Policy
 Record Keeping and Retention Policy
 Safe Arrival of Children Policy and Procedure
 Transport Policy

6 Definitions

“Approved anaphylaxis management training” - anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: [National Regulations \(Regulation 136\)](#)

“Approved emergency asthma management training” - emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: [National Regulations \(Regulation 136\)](#)

“Approved first aid qualification” - a qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of

approved first aid qualifications and training on the ACECQA website. Source: [National Regulations \(Regulation 136\)](#)

“Authorised nominee” - a person who has been given permission by a parent or family member to collect the child from the service. Source: [National Law \(Section 170\)](#)

“Complaint” - expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required. Source: [ANZ Standard Guidelines for complaint management in organisations – AS/NZS 10002:2014](#)

“Emergency” - an incident, situation, or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response). Source: [ACECQA Guide to the NQF](#)

“Emergency Services” - includes ambulance, fire brigade, police, and state emergency services. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“First aid” - the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website. Source: [SafeWork Australia + National Regulations \(Regulation 136\)](#)

“Harm” - Physical or mental injury; hurt. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Hazard” - a danger or risk, even though often foreseeable. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Injury” - any physical damage to the body caused by violence or an incident. Source: [ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness](#)

“Medical attention” - includes a visit to a registered medical practitioner or attendance at a hospital. Source: [ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness](#)

“Medical emergency” - An injury or illness that is acute and poses an immediate risk to a person’s life or long-term health. [ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness](#)

“Medical management plan (MMP)” - a document that has been written and signed by a doctor. MMP includes the child’s name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition. Source: [National Regulations \(Regulation 90\)](#)

“Medication” - medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over the counter, and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website. Source: [National Regulations \(Definitions\)](#)

“Minor incident” - an incident that results in an injury that is small and does not require medical attention. Source: [ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness](#)

“Notifiable incident” - under education and care services laws: any incidents that seriously compromise the safety, health, or wellbeing of children. Source: [National Law \(section 174\) + National Regulations \(Regulation 86\)](#)

“Parent” - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, ‘parent’ does not include a parent who is prohibited from having contact with the child. Source: [National Law \(Definitions\)](#)

“Risk” - Exposure to the chance of injury or loss; a hazard or dangerous chance. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Risk assessment” - assessing the risk means working out how likely it is that a hazard will harm someone and how serious the harm could be. Source: [ACECQA Risk assessment template: Excursions](#)

“Serious incident” - for the purposes of the definition of serious incident in section 5(1) of the Law each of the following is prescribed as a serious incident:

- (a) the death of a child—
 - (i) while that child is being educated and cared for by an education and care service; or
 - (ii) following an incident occurring while that child was being educated and cared for by an education and care service;
- (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service—
 - (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - (ii) for which the child attended, or ought reasonably to have attended, a hospital;

Example: A broken limb. This does not include treatment at a hospital for non-serious injury, illness or trauma in cases where a General Practitioner consults from a hospital – e.g., in rural and remote areas

- (c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital;

Example: Severe asthma attack, seizure, or anaphylaxis reaction. It does not include incidents where emergency services attended as a precaution

- (d) any emergency for which emergency services attended;
- (e) any circumstance where a child being educated and cared for by an education and care service—
 - (i) appears to be missing or cannot be accounted for; or
 - (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or
 - (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

“Serious injury, illness or trauma” includes:

- amputation
- anaphylactic reaction requiring urgent
- asthma requiring urgent hospitalisation
- Broken bone/fractures
- bronchiolitis
- burns
- epileptic seizures
- head injuries
- measles
- meningococcal infection
- sexual assault
- witnessing violence or a frightening event

- diarrhoea requiring urgent hospitalisation

“Trauma” - is when a child feels intensely threatened by an event he or she is involved in or witnesses.

Source: The National Child Traumatic Stress Network. Physical trauma is defined as a body wound produced by sudden physical injury from impact, violence, or accident. Source: Western Australian Department of Health

7 Implementation

The safety, health and well-being of children is a shared responsibility and the number one priority of all staff, students, and volunteers at our service. Without the right systems in place, there is a greater risk of children suffering from incidents, injuries, traumas, or illnesses.

Thorough risk assessments, defined roles and responsibilities for staff, students, volunteers and families, clear procedures and plans, training, and clear communication are the measures we have in place to protect children while they are in our care. Specifically:

- We conduct regular risk assessments in line with our obligations under the *National Regulations*.
- Our staff (and, where relevant, volunteers and students) are trained to deal with incidents, injuries, trauma, and illness. Our training is relevant and current, in line with the *National Regulations* requirements
- We have defined the responsibilities of everyone who has a role in ensuring the welfare of children
- Our policies and procedures are understood and followed by staff, volunteers, students, and families. This means that we have systems in place for clear communication, and strict rules for managing incidents, injuries, traumas and illnesses, including for administering medication and reporting illnesses, health conditions and infectious diseases
- We have processes for keeping the right records and for notifying parents immediately if their child has been involved in an incident, or has an injury, trauma, or illness. Likewise, we have systems in place for notifying the regulatory authority when we need to
- We follow our *Record Keeping and Retention Policy* and store all incident, injury, trauma and illness records confidentially for until the child is 25 years old or, in the case of records related to child abuse, for at least 45 years
- A record of all risk assessments conducted are kept and our policies and procedures are readily accessible and available for inspection
- Our service collaborates with families and staff when we are making decisions about how to keep children safe while they are in our care.

8 Risk Assessments

Our risk assessments are conducted for our physical and online environment and for a range of different activities our children engage in, such as sleeping and resting, transportation, and excursions.

We also conduct risk assessments for emergency management and evacuation procedures, and for both our normal program of activity and special/high risk activities.

If there is an incident, injury, trauma or illness, or if there is a complaint, disclosure or suspicion that a child has been harmed, abused or neglected in our care, we conduct a risk assessment as part of our review process.

9 Procedure for managing an incident, injury, trauma or illness

The Procedure for managing an incident, injury, trauma, or illness is in **Appendix A**. It will be followed by staff, volunteers, and students at our service in the event a child is injured, becomes ill, suffers a trauma; or is involved in an incident at the service.

10. First Aid

- Administration of First Aid Procedure is at **Appendix B**
- First Aid Kit Guidelines are at **Appendix C**
- First Aid Checklist is at **Appendix D**

First aid qualifications and training

Each of the following persons are in attendance at any place where we are caring for children and immediately available in an emergency at all times we are caring for children in our service:

- at least one educator, one staff member or one nominated supervisor who holds a current **approved first aid qualification**
- at least one educator, one staff member or one nominated supervisor who has undertaken current **approved anaphylaxis training**
- at least one educator, one staff member or one nominated supervisor who has undertaken current **emergency asthma management training**.

The qualifications are considered current only if they are completed within the previous three years - except for the first aid qualification that relates to emergency life support and cardio-pulmonary resuscitation (CPR), which must have been completed within the previous year ('refresher' training).

Certificates proving qualifications state the date when the person completed the course and the expiry date or validity date of the qualification and are kept on the staff member's record.

The approved provider will use ACECQA's ['qualification checker'](#) to make sure that the qualification is an approved one.

Our service requires all educators and relevant staff receive refresher training in the administration of adrenaline auto-injection devices and cardio-pulmonary resuscitation every 12 months, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the nominated supervisor will ensure first aid trained educators receive regular training in the use of relevant devices e.g., insulin injection device (syringes, pens, pumps) used by children.

Sharing information about first aid

We will display photos of all educators and staff, together with their qualifications, in a prominent position where they can be easily viewed by families and team members. We will also display appropriate first aid signage (e.g., CPR posters) in prominent locations.

During our induction process for new educators and staff, the nominated supervisor will:

- Advise which (other) educators and staff have first aid qualifications
- The location of the first aid kit(s)
- Obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee's consent or in order to meet our duty of care to the employee.

The nominated supervisor will review the following matters in consultation with employees (e.g., at staff meetings) where appropriate, at least annually and/or when there are staff changes:

- Our first aid procedure
- The location of our first aid kit(s)
- The nature of incidents occurring at the service
- The results of risk assessments we have conducted

10 Authorisation and enrolment records

We are required by law to obtain from the parent, or another person named in the child's enrolment form, authorisations:

- To administer medication (including self-administration is applicable)
- For the approved provider, nominated supervisor or educator to seek:
 - Medical treatment for the child from a registered medical practitioner, hospital, or ambulance service.
 - Transportation of the child by any ambulance service.

The enrolment record also includes details of any specific healthcare needs of the child - such as any medical conditions or allergies, including whether the child has been diagnosed as at risk of anaphylaxis - and any medical management plans in place. For more information, consult our *Record Keeping and Retention Policy*

We also must maintain a medication record which includes information about any medications that a child might need to have administered (see *Administration of Authorised Medication Policy*).

We must also keep any incident, injury, trauma, and illness records we create concerning the child. These must be stored confidentially until the child is 25 years old or, in the case of abuse or harm, for 45 years at least.

11 Information sharing, training, and monitoring

The nominated supervisor will include the *Incident, Injury, Trauma and Illness Policy and Procedures* in staff inductions and ensure staff, volunteers and students receive practical training in relation to the requirements, including how to identify and manage related risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews. As described in the first aid section above, staff are qualified and trained to deal with incidents, injuries, traumas, and illnesses.

At orientation, parents will be provided with the *Incident, Injury, Trauma, and Illness Policy*. Staff and family can access the risk assessments we conduct.



The approved provider and nominated supervisor will monitor staff to ensure they are following our policies and procedures for incidents, injuries, traumas, and illnesses. The nominated supervisor will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and procedures.

We will keep a record of all training and risk assessments, which can be accessed by staff, students, volunteers, and families.

12 Roles and responsibilities

All staff, volunteers, students, and families must understand our *Incident, Injury, Trauma and Illness Policy and Procedures* and their role and responsibilities in keeping children safe and cared for.

Responsibilities	Roles
Ensure our Service meets its obligations under the <i>Education and Care Services National Law and Regulations</i> , including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care.	Approved Provider Nominated Supervisor
Ensure a record of an incident, injury, trauma, or illness is made, including the prescribed information, as soon as possible, and within 24 hours	Approved Provider (ultimate responsibility) Nominated Supervisor Educators and Other Staff
Ensure that a parent of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma, or illness	Approved Provider (ultimate responsibility) Nominated Supervisor
Notify the regulatory authority of serious incident using the NQAITS – SI01 Notification of Serious Incident record	Approved Provider
Notify WorkSafe Victoria on 132 360 as soon as we become aware of incidents resulting in death of a person; a person needing medical treatment within 48 hours of being exposed to a substance; a person needing immediate treatment as an in-patient in a hospital; a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving, scalping), electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment).	Approved Provider
Ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkSafe Victoria	
Ensure that each of the following persons are in attendance at any place where we are caring for children and immediately available in an emergency at all times we are caring for children in our service: <ul style="list-style-type: none"> at least one educator, one staff member or one nominated supervisor who holds a current approved first aid qualification at least one educator, one staff member or one nominated supervisor who has undertaken current approved anaphylaxis training at least one educator, one staff member or one nominated supervisor who has undertaken current emergency asthma management training. Ensure that these qualifications were completed within the previous three years, except for the first aid qualification that relates to emergency life support and cardio-pulmonary resuscitation, which must have been completed within the previous year. Ensure certificates proving qualifications state the date when the person completed the course and the expiry date or validity date of the qualification.	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that our service has policies and procedures in place for incident, injury, trauma and illness that address specific areas set out in <i>the National Regulations - I.e., this Incident, Injury, Trauma and Illness Policy and Procedures</i> needs to be in place.	Approved Provider



<p>Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the <i>Incident, Injury, Trauma and Illness Policy and Procedures</i>, including by:</p> <ul style="list-style-type: none"> • Providing information, training and other resources and support • Providing this <i>Policy and Procedures</i> at induction • Clearly defining and communicating roles and responsibilities for implementing this <i>Policy and Procedures</i> • Communicating changes to routines and policies • Monitoring and auditing of staff practices and addressing non-compliance quickly • Regularly reviewing this <i>Policy and Procedures</i> <p>This <i>Policy and Procedures</i> must also be available for inspection.</p>	Approved Provider
<p>Notify families at least 14 days before changing <i>Incident, Injury, Trauma and Illness Policy and Procedures</i> if the changes will:</p> <ul style="list-style-type: none"> • Affect the fees the charged or the way they are collected; or • Significantly impact the service’s education and care of children; or • Significantly impact the family’s ability to utilise the service. 	Approved Provider
Implement the <i>Incident, Injury, Trauma and Illness Policy and Procedures</i>	Nominated Supervisor
Be aware of and follow the <i>Incident, Injury, Trauma and Illness Policy and Procedures</i>	Educators and Other Staff Families
<p>Ensure that procedures are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the <i>Incident, Injury, Trauma and Illness Policy and Procedures</i>.</p> <p>Report any issues to the appropriate staff member (either approved provider, nominated supervisor, or educators).</p>	Approved Provider Nominated Supervisor Educators and Other Staff Families
Investigate the cause of any incident, injury, trauma and illness and act to remove the cause it appropriate	Approved Provider Nominated Supervisor
<ul style="list-style-type: none"> • Ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our other policies and procedures. The risk assessment must specify how the risks will be managed and minimised. • Ensure additional risk assessments are conducted as soon as practicable after becoming aware of any circumstance that may affect the safety, health, or wellbeing of children. • Keep a record of all risk assessments conducted. • Ensure staff are aware of and can access/use the risk assessment to manage risks. 	Approved Provider (ultimate responsibility) Nominated Supervisor
Be aware of and use the risk assessment to eliminate/minimise risks and ensure the to the safety, health, or well-being of children.	Educators
<p>Only administer medication to children in accordance with our policies, including but not limited to:</p> <ul style="list-style-type: none"> • This <i>Policy and Procedures</i> • <i>Administration of Authorised Medication Policy</i> • <i>Medical Conditions Policy and Procedures</i> 	Nominated Supervisor Educators and Other Staff
Ensure an enrolment record for each child is kept in accordance with regulations, including all the prescribed information (see our <i>Record Keeping and Retention Policy</i>), including an authorisation by a parent or person named in the record for our service to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service and, if required, transportation by an ambulance service	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure our service responds in accordance with regulations, and our policies and procedures, if any incidents occur during travel/excursions/transportation (see <i>Medical Conditions Policy and Procedures, Transport Policy and Procedure, Excursion Policy and Procedure, Safe Arrival of Children Policy and Procedure</i>).	Approved Provider (ultimate responsibility) Nominated Supervisor Educators
Ensure all incident, injury, trauma and illness records are confidentially stored until the child is 25 years old, in accordance with our <i>Record Keeping and Retention Policy</i> . Records relating to child abuse should be stored for at least 45 years	Approved Provider (ultimate responsibility) Nominated Supervisor
Keep abreast of our service’s procedures for incidents, injuries traumas and illnesses	Families



Provide authorisations in the child’s enrolment form for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service	Families
Provide our service with the following written advice in the enrolment form: <ul style="list-style-type: none"> Any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed Up-to-date emergency contact list 	Families
Notify our service: <ul style="list-style-type: none"> Of any infectious disease or illness that has been identified while the child has been absent from the service that may impact the health and well-being of other children or adults at the service Of there has been a change in the condition of the child’s health or of recent accidents or incidents that may impact the child’s care Of any changes to medical management plans Of Changes to emergency contact list When the child is ill and will be absent from the service 	Families
Be contactable and collect the child as soon as possible from the service when notified of an incident, illness, trauma, or injury to the child	Families

13 Sources

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

14 Review

The *Incident, Injury, Trauma and Illness Policy and Procedures* will be reviewed annually and when there are changes that may affect child safety. The review will include checks to ensure the *Policy and Procedures* reflects current legislation, continues to be effective, or whether any changes and additional training are required. The review will be conducted by approved provider, nominated supervisor/s, employees, and families.

Last reviewed: May 2024

Date for next review: May 2025

15 History

Date:	Amendment
Sept 2023	Reviewed
May 2024	Reviewed with no changes

Name of Reviewer: Approved Provider

Signature: AA Neal

Name of Reviewer: Nominated Supervisor

Signature: K Osborn

Appendix A

Procedure for managing an incident, injury, trauma or illness

1. If a child is at an immediate risk of harm or in a life threatening situation, call 000
2. If required: administer first aid according to our *Administering First Aid Procedure* (at **Appendix C**)
3. **Notify parents**
 - As soon as possible, preferably on the same day, and no later than 24 hours of the injury, illness, trauma or incident
 - If children are injured or become ill at the service, educators or staff members will request parents or authorised nominees to collect children within one hour of the request
4. **Create a record**
 - Complete an *Incident, Injury, Trauma and Illness Record* is completed without delay using the Xplor *Incident, Injury, Trauma and Illness Record* template or *Incident, Injury, Trauma and Illness Record* template published by ACECQA
 - Keep the incident, injury, trauma or illness on the child's enrolment and confidentially store until the child is 25 years old, or 45 years if it relates to child abuse.
5. **Notify the regulatory authority** via the online [NQA IT System](#) as follows:
 - Within 24 hours of a serious incident (see *definitions*) occurring (or, if our service only becomes aware that the incident was serious afterwards, notify the regulatory authority within 24 hours of becoming aware that the incident was serious)
 - Within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
 - Within 24 hours of any complaints that the *National Law or Regulations* have been breached
 - Within 7 days of any circumstances arising at the service that pose a risk to the health, safety and wellbeing of a child
 - Within 7 days of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
 - Within 24 hours of any children being educated and cared for in an emergency, including where there is a child protection order or the parent needs urgent health care. Note:
 - Emergency care can be no longer than two consecutive days of operation

- The approved provider or nominated supervisor will consider the safety, health and wellbeing of all children at the service before accepting the additional child/children, and will advise the regulatory authority about the emergency
 - Within 24 hours of any incidents that require the service to close or reduce attendance.
6. **Notify WorkSafe Victoria** on 132 360 as soon as we become aware of incidents resulting in death of a person; a person needing medical treatment within 48 hours of being exposed to a substance; a person needing immediate treatment as an in-patient in a hospital; a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving, scalping), electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment). Ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by [WorkSafe Victoria](#).

Appendix B

Administration of First Aid Procedure

Accidents, injuries, illnesses

If there is an accident, illness or injury requiring first aid, a staff member with a current first aid qualification will:

- Assess any further danger to the child, other children and any adults present and take steps to remove or mitigate the danger
- Respond to the injury, illness or trauma needs of the child or adult in accordance with their current first aid, asthma, and anaphylaxis training, and in accordance with the child's medical management plan and risk minimisation plan, if relevant. first aid qualified Staff members must never exceed their qualifications and competence when administering first aid
- As part of first aid response, the staff member may, if required:
 - call an ambulance (or ask another staff member to call and co-ordinate the ambulance). The nominated supervisor or a familiar educator will accompany the child in the ambulance if parents/authorised nominee are going directly to the hospital
 - Notify a parent/authorised nominee that the child requires medical attention from a medical practitioner
 - Contact a parent/authorised nominee to collect the child from the service if required within 60 minutes
- The nominated supervisor and educators will supervise and care for children in the vicinity of the incident, illness or injury as appropriate
- Notify the nominated supervisor and parents of the incident, illness or injury the same day that it occurs
- Complete an *Incident, Injury, Trauma and Illness Record* (at **Attachment A**) without delay
- Advise nominated supervisor of which first aid products were used during the incident so they can be restocked
- Notify relevant authorities according to our *Procedure for managing an incident, injury, trauma or illness*

Ticks

If a child is bitten by a tick, staff will:

- Monitor the child's breathing and response and call 000 if necessary
- Immediately advise the child's parents/authorised nominee that their child must be collected as soon as possible
- Not attempt to remove the tick as incorrect removal (for example, squeezing the body of the tick) may cause more tick saliva to be injected
- Educators will advise parents/authorised nominee to follow the tick removal guidance from a recognised authority, and to take the child to a medical professional if they're unsure how to properly remove the tick or the child's symptoms worsen.

Appendix C

First Aid Kit Guidelines

The nominated supervisor will:

- Use the checklist in the *VIC First Aid in the Workplace Compliance Code* or *Safe Work Australia First Aid in the Workplace Code of Practice (Appendix D)* as a guide on what to include in our first aid kits, and tailor the contents as necessary to meet our service needs
- Display a well-recognised, first aid sign which complies with *AS 1319:1994 – Safety Signs* for the Occupational Environment to assist in easily locating first aid kits
- Diarise yearly audits of the contents and location of first aid kits
- Audit contents of first aid kits after every use after every use
- Ensure each kit has the required quantities, items are within their expiry dates and sterile products are sealed
- Consider whether the contents suit the injuries that have occurred, based on our incident, injury, trauma, and illness records, or whether we need additional items/resources.

Any First Aid kit at the service must:

- be easily recognised and readily available where children are present at the service and during excursions
- not be locked
- not contain paracetamol (Panadol)
- suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service
- have sufficient first aid resources for the number of employees and children, and the layout of the service
- have appropriate first aid resources for the immediate treatment of injuries at the service (including asthma and anaphylaxis)
- be accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury occurring if relevant
- be provided on each floor of a multi-level workplace
- be provided in each work vehicle
- be taken on excursions
- be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
- preferably be fitted with a carrying handle as well as internal compartments
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- contain a list of contents
- display emergency telephone numbers,
- All staff members are First Aid trained



- be maintained in proper condition and the contents replenished as necessary

Appendix D



First Aid Kit Checklist

Safe Work Australia First Aid in the Workplace Code of Practice

Item	Quantity	QUANTITY AND EXPIRY DATE MET Yes / No
Adhesive plaster strips (19 x 76mm)	50	
Adhesive plaster strips (10 x 40mm)	40	
Knuckle fabric strips (75 x 38mm)	2	
Fingertip fabric strips (58 x 45mm)	2	
Alcohol prep pads (5 x 5cm)	22	
CPR mouth breath mask (29 x 19cm)	1	
Safety Pins (#4)	12	
Emergency blanket (130 x210cm)	1	
Non-adherent pad (75 x 75mm)	3	
Sterile eye pad (6 x 8cm)	2	
Triangular bandages (96 x 96 x136cm)	2	
Antiseptic wipes (12 x 22cm)	4	
Instant cold pack (100g)	1	
First aid tape (1.25 x 4.5m)	1	
Wound dressing (10 x 10cm. 2pcs/pack)	6	
Disposable vinyl gloves (M size)	4	
Conforming bandage (5cm x4.5m)	2	
Conforming bandage (7.5cm x4.5m)	2	
Conforming bandage (10cm x 4.5m)	1	
Plastic tweezer (11cm)	1	
Sterile absorbent cotton (0.5g/pc)	20	
Scissors (11.5cm)	1	
Cotton tipped applicators (7.5cm)	30	
Access to 20 minutes of clean running water	-	
Instant ice pack	1	
Snake Bandage	1	
Vomit bags	6	
Saline	2	
Sanitiser	1	
Epipen Jnr	1	
Ventolin	1	
Disposable spacer	1	
Wipes	1	



Blood spill kit	4	
Adhesive plaster strips (19 x 76mm)	50	
Adhesive plaster strips (10 x 40mm)	40	
Knuckle fabric strips (75 x 38mm)	2	
Fingertip fabric strips (58 x 45mm)	2	
Alcohol prep pads (5 x 5cm)	22	