

Camp Gan Izzy - Incident, Injury, Trauma and Illness Policy

NQS

QA2	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

Regs	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

Aim

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, carers and visitors.

Related Policies

Health and Safety Policy
Emergency Management and Evacuation Policy
Enrolment Policy
Infectious Diseases Policy
Medical Conditions Policy

Implementation

This policy, and related policies and procedures at the service will be followed by nominated supervisors and carers of, and volunteers at, the service in the event that a child -

(a) is injured; or

(b) becomes ill; or

(c) suffers a trauma.

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 will be notified no later than 24 hours after the involvement of their child in the abovementioned experiences. The service will also ensure that an Incident, Injury, Trauma and Illness Record is completed in full and without delay.

We will keep the first aid qualifications of each carer up to date. First aid qualified carers will be present at all times on the roster and in the service.

First aid kits will be readily available where children are present at the service and during excursions. First aid kits must be suitably equipped and easily recognised with regard to the design of the service.

First Aid Kit Guidelines

Any First Aid kit at the service must -

- Not be locked.
- Not contain paracetamol.
- The service will provide First Aid facilities that are adequate for the immediate treatment of injuries that arise at the place of work.
- The service must ensure first aid facilities include a First Aid kit appropriate for the number of employees on each site and work environment.
- Be in a place that takes an employee no longer than two minutes to reach their nearest first aid kit, including time required to access secure areas.
- 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.
- The service will ensure that First Aid kits are maintained in proper condition and the contents are replenished as necessary.
- First Aid kits will be regularly checked using the First Aid Checklist to ensure the contents are as listed and have not deteriorated or expired.
- First aid kits should have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- First Aid kits should be located at points convenient to the work force and where there is a risk of injury occurring.

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- Display emergency telephone numbers, the phone number and location of the nearest first aid trained personnel (including appropriate information for those employees who have mobile workplaces).
- Display a photograph of the appointed first aid trained personnel along with contact details that would assist in the identification process.
- At least one First Aid kit should be provided on each floor of a multi-level workplace.
- Consideration should be given to preventative measures such as sunscreen protection and portable water if working outdoors.
- First Aid kits must be taken on excursions and be attended by First Aid qualified carers.
- Our First Aid delegated individual responsible for maintaining all First Aid kits at the service is:

Name __ Elimelech Levy____ Role _____ Director_____

Number of First Aid Kits Responsible For In the Service _____ 3 _____

This individual is responsible for using the First Aid Checklist and ensuring each Kit has the required quantities at all times.

- Our back-up First Aid delegated individual responsible for maintaining all First Aid kits when the person listed above is away is:

Name _____ Role _____

Number of First Aid Kits Responsible For In the Service

This individual is responsible for using the First Aid Checklist and ensuring each Kit has the required quantities at all times.

First Aid Kit Checklist

Depending on the number of educators at the service, determine which kit is applicable using the table below.


State Regulations			
	Kit A	Kit B	Kit C
NSW	25-100 staff	1-25 staff	1-10 staff
VIC	Medium - Large workplace	Small - Medium workplace	Small workplace
QLD	30 - 100 employees	1 - 30 employees	1 - 10 staff
SA	30 - 100 employees	1 - 30 employees	1 - 10 staff
WA / TAS / NT / ACT	25 - 100 employees	1 - 25 employees	1 - 10 staff

NSW Requirements

Product Name	Kit	Kit	Kit	QUANTITY AND EXPIRY DATE MET Yes / No	
	A	B	C		
Adhesive plastic dressing strips, sterile, packets of 50	2	1	1		
Adhesive dressing tape, 2.5cm 5cm	1	1	-		
Bags, plastic, for amputated parts:	Small	2	1	1	
	Medium	2	1	1	
	Large	2	1	-	
Dressings, non-adherent, sterile 7.5cm	5	2	-		

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Product Name	Kit	Kit	Kit	QUANTITY AND EXPIRY
	A	B	C	DATE MET
				Yes / No
Eye Pads, sterile	5	2	-	
Gauze Bandages: 5cm	3	1	1	
Gauze Bandages: 10cm	3	1	-	
Gloves, disposable, single	10	4	2	
Rescue blanket, silver space	1	1	-	
Safety pins, packets	1	1	1	
Scissors, blunt/short nosed, minimum length 12.5cm	1	1	-	
Splinter forceps	1	1	-	
Sterile eyewash solution, 10ml single use ampoules of sachets	12	6	-	
Swabs, prepacked, antiseptic, packs of 10	1	1	-	
Triangular bandages, minimum 90cm	8	4	1	
Wound dressings, sterile, non-medicated, large	10	3	1	
First-aid pamphlet as approved by WorkCover	1	1	1	

Incident, Injury, Trauma and Illness Record		
Nominated Supervisor's Name:	Date:	
Nominated Supervisor's Signature:		
Parent's Name(s):	Date:	
Parent's Signature(s):		

FORM DECLARATION

By signing this form, I declare that this Record has been completed as soon as practicably possible and no later than 24 hours after any incident, injury, trauma or illness has occurred while the child is being educated and cared for by the service.

Name of Person Completing Form _____
 Signature of Person Completing Form _____
 Time and Date Form Completed _____

PLEASE TRACK ANY ADDITIONAL CHANGES TO THE FORM BY WRITING THE TIME AND DATE NEXT TO ANY AREAS THAT ARE DIFFERENT FROM THE TIME AND DATE LISTED ABOVE. THE SIGNATURE OF THE PARENT AND SIGNATURE OF PERSON MAKING THE CHANGES IS ALSO REQUIRED NEXT TO EACH CHANGE.

Child's full name _____

DOB and Age in Years/Months _____

Time and Date child subjected to Trauma or Incident Occurred or Injury Received

Time and Date of Apparent Onset of Illness

Circumstances leading to the Incident, Injury or Trauma

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Details of any person who witnessed an Incident, Injury, Trauma or Illness

Circumstances and symptoms surrounding any Illness which became apparent

Additional details of any illness which became apparent while the child was at the service

Details of Parent or Authorised Nominee (Emergency Contact Person) informed or attempts made to inform these individuals regarding any Incident, Injury, Trauma or Illness

Full Name of Parent or Authorised Nominee Contacted	Full Name of Person Who Made Contact	Time and Date	Successfully Contacted? Write 'Yes' or 'No'.

Details of any action taken by the service in relation to any accident, injury, trauma or illness
Include the names of any individuals taking action

Details of any medication administered or first aid provided by the service
Include the names of any individuals administering medication or providing first aid

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Time and Date that any Medical Personnel contacted

Name(s) and contact number of any Medical Personnel or Service contacted

Was the child transported by ambulance?

Yes

No

Details of any medication administered or first aid provided by any Medical Personnel or Service

Did the illness/incident require notification of Health Dpt/other recognised authorities?

Yes

No

If Yes, Please provide details of notification:

Does the illness/incident require the child to be excluded from care?

Yes

No

If Yes, please outline the recommended minimum exclusion period: _____

Please note that children requiring an exclusion period will not be allowed to resume their place at the service until a medical certificate is produced stating the child is fit to return.

Were all appropriate and relating policies and procedures followed when dealing with the illness/injury?

Yes

No

Name and details of policies and procedures followed

For Parents

Were you satisfied with our treatment of your child’s Incident, Injury, Trauma and Illness?

Yes No

Are you satisfied that all policies and procedures at the service have been appropriately followed?

Yes No

Is there any additional information or support you need?

If you feel our practices could be improved, please outline any suggestions below/any further comments

Sources

**Education and Care Services National Regulations 2011
National Quality Standard**

Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: 05 – 01 – 2017

Date for next review: 05 – 01 – 2018