



2.23 ACCIDENT, INJURY, TRAUMA AND SUDDEN ILLNESS

Purpose Statement

Windermere's Family Day Care promotes the health and wellbeing of every child enrolled in education and care.

This procedure details practices that promote child health and safety. It also aims to instruct educators in relation to their obligations around the recording and reporting of incidents, accidents, injuries, traumatic events and/or sudden illnesses. This is an important function of all educators as Windermere is legislated to report to its Regulatory Authority when incidents are classified as 'serious'.

Scope

This policy applies to all salaried full time and part time staff (including casuals), educators, contractors, children and families.

Policy Statement

TO RESPOND EFFECTIVELY TO AND MANAGE ACCIDENTS, ILLNESS AND EMERGENCIES WHICH OCCUR AT THE SERVICE TO ENSURE THE SAFETY AND WELLBEING OF CHILDREN, EDUCATORS AND VISITORS.

Procedures

Practice Requirements

1. Educators, with the support of Windermere's Educational Coordinators, are responsible for ensuring that a current approved first aid, anaphylaxis management and asthma management qualification is upheld at all times.
2. Educators are responsible for maintaining a fully equipped first aid kit.
3. Educators must read and understand their obligations outlined in the 'Incident Reporting' procedure.
4. Parents/guardians will be notified of an incident, accident, injury or illness as soon as practicable and without undue delay.
5. The educator who witnessed the incident, accident or injury, will complete an *Incident, Injury, Trauma and Illness* record without delay and submit to the Co-ordination Unit within 24 hrs (for a copy of the *Incident, Injury, Trauma and Illness* record refer to the Educator Resource Portal).
6. The service will report incidents or accidents according to regulatory requirements, within a 24 hour timeframe. Regulatory reporting occurs via an online portal to the Australian Children's Education and Care Quality Authority (ACEQUA). The Nominated Supervisor is responsible for submitting the online report.

Administration of First Aid

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



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1. The educator or staff member will respond to the immediate needs of the people involved (including contacting emergency services if required). Apply the DRSABCD Action Plan (see attached).
NOTE: If a child has a medical management plan, this will inform the immediate response.
2. The Coordination Unit will be immediately informed.
3. Parents/Guardians will be notified as soon as practicable and told if a child requires medical attention from a medical practitioner.
4. If required, a parent/guardian or authorised nominee will be made aware that they need to collect their child from the service.

First Aid Kit Guidelines

First Aid Kits must:

1. Not be locked
2. Not contain paracetamol
3. Be appropriately stocked for the number of children and adequate for the immediate treatment of injuries
4. Be in a place that is inaccessible to children but easily accessible to educators/staff
5. Contain a list of contents
6. Have a white cross on a green background with the word 'First Aid' prominently displayed on the outside
7. Display emergency telephone numbers
8. Be taken on excursions
9. Be maintained in proper condition and the contents replenished as necessary

Relevant Standards/Legislation

- National Quality Framework for Early Childhood Education and Care Services including:
 - Education and Care Services National Law 2011
 - Education and Care Services National Regulations 2011

Related Policies & Links

- *Incident Reporting* procedure
- DRSABCD Chart
- Incident, Injury, Trauma and Illness Record
- *First Aid Requirements* procedure



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*everyone is someone
in our community*

Incident, Injury, Trauma and Illness Record

1. Type/Date/Time of Incident

Injury

Trauma

Illness

Date: / /

Time: am pm (please tick one)

2. Child Details

Child's family name:

Child's given name:

Date of birth: / /

Age

3. Incident Details – Incident, Injury, Trauma (for illness go to section 4)

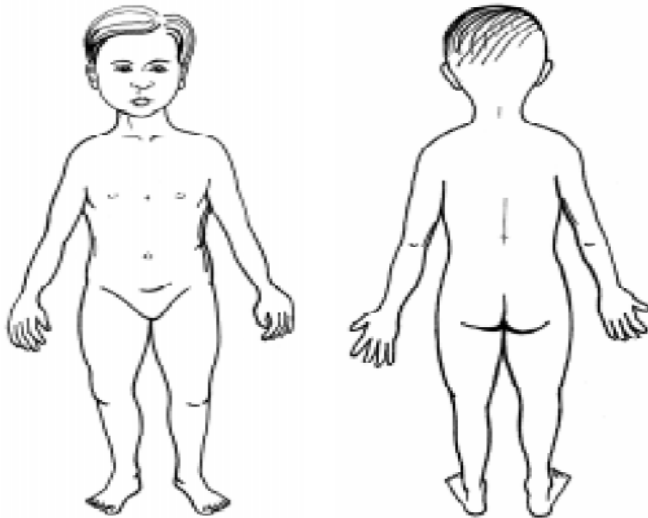
Circumstances leading to the incident/injury/trauma: *(please describe in detail)*

Products or structures involved: *(please describe in detail)*

Location of the incident:

Name of person who witnessed the incident:

Nature of injury sustained:



<input type="checkbox"/> Abrasion, scrape	<input type="checkbox"/> Cut
<input type="checkbox"/> Bite	<input type="checkbox"/> Rash
<input type="checkbox"/> Broken bone/fracture	<input type="checkbox"/> Sprain
<input type="checkbox"/> Bruise	<input type="checkbox"/> Swelling
<input type="checkbox"/> Burn	<input type="checkbox"/> Other
<input type="checkbox"/> Concussion (please specify)

4. Incident Details – Illness

Circumstances surrounding child becoming ill, including apparent symptoms:

5. Action Taken (complete for ALL incidents)

Details of action taken, including first aid and administration of medication:

Medical personnel contacted: Yes No *(please tick one)*

If Yes, provide details (ie type/contact details):

6. Details of person completing this record

Name:

Signature:

Date: / /

Time: am pm (*please tick one*)

7. Notifications (including attempted notifications)

Name of Parent / Guardian notified:

Signature of parent / guardian:

Date notified: / /

Time notified: am pm

Nominated Supervisor notified:

Signature of Nominated supervisor:

Date notified: / /

Time notified: am pm

Manager notified (*if applicable*):

Signature of Manager:

Date notified: / /

Time notified: am pm

Regulatory Authority notified (*if applicable*):

Date notified: / /

Time notified: am pm

8. Additional Notes/Action Required (if applicable)

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

DRSABCD action plan

In an emergency call triple zero (000) for an ambulance



D DANGER

Ensure the area is safe for yourself, others and the patient.

R RESPONSE

Check for response—ask name—squeeze shoulders

No response

- Send for help.

Response

- make comfortable
- check for injuries
- monitor response.



S SEND for help

Call Triple Zero (000) for an ambulance or ask another person to make the call.

A AIRWAY

Open mouth—if foreign material is present:

- place in the recovery position
- clear airway with fingers.

Open airway by tilting head with chin lift.



B BREATHING

Check for breathing—look, listen and feel.

Not normal breathing

- Start CPR.

Normal breathing

- place in recovery position
- monitor breathing
- manage injuries
- treat for shock.



C CPR

Start CPR—30 chest compressions : 2 breaths

Continue CPR until help arrives or patient recovers.



D DEFIBRILLATION

Apply defibrillator if available and follow voice prompts.

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