

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will define the:

- procedures to be followed if a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of staff, parents/guardians and the Approved Provider when a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.

POLICY STATEMENT

1. VALUES

Loddon Mallee Preschool Association (LMPA) is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students on placement and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised person at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of all LMPA services.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at LMPA services, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the national legislation, each service must ensure that an entry is recorded in the *Incident, Injury, Trauma and Illness Record* for the following occurrences:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected

- an illness that becomes apparent.

Details that must be entered in the *Incident, Injury, Trauma and Illness Record* include the following:

- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child, however they can affect everyone in the children's service. In some cases it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- *Education and Care Services National Law Act 2010*: Section 174(2)
- *Education and Care Services National Regulations 2011*: Regulations 77, 85–87, 103, 177, 183
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)
- *Occupational Health and Safety Act 2004* (Vic)
- *Occupational Health and Safety Regulations 2007*
- WorkSafe Victoria Compliance Code: *First aid in the workplace* (2008)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.3: Effective hygiene practices are promoted and implemented
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
- *National Quality Standard*, Quality Area 3: Physical Environment
 - Standard 3.1: The design and location of the premises is appropriate for the operation of a service
 - Element 3.1.2: Premises, furniture and equipment are safe, clean and well maintained
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - Standard 7.3: Administrative systems enable the effective management of a quality service

- Element 7.3.1: Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements
- Element 7.3.2: Administrative systems are established and maintained to ensure effective operation of the service
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. (See attached)

Emergency services: Includes ambulance, fire brigade, police and state emergency services.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website:

www.acecqa.gov.au/qualifications/approved-first-aid-qualifications

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Incident, Injury, Trauma and Illness Record: The Approved Provider must ensure an *Incident, Injury, Trauma and Illness Record* is kept in accordance with Regulation 87 of the *Education and Care Services National Regulations 2011*. **Attachment 2**

A sample is available on the ACECQA website at: <http://www.acecqa.gov.au/sample-forms-and-templates-now-available>

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) action plan for anaphylaxis.

Medical attention: Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical emergency: An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Minor incident: An incident that results in an injury that is small and does not require medical attention.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to

WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au

Serious incident:

For the purposes of section 174(5) of the Law, the following are prescribed as serious incidents-

(a) the death of a child-

(i) while being educated and cared for by an education and care service; or

(ii) following an incident while being educated and cared for by an education and care service;

(b) any incident involving serious injury or trauma to, or illness of, a child while 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

Examples: Whooping cough, broken limb, anaphylaxis reaction.

(ii) for which the child attended, or ought reasonably to have attended, a hospital;

(c) any incident where the attendance of emergency services at the education and care service premises was sought, or ought reasonably to have been sought;

(d) 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.

A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website, see attachment) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

5. SOURCES AND RELATED POLICIES

Sources

- ACECQA sample forms and templates: <http://www.acecqa.gov.au/sample-forms-and-templates-now-available>
- AV How to Call Card (Ambulance Victoria): <http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>
- Building Code of Australia: <http://www.abcb.gov.au/about-the-national-construction-code/the-building-code-of-australia>
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council: <http://www.nhmrc.gov.au/guidelines/publications/ch55>
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: *Guide to Incident Notification*: <http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/guide-to-incident-notification>
- WorkSafe Victoria: Online notification forms: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*

- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that the premises are kept clean and in good repair
- ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA – refer to *Sources*) and WorkSafe Victoria incident report forms (refer to *Sources*)
- ensuring that the service has an occupational health and safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to *Occupational Health and Safety Policy, attachments*)
- ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (refer to *Administration of First Aid Policy*)
- ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to *Administration of First Aid Policy, see attachments*)
- ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency
- ensuring that children’s enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- ensuring that an incident report (SI01) is completed and a copy forwarded to the regional DET office (if applicable) as soon as is practicable but not later than 24 hours after the occurrence.

The Nominated Supervisor, and other Teachers and Educators are responsible for:

- ensuring that completed medication records are kept until the end of 3 years after the child’s last attendance (Regulation 92, 183)
- ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86)
- ensuring that Incident, Injury, Trauma and Illness Records are kept and stored securely until the child is 25 years old (Regulations 87, 183)
- ensuring that children’s enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service
- ensuring that the *AV How to Call Card* (refer to *Sources*) is displayed near all telephones
- ensuring that volunteers and parents on duty are aware of children’s medical management plans (refer to *Definitions*) and their responsibilities in the event of an incident, injury or medical emergency
- responding immediately to any incident, injury or medical emergency
- implementing individual children’s medical management plans, where relevant
- notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable

- requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called
- notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable
- recording details of any incident, injury or illness in the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*) as soon as is practicable but not later than 24 hours after the occurrence. Staff must ensure injury/incident/trauma/illness reports are signed as read by the person authorised to collect the child that day and their full name recorded on the form. If the parent has not collected the child they are to be notified at the end of the session, this attempt is to be recorded on the record. The parent is required to sign the record at their most earliest convenience.
- ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency
- maintaining all enrolment and other medical records in a confidential manner (refer to *Privacy and Confidentiality Policy*)
- regularly checking equipment in both indoor and outdoor areas for hazards, and taking the appropriate action to ensure the safety of the children when a hazard is identified
- assisting the Approved Provider with hazard inspections each term as per the Required Documentation (refer to Attachment 1 –Hazard Identification checklist)
- reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service's *Hygiene Policy*
- notifying LMPA who will notify DET in writing within 24 hours of an incident involving the death of a child, or any incident, illness or trauma which a reasonable person would consider required urgent medical attention from a medical practitioner or hospital treatment. Examples of serious incidents include whooping cough, broken limb or anaphylaxis. (see, *Definitions*, for Serious Incident)
- ensuring that the following contact numbers are displayed in close proximity of each telephone:
 - 000 (also keep an *AV How to Call Card* close to each telephone – refer to *Sources*)
 - DET regional office North-Western Victoria 5440 3111
 - Approved Provider LMPA 5443 1229
 - Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
 - Victorian Poisons Information Centre: 13 11 26
 - local council or shire. Bendigo 5434 6000 Campaspe 5481 2200 or 1300 666 535 Swan Hill 5036 2333

When there is a medical emergency, teachers and educators will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service by LMPA employed teachers and educators.
- notify the Approved Provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to LMPA Merino Court, Merino Court will follow up with the service's public liability insurer.

When a child develops symptoms of illness while at the service, educators will:

- ensure that the Nominated Supervisor, or the Responsible Person in Charge, contacts the parents/guardians or authorised emergency contact for the child to outline the signs and symptoms observed
- request that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
- call an ambulance (refer to definition of *medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the Approved Provider is notified of the incident
- ensure that the *Incident, Injury, Trauma and Illness Record* is completed as soon as is practicable and within 24 hours of the occurrence.

Parents/guardians are responsible for:

- providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (Regulation 161(1))
- payment of all costs incurred when an ambulance service is called to attend to their child at the service
- notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162)
- ensuring that they provide the service with a current medical management plan, if applicable (Regulation 162(d))
- collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child
- informing the service of an infectious disease or illness that has been identified while the child has not attended the service that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service
- being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention
- signing the *Incident, Injury, Trauma and Illness Record*, thereby acknowledging that they have been made aware of the incident
- notifying the service by telephone when their child will be absent from their regular program
- notifying teachers if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of [Service Name] will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy

- review and analyse information gathered from the *Incident, Injury, Trauma and Illness Record* and staff first aid records regarding incidents at the service
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Hazard identification checklist
- Attachment 2: Incident, injury, trauma and illness record
- Attachment 3: AV How to Call Card:

AUTHORISATION

This policy was adopted by the Approved Provider of LMPA on April 2017

REVIEW DATE: APRIL 2020

ATTACHMENT 1



Hazard identification checklist

Regular workplace safety checks ensure your workplace meets basic standards of safety. This checklist will help you evaluate how well you are currently managing safety in your workplace.

Service Name:	Educator Name:	Date:
Housekeeping		
Are floor surfaces free of water, oil or other fluids?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are paths free of sand, stones and tanbark etc?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are paths and walkways free of obstacles?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has every item got a home or somewhere it is stored (A home is not standing on the floor or in front of cabinets)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are floor surfaces even? (eg. No loose tiles or carpet that is torn or has ridges)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are walkways and doorways clear of boxes, extension cords and litter?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are work areas and walkways well lit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are work stations tidy and well maintained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are benches kept clear and tidy, free of clutter?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are emergency procedures clearly display?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments/Corrective Action Required:		
Manual Handling		
Are work items that are regularly used within in easy reach?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is there sufficient area around equipment to enable easy access?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are appropriate manual handling aids readily available (eg. Trolleys)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Comments/Corrective Action Required:		
Storage		
Are items placed neatly and securely on shelves?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are heavy items stored below shoulder height?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can items on high shelves easily be reached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are any items stored on the floor in front of shelving?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is all equipment easily accessible?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are systems in place to ensure staff know where to place equipment for storage (eg. Labelled equipment, shelving in sheds, storerooms, kitchen and office etc)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are there clearly marked walkways to ensure easy access to all equipment including sheds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Comments/Corrective Action Required:

Safety Signs

- | | | |
|--|------------------------------|-----------------------------|
| Are all exits clearly marked and free from obstruction? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no exit is in the immediate area, are there signs and arrows indicating the direction to the exits? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the location of the First Aid Kit and medication (eg epipen and asthma reliever medication) clearly identified? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is the location of the fire alarms and fire fighting equipment clearly identified? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Comments/Corrective Action Required:

Electrical

- | | | |
|--|------------------------------|-----------------------------|
| Have electrical appliances been inspected and tagged? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are extension leads and power boards maintained in a safe operating condition? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are electrical fittings and electrical equipment regularly inspected and maintained? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are switchboards in a safe operating condition and secured? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Comments/Corrective Action Required:

Chemical and Dangerous Goods

- | | | |
|--|------------------------------|-----------------------------|
| Are chemicals and hazardous substances clearly labelled? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are chemicals and hazardous substances stored safely? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Is there adequate ventilation or an exhaust system? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are safety data sheets available and can workers easily access them? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Comments/Corrective Action Required:

Any Further Comments

If you need assistance or have any questions, please contact our HR Manager on 5443 122, v1.2

Incident, injury, trauma and illness record

Details of person completing this record

Name: Position/role:

Date and time record was made/...../..... Signature:

Child details

Child's full name:

Date of birth:/...../..... Age: Gender: Male Female

Incident details

Incident date:/...../..... Time: am/pm Location:

Name of witness:

Witness signature: Date:/...../.....

General activity at the time of **incident/injury/trauma/illness**:

Cause of **injury/trauma**:

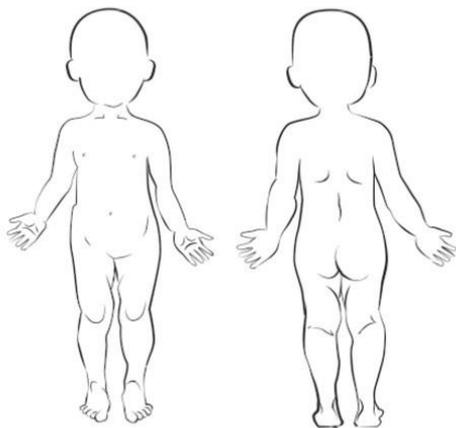
Circumstances surrounding any **illness**, including apparent symptoms:

Circumstances if child appeared to be **missing** or otherwise unaccounted for (incl duration, who found child etc):

Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (incl who took the child, duration)

Nature of injury/trauma/illness:

Indicate on diagram the part of body affected



- Abrasion / Scrape
- Allergic reaction (not anaphylaxis)
- Amputation
- Anaphylaxis
- Asthma / respiratory
- Bite wound
- Bruise
- Broken bone / fracture / dislocation
- Burn / sunburn
- Choking
- Concussion
- Crush / jam
- Cut / open wound
- Drowning (non-fatal)
- Electric shock
- Eye injury
- Infectious disease (incl gastrointestinal)
- High temperature
- Ingestion / inhalation / insertion
- Internal injury / Infection
- Poisoning
- Rash
- Respiratory
- Seizure /unconscious/ convulsion
- Sprain / swelling
- Stabbing / piercing
- Tooth
- Venomous bite/sting
- Other (please specify)

Action Taken

Details of action taken (including first aid, administration of medication etc):

.....

.....

.....

Did emergency services attend?: Yes / No

Was medical attention sought from a registered practitioner / hospital?: Yes / No

If yes to either of the above, provide details:

.....

.....

Have any steps been taken to prevent or minimise this type of incident in the future?:.....

.....

.....



000

CALLING AN AMBULANCE



DIAL 000 [TRIPLE ZERO] ask for ambulance

People with speech or hearing disability can dial 106 – National Relay Service



An interpreter is available by stating;
“ambulance” in English; “your language” in English
A short wait may follow

BE PREPARED TO ANSWER THE FOLLOWING QUESTIONS:

What is the exact location of the emergency?

THIS ADDRESS IS:

What is your call back number?

THIS PHONE NO. IS:

What is the problem? (What exactly happened?)

How many people are hurt?

How old is the patient?

Is the patient conscious?

Is the patient breathing?

DO NOT HANG UP!

Follow the instructions offered by the calltaker until the ambulance arrives.

TO ASSIST AMBULANCE:

Avoid third party calls

– The person with the patient has the most accurate information.

Answer each question calmly and accurately.

Provide accurate location details – the nearest intersection is helpful.

Have someone wait outside for the ambulance.

Tell the calltaker if the person’s condition changes.

For non-urgent care and/or patient transport contact your medical practitioner.

PLACE THIS CARD BY YOUR TELEPHONE