Health and Safety Suite of Related Policies and Procedures

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Responsible person	Chief Commissioner	Scheduled review date	30th December 2023

PURPOSE AND SCOPE

The Australian Air League Inc. (**AAL**) is committed to ensuring, as far as is reasonably practicable, the health, safety and welfare of its Members, Adult Supporters, and visitors at AAL Environments.

This Health and Safety Suite of Policies and Procedures applies to all Members and Adult Supporters of the AAL, as well as visitors in AAL Environments (collectively, referred to in these Policies and Procedures as '**participants**').

INDEX

DEFINITIONS

"AAL Environments" means any physical or virtual place made available or authorised by the AAL's Council for use by a child, including:

- the offices and premises of the AAL whether owned, leased or rented;
- online AAL Environments (including email and intranet systems); and
- other locations provided by the AAL for use.

"**Member**" means any person who holds a Certificate of Membership issued by the AAL. This includes:

- Uniformed Members under 18 years of age (**Cadet Members**);
- Members 18 years of age and over (**Adult Members**), including:
  - Uniformed Adult Members; and
  - Non Uniformed Adult Members (**Associate**).

"**Adult Supporter**" means an adult who, from time to time, assists the AAL in some way (but who is not a Member).

"**Council**" means the Council of the Australian Air League Inc.

BREACHES

Any breach of these Health and Safety Policies and Procedures by Members or Adult Supporters may result in counselling and/or disciplinary action which, in the case of Members may lead to a recommendation to terminate Membership or, in the case of Adult Supporters, may lead to the cessation of their engagement.

Any breach of these Health and Safety Policies and Procedures by a visitor may result in the AAL restricting these visitors from being associated with AAL activities.

DISSEMINATION

These Health and Safety Policies and Procedures are available to all participants via its website, Newsletters, various Training and Certification Programs, and Federal Orders.

Candidates for Uniformed Adult Membership also have health and safety training (including these Policies and Procedures) included as part of their Officer Development Program.

REVIEW

These Health and Safety Policies and Procedures will be reviewed prior to the date listed in the header (or more frequently, if required) by the Chief Commissioner (on behalf of the Council).

1. Health and Safety Policy

1.1. Introduction

The AAL:

- supports the rights of all participants to participate in an environment that is, so far as is reasonably practicable, safe and without risks to health or safety; and
- is committed to partnering and consulting with all participants to ensure the resolution of health and safety issues.

The AAL is committed to improving health and safety which will also increase efficiency and productivity. This will be accomplished through the continuous improvement, in consultation with its participants, of management systems and procedures designed to, so far as is reasonably practicable:

- identify, assess and control hazards;
- reduce the incidence of injury and illness;

Relevant health and safety statutory requirements, including regulations and codes of practice, are minimum standards and so the aim is for them to be improved upon, where practicable and applicable.

1.2. Role and Responsibilities

It is the responsibility of the Chief Commissioner, Group Executive Commissioners and senior Officers to:

- take reasonable care for their own health and safety;
- ensure that all AAL Environments are safe and without risk to health or safety so far as is reasonably practicable;
- ensure that any material or goods provided for use by the participants is safe, when properly used, so far, as is reasonably practicable;
- ensure that the operational processes utilised in AAL Environments are safe and without risk to health when properly used so far, as is reasonably practicable;
- provide such information, instruction, training and supervision as may be necessary to ensure the participants' health and safety in AAL Environments; and
- consult with relevant participants by: sharing information about health and safety matters; giving participants a reasonable opportunity to express their views about health and safety matters; and taking those views into account.

It is the responsibility of Adult Members to:

- take reasonable care for their own health and safety;
- be committed to the provision and maintenance of a safe environment;
- consult and participate in the AAL's health and safety program;
- use risk identification, assessment and control principles to reach AAL health and safety objectives for health and safety;
- inform and train all Cadet Members in relevant policies, procedures and health and safety obligations; and
- participate in AAL inductions, and training, and implement all safety procedures.

It is the responsibility of Cadet Members and Adult Supporters to:

- take reasonable care for their own health and safety;
- take reasonable care for the health and safety of people who are in an AAL Environment and who may be affected by the participant's acts or omissions in the AAL Environment;
- cooperate with the AAL in so far as is necessary to enable compliance with any requirement under occupational health and safety laws that are, or may be, imposed in the interests of health, safety and welfare on the AAL or any other person; and
- report immediately to an Officer all health and safety hazards, accidents, incidents and/or injuries.

Visitors to AAL Environments will:

- take reasonable care for their own health and safety;
- assess risks to their health and safety arising from the provision of their services;
- comply with any relevant AAL policies and practices.

1.3. Further guidance

For further guidance, see Safe Work Australia's "The Essential Guide to Work Health and Safety for Volunteers". NB: This document is not binding on the AAL.

2. Risk Management Policy

2.1. Introduction

The AAL will endeavour to minimise the risk any particular operation poses to AAL, its Members, Adult Supporters, visitors or the general public.

In order to do this, the AAL will identify applicable risks and implement risk management procedures to ensure the risks are satisfactorily removed or, where it is not reasonably practicable to remove the risk, to reduce the risk.

Risks in this context include:

- Physical hazards;
- Financial hazards;
- Reputational hazards; and
- Legal hazards.

2.2. Roles and Responsibilities

It is the responsibility of the Council, with the assistance of the Chief Commissioner, Group Executive Commissioners and other senior Officers, to carry out risk management analyses of the Organisation, and to take appropriate measures.

It is the responsibility of the Chief Commissioner to ensure that:

- effective risk management procedures are in place, applicable to all relevant areas;
- risk management procedures are reviewed regularly;
- recommendations arising out of the risk management process are evaluated and, if necessary, implemented; and
- participants are aware of all applicable risks, and Members and Adult Supporters are familiar with the AAL's risk management procedures.

It is the responsibility of Group Executive Commissioners and senior Officers to ensure that:

- risk management analyses are carried out for all relevant sectors of the Organisation;
- risk management checklists are prepared for each relevant Unit;
- risk management checklists are reviewed regularly to ensure that no risks have been overlooked or have ceased to be relevant;
- each risk management checklist is reviewed by every Unit to which it is applicable at least once a year to ensure that procedures are in place to avert the risk or, if that is not possible, to mitigate its impact; and
- copies of up-to-date risk management checklists are kept in a central Risk Management Register in each Unit.

It is the responsibility of all Members and Adult Supporters to ensure that:

- they are familiar with the Organisation's risk management procedures applicable to their Unit;
- they observe those risk management procedures; and
- they inform an Officer if they become aware of any risk not covered by existing procedures.

2.3. Further guidance

For further guidance, see Our Community's Risk Management help sheets & checklists.

NB: These are not binding on the AAL.

3. Anti – Discrimination, Bullying and Harassment Policy

3.1. Introduction

Discrimination, bullying, harassment, sexual harassment and victimisation are unlawful pursuant to State and Federal legislation and will not be tolerated. The AAL is committed to providing an environment free of all forms of discrimination, bullying, harassment, sexual harassment and victimisation.

3.2. Legislation

Under State and Federal legislation, discrimination, vilification, sexual harassment, bullying and victimisation are unlawful and strictly prohibited. Relevant legislation that applies Federally include the following:

- *Racial Discrimination Act 1975* (Cth);
- *Age Discrimination Act 2004* (Cth);
- *Sex Discrimination Act 1984* (Cth); and
- *Disability Discrimination Act 1992* (Cth).

Each State also places additional legislative requirements that are unique to that State.

3.3. Definitions

Generally, "**discrimination**" is unfair treatment towards an individual based on a personal attribute protected by law. It can be direct or indirect. All States have their own unique legislation but for an example, the protected attributes in Victoria include:

Age	Parental status or status as a carer
Breastfeeding	Physical features
Disability	Political belief or activity
Employment activity	Pregnancy
Gender identity	Race
Industrial activity	Religious belief or activity
Lawful sexual activity	Sex
Marital status	Sexual orientation
An expunged homosexual conviction; and	
Personal association (whether as a relative or otherwise) with a person who is identified by reference to any of the above attributes.	Personal association with someone who has, or is assumed to have one of these characteristics

"**Direct discrimination**" occurs if a person treats, or proposes to treat, a person with an attribute unfavourably because of that attribute.

"**Indirect discrimination**" occurs if a person imposes, or proposes to impose, a requirement, condition or practice - that has, or is likely to have, the effect of disadvantaging persons with an attribute; and that is not reasonable.

"**Bullying**" is repeated, unreasonable behaviour directed towards participants that creates a risk to health and safety.

It can include, but is not limited to, behaviours which may be considered unreasonable, such as:

- deliberately changing rosters to victimise participants;
- verbal abuse;
- initiation practices;
- intimidation;
- humiliation;
- undermining and threatening behaviour;
- sabotaging someone's engagement;
- ridiculing someone's opinion;
- assigning meaningless tasks unrelated to the position;
- psychological harassment;
- excluding or isolating participants;
- deliberately withholding information that is vital for effective performance of one's duties; and
- repeated behaviours of the above mentioned.

Reasonable management action carried out in a reasonable way is not bullying.

"**Harassment**" is an unwanted behaviour that can take many forms. It may involve inappropriate actions, behaviour, comments or physical contact that is objectionable or causes offence.

"**Sexual harassment**" means any unwelcome sexual advance, unwelcome request for sexual favours, or other unwelcome conduct of a sexual nature which makes a person feel offended, humiliated or intimidated, and where that reaction is reasonable in the circumstances. Examples of sexual harassment include, but are not limited to,

- staring or leering;
- unnecessary familiarity, such as deliberately brushing up against you or unwelcome touching;
- suggestive comments or jokes;
- insults or taunts of a sexual nature;
- intrusive questions or statements about your private life;
- displaying posters, magazines or screen savers of a sexual nature;
- sending sexually explicit emails or text messages;
- inappropriate advances on social networking sites;
- accessing sexually explicit internet sites;
- requests for sex or repeated unwanted requests to go out on dates; and
- behaviour that may also be considered to be an offence under criminal law, such as physical assault, indecent exposure, sexual assault, stalking or obscene communications.

Behaviour that is consensual and based on mutual attraction, friendship and respect is not sexual harassment.

3.4. Roles and Responsibilities

It is the responsibility of the Chief Commissioner, Group Executive Commissioners and senior Officers to ensure that:

- all participants understand and are committed to the principles and legislation relating to discrimination, bullying, harassment, sexual harassment and victimisation and applying it in AAL Environments;
- the Organisation has a culture that does not tolerate discrimination, bullying, harassment, sexual harassment and victimisation;
- all complaints regarding discrimination, bullying, harassment, sexual harassment or victimisation are treated confidentially, seriously and sympathetically;
- they set an example by their own behaviour;
- immediate and appropriate steps are taken to minimise or eliminate unlawful discrimination, bullying, harassment, sexual harassment and victimisation in AAL Environments; and
- ongoing support and guidance is provided to all participants in relation to anti-harassment, discrimination, bullying and victimization principles and practice in the AAL.

It is the responsibility of participants to:

- ensure they do not engage in any unlawful conduct towards other participants or others with whom they come into contact through their position at the AAL;
- ensure they do not aid, abet or encourage other persons to engage in unlawful conduct;
- follow the complaint procedure in this Policy if they experience any unlawful conduct;
- report any unlawful conduct they see occurring to others in AAL Environments in accordance with the complaint procedure in this Policy; and
- maintain confidentiality if they are involved in the complaint procedure.

3.5. Procedures

If you feel that you have been subjected to any form of unlawful conduct contrary to laws or this Policy, you are encouraged to speak up. The AAL, within this Policy, has a comprehensive complaint procedure for dealing with these issues.

The complaint procedure has numerous options available to suit the particular circumstances of each individual situation.

The AAL treats all complaints seriously and in accordance with this Policy.

Confront the issue

Persons covered by this Policy who believe they are the subject of discrimination, bullying, victimisation, harassment or sexual harassment should take action at the earliest possible opportunity.

Where appropriate, the person should make the perceived perpetrator(s) aware that they find their behaviour offensive, unwelcome, unacceptable, and that it needs to stop immediately.

Report the issue

If the behaviour continues, or if the complainant feels unable to speak to the respondent(s) directly, they should speak to their superior Officer or to the relevant Group Executive Commissioner.

The superior Officer or Group Executive Commissioner will provide support in accordance with this Policy. The complainant's wishes will be taken into account when deciding on a course of action, but will not be the determinative factor.

Informal Intervention

Under the informal complaint procedure there are a broad range of options for addressing the complaint. The procedure used to address the issue will depend on the individual circumstances of the case. Possible options include:

- The superior Officer or Group Executive Commissioner discussing the issue with the person against whom the complaint is made; and/or
- The superior Officer or Group Executive Commissioner facilitating a meeting between the parties in an attempt to resolve the issue and move forward.

The informal complaint procedure is more suited to less serious allegations that do not warrant disciplinary action being taken.

Formal Complaints Procedure

The formal complaint procedure will generally involve a formal investigation of the complaint. Formal investigations may be conducted internally (i.e. by a Group Executive Commissioner or other senior Officer) or a person from outside the AAL.

An investigation involves collecting information about the complaint and then making a finding based on the available information as to whether or not the alleged behaviour occurred. Once a finding is made, the investigator will make recommendations about resolving the complaint.

If the AAL considers it appropriate for the safe and efficient conduct of an investigation, participants may be required not to carry out their duties or attend AAL activities during an investigation. The AAL may also provide alternative duties or tasks during an investigation.

Where a complaint involves allegations that may result in disciplinary action, it will generally need to be dealt with in accordance with the formal complaint procedure. The formal complaint procedure may also be adopted where the complainant specifically requests it or where the informal complaint procedure was not effective.

The findings as to whether the allegations have occurred will be determined on the basis of the evidence, and on the balance of probabilities.

On the basis of the findings, possible outcomes of the investigation may include, but will not be limited to, any combination of the following:

- Counselling;
- Disciplinary action against the harasser (e.g. demotion, transfer, suspension, probation or recommendation for termination of Membership);
- Restriction from being associated with AAL activities;
- Official warnings that are noted in the respondent's AAL file;
- Formal apologies and undertaking that the behaviour will cease;
- Conciliation/mediation conducted by an impartial third party where the parties to the complaint agree to a mutually acceptable resolution;

On completion of the investigation, parties will be informed about the investigation findings and the outcome of the investigation.

4. First Aid Policy

4.1 Purpose

This procedure is ***not*** about first aid techniques. It describes how first aid arrangements will be determined and provided in line with the nature of the risk involved.

The Australian Air League and its members do not hold themselves capable by virtue of their membership of the League to provide instruction or in any way require any member to administer first aid However, it is recognised that as a responsible Organisation, there exists a duty of care in respect of our members.

Consequently, this Policy sets out the requirements pertaining to the standard and maintenance of first aid kits as well as the conditions under which relevant members may administer first aid.

Officers are responsible for assessing the first aid needs and implementing the requirement

4.2 Responsibilities

Air League units will ensure that members have access to first aid equipment.

FIRST AID KITS AND EQUIPMENT

A first aid kit must be available for use in all Squadrons. The kit needs to be practical for the number of participants, the place and the activity. Ideally it will be clearly identifiable, accessible and robust enough to survive the environment in which it is to be uitilised

All Officers Commanding Squadrons shall allocate the task of maintaining the contents of the first aid kit to a responsible Officer. Ordinarily this task should be allocated to the Physical Activities Officer if this appointment is held by an Officer attached to the Squadron.

All AAL owned buildings must also have a fully maintained first aid kit and any additional equipment deemed necessary

The contents of a *typical* first aid kit is found in the various National and State Workcover websites. However, the specific first aid kit should be selected and stocked appropriate to the outcome of the first aid facilities risk assessment. First aid kits should:

- Be clearly visible
- Be large enough to contain all the necessary items, whilst sufficiently portable if applicable
- Be easily and quickly accessible, either directly or via an available trained first aider
- Be identified with a white cross on a green background
- be made of material that will protect the contents from dust, moisture and contamination.
- Contain a list of contents, to facilitate replenishment
- When an Air League premises is subject to use by members of the public where access to a first aid kit is NOT provided by the League, this must be communicated at the time of booking, so the guests are ware they must make their own first aid arrangements.

OTHER FIRST AID EQUIPMENT

Automated external defibrillators

Whilst not strictly a legislative requirement, Automated external defibrillators can reduce the risk of fatality from cardiac arrest especially where there is an elevated likelihood of cardiac arrest or where there are members of the public. For this reason, Air League buildings which accommodate members, and members of the public, are encouraged to provide defibrillators.

Automated external defibrillators are designed to be used by trained or untrained persons. They should be located in an area that is clearly visible, accessible and not exposed to extreme temperatures. They should be clearly signed and maintained (e.g. battery replacement) according to the manufacturer's specifications.

EpiPen's

EpiPen's are considered **not** appropriate to include in a first aid kit. An EpiPen should be carried and supplied by any person who may require it. Parents/guardians of youth members with allergies should provide an **Allergy Action Plan** to the Members Squadron.

Analgesics - Analgesics do not normally form part of a first aid kit.

FIRST AIDERS

First Aiders must hold a current first aid certificate from a Registered Training Organisation. Officers are strongly encouraged to formally train in First Aid and keep current any certification.

> No member of the League shall apply first aid treatment unless that member holds a current first aid qualification issued by a relevant external Organisation and be appropriately qualified to administer first aid only to the extent of that member's training and current qualifications.

Not being a qualified first aider does not stop anyone assisting in an emergency. According to the Civil Liability Act (NSW), a ***Good Samaritan*** is a person who decides to act in good faith by assisting a person who is injured or at risk of being injured and not expecting payment or a reward for their efforts.

The Civil Liability Act (NSW) is primarily in place to encourage ordinary people in everyday situations to provide some form of assistance to someone in need, when they can. Because, more often than not, some form of help is better than standing back and providing no assistance at all.

Under the Good Samaritan laws, a person who is acting in good faith in providing assistance to someone in need is protected from any personal liability in an emergency situation.

In the case of Wing, Region and Group activities, a person – or persons - competent in first aid will need to be available and suitable arrangements made for the administration of first aid.

First aiders are responsible for:

- Providing appropriate and timely first aid to injured or ill persons, within their level of training and competency. Including the referral of injured members to medical practitioners.
- Complete a record in the First Aid Register of all first aid provided on a case-by-case basis.

- Monitor the contents of the first aid kit and arrange replenishment as required
- Maintain first aid competencies.

Members are required to take reasonable care of themselves and others and report injuries and illnesses.

4.3 Simple Tips for First Aid

Rule. 1 **Engage your brain and use common sense**.

Rule 2 Dealing with health problems is an issue that falls under our Duty of Care. If it is a problem you **haven't** been advised of, then it is reasonable that you treat them to the best of your knowledge.

Rule 3 However, if you **are** advised of a particular health problem you should take reasonable steps to ensure that what you are doing doesn't pose a risk to the person. That you have sought guidance from the parent/guardian on what they believe you should look for and how to handle a problem if it should arise

Rule 4 **NIL BY MOUTH**. Don't give any medication or pills unless at least one of the criteria listed below is met.

Rule. 5 Aid support and help within your area of **actual** experience

Giving pain medication or other types of medication.

Unless certain criteria are met it's, a **NO.** Give nothing by mouth because different people react differently to different drugs.

The Criteria for Exceptions: (For Administering Medication.) - Officers

a. You have a recognised registered professional qualification that entitles you to administer medication - and then only in accord with your Registration (e.g., Doctor, Chemist Ambulance Officer, etc.)

b. You are in possession of a document, signed by the guardian/parent, giving you permission to allow the member to take the medication. The medication must be clearly marked with the member's name and name of the medication and the dosage. preferably in the original bottle etc. and the conditions when to use it.

c. It is a standard treatment that you know the member has been following for some years for an ongoing disease and is being self administered. (e.g., Asthma. diabetes, epilepsy etc.) and this is listed on the Form 17a.

d. Where you have written specific and clear instructions from the parents. Such as in diabetes when they start to lapse into a diabetic coma and therefore there is a need to give them sugar and water, or the very effective and quick acting soft drink high in sugar (not a diet drink) where the sugar is already dissolved.

If you do not understand the instructions, at the time they are initially provided, you should seek additional clarification from the parents.

e. A condition which has become serious and where you may have some specific hands on experience. Take the example of asthma, when one of the leaders is a severe asthmatic or her/ his children have had a long history of severe asthma. They obviously have real life experience in dealing with this type of illness and can help significantly whilst waiting for the ambulance or in taking the member to hospital.

4.4 Contents of a typical first aid kit

Reference: First Aid in the workplace code of practice (SafeWork NSW)

Item	Kit contents	Re-stock required		Quantity
	Quantity	Yes	No	
Instructions for providing first aid – including Cardio-Pulmonary Resuscitation (CPR) flow chart	1			
Note book and pen. Register of Injuries	1			
Resuscitation face mask or face shield	1			
Disposable nitrile examination gloves	5 pairs			
Gauze pieces 7.5 x 7.5 cm, sterile (3 per pack)	5 packs			
Saline (15 ml)	8			
Wound cleaning wipe (single 1% Cetrimide BP)	10			
Adhesive dressing strips – plastic or fabric (packet of 50)	1			
Splinter probes (single use, disposable)	10			
Tweezers/forceps	1			
Antiseptic liquid/spray (50 ml)	1			
Non-adherent wound dressing/pad 5 x 5 cm (small)	6			
Non-adherent wound dressing/pad 7.5 x 10 cm (medium)	3			
Non-adherent wound dressing/pad 10 x 10 cm (large)	1			
Conforming cotton bandage, 5 cm width	3			
Conforming cotton bandage, 7.5 cm width	3			
Crepe bandage 10 cm (for serious bleeding and pressure application)	1			
Scissors	1			
Non-stretch, hypoallergenic adhesive tape – 2.5 cm wide roll	1			
Safety pins (packet of 6)	1			
BPC wound dressings No. 14, medium	1			
BPC wound dressings No. 15, large	1			
Dressing – Combine Pad 9 x 20 cm	1			
Plastic bags - clip seal	1			
Triangular bandage (calico or cotton minimum width 90 cm)	2			
Emergency rescue blanket (for shock or hypothermia)	1			
Eye pad (single use)	4			
Access to 20 minutes of clean running water or (if this is not available) hydro gel (3.5gm sachets)	5			
Instant ice pack (e.g. for treatment of soft tissue injuries and some stings).	1			
Contaminate Sharps container	1			
Amputated Parts module	1			
Hot/cold packs	2			

4.1. Incident/Accident Reporting Policy

4.2. Introduction

Within the AAL, ensuring the health and safety of all persons in AAL Environments is considered to be of utmost importance. If incidents (resulting or not resulting in injury) or accidents occur, they should be reported and investigated to ensure that the possibility of recurrence or further risk is minimised.

This Policy has been developed to ensure that all persons covered by this Policy understand the processes to be taken in the event of a risk to health or safety through an incident (resulting or not resulting in injury) or accident.

4.3. Policy

The AAL commits to preventing incidents and accidents and will endeavour to achieve a zero injury rate.

The AAL will:

- Provide a mechanism for reporting incidents (resulting or not resulting in injury) or accidents (resulting in injury);
- Investigate incidents (resulting or not resulting in injury) or accidents (resulting in injury) to determine the root cause with the objective of preventing a recurrence;
- Obtain statistical information about the incidents (resulting or not resulting in injury) or accidents (resulting in injury); and
- Meet any applicable legislative requirements for reporting incidents (resulting or not resulting in injury) or accidents (resulting in injury).

4.4. Roles and Responsibilities

It is the responsibility of Group Executive Commissioners and senior Officers to ensure that:

- Members and Adult Supporters must immediately notify the Officer in charge of the AAL activity of all incidents (resulting in injury) or accidents (resulting in injury);
- the Chief Commissioner is notified, as soon a is practical, of any incident or accident causing serious injury;
- all incidents that result in, or have the potential to result in, injury or damage are investigated and where necessary and corrective/preventative action takes place;
- all matters relating to health and safety are dealt with in the most appropriate and timely manner.

It is the responsibility of all participants to ensure that incidents (resulting or not resulting in injury) or accidents (resulting in injury) and hazards are reported to an Officer.

It is the responsibility of all Officers to ensure that the Group Executive Commissioner and senior Officers are notified of all incidents (resulting in injury) or accidents (resulting in injury) at the earliest opportunity.

4.5. Process

All incidents (resulting in injury) or accidents (resulting in injury) occurring in an AAL Environment, must be reported to the relevant Group Executive Commissioner or other delegated senior Officer within 24 hours of the incident occurring.

Any accident or incident in an AAL Environment which has the potential to result in injury or damage to property must be reported in the same manner as an incident or accident that results in injury or damage.

Immediate actions

When there is a genuine concern about the health and safety of an individual, call Emergency Services on 000 and notify the AAL Officer in charge.

All injuries and illnesses should be assessed by a qualified First Aid Officer to determine whether medical treatment is required.

If medical treatment is required, the Officer in charge of the activity must ensure that suitable arrangements are made for transport to a doctor or hospital. It must be noted that:

- All eye injuries (including foreign objects between the eye and eye lid which is not dirt or dust particles) must be referred to a doctor or hospital.
- When injury or illness involves a chemical, a Material Safety Data Sheet and other information which may have been prepared for such incidents must accompany the injured person to the doctor or hospital.

Without undue delay, the Officer in charge of the activity will arrange to notify the injured Member's parents (in the case of a Cadet Member), or the next of kin (in the case of an adult Member) of the situation and keep them updated.

Depending on the situation, and the incident or accident, it may be that others attending the activity are affected and require assistance be it medical, counselling or otherwise. In this situation without undue delay, the Officer in charge of the activity will arrange to notify the affected Member's parents (in the case of a Cadet Member), or the next of kin (in the case of an adult Member) of the situation and keep them updated.

The Incident Report Form (Form 40ai) must be completed for all incidents and injuries involving persons covered by this Policy or the general public, and the Group Executive Commissioner or delegated senior Officer be notified. If first aid was administered the First Aid (casualty) Report Form (Form 40bi) must also be completed

A copy of these completed Forms must be retained and forwarded to the Group Executive Commissioner or the delegated senior Officer together with the Members' or Adult Supporter's Form 17a covering the activity within seven days of the occurrence.

The Group Executive Commissioner and/or delegated senior Officers will ensure that an appropriate incident investigation is conducted, recorded and reported to the Chief Commissioner.

Each accident or incident must be investigated to ensure that corrective or preventative action is taken as appropriate.

Group Executive Commissioners and/or delegated senior Officers will ensure that the Chief Commissioner is kept informed at all times of any reports received and forward copies of reports and forms to the Chief Commissioner.

In the event of a death

If an incident results in a death, advise Emergency Services on 000. Also advise the Group Executive Commissioner or delegated senior Officer immediately, and then the Group Executive Commissioner or senior Officer will advise the Chief Commissioner immediately (or vice versa).

The site of the incident must not be disturbed until:

- An Emergency Services officer arrives at the site of the incident; or
- an Emergency Services officer directs otherwise.

The above does not apply if the disturbance to the site is for the purpose of:

- protecting the health and safety of any person;
- aiding an injured person involved in an incident; or
- taking essential action to make the scene safe or to prevent a further occurrence of an incident.