

# INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

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## 1 NQS

QA2	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

## 2 National Regulations

Regs	12	Meaning of serious incident
	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
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	168	Education and care service must have policies and procedures
	175	Prescribed information to be notified to Regulatory Authority
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## 3 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, educators and visitors.

## 4 Related Policies

The Kids' Uni Policies and Procedures apply to Kids' Uni North, Kids' Uni South, Kids Uni CBD, Kids Uni iC – Preschool, Kids Uni iC – OOSH.

Death of a Child Policy (CHI-ADM-POL-014)

Emergency Management and Evacuation Policy (CHI-ADM-POL-020)

Enrolment and Booking Policy (CHI-ADM-POL-022)

Nutrition, Food Safety & Allergen Management Policy (CHI-ADM-POL-027)

Health, Hygiene and Cleaning Policy (CHI-ADM-POL-030)

Infectious Diseases Policy (CHI-ADM-POL-035)

Medical Conditions Policy (CHI-ADM-POL-038)

## 5 Implementation

- 5.1 This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child -
  - i. is injured; or
  - ii. becomes ill; or
  - iii. suffers a trauma.
- 5.2 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 of the injury, illness or trauma. An Incident, Injury, Trauma and Illness Record will be completed without delay.
- 5.3 First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.
- 5.4 We will ensure first aid, anaphylaxis management training and asthma management training is current and updated at least every 3 years, and that all components of the first aid certificate are current if some require an earlier revision.
- 5.5 First aid qualified educators will be present at all times on the roster and in the service. They will never exceed their qualifications and competence when administering first aid.
- 5.6 Authorisation for the Application of First Aid and Health Products form contains the recommended first-aid equipment list and space for the addition of other health products used within the service. This form has been developed to obtain written authorisation by parents on enrolment for the use of health products used in the service.
- 5.7 During induction training for new educators and staff we will:
  - i. Advise which educators have first aid qualifications, and asthma and anaphylaxis management training and the location of the first aid kit.
  - ii. Obtain information about any first aid needs the educator may have that could require specific treatment in a medical emergency. This information will only be provided to first aid qualified educators with the employee's consent.

## 6 Administration of First Aid

- 6.1 If there is an accident, illness or injury requiring first aid, the following response procedure will be implemented:
  - i. Educator notifies Nominated Supervisor and a first aid qualified educator of the incident, illness or injury.
  - ii. Nominated Supervisor or first aid qualified educator reviews child's medical information including any medical information disclosed on the child's enrolment form, medical management plan or medical risk minimisation plan before the first aid qualified educator attends to the injured or ill child or adult. If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult.
  - iii. Nominated Supervisor and educators supervise and care for children in the vicinity of the incident, illness or injury.

- iv. If required, first aid qualified educator or nominated supervisor notifies and co-ordinates ambulance
- v. If required, first aid qualified educator or Nominated Supervisor notifies parent or authorised nominee that child requires medical attention from a medical practitioner.
- vi. If required, educator or Nominated Supervisor contacts parent or authorised nominee to collect child from service.
- vii. Nominated Supervisor ensures Incident, Injury, Trauma and Illness Record is completed in full and without delay and parent or authorised nominee is notified as soon as possible and within 24 hours of the injury, illness or trauma.

## **7 First Aid Kit Guidelines**

### **7.1 Any First Aid kit at the service must -**

- i. Not be locked.
- ii. Not contain paracetamol.
- iii. The service will provide First Aid facilities that are adequate for the immediate treatment of injuries that arise at the place of work.
- iv. The service must ensure first aid facilities include a First Aid kit appropriate for the number of employees on each site and work environment.
- v. 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.
- vi. Constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- vii. Be capable of being sealed.
- viii. The service will ensure that First Aid kits are maintained in proper condition and the contents are replenished as necessary.
- ix. 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.
- x. First aid kits should have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- xi. First Aid kits should be located at points convenient to the work force and where there is a risk of injury occurring.
- xii. 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).
- xiii. Any work vehicle should be provided with a vehicle First Aid kit.
- ixv. Consideration should be given to preventative measures such as sunscreen protection and portable water if working outdoors.
- xv. First Aid kits must be taken on excursions and be attended by First Aid qualified educators.

7.2 Our First Aid kits at the service are either maintained by staff (which includes a back up person) or an external service provider to ensure the kits have the required quantities at all times. They are inspected quarterly.

7.4 We will display a well recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

## **8 First Aid Checklist**

8.1 Our Service will use a Checklist which is taken from the NSW Workcover Code of Practice (July 2015) (Displayed on the next page) to determine reasonable contents for our first aid kits if they are responsible for maintaining these. If an external provider is being used then this provider will supply the appropriate updates and stock for the kits.

[http://www.safework.nsw.gov.au/\\_data/assets/pdf\\_file/0015/52152/First-aid-in-the-workplace-Code-of-practice-July-2015.pdf](http://www.safework.nsw.gov.au/_data/assets/pdf_file/0015/52152/First-aid-in-the-workplace-Code-of-practice-July-2015.pdf)

8.2 Our service will determine the appropriate quantity after considering the number of children in care.

8.3 Our educators will also ensure they are equipped with the appropriate resources to deal with a child at risk of anaphylaxis and other medical conditions. Educators may wish to provide additional items or modules, for example burns modules and eye wound modules.

## **9 First Aid Kit Contents Description and Purpose**

9.1 The purpose of this table is to provide educators with list of the contents required and recommended quantity in the First Aid Kits within the service in the instance when an external provider is not maintaining the kit (table on next page)

For most workplaces, a first aid kit should include the following items (*Workcover NSW Code of Practice*):

**Kit contents**

Item	Quantity
Instructions for providing first aid – including Cardio-Pulmonary Resuscitation (CPR) flow chart	1
Note book and pen	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 (3.5 gm sachets)	5
Instant ice pack (e.g. for treatment of soft tissue injuries and some stings).	1

## 10 Emergency Contact Numbers

- 10.1 A notice containing emergency contact numbers should be displayed next to each of the telephone points in the service. These numbers should include:
- i. 000
  - ii. UoW Security
  - iii. Department of Education contacts
  - iv. Mandatory Reporter Line
  - v. Poisons Information
  - vi. Local Public Health Unit
  - vii. Local police
  - viii. Local Fire Department
  - ix. State Emergency Services
  - x. Other relevant emergency phone numbers
  - xi. Service address and nearest cross streets

## 11 First Aid Precautions

- 11.1 At no time will assistance or First Aid be refused to any child. When dealing with external bleeding, educators should minimise the risk of infection from contact with blood by taking the following precautions:
- i. Use disposable gloves when dealing with blood, urine or faeces.
  - ii. Wash hands before and after administering First Aid.
  - iii. Any body parts that come in contact with blood should be washed thoroughly.
  - iv. Place wastes contaminated with blood in a plastic bag and seal for disposal.
  - v. Wipe down any bloodied areas and follow cleaning process outlined in '*Staying Healthy in Childcare*'
  - vi. Thoroughly wash any instruments used in First Aid.
  - vii. If another child comes into contact with the blood, wash any area that has been bloodied.
- 11.2 To minimise the risk of infection when performing Expired Air Resuscitation, it is required that educators involved in such resuscitation use a disposable pocket mask with a one-way valve.

## 12 Transporting Children by Ambulance

- 12.1 In the case of an incident, injury, trauma or serious illness, educators must ring an ambulance to transport the child/ren to the hospital for treatment (*refer to Clause 13 of this policy for instructions on calling an ambulance*). If it is necessary for a child to be transported to hospital in an Ambulance, an educator will accompany the child if the parents or emergency authorised persons are not immediately available.
- 12.2 If the parents or the authorised emergency contact persons are unable to be contacted for the return trip to the service, the educator is to ring a taxi and return to the service with the child, once the child has been cleared by a Doctor.

- 12.3 A completed Hospital Transfer Form is to accompany the child when being transported by Ambulance to the hospital.
- 12.4 It is the responsibility of UOW Pulse Ltd Children Services - to ensure each service holds full ambulance cover for the enrolled children attending the service.

### 13 Procedure for a Child requiring an Ambulance

- 13.1 For Incident, Injury, Trauma, Illness Category A - Potential Fatality & Category B - Major

#### Immediate Action

- i. An educator holding a current Senior First Aid Certificate is to assess the injury, trauma or illness and administer Emergency First Aid.
- ii. A second educator is to telephone an ambulance to attend – dial 000 (or 0 000) for centres on campus. For Kids Uni North and South all ambulances need to be sent to UoW Security building (Building 72) to be escorted to the centre by security.
- iii. For services on UoW Wollongong campus, UOW security must be called immediately to inform them that the ambulance is on the way.
- iv. Ensure the child is comfortable and kept under adult supervision.
- v. Inform the Nominated Supervisor.
- vi. Parent/Guardians/Emergency contact must be informed immediately.
- vii. Tell the Parents/Guardians/Emergency Contact that an ambulance is on its way to the service. If he/she is unable to reach the service to meet the ambulance, then ask him/her to meet the ambulance at the hospital (Indicate the expected hospital).
- viii. The Nominated Supervisor is to ensure that the educator, who is known to the child, accompanies him/her to the hospital.
- ix. Complete an Incident, Injury, Trauma and Illness Record and provide parents with a copy as soon as possible.
- x. Ensure that educators have the following information when accompanying the child to the hospital
  - Incident, Injury, Trauma and Illness Record
  - Hospital Transfer Form
- xi. The Nominated Supervisor is to inform UOW Pulse Ltd Children's Services Manager and send a copy of the Incident report. The Manager will organise appropriate support.
- xii. The Nominated Supervisor is to notify Department of Education, giving a short, factual account of the incident, injury, trauma or illness.
- xiii. The Nominated Supervisor is to contact the Parents/Guardians/Emergency Contact for further information regarding the child's progress and well-being.
- ixv. The Manager and / or Nominated Supervisor will provide a written report to the Department of Education within 24 hours.

### 14 Notification of Serious Incidents and Complaints

- 14.1 The Approved Provider will notify the regulatory authority within 24 hours of any serious incident at our service (*in line with Education and Care Services National Regulations CI 176*).

This includes an serious injury or trauma or illness of a child which a reasonable person would consider required urgent medical attention from a medical practitioner or for which the child attended, or ought reasonable to have attended, a hospital (*in line with Education and Care Services National Regulations Cl 12*).

- 14.2 If the attention of a medical practitioner was sought or the child attended hospital in connection with the injury, trauma or illness the incident is a 'serious one' and must be notified.
- 14.3 To decide if an injury, trauma or illness is a 'serious incident' when the child did not attend a medical practitioner or hospital, we will consider the following issues:
  - i. Was more than basic first aid needed to manage the injury, trauma or illness?
  - ii. Should medical attention have been sought for the child?
  - iii. Should the child have attended a hospital or an equivalent facility?
- 14.4 Serious injuries, traumas and illness include, but are not limited to:
  - i. Head Injuries
  - ii. Epileptic Seizures
  - iii. Fractures
  - iv. Bronchiolitis
  - v. Burns
  - vi. Whooping Cough
  - vii. Removal of Fingers
  - viii. Measles
  - ix. Meningococcal Infection
  - x. Diarrhoea requiring hospitalisation
  - xi. Anaphylactic reaction requiring hospitalisation
  - xii. Asthma requiring hospitalisation
  - xiii. Witnessing violence or a frightening event
  - xiv. Physical or sexual assault
- 14.5 A serious incident also includes:
  - i. The death of a child.
  - ii. An incident at the service where the emergency services attended or should have attended.
  - iii. A child is missing.
  - iv. A child has been taken from the service without the authorisations required under the regulations.
  - v. A child is mistakenly locked in or out of the service.
- 14.6 If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.
- 14.7 The Approved Provider will also notify the regulatory authority in writing:

- i. Any circumstances arising at the service that poses a risk to the health, safety or wellbeing of a child/ren attending that service.
- ii. Within 24 hours of any complaints alleging that the *Children (Education and Care Services) National Law* has been contravened.
- iii. Within 24 hours of any complaints alleging that a serious incident has occurred or is occurring.
- iv. Within 24 hours of the attendance of any additional children being educated and care for in an emergency in the circumstances set out in the *Education and Care Services National Regulations Cl 123(5)* . This includes where the child needs protection under a child protection order or the parent of the child needs urgent health care. The emergency care can be for no more than two consecutive days the service operates. We will advise the regulatory authority what the emergency is and make a statement that the approved provider has taken into account the safety, health and wellbeing of all the children attending the service before deciding to accept the additional child/children.

## 15 Work, Health and Safety Requirements for Reporting a Serious or Dangerous Incident

15.1 Serious injury or illness is a “notifiable incident” under the work, health and safety legislation. Serious injury or illness means a person (including an employee, contractor or member of the public) requires:

- i. Immediate treatment as an in-patient in a hospital, or
- ii. Immediate treatment for:
  - a. the amputation of any part of the body
  - b. a serious head injury
  - c. a serious eye injury
  - d. a serious burn
  - e. the separation of skin from an underlying tissue (such as degloving or scalping)
  - f. a spinal injury
  - g. the loss of a bodily function
  - h. serious lacerations or
  - i. Medical treatment within 48 hours of exposure to a substance.
- iii. A serious illness includes any infection to which the carrying out of work is a significant contributing factor, for example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.

15.2 A dangerous incident is also notifiable under the legislation. Dangerous incidents include:

- i. An uncontrolled escape, spillage or leakage of a substance.
- ii. An uncontrolled implosion, explosion or fire.
- iii. An uncontrolled escape of gas or steam.
- iv. An uncontrolled escape of a pressurised substance.
- v. Electric shock
- vi. The fall or release from a height of any plant, substance or thing.

- vii. The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations.
  - viii. The collapse or partial collapse of a structure.
  - ix. The collapse or failure of an excavation or of any shoring supporting an excavation.
  - x. The inrush of water, mud or gas in workings, in an underground excavation or tunnel.
- 15.3 The Approved Provider or Nominated Supervisor must notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. Records of the incident must be kept for at least 5 years from the date that the incident is notified.
- 15.4 The approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

## 16 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

## 17 Review

The policy will be reviewed every three years, or as a need arises. The review will be conducted by:

- Management, Employees, Families and Interested Parties

## 18 Version Control Table

Version Control	Date Released	Next Review	Approved By	Amendment
1	Aug 2012	Aug 2013	Michele Fowler Manager – Kids Uni	
2	Mar 2013	Aug 2013	Michele Fowler Manager – Kids Uni	Paragraph inserted re application of policies across all centres. Migrated into new QA format. This policy replaces the First Aid Action Plan.
3	Sep 2013	Sep 2014	Michele Fowler Manager – Kids Uni	Amended Definition of serious incident as per Centre Support update
4	Sep 2014	Sep 2015	M Fowler Manager – Kids Uni	Reviewed and no changes required
5	Sep 2015	Sep 2018	M. Gillmore – General Manager	Reviewed and no changes required
6	May 2018	May 2021	K. Grose – Children's Services Manager	Updated reviewed NQS references. Updated change in name for Department of Education. Updated First Aid Kit requirements with most current recommendations from Safe Work NSW. Updated reporting required to ACECQA in line with new requirements.
7	Oct 2018	Oct 2021	K. Grose – Children's Services Manager	Updated in line with UOW Ambulance Response Plan