# INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

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1 NQS

| QA2 | 2.3.3 | Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented. |

2 National Regulations

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</table>

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.

The Kids’ Uni Policies and Procedures apply to Kids’ Uni North, Kids’ Uni South, South Coast Workers Child Care Centre, Kids Uni iC – Preschool, After School Care and Vacation Care (Kids’ Uni OOSH).

4 Related Policies
Death of a Child Policy (CHI-ADM-POL-014)
Emergency Service Contact Policy (CHI-ADM-POL-021)
Emergency Management and Evacuation Policy (CHI-ADM-POL-020)
Enrolment Policy (CHI-ADM-POL-022)
Food Nutrition and Beverage Policy (CHI-ADM-POL-027)
Health, Hygiene and Safe Food 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 and preferably be fitted with a carrying handle as well
as have internal compartments.

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. Display a photograph of the appointed first aid trained personnel along with
contact details that would assist in the identification process.

xiv. Each work vehicle should be provided with a vehicle First Aid kit.

xv. Consideration should be given to preventative measures such as sunscreen
protection and portable water if working outdoors.
xvi. 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 an 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 First Aid in the Workplace Guide WorkCover NSW if performing the checks.

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 and to provide educators with a description of each item and its use or function. (table on next page)
<table>
<thead>
<tr>
<th>Description of item</th>
<th>Qty for 11-99 Staff</th>
<th>Use of Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhesive plastic dressing strips, sterile, packets of 50</td>
<td>1</td>
<td>For use as dressing on clean dry skin. For small cuts, abrasions and blisters.</td>
</tr>
<tr>
<td>Adhesive dressing tape, 2.5cm x 5cm</td>
<td>1</td>
<td>To retain dressings in place.</td>
</tr>
<tr>
<td>Plastic resealable bags for amputated parts and waste materials: small</td>
<td>1</td>
<td>For carrying water, making ice packs, disposing of dirty dressings in an approved receptacle, or for carrying severed parts.</td>
</tr>
<tr>
<td>Adhesive dressing tape, 2.5cm x 5cm</td>
<td>1</td>
<td>To retain dressings in place.</td>
</tr>
<tr>
<td>Plastic resealable bags for amputated parts and waste materials: medium</td>
<td>1</td>
<td>As above</td>
</tr>
<tr>
<td>Plastic resealable bags for amputated parts and waste materials: large</td>
<td>1</td>
<td>As above</td>
</tr>
<tr>
<td>Dressing, non adherent, sterile, 7.5cm x 7.5cm</td>
<td>2</td>
<td>To control bleeding and protect wounds. The pad is also suitable as an eye pad</td>
</tr>
<tr>
<td>Eye Pads, sterile</td>
<td>2</td>
<td>To protect wound, can be held in place by gauze bandage.</td>
</tr>
<tr>
<td>Gauze bandages: 5cm</td>
<td>1</td>
<td>To secure dressings in place i.e. Non-adherent dressing.</td>
</tr>
<tr>
<td>Gauze bandages: 10cm</td>
<td>1</td>
<td>As above</td>
</tr>
<tr>
<td>Gloves, disposable, single</td>
<td>4</td>
<td>To assist in preventing cross-infection.</td>
</tr>
<tr>
<td>Rescue blanket, silver space</td>
<td>1</td>
<td>For protecting casually from the effects of the elements.</td>
</tr>
<tr>
<td>Scissors, blunt/short-nosed, minimum length 12.5cm, stainless steel</td>
<td>1</td>
<td>To cut dressings, bandages etc. and to cut away clothing, use blunt point next to skin.</td>
</tr>
<tr>
<td>Tweezers</td>
<td>1</td>
<td>For removing splinters etc. by manual extraction of foreign body.</td>
</tr>
<tr>
<td>Sterile eyewash (saline/Sodium Chloride) solution, 10ml single use ampules or sachets (check use by date)</td>
<td>6</td>
<td>For irrigation of eyes, and for cleaning wounds and burns.</td>
</tr>
<tr>
<td>Swabs, pre-packed, antiseptic, packs of 10</td>
<td>1</td>
<td>For cleansing small areas surrounding wounds</td>
</tr>
<tr>
<td>Triangular bandages, minimum 90cm, Calico</td>
<td>4</td>
<td>For use as a sling (opened out) to support upper limb, and as a broad bandage (folded lengthwise) to retain large dressings or splints in position. May also be used as an emergency wound pad.</td>
</tr>
<tr>
<td>Wound dressings, sterile, non-medicated, large 10cmx10cm</td>
<td>3</td>
<td>To control bleeding and protect wounds. The pad is also suitable as an eye pad.</td>
</tr>
<tr>
<td>First Aid pamphlet (as approved by WorkCover)</td>
<td>1</td>
<td>Guide to First Aid procedures (note: Book includes details on CPR)</td>
</tr>
<tr>
<td>Single use resuscitation face mask</td>
<td>1</td>
<td>To assist in preventing cross-infection when performing EAR/CPR.</td>
</tr>
<tr>
<td>Hard cover notepad and pencil</td>
<td>1</td>
<td>For recording times, details, and for passing messages.</td>
</tr>
<tr>
<td>Measuring Cup, plastic</td>
<td>1</td>
<td>Used for measuring medication, to be witnessed by another educator.</td>
</tr>
<tr>
<td>Thermometer - digital</td>
<td>1</td>
<td>To assess a child's temperature.</td>
</tr>
</tbody>
</table>
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. Department of Education and Communities contacts
   iii. Mandatory Reporter Line
   iv. Poisons Information
   v. Local Public Health Unit
   vi. Local police
   vii. Local Fire Department
   viii. State Emergency Services
   ix. Other relevant emergency phone numbers
   x. 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.
   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. 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.

iii. Ensure the child is comfortable and kept under adult supervision.

iv. Inform the Nominated Supervisor.

v. Parent/Guardians/Emergency contact must be informed immediately.

vi. 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).

vii. The Nominated Supervisor is to ensure that the educator, who is known to the child, accompanies him/her to the hospital.

viii. Complete an Incident, Injury, Trauma and Illness Record and provide parents with a copy as soon as possible.

ix. Ensure that educators have the following information when accompanying the child to the hospital

x. Incident, Injury, Trauma and Illness Record

xi. Hospital Transfer Form

xii. The Nominated Supervisor is to inform UOW Pulse Ltd Children's Services Manager. The Manager will organise appropriate support.

xiii. The Nominated Supervisor is to notify DEC, giving a short, factual account of the incident, injury, trauma or illness.

xiv. The Incident, Injury, Trauma, Illness Record is to be faxed over Manager.

xv. The Manager will contact the centre to obtain more specific details.

xvi. The Nominated Supervisor is to contact the Parents/Guardians/Emergency Contact for further information regarding the child's progress and well-being.

xvii. The Manager will provide a written report to the DEC 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 (s. 174). 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.
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:
   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. 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 We will notify the regulator using form SI01 Notification of Serious Incident.

14.8 The Approved Provider will also notify the regulatory authority in writing:
   i. Within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service or
ii. Within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child.

iii. Within 24 hours of the attendance of any children being educated and care for in an emergency. 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

15.1 Serious injury or illness is a “notifiable incident” under the work, health and safety legislation. Serious injury or illness means a person 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 Draft Code of Practice (Draft)

17 Review
The policy will be reviewed annually. The review will be conducted by:
- Management, Employees, Families and Interested Parties

18 Version Control Table

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<tr>
<th>Version Control</th>
<th>Date Released</th>
<th>Next Review</th>
<th>Approved By</th>
<th>Amendment</th>
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<td>Aug 2012</td>
<td>Aug 2013</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Paragraph inserted re application of policies across all centres. Migrated into new QA format. This policy replaces the First Aid Action Plan.</td>
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<tr>
<td>2</td>
<td>Mar 2013</td>
<td>Aug 2013</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sep 2013</td>
<td>Sep 2014</td>
<td>Michele Fowler Manager – Kids Uni</td>
<td>Amended Definition of serious incident as per Centre Support update</td>
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<tr>
<td>4</td>
<td>Sep 2014</td>
<td>Sep 2015</td>
<td>M Fowler Manager – Kids Uni</td>
<td>Reviewed and no changes required</td>
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<tr>
<td>5</td>
<td>Sep 2015</td>
<td>Sep 2016</td>
<td>M. Gillmore – General Manager</td>
<td>Reviewed and no changes required</td>
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