2.01 Medical Conditions Policy

INTRODUCTION

To support children's wellbeing and manage precise health requirements, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are developed and implemented.

PURPOSE

We aim to efficiently respond to and manage medical conditions at the Service ensuring the safety and wellbeing of children, staff, families and visitors.

SCOPE

- Our Service is committed to adhering to privacy and confidential procedures when dealing with individual health requirements.
- There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy or medical condition is enrolled at the service.
- Key requirements must be in place prior to the child commencing at the Service to ensure their individual health and safety.

IMPLEMENTATION

The Approved Provider/Management will ensure:

- Educators and Staff have a clear understanding about children's individual medical conditions.
- Communication between families and Educators is ongoing and effective.
- Educators receive appropriate training in managing specific medical conditions.
- There is an Educator in attendance at all times with a current accredited first aid and CPR training for specific medical conditions.
- Educators have a clear understanding about their role and responsibilities when caring for children with a medical condition.
- Families provide required information on their child's medical condition, including
  - Medication
  - Allergies
  - Medical Practitioner contact details
  - Medical Management Plan
- A Medical Management Plan/Risk Minimisation Plan has been developed in consultation with families and the child's medical practitioner.
- Educators have emergency contact information for the child.
- Casual Staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis.
- To gain permission to display children's individual medical management plans
- A copy of the child's medical management plan is visibly displayed and known to staff in the service. All copies of medical action plans to be displayed for only staff to see and access away from other children and parents at the service.
- No child can attend the Service without a Medical Management Plan and prescribed medication by their medical practitioner. In particular, medication that is life threating such as asthma inhalers, adrenaline auto injection devices and Insulin.
- In the event that a child suffers from reaction, incident, situation or event related to a medical condition the Service and staff will:
  - Follow the child's Emergency Medical/Action Plan.
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures/monitoring

- Contact the parent/guardian by the Nominated Supervisor or Responsible Person when practicable (within 24 hours)
- Contact the emergency contact by the Nominated Supervisor or Responsible Person if the parents or guardian can't be contacted when practicable (within 24 hours)
- Notify the regulatory authority (within 24 hours) through the ACECQA portal by the Approved Provider.

- Training records are reviewed regularly to ensure staff compliance with renewal requirements.
- **EpiPens and Ventolin** should be stored in **clearly labelled, accessible** first aid kits.

Families will ensure

- They provide management with information about their child's health needs, allergies, medical conditions and medication on the enrolment form and through verbal communication/meetings.
- The Service enrolment form is completed in its entirety providing specific details about the child's medical condition.
- They notify the Service if any changes are to occur to the Medical Management Plan.
- They provide the required medication and complete the long-term medication record.
- They provide an updated copy of the child's Medical Management Plan when changes occur.

Medical Conditions Risk Minimisation Plan/Anaphylaxis Management

- Anaphylaxis is a severe allergic reaction to a substance or may be caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cows milk. While developing the Medical Conditions Risk Minimisation Plan and to minimize the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children our service will:
- Not allow children to exchange food, utensils or food containers.
- Prepare food in line with a child's management plan and family recommendations.
- Request families to label all drinks and belongings.
- Consider whether it's necessary to change or restrict the use of food products in art/craft experiences and cooking classes so children with allergies can participate.
- If appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded.
- Closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimize the risk children will not be permitted to walk around the Centre with food.
- Instruct all food preparation educators and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as cleaning of food preparation areas and utensils.
- Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will:
- Call an ambulance immediately by calling 000.
- Ensure the First Aid Officer or an Educator with approved Anaphylaxis Management training provides appropriate first aid which may include the administration of an Epi-Pen and CPR if the child stops breathing.
- Nominated Supervisor/Responsible Person will contact the parent/guardian, or the person notified in the event of illness if the parent/guardian cannot be contacted.

Medical Conditions Risk Minimisation Plan/Asthma Management

- Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Policy our service will implement procedures where possible to minimize the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:
- Dust and pollution
- Inhaled allergens for example mould, pollen, pet hair
- Changes in temperature and weather, smoke from fires, heating and air conditioning
- Emotional changes including laughing and stress
- Activity and exercise

Risk minimization practices will be carried out to ensure the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms our service will:

- Ensure the First Aid officer or an Educator with approved Asthma Management training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined by Asthma Australia as follows:
  1. Sit the child upright. Stay with the child and be calm and reassuring
  2. Give 4 puffs of blue reliever puffer medication-Use a spacer if there is one. Shake puffer. Put 1 puff into spacer. Take 4 breaths from spacer. Repeat until 4 puffs have been taken. Shake 1 puff, 4 breaths
  3. Wait 4 minutes. If there is no improvement, give 4 more puffs as above.
  4. If there is still no improvement call emergency assistance 000.Keep giving 4 puffs every 4 minutes until emergency assistance arrives.
  5. Contact the child's parent or authorized contact where the parent cannot be reached.

Supervised Self-Administration of Medication by children over Preschool Age.

- The service permits children over preschool age to self-administer medication.
- Educators must supervise the child during this process to promote consistency and ensure the welfare of all children using the service, educators will ensure that each child follows all administration of medication, health and hygiene policies and procedures.
- The self-administration of medication must be negotiated with and approved by the child's parents. This information will be detailed in the child's Medical Management Plan and the Medical Conditions Risk Minimisation Plan if appropriate, and the location of the child's medication for self-administration must also be noted and made available to educators.
- The service will record all instances of supervised self-administration of medication as per the Administration of Medication Policy.

Medical Management Plan

- Any Medical Management Plan provided by a child's parents and/or registered medical practitioner. This Plan should:
  - have supporting documentation if appropriate
  - include a photo of the child
  - if relevant, state what triggers the allergy or medical condition
  - include first aid needed
  - Include contact details of the doctor who signed the plan
  - state when the plan should be reviewed
- A copy of the Medical Management Plan will be displayed for Educators and Staff in the Kitchen, Dining Room and the Prep Rooms for each classroom to ensure the safety and wellbeing of the child.
- The Service must ensure the medical management plan remains current and up to date all times.

Risk Minimisation Plan

All children with a diagnosed medical condition must have a risk minimisation plan in place.

A meeting will be arranged with the parents/guardian as soon as the Service has been advised of the medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

1. That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
2. That practices and procedures in relation to the safe handling, preparation and consumption and service of food are developed and implemented
3. That the parents/families are notified by the Nominated Supervisor or the Responsible Person of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
4. Staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented
5. That the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or relevant medical condition
6. Plan(s) in conjunction with parents/guardians will be reviewed and/or will be revised with each change in the Medical Management Plan

7. All relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day
8. Any special activities taking place such as celebrations, sporting events and excursions have a plan to maintain safe inclusion of children.
9. Appropriate hygiene practices are followed when managing medical conditions in line with the Control of Infectious Diseases Policy
10. Risk minimisation plans will be reviewed in collaboration with families

Communication Plan

A communication plan will be created after the meeting with the parents/guardian to ensure:

1. All relevant staff members and volunteers are informed about the medical conditions policy and the Individual Health Management Plan and Risk Minimisation Plan for the child; and
2. An individual child communication book is created so that a parent can communicate any changes to the Individual Health Management Plan and Risk Management Plan for the child.
3. At all times, families who have a child attending the Service who have a diagnosed medical condition will be provided with a copy of this policy which includes a communication plan and any other relevant policies.

Information that must be provided on all Enrolment Forms

The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the service:

- Anaphylaxis (Diagnosed at risk of anaphylaxis)
- Asthma
- Diabetes
- Food Allergies/Intolerances or non-food related Allergies.
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner using the Enrolment Form and at any point during the child's education and care at the service.

STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations 2018
  - Regulation 90 Medical conditions policy
  - Regulation 90(1)(iv) Medical Conditions Communication Plan
  - Regulation 91 Medical conditions policy to be provided to parents
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication
  - Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency
  - Regulation 95 Procedure for administration of medication
  - Regulation 96 Self-administration of medication
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Australian Government Guidelines: Get Up and grow: Healthy Eating and Physical Activity for Early Childhood" Food Standards Australia New Zealand
- Australian Guidelines for Prevention and Control of Infection in Healthcare (2010)
- **Staying Healthy –** Preventing infectious diseases in early childhood education and care services – 5th Edition

- Children with Medical conditions attending education and care services
- Dealing with medical conditions

2.02 Medication Policy

INTRODUCTION

In an OOSH environment, it is only natural that a child/ren may require medication administered due to Medical Conditions, Illness, and Infection etc. Meticulous attention must be sought where Medication enters the service, required to be administered, and stored correctly. This policy has been developed with guidance from National Law, National Regulation, National Quality Framework, Information from recognised Authorities, and Information from Staying Healthy in Childcare 5th Edition, to ensure our services are implementing and executing correct and safe practises for something of high-risk nature.

PURPOSE

Cubby OOSH aims to facilitate effective care and health management of children who are taking medication for health problems, prevention, and management of acute episodes of illness or medical emergencies by the safe administration of medication and compliance with the regulations.

SCOPE

Families requesting the administration of medication will be required to follow the guidelines developed by the Cubby OOSH to ensure the safety of children and educators. Cubby OOSH will follow legislative guidelines and standards in order to ensure the health of children, families and educators at all times.

Definitions

The term '**medication'** can be defined as a drug or form of medicine that is used to treat or prevent disease. Medication can be prescribed or non-prescribed:

Prescribed medication is:

- authorised by a Medical Practitioner
- distributed by a pharmacist with a printed pharmaceutical label, which includes:
    1. The name of the child being prescribed the medication
    2. Medication dosage
    3. Expiry date

Non-prescribed medication is:

- over-the-counter medication e.g. Paracetamol, nappy rash creams, etc.
- medication distributed by a naturopath
- complementary or alternative medication such as vitamins, herbs or home remedies

Short Term Medications

This applies to medications that are only prescribed for a short period of time. Families are to complete a Medication Authority Form when requesting that medication is given. The form is to include the child's name, the medication, date, purpose and dosage of medication, time of administration and the parents/guardian's signature. This form is to be completed every day that the medication is required for each medication.

Long Term Medications

This applies to medications that may be prescribed for administration over a prolonged period on a regular basis, e.g. asthma preventatives. Parents are to complete a Long Term Medication Authority Form when requesting that medication is given accompanied with a letter from the doctor who outlines the health condition being treated, the purpose of the medication, and instructions on its administration, side effects of monitoring for, and an emergency or first aid care plan if relevant. This form must be renewed every six months or if there is any change to the medication, e.g. dosage to be given.

- All Medication Authority forms will be kept in a secure and confidential file until the child turns 25 years of age.
- If there is a disagreement between family members, including between custodial and a noncustodial, Department of Education and Communities will be contacted for advice. No medication will be given until advice has been obtained by Department of Education and Communities.
- If in the event that a child refuses to take their medication, the educator will not force them and parents/guardian will be contacted immediately.
- All medication will be cross checked and administered using the 5 rights:

1. Right Child
2. Right Medication
3. Right Time
4. Right Dose
5. Right Manner (indicated on medication label and Authority Form i.e. with food)

IMPLEMENTATION

Guidelines for Completing Medication Authority form

- The Medication Authority form must be complete in full by the parent/guardian.
- Where possible, if families require assistance to complete the Medication Authority Form, the Responsible person or Team member will show this support.
- The Responsible Person/Team Leader to check the form in full prior to the family member/guardian leaving premises.
- If Families have failed to complete the form in full, and are no longer on premises, the Nominated Supervisor/Responsible person will email/fax/scan the document over to the parent/guardian to finish completion of the form. Medication will not be administered until this is complete.
- Over the phone authorisation is not accepted at Cubby OOSH.

Guidelines for Acceptance and Refusal of Medication

- The service will only accept the child's medication if the Medication Authority Form is completed.
- The service will only accept the Child's medication if the Medication matches the medication stated on the Medication Authority form.
- For prescribed medication, the service will only accept the Medication if this is accompanied by a Medical Practitioner/Doctors letter, or has a Management Plan as outlined in the Medical Conditions Policy
- The service will only accept the Medication if it is in its original packaging, and not evidence of the packaging being tampered with.
- Parents/Guardians must ensure to physically hand an Educator the Medication, and is not to be left in their child's bag which could impose risk for other children.

- If refusal does occur, Parents/guardians will be required to make alternative arrangements to administer the Medication to their child.

Guidelines for Storing Medication

- All medication will be securely stored in a locked cupboard, should the medications require refrigeration they will be placed at the back of the refrigerator on the top shelf, in a childproof container
- Any medication, cream or lotion kept on the education and care premises will be checked every three months for expiry dates in conjunction with the First Aid Checklist. A list of first aid kit contents close to expiry or running low will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies. If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.
- No medication will be administered if it is past the product expiry date.

Guidelines for transporting Medication (OSHC Arrival/Departure, Excursions etc)

- If Medication is required to be transported on a bus or out on an excursion, the Medication that is required and the Medication Authority Form must be present, and in safe storage with an Educator at all times, in a locked box/storage container (not accessible to children)

- Once arrival back to the service, the Medication will be stored correctly, along with the Medication Authority Form
- High levels of communication is required between team members at the service, and those transporting children outside of the service in relation to any Children in attendance with Medication.
- Medication being delivered to a Primary school for Before School Care, the Team member must physically pass the Medication onto the School Teacher.
- Medication will only be picked up from Primary school if the service has written consent from parents/guardians to do so.

Team member /persons responsible for administering medication

- Only Senior Educators can administer medication. Two Senior Educators at all times will check the medication and dosage and sign the Medication Authority Form once the medication has been administered. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations.
- For School Age children, as outlined in the National Regulations, can administer Medication themselves under the provision that two Educators are witness to this occurring, and the service has written permission from Families/Guardians for their children to do so.

Guidelines for administration of paracetamol

NOTE: Staying Healthy in Childcare 5th Edition states that a normal temperature of a child can be up to 38 Degrees.

Cubby OOSH will contact families if a child's temperature reaches **38°C or higher.** Cubby House will administer paracetamol, with prior written authorisation and after non-medicated measures are attempted. To try to reduce the child's fever and discomfort, after exerting all other options to assist in reducing their temperature.

- Providing fluids
- Removing excess clothing with Child's permission
- Place child in a cool area, and not remain in direct sunlight/outdoors where possible.
- Provide the child with a damp cloth to aid in cooling down

Guidelines for Notifying the Department if required:

- The Department will need to be notified in 24 hours in the event that there is a breach to the National Law and Regulation in relation to this policy, an incident involving Medication, or if Ambulance personnel are called to the service.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
  - Regulation 90 Medical conditions policy
  - Regulation 91 Medical conditions policy to be provided to parents
- Work health and Safety Act 2011
- National Quality Standards
  - Standard 2.1 Health

- Standard 2.2 Safety

SOURCES

- ACECQA
- Australian Government Guidelines: Get Up and grow: Healthy Eating and Physical Activity for Early Childhood" Food Standards Australia New Zealand
- Australian Guidelines for Prevention and Control of Infection in Healthcare (2010)
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Children with Medical conditions attending education and care services
- Dealing with medical conditions
- Safety and Quality

2.03 Administration of First Aid Policy

INTRODUCTION

First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an early childhood service where Educators have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

PURPOSE

Our Service has a duty of care to provide and protect the health and safety of children, families, educators and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Perform Basic First Aid
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Monitor ill or injured persons in the recovery stage
- Apply additional first aid tactics if the condition does not improve
- Ensure the environment is safe and other people are not in danger of becoming ill or injured.

SCOPE

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, basic first aid, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation

in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

IMPLEMENTATION

Management is responsible for:

- Safeguarding every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury
- Ensuring that at least one educator is in attendance at all times with current approved first aid qualifications and is immediately available at all times that children are being educated and cared for by the Service. This can be the same person who has undertaken current approved anaphylaxis management training and undertaken current approved emergency asthma management training.
- Ensuring that at least one educator has undertaken current approved anaphylaxis management training.
- Ensuring that at least one educator has undertaken current approved emergency asthma management training.
- The Centre Food Supervisor is the nominated first aid officer. (LDC)
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised.
- Ensuring that first aid training details are recorded and kept up to date on each staff member's record.
- Ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies.
- Ensuring that parents are notified by the Nominated Supervisor or the Responsible Person or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the Incident, Injury, Trauma and Illness Record.
- Ensuring the Regulatory Authorities are notified through the ACECQA portal by the Nominated Supervisor or the Responsible Person within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service.

- The Nominated Supervisor will provide or refer educators for debriefing and mental health support following a serious incident involving trauma or injury, in line with the service's Staff Wellbeing Policy.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the Service.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.
- Ensuring that the authorisation by parents in relation to medical treatment of their child or children and transportation of their child or children by an ambulance service meets the requirements of National Regulation 161.

The Nominated Supervisor/ Responsible Person will:

- Maintain a current approved first aid qualification
- Support staff when dealing with a serious incident, trauma
- Provide and maintain an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards
- Provide and maintain a transportable first aid kit that can be taken to excursions and other activities
- Monitor the contents of all first aid kits and arranging replacement of stock, including when the use-by date has been reached
- Dispose of out-of-date materials appropriately
- Ensure safety signs showing the location of first aid kits are clearly displayed
- Ensure that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA.
- Provide internal training of the administration of an auto-injection device annually and documenting on staff files
- Keep up to date with any changes in the procedures for the administration of first aid
- Contact families by the Nominated Supervisor or the Responsible Person immediately if a child has had a head injury whilst at the Service.

- Ensure that appropriate documentation is being recorded by Nominated Supervisor / Responsible Person regarding incidents, injury, trauma and illnesses and the administration of first aid. Documentation of the following must be recorded;
  - Name and age of the child
  - Circumstances leading to the incident, injury, trauma or illness (including any symptoms)
  - Time and date
  - Details of action taken by the service including any medication administered, first aid provided or
  - Medical personnel contacted by the Nominated Supervisor or the Responsible Person
  - Details of any witnesses
  - Names of any person the service notified or attempted to notify, and the time and date of this
  - Signature of the person making the entry, and time and date of this.

Educators will:

- Implement appropriate first aid procedures when necessary. This includes basic first aid and emergency aid.
- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
- Practice CPR and administration of an auto-injection device annually
- Ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- Ensure that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record accurately.
- Conduct a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised

Parents will:

- Sign Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child.
- Provide the required information for the Service's medication record
- Provide written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required.
- Be contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

Basic First Aid Procedure

The following procedure will be implemented if there is an accident, illness or injury that requires first aid:

1. Educator or staff member will inform the Nominated Supervisor and a first aid qualified educator of the incident, illness or injury
2. Nominated Supervisor or first aid qualified educator will review the child's medical information including any medical information divulged on the child's enrolment form and medical management plan before the first aid qualified educator attends to the injured or ill child or adult.
   (a) If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult following their Medical Management Plan.
3. The Nominated Supervisor and educators shall supervise and care for children in the vicinity of the incident, illness or injury.
4. If required, the first aid qualified educator or Nominated Supervisor alerts medical practioners/ambulance.
5. The first aid qualified educator or Nominated Supervisor notifies parent or emergency contact, informing them that the child requires medical attention from a medical practitioner

   Or
6. The first aid qualified educator or Nominated Supervisor contacts parent or emergency contact to collect child from the Service.
7. The Nominated Supervisor ensures Incident, Injury, Trauma and Illness Record is completed in its entirety and the parent is notified immediately and the regulatory authority is notified by the Approved Provider as soon as possible and within 24 hours of the injury, illness or trauma.

Serious Incident Procedure

Any Educator who is the first to arrive at the scene of an injury or sudden illness MUST:

1. Assess the situation quickly – check for danger;
2. Identify the nature of the injury or illness as far as possible;
3. Arrange for assistance from other Educators;
4. Notify Nominated Supervisor or Responsible person who will call for emergency services and parents;
5. Stay with the child/casualty and assist the child/casualty to the best of their ability until able to hand-over to a First Aid Officer or health care professional;
6. Give further assistance if necessary or as directed;
7. Nominated Supervisor ensures Incident, Injury, Trauma and Illness Record is completed in its entirety and parent and the regulatory authority is notified of the injury, illness or trauma as soon as possible and within 24 hours by the Approved Provider.

Anaphylaxis First Aid
Please refer to the "Anaphylaxis Policy"

Asthma First Aid
Please refer to the "Asthma Policy"

Diabetic Emergency First Aid
Please refer to the "Diabetes Policy"

First Aid Kit

The Approved Provider of the Service will ensure that first aid kits are kept in accordance with National Education and Care Service Regulations.
All First Aid Kits at the Service must:

- Be suitably equipped
- Not be locked
- Not contain paracetamol
- Be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service.
- Be easily accessible to staff and educators
- Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
- Contain a list of the contents of the kit.
- Be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not depreciated or expired.
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- Be easily recognisable
- Be easy to access and if applicable, located where there is a risk of injury occurring.
- Include emergency telephone numbers, the phone number and location of the nearest first aid trained educators
- Be given precautionary measures such as sunscreen protection and portable water if working outdoors.
- Be taken on excursions and be attended by First Aid qualified educators.
- Be maintained in proper condition and the contents restocked as required.

These individuals are responsible for conducting and maintaining each first aid kit by complying with the First Aid Checklist, certifying each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. This will occur after each use or if unused, at least annually.

Individuals along with the Nominated Supervisor will also consider whether the first aid kits and components are appropriate and effective for the Service's hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the Nominated Supervisor.

First Aid Kit Checklist

Our Service will use the Checklist in Safe Work Australia's First Aid in the Workplace Code of Practice as a guide to what to include in our First Aid Kit.
https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at our Service and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to help us make a knowledgeable decision about what to include.

For further advice on first aid in the workplace, refer to the following website for state and territory specifications. https://www.safeworkaustralia.gov.au/first-aid

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National regulations
- Education and Care Services National Regulations 2018
  - Regulation 12 Meaning of serious incident
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 88 Infectious diseases
  - Regulations 89 First aid kits
  - Regulation 97 Emergency and evacuation procedures
  - Regulations 136 First aid qualifications
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 168 Education and care service must have policies and procedures
  - Regulation 174 Prescribed information to be notified to Regulatory Authority
  - Regulation176 Time to notify certain information to Regulatory Authority
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- United Nations Convention on the Rights of a Child
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- First Aid Contents Checklist
- Safe Work Australia Legislative Fact Sheets First Aiders
- Safe Work Australia First Aid in the Workplace Code of Practice

2.04 Child Protection Policy

INTRODUCTION

Our Service is committed to the safety, wellbeing and support of all children and young people. Management, Staff and volunteers will treat all children with the utmost respect and understanding.

Our Service believes that:

Children are capable of the same range of emotions as adults. Children's emotions are real and need to be accepted by adults.

A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour.

Children, who preserve, enhance and better understand their body's response to an emotion are more able to predict the outcome from a situation and evade them or ask for help.

PURPOSE

All Educators, Staff and Volunteers are committed to identifying possible risk and significant risk of harm to children and young people at the Service. We comprehend our duty of care responsibilities to protect children from all types of abuse and adhere to our legislative obligations at all times.

We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will perform proficiently and act in the best interests of the child, assisting them to develop to their full potential in a secure and caring environment.

The Centre staff carries out its responsibilities as legislated mandatory reporters and follows the procedures outlined by the NSW Department of Community Services and the Commission for Children and Young Persons.

SCOPE

This policy applies to children, families, staff, management and visitors of the Service.

What is Abuse?

There are four types of child abuse:

1. **Physical Abuse**
2. **Sexual Abuse**
3. **Emotional Abuse**
4. **Neglect**

Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time.

Definition

Maltreatment refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically abuse refers to acts of commission and neglect refers to acts of omission. Note that in practice the terms child abuse and child neglect are used more frequently than the term child maltreatment.

Risk of Significant Harm (ROSH) refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent.

What is significant is not minor or trivial, and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing.

In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

Reasonable grounds refer to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:

First hand observation of the child or family

What the child, parent or other person has disclosed

What can reasonably be inferred based on observation, professional training and/ or experience.

Mandatory Reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. Mandatory reporting is regulated by the following Legal provisions:

State Specific	Legal Provisions
NSW	Children and Young Persons (Care and Protection) Act 1998 (NSW)
ACT	Children and Young People Act 2008 (ACT)
QLD	Child Protection Act 1999 (Qld)
VIC	Children, Youth and Families Act 2005 (Vic)

Mandatory Reporting

Mandatory reporters are people who deliver the following services, wholly or partly, to children as part of their paid or professional work:

Health care (e.g. registered medical practitioners, specialists, general practice nurses, midwives, occupational

therapists, speech therapists, psychologists, dentists and other allied health professionals working in sole practice or in public or private health practices)

Welfare (e.g. psychologists, social workers, caseworkers and youth workers) Education (e.g. teachers, counsellors, principals)

Children's services (e.g. child care workers, family day carers and home-based carers) Residential services (e.g. refuge workers)

Law enforcement (e.g. police)

All staff have a responsibility to recognise and respond to safety, welfare and wellbeing for children and young people and inform management. According to state specific Acts, mandated reporters (including people employed in children's

services and unpaid managers of these services) must make reports if they suspect on reasonable grounds a child is at risk of significant harm because:

the child's basic physical or psychological needs are not being met or are at risk of not being met

the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care

the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education

the child has been, or is at risk of being physically or sexually abused or ill-treated

the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm

the parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm.

Decisions About Reporting

Mandatory reporters across states in which Cubby OOSH Operate in, should contact their state specific contacts if they have concerns that a child or young person is at risk of being neglected or physically, sexually or emotionally abused.

Inform the Nominated Supervisor of suspicions or disclosure of abuse/neglect after consulting the "Mandatory Reporter Guide" (https://reporter.childstory.nsw.gov.au.)

State Specific	State Child Protection / Mandatory Reporting Contacts
NSW	Phone: 13 21 11 (Immediate Danger: 000)
	Child Protection website
	https://reporter.childstory.nsw.gov.au.
ACT	Phone: 1300 556 729 (Immediate Danger: 000)
	Child Protection website
QLD	Ph: 1800 177 135 or (07) 3235 9999 (Immediate Danger: 000)
	Child Protection website
VIC	Phone: 1300 664 977 (Immediate Danger: 000)
	Child Protection website

State specific websites/Mandatory Reporters Guides supports mandatory reporters to:

determine whether a report to the Child Protection Helpline is needed for concerns about possible abuse or neglect of a child (including unborn) or young person

Identify alternative ways to support vulnerable children, young people and their families where a mandatory

reporter's response is better served outside the statutory child protection system

It is recommended that mandatory reporters document and complete a "Mandatory Reporter Guide" (https://reporter.childstory.nsw.gov.au) report on each occasion they have risk concerns, regardless of their level of experience or expertise. Each circumstance is different, and every child and young person is unique. "Childstory" will determination what happens next and steps need to be taken.

Indicators of Abuse

There are common physical and behavioural signs that may indicate abuse or neglect. The presence of one of these signs does not necessarily mean abuse or neglect. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated in the perspective of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing and may be intentional or unintentional.

General indicators of abuse and neglect may include:

Marked delay between injury and seeking medical assistance History of injury

The child gives some indication that the injury did not occur as stated The child tells you someone has hurt him/her

The child tells you about someone he/she knows who has been hurt

Someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

Neglect

Child neglect is the continuous failure by a parent or caregiver to provide a child with the basic things needed for their growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision. Some examples are:

Inability to respond emotionally to the child Child abandonment

Depriving or withholding physical contact Failure to provide psychological nurturing Treating one child differently to the others

Indicators of Neglect in children

Poor standard of hygiene leading to social isolation Scavenging or stealing food

Extreme longing for adult affection

Lacking a sense of genuine interaction with others Acute separation anxiety

Self-comforting behaviours, e.g. rocking, sucking Delay in development milestones

Untreated physical problems

Physical Abuse

Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers:

Make direct admissions from parents about fear of hurting their children Have a family history of violence

Have a history of their own maltreatment as a child Make repeated visits for medical assistance

Indicators of Physical Abuse

Facial, head and neck bruising Lacerations and welts

Explanations are not consistent with injury

Bruising or marks that may show the shape of an object Bite marks or scratches

Multiple injuries or bruises

Ingestion of poisonous substances, alcohol or drugs Sprains, twists, dislocations

Bone fractures Burns and scalds

Emotional Abuse

Emotional abuse occurs when an adult harms a child's development by repetitively treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. This may include:

Constant criticism, being condescending, teasing of a child or ignoring or withholding admiration and affection Excessive or unreasonable demands

Persistent hostility, severe verbal abuse and rejection Belief that a specific child is bad or 'evil'

Using inappropriate physical or social isolation as punishment Exposure to domestic violence

Indicators of emotional abuse

Feeling of worthlessness about them Inability to value others

Lack of trust in people and expectations Extreme attention seeking behaviours

Other behavioural disorders (disruptiveness, aggressiveness, bullying)

Sexual Abuse

Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or taking advantage of their trust. Children are often bribed or threatened physically and psychologically to make them partake in the activity. Educators will be predominantly conscious of looking for potential sexual abuse if parents or caregivers are suspected of or charged with child sexual abuse or display inappropriate jealousy regarding age appropriate development of independence from the family. Sexual abuse may include:

Exposing the child to sexual behaviours of others

Coercing the child to engage in sexual behaviour with other children Verbal threats of sexual abuse

Exposing the child to pornography

Indicators of Sexual Abuse

They describe sexual acts

Direct or indirect disclosures

Age inappropriate behaviour and/or persistent sexual behaviour

Self-destructive behaviour

Regression in development achievements

Child being in contact with a suspected or known perpetrator of sexual assault Bleeding from the vagina or anus

Injuries such as tears to the genitalia

Psychological Abuse

Psychological harm occurs where the behaviour of the parent or caregiver damages the confidence and self-esteem of the child, resulting in serious emotional deficiency or trauma. In general, it is the frequency and duration of this behaviour that causes harm. Some examples are:

Excessive criticism

Withholding affection

Exposure to domestic violence

Intimidation or threatening behaviour

Indicators of psychological abuse

Constant feelings of worthlessness Unable to value others

Lack of trust in people

Lack of people skills necessary for daily functioning Extreme attention seeking behaviour

Extremely eager to please or obey adults

Takes extreme risks, is markedly disruptive, bullying or aggressive Suicide threats

Running away from home

Domestic Violence

Domestic violence, or intimate partner violence, is a violation of human rights. It involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.

Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour by a man against a woman. Living with domestic violence has a profound effect upon children and young people and may constitute a form of child abuse.

Indicators of Domestic Violence

Show aggressive behaviour Develop phobias & insomnia Experience anxiety

Show systems of depression Have diminished self esteem

Demonstrate poor academic performance and problem-solving skills Have reduced social competence skills including low levels of empathy Show emotional distress

Have physical complaints

IMPLEMENTATION

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. Educators have an important role to support children and young people and to identify concerns that may jeopardise their safety, welfare or wellbeing. To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to keep up to date, by completing Child Protection Awareness Training, ensuring they keep up to date with their current responsibilities as Mandatory Reporters.

NOTE: The reporter is not required to prove that abuse has occurred.

Management/Nominated Supervisor will ensure:

The Service and any certified supervisor in day-to-day charge of the Service have successfully completed a course in child protection approved by the Regulatory Authority.

All employees and volunteers are:

Clear about their roles and responsibilities regarding child protection.

Aware of their requirements to immediately report cases where they believe a child is at risk of significant harm to the Child Safety Services.

Aware of the indicators showing a child may be at risk of harm or significant risk of harm.

Aware of their mandatory reporting obligations to report suspected risk or significant risk of harm Training and development are provided for all educators, staff and volunteers in child protection.

To provide educators with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.

To validate a cleared Working with Children's Check / Card.

To provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.

Records of abuse or suspected abuse are kept in line with the Service's Privacy and Confidentiality Policy.

To notify the state child protection Authority of details of employees whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.

To notify the regulatory authority of any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service

To notify the regulatory authority of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.

Accusations against Educators

The Approved Provider has the legislative obligation under the Reportable Conduct Scheme to notify the Office of the Children's Guardian (OCG) of reportable allegations and convictions against their employees (including volunteers and contractors), investigate the allegation and advise the Office of the outcome. In addition, the Approved Provider must take appropriate action to prevent reportable conduct by employees.

The Children's Guardian Act 2019, effective 1 March 2020, defines the head of an organisation as a 'relevant entity'.

An approved education and care service is listed at Schedule 1 of the Act as an 'entity'.

All staff members have an obligation to report relevant allegations of a child protection nature as part of the Reportable Conduct Scheme to the Approved Provide or OCG. This reportable conduct may have occurred either within work hours or outside work hours. A child is anyone under the age of 18 at the time of the alleged conduct occurred.

The Approved Provider must notify the Children's Guardian within seven (7) business days and conduct an investigation into the allegations. 7-day notification form Reportable Conduct Directorate: (02) 8219 3800. (Monday – Friday)

A final report of the investigation must be ready to submit within 30 calendar days or provide information about the progress of the investigation to the Children's Guardian. 30 Day interim report form

The Approved Provider must send a report to the Office of the Children's Guardian that enables the Office of the Children's Guardian to determine whether the investigation was completed satisfactorily and whether appropriate action was or can be taken.

The Approved Provider must ensure an appropriate level of confidentiality of information relating to the reportable allegations as per the Act or other legislation. The heads of relevant entities have obligations under section 57 of the Act to disclose 'relevant information' to the following persons unless they are satisfied that the disclosure is not in the public interest:

- **a child to whom the information relates**
- **a parent of the child**
- **If the child is in out-of-home care- an authorised carer that provides out-of-home care to the child. The Children's Guardian will monitor the entity's response and may conduct their own investigation.**

The Children's Guardian Act 2019 defines reportable conduct as:

a sexual offence has been committed against, with or in the presence of a child sexual misconduct with, towards or in the presence of a child

ill-treatment of a child neglect of a child

an assault against a child

behavior that cause significant emotional or psychological harm to the child

Documenting Suspicion of Harm

If educators have concerns about the safety of a child they will:

Record their concerns in a non-judgmental and accurate manner as soon as possible.

Record their own observations as well as precise details of any discussion with a parent (who may for example

explain a noticeable mark on a child).

- **Not endeavour to conduct their own investigation.**

Document as soon as possible so the details are accurately apprehended including:

- **Time, date and place of the suspicion**
- **Full details of the suspected abuse**
- **Date of report and signature**

Documenting A Disclosure

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

When receiving a disclosure of harm the Service will:

- **Remain calm and find a private place to talk**
- **Not promise to keep a secret**
- **Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe**
- **Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries**
- **Not attempt to conduct their own investigation or mediate an outcome between the parties involved**

Document as soon as possible so the details are accurately captured including:

- **Time, date and place of the disclosure**
- **'Word for word 'what happened and what was said, including anything they said and any actions that have been taken**
- **Date of report and signature.**

Notifications of abuse

The person making a notification of abuse or suspected abuse will make a record of the answers to the following:

Give the child or young person your full attention. Maintain a calm appearance.

Don't be afraid of saying the 'wrong' thing.

Reassure the child or young person it is right to tell.

Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult.

Let the child or young person take his or her time.

Let the child or young person use his or her own words. Don't make promises you can't keep.

Tell the child or young person what you plan to do next. Do not confront the perpetrator.

Confidentiality

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the complaint should not inform the person they have made the complaint about. This ensures the matter can be investigated without prior knowledge and contamination of evidence.

Protection for reporters

Reports made to Child Protection Services are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. If the report is made in good faith:

The report will not breach standards of professional conduct The report can't lead to defamation proceedings

The report is not admissible in any proceedings as evidence against the person who made the report A person cannot be compelled by a court to provide the report or disclose its contents

The identity of the person making the report is protected.

A report is also an exempt document under the Right to Information Act 2009.

Breach of Child Protection Policy

All educators and staff working with children have a duty of care to support and protect children. A duty of care is breached if a person:

Does something that a reasonable person in that person's position would not do in a particular situation Fails to do something that a reasonable person in that person's position would do in the circumstances Acts or fails to act in a way that causes harm to someone the person owes a duty of care.

Managing A Breach in Child Protection Policy

Management will investigate the breaches in a fair, unbiased and supportive manner by:

Discussing the breach with all people concerned will be advised of the process Giving the educator the opportunity to provide their version of events

Documenting the details of the breach, including the versions of all parties and the outcome will be recorded Ensuring the matters in relation to the breach are kept confidential

Approaching an appropriate outcome which will be decided based on evidence and discussion

Outcome of A Breach in Child Protection Policy

Depending on the nature of the breach outcomes may include:

Emphasising the relevant element of the child protection policy and procedure Providing closer supervision

Further education and training

Facilitating between those involved in the incident (where appropriate) Disciplinary procedures if required

Reviewing current policies and procedures and developing new policies and procedures if necessary.

Educating Children About Protective Behaviour

Our program will educate children

About acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding.

About their right to feel safe at all times.

To say 'no' to anything that makes them feel unsafe or uncomfortable. About how to use their own knowledge and understanding to feel safe.

To identify signs that they do not feel safe and need to be attentive and think clearly.

That there is no secret or story that is too horrific, that they can't share with someone they trust. That educators are available for them if they have any concerns.

To tell educators of any suspicious activities or people.

To recognise and express their feelings verbally and non-verbally. That they can choose to change the way they are feeling.

The Child Safe Standards External link - provide a benchmark against which organisations can assess their child safe capacity and set performance targets. The Standards provide tangible guidance for organisations to drive a child safe culture, adopt strategies and act to put the interests of children first, to keep them safe from harm.

The 10 Child Safe Standards are:

1. Child safety is embedded in organisational leadership, governance and culture
2. Children participate in decisions affecting them and are taken seriously
3. Families and communities are informed and involved
4. Equity is upheld and diverse needs are taken into account
5. People working with children are suitable and supported
6. Processes to respond to complaints of child abuse are child-focused
7. Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training
8. Physical and online environments minimise the opportunity for abuse to occur
9. Implementation of the Child Safe Standards is continuously reviewed and improved
10. Policies and procedures document how the organisation is child safe.

The Office of the Children's Guardian is an independent statutory body that promotes the interests, safety and rights of children and young people in NSW. The core functions of the Office of the Children's Guardian include administering Working with Children Checks, Reportable Conduct Scheme and implementation of the Child Safe Standards.

https://education.nsw.gov.au/early-childhood-education/working-in-early-childhood-education/child-safety/standards

Responding to Allegations of Harmful Sexual Behaviours by a Child

Our Service recognises that children may sometimes display behaviours that are sexually inappropriate or harmful toward others. We are committed to ensuring a safe and supportive environment for all children and acknowledge our responsibility to respond appropriately and sensitively to these situations.

- Any concerns, disclosures, or observations of harmful sexual behaviours will be reported immediately to the **Nominated Supervisor**.
- Staff will follow mandatory reporting procedures and document the concern factually and confidentially.

- The **NSW Mandatory Reporter Guide** will be used to assess whether the behaviour meets the threshold for a **Risk of Significant Harm (ROSH)**.
- If ROSH is suspected, the concern will be reported to the **Child Protection Helpline (13 21 11)** immediately.

- Where appropriate and after consultation with Child Protection authorities, families of both the child displaying harmful behaviour and the alleged victim will be notified in a sensitive and confidential manner.

- Safety plans will be developed in consultation with relevant stakeholders to protect all children involved and ensure continued participation in a supportive environment.

- Both the child exhibiting the behaviour and the alleged victim will be supported with access to age-appropriate resources, individual behaviour guidance strategies, and if required, referrals to external services.
- Educators will adopt a trauma-informed approach and maintain neutrality and professionalism throughout the process.

External Support and Services

- Where required, referrals may be made to:
  - **NSW Health Child and Adolescent Mental Health Services (CAMHS)**
  - **School counselling and wellbeing services**
  - **Child Protection Services**
  - **Specialist Behaviour Support Services**

This section aligns with **Child Safe Standard 6: Processes to respond to complaints of child abuse are child-focused**, and reflects our ongoing commitment to ensuring the wellbeing of every child.

STATUTORY LEGISLATION & CONSIDERATIONS

Education and Care Services National Law Act 2010

- **Section 167 Offence relating to protection of children from harm and hazards**
- **Section 170 Offence relating to unauthorised persons on education and care services premises**
- **Section 171 Offence relating to direction to exclude inappropriate persons from education and care service premises**
- **Section 175 Offence relating to requirement to keep enrolment and other documents**

Education and Care Services National Regulations 2011

- **Regulation 84 Awareness of child protection law**
- **Regulation 181 Confidentiality of records kept by approved provider**
- **Regulation 181-184 Confidentiality and storage of records**
- **Regulation 273 Course in child protection**

Commission for Children and Young People and Child Guardian Act 2000 Crimes Act 1900

Family Law Act 1975 (Cth)

https://www.legislation.qld.gov.au/view/html/asmade/act-2017-044 National Quality Standards

- **Standard 2.1 Health**
- **Standard 2.2 Safety**

SOURCES

My Time Our Place Framework

ACECQA

ECA Code of Ethics.

https://www.kidsguardian.nsw.gov.au/child-safe-organisations/reportable-conduct-scheme/fact-sheets https://www.kidsguardian.nsw.gov.au/child-safe-organisations/training-and-resources/webinars-and-

face-to-face-training

United Nations Convention on the Rights of the Child (1989) National Comparison of Child Protection Systems

https://aifs.gov.au/cfca/publications/national-comparison-child-protection-systems

https://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx https://aifs.gov.au/cfca/publications/reporting-abuse-and-neglect

Signs of Safety

NSW Department of Education – Child Safe Standard

NSW Government - Office of the Children's Guardian

2.05 Hygiene Policy

INTRODUCTION

The maintenance of a healthy, hygienic environment is essential for the safety, health and well-being of children, educators, families and visitors to our Services.

PURPOSE

Cubby OOSH aims to provide a healthy and hygienic environment that facilitates the health of the children, educators, families and visitors. Cubby OOSH ensures that all those utilising the Early Learning Centre follow prescribed preventative measures for infection control. Educators should always maintain and model appropriate hygiene practices to ensure children have positive role models.

SCOPE

- Clear expectation of all Cubby OOSH policies relating to hygiene practise, procedures and policies
- Team members are educated on hygiene expectations upon induction into the service
- Appropriate cleaning of Team Members and external cleaners is executed to a high standard.
- Families are Educated and provided information / fact sheets about topics related to hygiene

IMPLEMENTATION

Cubby OOSH ensures:

- All toilet facilities have access to a basin or sink with running hot and cold water. Hot water will not be accessible in the children's bathroom in a LDC environment for safety purposes. The *Australian / New Zealand Standard AS/NZS 3500 – Plumbing and drainage* Standard states that basins, baths and showers within a child care setting must not exceed greater than a temperate of 45 Degrees (OOSH Services).
- All toilet, kitchen and wet area facilities have soap and paper towel/ hand driers for washing and drying hands.
- Females have access to proper feminine hygiene disposal.
- All educators replenish consumables on an ongoing day to day basis to uphold this hygiene procedure. Toilets, hand basins and kitchen facilities are cleaned and disinfected daily.
- Hand washing by educators and children takes place, without fail, before preparing or eating food and after all potentially unhygienic tasks such as toileting, cleaning up any items, wiping a nose, before and after administering first aid, playing outside or handling an animal.
- Educators must maintain and model a high standard of appropriate hygienic practices and encourage the children to follow such routines.
- Education in proper practices is conducted on a regular basis, either individually or in groups. Health and hygiene practices can be highlighted to parents through observed routines and also through information sheets or posters.
- All educators wear disposable gloves when in contact with blood, open sores or other bodily substance, clothes contaminated with bodily fluids or when cleaning up a contaminated area. Educators wash their hands with soap and water after removal and appropriate disposal of the gloves.
- Should an educator suffer from a non-contagious skin irritation such as dermatitis, have a cut or minor open wound, they wear disposable gloves. Used gloves are disposed of safely.

- All surfaces are cleaned with warm soapy water after each activity and at the end of the day.
- All contaminated surfaces are immediately disinfected.
- All toys are washed, cleaned and disinfected on a regular basis. Please see Toy Washing Policy.
- All material items such as towels, dress-up clothing and cushion covers are laundered regularly.

- Children are not permitted to share hats.
- Each child is provided with their own drinking and eating utensils. Children are reminded not to share drinks, utensils or to use items that have been dropped on the floor.
- All cups, plates and utensils are washed in hot, soapy water.
- Disposable plates, utensils will be provided where there isn't any washing up options
- Bins are emptied, wiped down and disinfected daily.

Educators will:

- Maintain high standards of personal care to minimise the spread of infectious diseases.
- It is expected that all staff members will strive to adhere strictly to the procedures listed.
- All staff members are trained in the centre's health and hygiene policies.
- Educators should not attend work if unwell, a Doctor clearance is requested when returning to work after sick leave.
- All open wounds and sores are covered to prevent infection.
- For the comfort and health of children and co-workers, educators are asked to:
    - Use deodorant daily
    - Avoid smoking before or during work to avoid unpleasant and irritating odours (the workplace is strictly NON-SMOKING)
    - dress in the appropriate company uniform (supplied). Educators are not permitted to work if dressed inappropriately
- (Female workers) dispose of sanitary pads and tampons hygienically
- Replace empty toilet rolls when necessary
- Be mindful of mouth odour from any source. (Bad breath is off-putting for both children, families and co-workers.) Breath freshener products may need to be used.

Children learn concepts of good health and hygiene by encouragement to:

- Keep their own body clean
- Keep their hair, nails and teeth clean
- Cover their mouth when coughing
- Cover their nose when sneezing
- Blow their own noses with tissues which are disposed of immediately
- Wash their hands after toileting or blowing their nose
- Wash their hands before eating
- Keep any open sores covered while at the centre
- Know the importance of the need for enough sleep and relaxation

STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
    - Section 301 National regulations
- Education and Care Services National Regulations 2011

- Regulation 77 Health, hygiene and safe food practices
- Regulation 168 Education and care service must have policies and procedures

- Work health and Safety Act 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Australian Government Guidelines: "Get Up and grow: healthy Eating and Physical Activity for Early Childhood"
- Plumbing and Drainage Australia / New Zealand Standards
- Better Health Channel
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Consultation with Relevant Stakeholders associated with Cubby OOSH Early Learning

2.06 Hand Washing Policy

INTRODUCTION

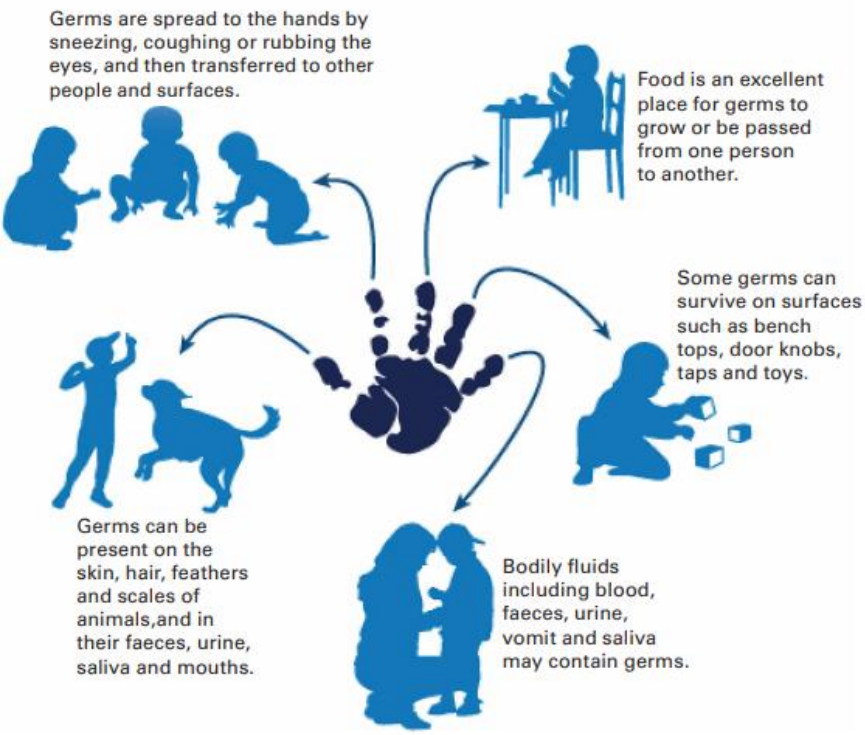
Health authorities state that effective hand washing procedures are the best way to control infection within an environment. "Handwashing with Soap could protect 1 out of every 3 young children who get sick with diarrhea and almost 1 out of 5 young children with respiratory infections like pneumonia" (*Cela).* Correct hand washing is stressed to educators and children as an integral part of the day's activities.

PURPOSE

To ensure regular and appropriate hand washing by educators and children, through encouraging correct hand washing techniques. It is important for children to understand the importance of correct hand washing to minimise the spread of infection.

SCOPE

Germs can spread quite rapidly, and cause the spread of infections. Some of the ways in which diseases can be transmitted is through:



(image from Staying Healthy in Childcare 5th Edition)

Hand hygiene plays a big role in this prevention. At Cubby OOSH, Children are instructed to wash their hands using soap, warm water and a personal towel/hand-dryer regularly throughout the day:

- After arriving at the Centre
- After using the toilet
- Before touching food
- After each meal
- After blowing their nose

- After craft/art activities
- After handling communal toys
- When hands become soiled at other times
- Before leaving for the day to prevent germs being taken home

Educators will wash their hands appropriately:

- Upon arrival at the Centre
- Before and after handling food
- After using the toilet
- After assisting children in craft/art activities
- Before and after administering medication or dressing wounds
- After blowing their own or children's noses
- After assisting a child with toileting
- After performing any cleaning duty
- When hands become soiled at any other time
- Before leaving for the day to prevent germs being taken home

IMPLEMENTATION

Hand Washing Procedure

To wash hands well, it is best practise for the overall hand washing process to take approximately 30 seconds:

1. **Wet** hands with running water
2. **Dispense** soap
3. **Lather** soap and rub hands vigorously, including the wrists, palms, between the fingers, around the thumbs and under the nails. Rub hands together for 15 seconds.
4. **Rinse** well for 10 seconds
5. **Dry** thoroughly.

Alcohol Based Hand Rub:

- Ensure to store the alcohol based hand rub out of reach of children, and to only be used by children if;
  - There is no immediate access to a basin with soap/water
  - If there is adult supervision
- Educators/Families/Visitors to use hand rub only if your hands are not dirty (follow hand washing procedure if hands show signs of visible dirt), and doing so as an extra precaution
- Ensure the service has the SDS of the Hand Rub on premises
- Ensure the bottle of the hand rub is clearly labelled
- Ensure to apply to correct amount as stipulated on the bottle from the manufacturer

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 88 Infectious Disease
  - Regulation 168 (2)(c) Dealing with infectious diseases, including procedures complying with regulation 88
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Cela – Handwashing and Drying

2.07 Toileting Policy

INTRODUCTION

“Toileting rituals are a valuable opportunity to promote children’s learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring, and responsive way builds children’s sense of trust and security—which relates strongly to the My Time Our Place.” Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011.

PURPOSE

Cubby OOSH is committed to providing a hygienic and safe environment for nappy changing and toileting, which minimises the spread of contamination and infectious disease. We believe that toileting rituals provided in a caring and responsive manner are valuable opportunities to promote children’s learning, meet individual needs, and to develop strong relationships with children.

SCOPE

Toileting routines are an excellent opportunity for Educators to:

- Build children’s understanding of what is happening by inviting them to the bathroom and supporting their ability to predict what will happen next in the routine.
- Help children begin to develop and extend their self-help skills, which includes handwashing and dressing, and encouraging the younger children to identify the feeling of accomplishment and pride that come with this.

IMPLEMENTATION

The Nominated Supervisor will:

- Develop systems with educators to ensure that soiled clothing are disposed of or stored in a location that children cannot access.

Educators will:

- Model and promote healthy hygiene practices and hand washing procedures, discussing these with the children and encouraging the children to follow these practices
- Ensure toileting, is carried out at regular intervals throughout the day (or as needed).
- Be aware of and accommodate the possible need to maintain privacy when toileting and dressing.

- Also, if a parent is present and helping their child (toileting in the bathroom), an Educator is required to accompany any other children needing to use the bathroom at the same time.
- Help children begin to develop and extend their self-help skills, which includes handwashing and dressing, and encouraging children to identify the feeling of accomplishment and pride that come with this.
- Appropriate hygiene practices must be maintained, and procedures followed to minimise any risk of infection at all times. Educators will continuously role-model and promote healthy hygiene practices and hand washing procedures, encouraging and supporting the children to follow these practices.
- It is also important to remember that the way that Educators react to soiled or wet underwear, toileting needs, and toileting accidents give children powerful messages about themselves and their bodies and to do so in a respectful manner.

Educators will always maintain effective supervision by:

- Educators will practice effective hygiene by utilising the 'Staying Healthy in Child Care 5th Edition' practices when changing a nappy to reduce the spread of infection.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 88 Infectious Disease
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 106 Laundry and hygiene facilities
  - Regulation 112 Nappy change facilities
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design

SOURCES

- ACECQA
- Early Childhood Australia Code of Ethics. (2016).
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

2.08 Toy Washing Policy

INTRODUCTION

Educators must be aware that health issues may arise when one child puts a toy near their mouth, and it is handled or put near the mouth of another child. The Centre educates children to avoid “mouthing” toys and to be aware of hygiene when playing with group toys. Educators remain alert to the need for washing toys when appropriate.

PURPOSE

Cubby OOSH to acknowledge the important of washing toys effectively and the strategies to uphold to prevent the spread of infection

SCOPE

- Toys should be cleaned at the end of each day as outlined in the ‘Staying Healthy in Childcare 5th Edition”.

IMPLEMENTATION

- All the equipment that is placed inside this container is vigorously scrubbed with warm soapy water and rinsed well.
- The toys are then dried using a towel and placed back into the correct storage container, or alternatively by direct sunlight.
- Books or other equipment with hard surfaces must be wiped over daily or when required. E.g visible dirt.
- The service is to purchase washable toys and discard toys that are permitted for washing to uphold hygiene standards.
- Washing of potentially unhygienic toys is carried out when necessary throughout each day.
- Containers of toys that have not necessarily been “mouthed” are cleaned regularly throughout the year to maintain a hygienic environment.
- All toys played with by the children, are cleaned regularly throughout usage.

- In the nappy change facility, it is important to have two separate containers. One for resources for children to play with to make the nappy change experience enjoyable, then another container for the resources that need to be washed when used during the single nappy change. Note: Once a child has used a toy during this experience, it is not to be used by another child and must be washed. (LDC)
- Purchase cushions that have removable covers so these can be washed regularly or when required.
- Mats that children engaged in play on, must be cleaned daily, and steam cleaned minimum every 6 months.
- Educators will complete a toy washing checklist for each piece of equipment.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 88 Infectious Disease
  - Regulation 171 Policies and Procedures to be kept available
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Use

SOURCES

- ACECQA

Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

2.10 Immunisation, Exclusion & Notifiable Disease Policy

INTRODUCTION

To protect and maintain the health and safety of children, families, educators and visitors of the centre is by preventing the spread of infectious diseases. Ensure the service complies with Staying Healthy in Childcare 5th Edition, by maintaining an accurate and up to date child and staff immunisation registers at the centre.

PURPOSE

For all children, staff and educators to be in and maintain a safe environment, in which all children's needs are met to ensure the health safety and well-being of all children, and to minimise the spread of infection.

SCOPE

IMMUNISATION:

Services cannot enrol a child unless the parent/carer has provided documentation that shows a child:

- is fully vaccinated for their age, or
- has a medical reason not to be vaccinated, or
- is on a recognised catch-up schedule if their child has fallen behind with their vaccinations.

EXCLUSION:

- To ensure that Educators continuously assess for serious or potential infectious diseases and report any cases of vaccine preventable diseases to the local Public Health Unit.
- To ensure that practices are guided by and are consistent with the relating legislation and recognised health organisations.
- To raise awareness amongst staff, educators, families and the broader community of precautionary measures that can be undertaken as to minimise the risk of spreading infectious diseases.
- To develop and implement and routinely evaluate safe and appropriate exclusion practices as to ensure that ill children and staff are given sufficient time to recover.

NOTIFABLE DISEASE:

- A **notifiable disease** is any disease/illness that is mandated by law to be reported to government authorities.

Immunisation

Immunisation is a reliable way to prevent some infections. Immunisation works by giving a person a vaccine—often a dead or modified version of the germ—against a particular disease. This makes the person's immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe symptoms. If the person comes in contact with that germ in the future, their immune system can rapidly respond and prevent the person becoming ill.

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'

From **1 January 2018** children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in childcare. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule will still be able to be enrolled upon presentation of the appropriate form signed by a medical practitioner.

Frequently Asked Questions:

Under 'No Jab, No Play' what documentation is required as evidence of up-to-date vaccination?

To have an enrolment confirmed for a child in long day care, kindergarten, family day care or occasional care, parents/carers have to provide the service with:

- a current Immunisation History Statement from the Australian Immunisation Register (AIR); AND
- the statement must show that the child is up to date with all vaccinations that are due for their age, or that they are able to receive.

The Immunisation History Statement from the AIR lists the vaccines the child has received and, if applicable, which vaccines are due in the future and when. Medical exemption may also be listed, where applicable.

Can an enrolled child be excluded from a service if the parent/carer does not provide a current immunisation history statement?

The obligation on services is to ensure that immunisations are up to date as part of the enrolment process and, following enrolment, to take reasonable steps to keep evidence of current immunisation status up to date at the service.

After a child's enrolment has been confirmed, the No Jab No Play legislation does not require services to exclude

After enrolment is confirmed, do parents/carers need to provide a new immunisation history statement to the early childhood service whenever their child receives a vaccination?

Yes. Under the No Jab No Play legislation, parents are required to provide services with an AIR Immunisation History Statement showing that their child's immunisations are up to date.

This obligation continues after enrolment.

Services are required to take reasonable steps to obtain up-to-date Immunisation History Statements from parents/carers, such as regularly reminding them of this obligation, and to keep the latest statement with the child's enrolment records.

How can parents/carers get an Immunisation History Statement from the AIR?

You can print a copy of your child's Immunisation History Statement from your **myGov** account. If you have difficulty getting a copy via your myGov account, you can:

- call the AIR on phone 1800 653 809
- visit a Medicare or Centrelink office.

Families who do not hold a Medicare card must call the AIR to request an Immunisation History Statement.

What is considered a 'medical exemption' under 'No Jab, No Play' and what documentation is required as evidence?

Some children may be exempt from the requirement to be fully vaccinated on medical grounds. Examples of valid medical reasons that a child could not be fully vaccinated include:

- an anaphylactic reaction to a previous dose of a particular vaccine, or
- an anaphylactic reaction to any vaccine component
- has a disease which lowers immunity (such as leukaemia, cancer, HIV/AIDS, SCID), or
- is having treatment which lowers immunity (such as chemotherapy).

Parents/carers who think their child may require a medical exemption to one or more vaccines should consult their GP.

If a child has a valid medical reason they cannot be vaccinated, a GP needs to complete and sign a **Medicare Immunisation Medical Exemption Form**, and send it to the AIR.

The parent/carer then needs to obtain an updated Immunisation History Statement from the AIR that indicates the child is up-to-date with all the vaccines that they can have, and listed the vaccines that they cannot have due to a medical contraindication. This statement needs to be provided by the parent/carer to the early childhood service to confirm enrolment.

If parents/carers have questions or concerns about immunisation or particular vaccines, they should seek answers from a qualified source, such as a GP or local council immunisation service. The **Better Health Channel** also provides quality-assured information online.

Under No Jab No Play, when is a child considered overdue for a vaccine?

A child is considered overdue for a vaccination if four weeks has passed since the date of the 'next vaccine due' listed on their current immunisation history statement. For example, if a child is due for a vaccine when they reach 18 months of age, they will not be considered overdue for that vaccine until they reach 19 months of age without having received the due vaccine. This allows a four week window for parents/carers to arrange for the vaccine to be given.

This aligns with Commonwealth Government child care payments, which are not suspended until four weeks have elapsed following the vaccine due date and the Australian Immunisation Register has not received confirmation that the vaccine has been given in that time.

What do parents/carers whose child's vaccinations are not up-to-date need to do to obtain an Immunisation History Statement?

If a child's vaccinations are not up-to-date then parents/carers should consult their GP or local council immunisation service about bringing the child's vaccinations up to date.

The GP or local council immunisation service needs to give all vaccinations that are due for their age, or that they are able to receive, and inform the AIR. The parent/carer then needs to request an updated Immunisation History Statement from the AIR. Alternatively, immunisation providers are able to print a copy of the statement and provide it to the family at the time vaccine/s are provided.

How can parents/carers obtain acceptable documentation if their child was vaccinated overseas?

Children who were vaccinated overseas must have their vaccine records assessed by a GP or local council and be offered catch-up vaccinations as required. The GP or local council will then report overseas vaccines to AIR by submitting the AIR Immunisation History form.

The AIR updates the child's records and the parents/carers can request an Immunisation History Statement from the AIR. Alternatively, immunisation providers are able to print a copy of the statement and provide it to the family at the time vaccine/s are provided. Parents/carers must provide the statement to the early childhood service to confirm enrolment.

What forms are required to be provided at enrolment after 1 January 2018?

From 1 January 2018, parents must provide a copy of one or more of the following documents to enrol in a child care centre:

- an AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations or
- an AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule (temporary for 6 months only) or
- an AIR Immunisation Medical Exemption Form which has been certified by a GP.

What if a child was enrolled *before* 1 January 2018?

Children who were enrolled prior to 1 January 2018 are not affected by the changed requirements.

Which vaccines must a child have to be fully vaccinated?

The immunisation schedule sets out the age-appropriate vaccines for children and the AIR Immunisation History Statement will indicate if the child is up to date with their vaccinations.

National Immunisation Program Schedule

From 1 July 2013

Age	Vaccine
Child programs	
Birth	• Hepatitis B (hepB) [a]
2 months	• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) • Pneumococcal conjugate (13vPCV) • Rotavirus
4 months	• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) • Pneumococcal conjugate (13vPCV) • Rotavirus
6 months	• Hepatitis B, diphtheria, tetanus, acellular pertussis (whooping cough), *Haemophilus influenzae* type b, inactivated poliomyelitis (polio) (hepB-DTPa-Hib-IPV) • Pneumococcal conjugate (13vPCV) • Rotavirus [b]
12 months	• *Haemophilus influenzae* type b and Meningococcal C (Hib-MenC) • Measles, mumps and rubella (MMR)
18 months	• Measles, mumps, rubella and varicella (chickenpox) (MMRV)
4 years	• Diphtheria, tetanus, acellular pertussis (whooping cough) and inactivated poliomyelitis (polio) (DTPa-IPV) • Measles, mumps and rubella (MMR) (to be given only if MMRV vaccine was not given at 18 months)
School programs	
10–15 years (contact your State or Territory Health Department for details)	• Hepatitis B (hepB) [c] • Varicella (chickenpox) [c] • Human papillomavirus (HPV) [d] • Diphtheria, tetanus and acellular pertussis (whooping cough) (dTpa)
At-risk groups	
6 months and over	• Influenza (flu) (people with medical conditions placing them at risk of serious complications of influenza)
12 months	• Pneumococcal conjugate (13vPCV) [e] (medically at risk)
12–18 months	• Pneumococcal conjugate (13vPCV) (Aboriginal and Torres Strait Islander children in high risk areas) [e]
12–24 months	• Hepatitis A (Aboriginal and Torres Strait Islander children in high risk areas) [f]
4 years	• Pneumococcal polysaccharide (23vPPV) [e] (medically at risk)
15 years and over	• Influenza (flu) (Aboriginal and Torres Strait Islander people) • Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people medically at risk)
50 years and over	• Pneumococcal polysaccharide (23vPPV) (Aboriginal and Torres Strait Islander people)
Pregnant women	• Influenza (flu)
65 years and over	• Influenza (flu) • Pneumococcal polysaccharide (23vPPV)

IMMUNISATION

Management/Nominated Supervisor or the Responsible Person will

- Display wall charts about immunisation in the service
- Display the following information at the service:

Information	Phone Number
The National Immunisation Program (NIP) Service	1800 671 811

- Review children's immunisation each month, updating the child's records kept at the service, and sending reminder letters and emails to families
- Not enrol a child into the Service unless approved documentation has been provided that confirms the child is fully immunised for their age or has a medical reason not be immunised.

- Develop a staff immunisation record that documents each staff member's previous infection or immunisation
- Require all new and current staff to complete the staff immunisation record
- Regularly update staff immunisation records as staff become vaccinated
- Provide staff with information about vaccine-preventable diseases
- Take all reasonable steps to encourage non-immune staff to be vaccinated.
- Document advice given to educators and other staff, and any refusal to comply with vaccination requests.
- Notify families when an outbreak of an immunise-able disease occurs
- Advise any staff members who fall pregnant to visit their GP immediately and have a test for Cytomegalovirus (CMV) to check their immunity. Any pregnant staff member who is at a heightened risk will not change nappies and will double glove when coming into contact with any body fluids, especially saliva.
- To provide families with relevant sourced materials and information on infectious diseases, health and hygiene including:
    - Exclusion guidelines in the event of an infectious illness at the Service for children that are not immunised or have not yet received all their immunisations
    - Advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the Service
- To provide information to families about an infectious disease by displaying and emailing the Infectious Diseases Notification Form and details.
- To complete the register of illness and/or document incidents of infectious diseases. Some diseases require your state authority to be notified. This would be done through the Nominated Supervisor of the Responsible Person.
- To provide opportunities for educators to source pertinent up to date information on the prevention of infectious diseases, and maintaining health and hygiene from trusted sources
- To notify and implement the advice of the health department, or local health unit regarding Infectious Diseases as required
- To provide opportunities for staff, children and families to have access to health professionals by organising visits/guest speakers to attend the service to confirm best practice.
- Ensure children do not attend the Service if they are unwell. If a child has been sick, they must be well for 24hrs before returning to the Service. For example, if a child is absent due to illness or is sent home due to illness, they will be unable to attend the next day as a minimum. The Nominated Supervisor may approve the child's return to the Service, if families provide a doctor's certificate/clearance outlining the child is no longer contagious and in full health.
- Advise Team members to access the Flu Shot annually.

Educators will ensure:

- That any child suspected of having an infectious Illness are responded to and their health and emotional needs supported at all times.
- To implement appropriate health and safety procedures, when treating ill children.
- Families are aware of the need to gather their children as soon as practicable.
- Advise families that they will need to alert the Service if their child is diagnosed with an Infectious Illness.
- To maintain their own immunisation status and advise the Approved Provider/Nominated Supervisor of any updates to their immunisation status.
- To provide diverse opportunities for children to participate in hygiene practices, including routine opportunities, and intentional practice.
- To take into consideration the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day.
- To adhere to the Services health and hygiene policy including:
    - Hand washing
    - Daily cleaning of the Service
    - Wearing gloves (particularly when in direct contact with bodily fluids)
    - Appropriate handling and preparation of food
- Maintain up to date knowledge with respect to Health and Safety through on-going professional development opportunities.
- Children will rest 'head to toe' to avoid cross infection while resting or asleep

- Children are not to share beds at the same time
- Paper Towel and disinfectant is used to clean the beds after each use
- Any toy that is mouthed by a child is to be placed immediately in the toy's basket located on the top shelf in the prep area to be washed with warm soapy water at the end of the day. All washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination and recorded with the date and a signature as evidence.
- All play dough is to be made fresh every week. If there is an outbreak of vomiting and/or diarrhoea, or any other contagious communicable disease play dough is to be discarded at the end of each day and a new batch made during this time. Children are to wash their hands before and after using the play dough.
- Mops used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry.
- A weekly clean will be carried out on other surfaces that may transmit germs such as doorknobs, low shelving, etc. This will be increased if an outbreak has been recorded in the Service
- If a child has a toileting accident, the items will be placed in a plastic bag with the child's name on it. The plastic bag will be stored in a sealed container labelled 'soiled/wet clothing' for parents to take home.

Families will

- Provide the Service with a copy of one or more of the following documents:
  - An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
  - An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
  - An AIR Immunisation Medical Exemption Form which has been certified by a GP
- Provide the service with an updated copy of their child's current immunisation record every **6 months.**
- Please note that the 'blue book' is no longer an acceptable form of evidence.

Exclusions & Notifiable Disease

Exclusion periods are recommended by the National Health and Medical Research Council (See below Recommended Minimum Exclusion Periods for Infectious Conditions for School, Pre-Schools and Child Care Centres).

Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts[a]
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours[b]	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours[b]	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

[a] The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

[b] If the cause is unknown, possible exclusion for 48hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

Staying Healthy. Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 NHMRC Ref. CH55e



Australian Government
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WORKING TO BUILD A HEALTHY AUSTRALIA

Implementation for Infectious Disease:

- Educators are advised to continuously observe children as to notice any symptoms of serious illness and or infectious disease.

- The Nominated Supervisor must take measures to exclude a child and or staff member which displays of these symptoms, as these are indicators of serious illness and or infectious disease. Children are to be excluded, and the caregivers must immediately be contacted as to take the child home.
- When there are two or more cases Gastroenteritis, this must be reported a soon as possible to the local Public Health Unit.
- **There is a 48 hour exclusion period for children with a temperature or loose bowel movements to minimise the spread of illness and infection.**
- Children will not be permitted to attend the service if they have been administered Panadol or Nurofen the previous night.
- **Cases of Measles, Mumps, Rubella, Diphtheria, Tetanus, Polio, and Whooping Cough must be reported as soon as possible to the local Public Health Unit**
- Seek advice from the local Public Health Unit if any person has a serious illness such as meningitis, food poisoning, gastroenteritis, streptococcal infection, tuberculosis, hepatitis A or a disease as listed by the recommended notifiable diseases
- The Nominated Supervisor has the right to refuse daily admission of a child who arrives at the setting obviously unwell. Advise the caregiver and family to take a child with any illness or symptoms of illnesses to their doctor.
- The Nominated Supervisor will keep an illness record of this in the illness register.
- The setting strives to provide a variety of informative and up to date reading materials from recognised health authorities, relating to health issues and in particular infectious diseases.
- Posters have been displayed throughout the setting to encourage hand washing and safe food handling. Hand washing is discussed almost daily with the children as part of our educational program.
- The Centre's policies cover a wide range of precautionary measures as to control and minimise the risk of spreading infectious diseases, hand washing, nose wiping, nappy changing and toileting, staff and child immunisations, cleaning of blood and other bodily fluids and safe food handling. These policies have been developed to ensure that staff, children and all other stakeholders take precautionary measures to control and reduce the risk of spreading infectious diseases.

HIV, Aids, HEP B & C

Child care services can play an important role in the care, development and social acceptance of children and families living with HIV/AIDS. In accordance with the Federal Disability Act and the Equal Opportunity Act, no discrimination takes place based on a child's/parent's/staff member's HIV status.

Anti-Discrimination

No employee, prospective employee, employer, parent/guardian or child will be discriminated against or harassed on the grounds of having, or being assumed to have, a HIV or hepatitis infection.

Being infected with HIV is not grounds for exclusion of a child, parent/guardian, team member or employer.

Cubby OOSH will ensure that all members of the team and volunteers understand the concepts of discrimination and harassment, and will implement comprehensive grievance procedures that provide effective processes for resolving grievances, at all levels of the organisation.

Implementation

- Information regarding HIV/AIDS and the hepatitis status of any child, parent/guardian, or team member will remain confidential and all reasonable steps will be taken to develop and implement systems to protect the privacy of that person.
- Infection control and the provision of a safe work place

- Cubby OOSH shall at all times follow proper infection control procedures to minimise the risk of the transmission of blood borne viruses such as HIV and hepatitis.
- No child, team member or parent/guardian will be denied first aid at any time.
- Cubby OOSH will ensure that first aid equipment for protection against the risk of infection from blood borne viruses will be available and used at all times.
- Cubby OOSH will provide, as far as practicable, a healthy and safe environment.
- Educators and members of the team are required to take reasonable care to protect their own health and safety and that of others in the workplace at all times.
- An effective learning program to meet the child's developmental needs is designed and implemented.
- A specialised medication program for the child's medical needs is implemented.
- Additional steps are taken to protect the child from contagious diseases.
- Appropriate emotional support is provided to the child's family.
- Educators, team members, parents and guardians will be encouraged to participate in AIDS and hepatitis education through in-service training, educational seminars, brochures, visiting speakers etc.
- Since parents or individuals are under no legal obligation to divulge HIV status (some may not be aware of their true HIV status.), service providers must assume that any individual may be HIV positive. For this reason, the Centre's health and hygiene policies are applied in all circumstances to eliminate the risk of transmission of the AIDS virus as for any other infectious disease. No child, educator, team member or parent is denied first aid at any time. Educators and members of the Cubby OOSH team always follow the Centre's strict hygiene procedures.
- All body fluid spills and abrasions are a potential hazard. Therefore, infection control procedures will be used when dealing with these in order to provide maximum protection from the potential hazard.

Responding to Exposure

Following any incident in which a team member believes may have resulted in exposure to HIV/AIDS or hepatitis, the team member should seek the advice of a qualified medical practitioner immediately, to assess the need for testing and report this to the Centre Director who will treat this information as confidential.

Specific Hygiene Issues and procedures:

- All children are considered as infectious. All educators and team members dealing with open sores, cuts and bodily fluids with any child or adult must wear disposable gloves.
- Educators with cuts, open wounds or skin disease such as dermatitis must cover their wounds and wear disposable gloves.
- Disposable gloves are properly and safely discarded and staff members wash their hands after doing so.
- If a child has an open wound it is covered with a waterproof dressing and securely attached.
- If bodily fluids or blood get on the skin but there is no cut or puncture, it is washed away with warm soapy water.
- in the event of exposure through cuts or chapped skin, the fluid is washed away promptly, bleeding is encouraged and the area washed in cold or tepid soapy water.
- In the event of bodily fluids entering the mouth, the fluid is promptly spat out and the mouth rinsed out with water several times.
- In the event of exposure to the eyes, they are rinsed promptly and gently with cold or tepid tap water or saline solution.
- In the event of CPR having to be performed, disposable sterile mouth masks are used, or if unavailable a piece of cloth. The staff person in charge of the first aid kit ensures that a mask is available at all times.
- Any exposure is reported to the Centre Director and management to ensure proper follow-up procedures occur.

Note: Hot water may coagulate the blood and protect the virus from the soap or disinfectant. It is best to use cold or tepid water temperatures in all cleaning processes.

- Any soiled clothing is handled using disposable gloves soaked in disinfectant or hot soapy water. Clothing will be placed and sealed in a plastic bag for the parents to take home.

- Any blood or bodily fluid spills are cleaned up immediately, using gloves and the area fully disinfected.
- Cloths used in cleaning are wrapped in plastic bags and properly disposed of.

Meningitis

Meningitis is an infection of the linings of the brain. It is most often caused by viruses and bacteria.

The most common bacterial causes are:

- Haemophilus Influenza Type b (Hib)
- Meningococcal
- Pneumococcal

Meningitis can cause a severe illness that requires hospitalisation and treatment with antibiotics.

Some people who have been sick with meningitis may have long term disabilities such as deafness or brain damage.

Implementation

- Eliminate the risk of transmission of meningitis throughout the Centre.
- Ensure that all educators and members of the team are aware of the symptoms of meningitis.
- Report all cases of meningitis to the appropriate authorities.
- Keep parents/guardians fully informed regarding any possible or confirmed cases of meningitis.
- If any child shows signs of the symptoms below, parents/guardians are informed and medical consultation advised:
    - **Early Signs** - Drowsiness, irritability, lack of interest in feeding, distress on being handled, vomiting, diarrhoea or fever.
    - **Specific Signs** - Neck stiffness, tense or bulging fontanels (skull soft spots) and a petechial (caused by bleeding) rash.
    - **Late Signs** - A high pitched or moaning cry, coma, neck retraction, shock and a wide spread haemorrhagic rash.

- If medical advice confirms a case of suspected meningitis, all other parents/guardians at the Centre are informed so that they may take appropriate medical preventative measures. Household contacts, educators and children of our Centre, or any persons of any age who have been exposed to the sick person's oral secretions (e.g. kissing, sharing food/drink, cuddling, handling mouthed toys) are to be given medical treatment advised by a Doctor (a two (2) day course of Rifampicin may be prescribed).
- Rifampicin, if prescribed, is generally given for two (2) days in a dose of:

    - 600mg orally twice daily – Adults
    - 10mg per kg orally twice daily – Children
    - 5mg per kg orally twice daily – Infants (under 1 month of age)

Other Types of Exclusion for Children

If a child's behaviour becomes difficult for the Educators to manage at the service, the following points will be followed through.

- Document the child's behaviour on behaviour charts and place copies in the child's individual Centre file. If communication books are available, place a copy in this as well.
- Endeavour to receive a formal assessment on the individual child, communicating with community services as a point of referral
- To endeavour to receive funding to assist the child.

- Implement strategies to assist the child. e.g. gaining appropriate outside Centre support, networking with staff members, changing the environment, positive reinforcement.
- Discuss the child's needs with Educators, parents and other appropriate professionals.
- Document evidence of development in all areas, including anti-social behaviour on behaviour charts and timelines.
- Monitor child's progress and needs, through parent meetings, documentation, communication book etc.
- Communicate between Educators, parents and other professionals regularly.
- To persist with attempting to meet the child's and or families' needs for at least three months.
- Review the child's progress on a daily basis.
- It is management's decision to exclude a child from the service in consultation with other appropriate professionals and written advice from the NSW Anti-Discrimination Board.
- A meeting with the Nominated Supervisor, appropriate Educators and parents and/or families is to be arranged without undue delay and a formal letter stating why the child is to be excluded from the service.
- Refer parents to other professional and/or community services, which may be able to assist the child and family
- It should be noted that any Team Members, casual employees, contractors, or visitors to the Centre that displays any such infectious disease are immediately asked to leave.
- Children require a doctor's clearance when returning to Cubby OOSH Early Learning Centres stating that they are fit to attend.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 3 Objectives and guiding principals
  - Section 174 Offence to fail to notify certain information to regulatory authority
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 88 Infectious diseases
  - Regulation 90 Medical conditions policy
  - Regulation 93 Administration of medication
  - Regulation 95 Procedure for administration of medication
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 176 Time to notify certain information to regulatory authority
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- Australian Children's Education & Care Quality Authority
- ECA Code of Ethics
- Department of Human Resources: National Immunisation Program Schedule NHMRC
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- Medicare Australia
- No Jab, No Pay – New Immunisation Requirements for Family Assistance Payments
- Immunisation Enrolment Toolkit
- Department of Health – Immunisation
- Department of Human Services – Australian Immunisation Register

2.11 Anaphylaxis Policy

INTRODUCTION

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. The allergic reaction can produce such severe swelling of the air passages that suffocation and death may occur within minutes. Anaphylactic shock is a medical emergency that requires immediate treatment with adrenaline to prevent permanent injury or loss of life. The Centre is alert to dangers posed by anaphylaxis and strives to eliminate possible causes. Educators are highly aware of the dangers of anaphylaxis and know how to administer emergency aid.

PURPOSE

Cubby OOSH aims to minimise the risk of an anaphylactic reaction occurring at our Service by ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

SCOPE

- To provide a supportive environment that is safe for any child that has an anaphylactic allergy.
- To ensure that team members are aware of children's "Individual Anaphylaxis Action Plans" and the anaphylaxis "Emergency Treatment Plan".
- To ensure that members of the Cubby OOSH Team and families liaise effectively to minimise the possibility of a child suffering anaphylactic shock.
- To ensure the centre is a nut free zone and no food will be prepared containing nuts or nut derivatives.

DUTY OF CARE

Our Service has a legal responsibility to provide;

a. A safe environment for children
b. Adequate Supervision of children

Our focus is keeping children safe. Staff members including relief staff need to be aware of children at the Service who suffer from allergies that may cause an anaphylactic reaction.

BACKGROUND

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g. cashews)
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

The key to the prevention of anaphylaxis within the Service is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between the Service and families is vital in helping children avoid exposure.

Adrenaline given through an adrenaline auto injector (such as an EpiPen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, this includes having families sign a permission form to display the child's action plan in prominent positions within the Service.

A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service. It is important that communication is open between families and educators to ensure appropriate management of anaphylactic reactions are effective.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Management, Nominated Supervisor/ Responsible Person will ensure:

- That all staff members have completed first aid and anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- That all staff members, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months, recording this in the staff records.
- That all staff members are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit.
- Educators understand the requirements for safe food handling, preparation, consumption and service and appropriate hygiene considerations as set out in the Nutrition and Food Handling Policy to ensure that children with allergies or who are at risk of anaphylaxis are protected.
- That a copy of this policy is provided and reviewed during each new staff member's induction process.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the Service.
- Updated information, resources and support are regularly given to families for managing allergies and anaphylaxis.
- They remain up to date with changes to action plans
- The Service receives an up to date copy of the action plan. Update every 24 months or if changes have occurred to the child's diagnosis.
- The Medical Condition Risk Minimisation and Communication plan will be developed and reviewed every 24months or as required

In Services where a child diagnosed at risk of anaphylaxis is enrolled, the Nominated Supervisor shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the Service and develop a risk minimisation plan for the Service in consultation with staff and the families of the child/children.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Service without the device.
- Display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) generic poster called Action Plan for Anaphylaxis for each child with a diagnosed risk of anaphylaxis, in key locations at the Service, for example, in the children's room, the staff room or near the medication cabinet.
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- Ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.
- Ensure that a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service.
- Ensure that all relief staff members in the Service have completed training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.

- Display an Emergency contact card by the telephone.
- Ensure that all staff in the Service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit.
- Ensure that the staff member accompanying children outside the Service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Educators will:

- Ensure a copy of the child's anaphylaxis Action Plan and Risk Minimisation Plan is visible and known to staff in the Service.
- Follow the child's anaphylaxis action plan and Risk Minimisation plan in the event of an allergic reaction, which may progress to anaphylaxis.
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly.
- Ensure the child at risk of anaphylaxis will only eat food that has been prepared according to the parents or guardians instructions.
- Ensure tables and bench tops are washed down effectively after eating.
- Ensure hand washing for all children upon arrival at the Service and before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, centre events, parties and family days.
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the Service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the Service and kept up to date.
- Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the Service e.g. on excursions that this child attends.
- Regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- Provide information to the Service community about resources and support for managing allergies and anaphylaxis.
- In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
    - Call an ambulance immediately by dialling 000
    - Commence first aid measures
    - Contact the parent/guardian by the Nominated Supervisor or the Responsible Person when practicable
    - Contact the emergency contact by the Nominated Supervisor or the Responsible Person if the parents or guardian can't be contacted when practicable
    - Notify the regulatory authority within 24 hours through the ACECQA portal by the Approved Provider

In the event that a child suffers from an anaphylactic reaction the Service and staff will:

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialling 000

- Commence first aid measures
- Contact the parent/guardian by the Nominated Supervisor or the Responsible Person when practicable
- Contact the emergency contact by the Nominated Supervisor or the Responsible Person if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours through the ACECQA portal by the Approved Provider

Families will:

- Inform staff at the children's Service, either on enrolment or on diagnosis, of their child's allergies
- Develop an anaphylaxis risk minimisation plan with Service staff
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- Provide staff with a complete auto-injection device
- Regularly check the adrenaline auto-injection device expiry date
- Assist staff by offering information and answering any questions regarding their child's allergies
- Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Comply with the Service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the Service or its programs without that device
- Read and be familiar with the policy
- Identify and liaise with the nominated staff member
- Bring relevant issues to the attention of both staff and licensee
- Provide an updated action plan every 12-24 months or if changes have been made to the child's diagnosis.

Educating Children

- Educators will talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make _____ sick', 'this food is not good for _____', and ' _____ is allergic to that food'.
- Staff will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- With older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared.
- Child care staff will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.
- We recommend reading stories to the children, asking questions to retain their new knowledge

Reporting Procedures

After each emergency situation the following will need to be carried out:

- Staff members involved in the situation are to complete an Incident Report, which will be countersigned by the person in charge of the Service at the time of the incident.
- If necessary, send a copy of the completed form to the insurance company; and
- File a copy of the Incident Report on the child's file.
- The Nominated Supervisor will inform the Service management about the incident.
- The Nominated Supervisor or the Licensee is required to inform Regulatory Authority about the incident within 24 hours.
- Staff will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated.

- Staff will need to discuss the effectiveness of the procedures that were in place.
- Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

Contact details for resources and support:

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- ASCIA has updated the Anaphylaxis Action Plan for 2018. It is recommended that older Action Plans should no longer be used
- Refer to the following website for an updated action plan https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
- There are two types of ASCIA Action Plans for Anaphylaxis:
  1. Personal versions (RED) are for individuals who have been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo.
  2. General versions (ORANGE) do not contain any personal information and can be used as posters.
- There is also an ASCIA Action Plan for Allergic Reactions (GREEN), for individuals with medically confirmed mild to moderate allergies, who need to avoid certain allergens, but have not been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo.
- Anaphylaxis Australia Inc., at Allergy Facts, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: Wilma.Grant@rch.org.au
- Department of Education and Early Childhood Development website provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Signs/Symptoms

- Rapidly progressive swelling of the lips, face, larynx, airways, tongue or throat.
- Sudden runny eyes, nose or a cough.
- Rash and/or hives.
- Nausea and vomiting.
- Difficulty breathing or wheezing.
- Asthma attack.
- Diarrhoea and abdominal cramps.
- A feeling of apprehension or extreme illness.
- Blueness of the face, lips and skin.
- Rapid or irregular pulse and low blood pressure.
- Dizziness, collapse or coma.

Treatment of a Severe Allergic Reaction

1. Follow the affected child's management plan
2. Give the child the "Epi-Pen Junior" into the outer thigh muscle (An Epi-pen, is a pre-loaded automatic injection device).
3. Take off grey safety cap.
4. Place black tip against fleshy outer thigh muscle.

5. Push the Epi-pen hard against the leg until it activates and hold for 10 seconds.
6. After the adrenalin has been injected, withdraw the needle and discard into a yellow needle disposal unit and give to paramedics.
7. Call 000 for an ambulance. State that child is having an anaphylactic reaction and inform ambulance officers if the epi-pen has been used or not
8. Observe and record the child's pulse and breathing
9. If conscious: Help the child sit in a position from which the relief of breathing difficulties is most effective and follow DRSABCD
10. If unconscious: Check Airway Breathing Circulation and prepare to administer cardiopulmonary resuscitation (CPR) if necessary.
11. The child should receive immediate emergency medical attention.
12. Contact parent or guardian as soon as possible and without undue delay.

All visitors, students and volunteers are to be aware of this policy.

How to use an EPIPEN Auto-Injector

Note: If time permits, put on gloves.

1. Pull off grey safety cap at rear end of EPIPEN.
2. Place Black tip on the outer side of the thigh.
3. Push the EPIPEN firmly against the outer thigh until the auto-injector activates.
4. A soft "click" will be heard.
5. Hold it in place for 10 seconds.
6. Write the time given to the child in black Texta (permanent felt-tipped marker) on their leg.
7. Place EPIPEN into a small sealed container and give to the ambulance driver.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National Regulations
- Education and Care Services National Regulations 2011
  - Regulation 90 Medical Conditions Policy
  - Regulation 90(1)(iv) Medical Conditions Communication Plan
  - Regulation 91 Medical conditions policy to be provided to parents
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication
  - Regulation 94 Exception to Authorisation Requirement - Anaphylaxis or Asthma Emergency
  - Regulations 137 Approval of Qualifications
  - Regulations 136 First Aid Qualifications
  - Regulation 173 Prescribed Information to be Displayed
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Allergy & Anaphylaxis Australia Inc
- ASCIA Australia Society of Clinical Immunology and Allergies website
- St John's Ambulance Australia
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

2.12 Asthma Policy

INTRODUCTION

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our Service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

PURPOSE

Cubby OOSH aims to ensure all educators are aware of and know how to manage children suffering from asthma.

SCOPE

- To ensure that all Team members are familiar with Asthma First-Aid procedures.
- To assist children in the management of their Asthma within the childcare facility.
- To liaise regularly with the parents/guardians of children who suffer from Asthma.
- To all team members are formally trained in Asthma and First Aid.
- To respond to the need of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the service.
- To raise aware of asthma amongst those involved within the setting, including children, caregivers, families and the broader community.
- To provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.
- To provide a healthy and safe environment in which children with asthma can participate in all activities to their full potential.

DUTY OF CARE

Our Service has a legal responsibility to provide

a. A safe environment
b. Adequate Supervision

Staff members including relief staff need to know enough about Asthma reactions to ensure the safety and wellbeing of the children.

BACKGROUND

Asthma is defined clinically as the combination of variable respiratory symptoms (e.g. wheeze, shortness of breath, cough and chest tightness) and excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'). Source: Asthma Handbook

Asthma is a chronic lung disease which can be treated but not cured. Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. Our Service recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Asthma causes three main changes to the airways inside the lungs, and all these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our Service will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the Education and Care Services National Regulations.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service and reviewed on an annual basis. It is important that communication is open between families and educators to ensure appropriate asthma management.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Management and Nominates Supervisor will ensure:

- All staff read and are aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies upon employment at the Service
- That all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law and National Regulations, and are approved by ACECQA.
- At least one staff member with current approved Emergency Asthma Management (EAM) training (refer to Definitions) is on duty at all times, working in accordance with Regulations
- The details of approved Emergency Asthma Management (EAM) training are included on the staff record.
- Parents are provided with a copy of the Service's Asthma Policy upon enrolment of their child.
- Educators understand the requirements for safe food handling, preparation, consumption and service and appropriate hygiene considerations as set out in the Nutrition and Food Handling Policy to ensure that children with allergies or who are at risk of anaphylaxis are protected.
- That when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified by the Nominated Supervisor or Responsible Person as soon as is practicable or within 24 hours of the incident.
- To identify children with asthma during the enrolment process and informing staff.
- To provide families with an Asthma Action plan to be completed in consultation with, and signed by, a medical practitioner prior the child starting at the Service.
- A long-term medication record is kept for each child to whom medication is to be administered by the Service.
- Families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the Service.
- The asthma first aid procedure is consistent with current national recommendations.
- That all staff members are aware of the asthma first aid procedure.
- The expiry date of reliever medication is checked regularly and replaced when required, and that spacers and facemasks are replaced after every use.
- Communication between management, educators, staff and parents/guardians regarding the Service's Asthma Policy and strategies are reviewed and discussed regularly to ensure compliance.

- All staff members are able to identify and minimise asthma triggers for children attending the Service, where possible.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential.
- To communicate any concerns with parents/guardians regarding the management of children with asthma at the Service.
- Asthma Australia's Asthma First Aid posters are displayed in key locations at the Service.
- That medication is administered in accordance with the Administration of Medication Policy.

In the event that a child suffers from an asthma emergency the Service and staff will:

- Follow the child's Asthma Action Plan.
- If the child does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Nominated Supervisor or the Responsible Person contact the parent/guardian when practicable.
- Nominated Supervisor or the Responsible Person contact the emergency contact if the parents or guardian can't be contacted when practicable.
- Through the ACECQA portal the Approved Provider will notify the regulatory authority within 24 hours.

Educators will ensure:

- They are aware of the Services Asthma Policy and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, and Asthma Action Plans.
- To maintain current approved Asthma Management qualifications.
- They are able to identify and, where possible, minimising asthma triggers as outlined in the child's Asthma Action Plan.
- Asthma first aid kit, children's personal asthma medication and Asthma Action Plans are taken on excursions or other offsite events, including emergency evacuations and drills. See Emergency Evacuation Procedure.
- To administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the Service's Administration of Medication Policy.
- To discuss with parents/guardians the requirements for completing the enrolment form and medication record for their child.
- To consult with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma.
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program
- Any asthma attacks are documented, advising parents as a matter of priority, when practicable.

Families will:

- Read the Service's Asthma Management Policy.
- Inform staff, either on enrolment or on initial diagnosis, that their child has asthma.
- Provide a copy of their child's Asthma Action Plan to the Service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner.
- Have the Asthma Action Plan reviewed and updated at least annually.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Service.
- Provide an adequate supply of appropriate asthma medication and equipment for their child at all times.
- Notify staff, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record.

- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma.
- Encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms.

Plan of action for a child with diagnosed asthma

The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a risk minimisation plan (RMP) for the emergency management of an asthma attack based on the action plan. This plan will be included as part of, or attached to, the child's asthma action plan and enrolment record. This plan should include action to be taken where the parents/guardians have provided asthma medication, and in situations where this medication may not be available. All sections in the risk minimisation plan, including parent communication needs to be completed correctly by both families and educators.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National Regulations
- Education and Care Services National Regulations 2011
  - Regulation 90 Medical conditions policy
  - Regulation 90(1)(iv) Medical Conditions Communication Plan
  - Regulation 91 Medical conditions policy to be provided to parents
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication
  - Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency
  - Regulation 95 Procedure for administration of medication
  - Regulation 96 Self-administration of medication
  - Regulation 136 First Aid Qualifications
  - Regulation 247 Asthma Management Training
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Australia Asthma Handbook
- Australian Asthma Foundation
- My Asthma Guide
- ECA Code of Ethics
- **Staying Healthy –** Preventing infectious diseases in early childhood education and care services – 5th Edition

2.13 Food Allergy & Intolerance Policy

INTRODUCTION

"Food intolerance is a broad term that is used to describe a wide range of adverse reactions to foods, that cause symptoms after eating some foods. These include stomach pain, bloating, gas/flatulence, diarrhoea, irritable bowel syndrome (IBS), rashes, hives, recurrent mouth ulcers or headaches. If food intolerances are not properly managed, these symptoms can adversely affect general health and wellbeing. Food intolerances are sometimes confused with, or mislabelled as food allergies. Food intolerances involve the digestive system, whilst food allergies involve the immune system" *(ASCIA: Australian Society of Clinical Immunology and Allergy)*

Food Allergies can be deemed as more consequential to the body, as this may lead severe reactions such as Anaphylactic shock and can be life threatening.

PURPOSE

Cubby OOSH is committed to reducing the risk to children, team members or visitors with regards to the provision of food and the consumptions of allergens in food which could lead to an allergic reaction or have an intolerance.

SCOPE

Cubby OOSH are an allergy and Nut aware centre. There will be no food or products containing nuts that will be brought into the service such as;

- peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
- any other type of tree or ground nuts, peanut oil or other nut-based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
- any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
- nut and peanut material is also often in cosmetics, massage oils, body lotions, shampoos and nappy creams

IMPLEMENTATION

- All children's allergy or intolerance details, including the location of any necessary medication, will be communicated to educators, casual educators, students, and volunteers during their induction process on commencement at the service, as an element of their On-Site Induction.
- On enrolment, families are required to complete the Medical Condition & Dietary Restriction section of the enrolment form. This is a mandatory field and must be completed to submit the enrolment form.
- This documentation will be passed on to the educators working directly with the child to ensure they are aware of any medical requirements before commencement at the service.
- During orientation, a meeting will be conducted with the family to communicate all relevant details of their child's allergy or intolerance.
- During the meeting, a Food Allergy/Intolerance Action Plan will be supplied to the family which is to be completed and signed by a parent/guardian, as well as a GP or other relevant medical practitioner.
- A copy of the completed Food Allergy/Intolerance Action Plan will be kept in a designated area within the child's room, as well as the child's file, office, and kitchen of the service.
- The chef will be supplied with a copy of the completed Food Allergy/Intolerance Action Plan to be displayed in a designated area within the kitchen.
- The child's name, days of attendance and allergy details will be added to an allergy list, which will be displayed within each room of the service, as well in the kitchen and dining room.
- Families will be requested to review their child's Food Allergy/Intolerance Action Plan on a 3-monthly basis to ensure all information is still accurate.
- Families will be requested to provide a reviewed Food Allergy/Intolerance Action Plan with an updated signature from a GP or other relevant medical practitioner, on an annual basis.
- Families are advised to ensure any change in detail, regarding their child's allergy or intolerance is communicated promptly to the educators in their child's room or the Manager of the service.
- Allergy, Intolerance, and Medication Checks will be conducted monthly to ensure review dates are met, and relevant medication is still within its expiry date.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 301 National Regulations
- Education and Care Services National Regulations 2018
  - Regulation 90 Medical conditions policy
  - Regulation 94 Exception to authorisation requirement - anaphylaxis or asthma emergency
  - Regulations 136 First Aid Qualifications
  - Regulation 173 Prescribed information to be displayed
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008

- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- ASCIA Australia Society of Clinical Immunology and Allergies website
- Asia Australia Society of Clinical Immunology and Allergies - ASCIA
- Better Health Channel
- Food Standards Australia New Zealand
- Australian Government Guidelines: Get Up and Grow: Healthy Eating and Physical Activity for Early Childhood

2.14 Diabetes Policy

INTRODUCTION

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that Educators and Staff within the Service understand the responsibilities of diabetes management. Most children will require additional support from the Service and Educators to manage their diabetes whilst in attendance.

PURPOSE

Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency whilst at our Service.

SCOPE

Description

- Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.

- Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is

increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

Duty of Care

Our Service has a legal responsibility to provide

c. A safe environment
d. Adequate Supervision

Staff members, including relief staff, need to know enough about diabetes to ensure the safety of children (especially in regards to hypoglycaemia and safety in sport).

IMPLEMENTATION:

- We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

- A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service. It is important that communication is open between families and educators so that management of diabetes is effective.

- Children diagnosed with Diabetes will not be enrolled into the Service until the child's medical plan is completed and signed by their Medical Practitioner and the relevant staff members have been trained on how to manage the individual child's diabetes.

- It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Management / Nominated Supervisor will ensure:

- Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy and the Medical Conditions Policy.
- All staff members including volunteers are provided with a copy of the Diabetes Management Policy along with the Medical Conditions Policy that is reviewed annually.
- A copy of this policy is provided and reviewed during each new staff member's induction process.

5. All staff members have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
6. When a child diagnosed with diabetes in enrolled, all staff attend regular training on the management of diabetes and, where appropriate, emergency management of diabetes.
7. At least one staff member who has completed accredited training in emergency diabetes first aid is present in the Service at all times whenever children with diabetes are being cared for in the Service.
8. There is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
9. The family supplies all necessary glucose monitoring and management equipment
10. The plan will cover the child's known triggers and where relevant other common triggers which may lead to a Diabetic emergency.
11. All staff members are trained to identify children displaying the symptoms of a diabetic emergency and location of the Diabetic Management Plan as well as the Emergency Management Plan.
12. All staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the Service, symptoms of low blood sugar levels, and the location of diabetes management plans and emergency management plans.
13. Each child with type-1 diabetes has a current individual Diabetes Management Plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment.
14. Ensure that a child's Diabetes Management Plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe any prescribed medication for that child as well as the emergency management of the child's medical condition.
15. Educators understand the requirements for safe food handling, preparation, consumption and service and appropriate hygiene considerations as set out in the Nutrition and Food Handling Policy to ensure that children with allergies or who are at risk of anaphylaxis are protected.

16. Before the child's enrolment commences, the family will meet with the Service and it's educators to begin the communication process for managing the child's medical condition in consultation with the registered medical practitioners instructions.
17. A communication plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the current status of the child's medical condition, this policy and its implementation within the Service prior to the child starting at the Service.
18. Individual Diabetes Management and Emergency Medical Management Plans will be displayed in key locations throughout the Service.
19. A staff member accompanying children outside the Service carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Management and Emergency Medical Management Plan for children diagnosed with diabetes, attending excursions and other events.
20. The programs delivered at the Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential.
21. All staff and volunteers at the Service are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes management plan.
22. Updated information, resources and support is regularly given to families for managing childhood diabetes.
23. That no child diagnosed with diabetes attends the Service without the appropriate monitoring equipment and any prescribed medications.
24. Availability of meals snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan at all times.
25. Contact Diabetes Australia for further information to assist Educators to have comprehensive understanding about treating diabetes.

Educators will:

- Read and comply with this Diabetes Management Policy and the Medical Conditions Policy.
- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Management and Emergency Plans and any prescribed medications.
- Perform finger-prick blood glucose or urinalysis monitoring and will act by following the child's diabetes management plan if these are abnormal.
- Communicate with parents/guardians regarding the management of their child's medical condition.
- Ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the Service.
- Follow the strategies developed for the management of diabetes at the Service.
- Follow the Risk Minimisation Plan for each enrolled child diagnosed with diabetes.
- Ensure a copy of the child's Diabetes Management Plan is visible and known to staff within the Service
- Take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events outside the Service.
- Recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes Management Plan and the Emergency Management Plan.
- Administer prescribed medication if needed according to the Emergency Medication Management Plan in accordance with the Service's Administration of Medication Policy.
- Identify and where possible minimise possible triggers as outlined in the child's Diabetes Management Plan and Risk Minimisation Plan.
- Ensure that children with diabetes can participate in all activities safely and to their full potential.
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days.
- Regularly check and record the expiry date of the prescribed medication relating to the medical condition.
- Provide information to the Service community about resources and support for managing childhood diabetes.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia at all times (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

Families will ensure they provide the Service with:

- Details of the child's health problem, treatment, medications and allergies.
- Their doctor's name, address and phone number, and a phone number for contact in case of an emergency.
- A Diabetes Care Plan and Emergency Medical Plan following enrolment and prior to the child starting at the Service which should include:
    a) When, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
    b) What meals and snacks are required including food content, amount and timing
    c) What activities and exercise the child can or cannot do
    d) Whether the child is able to go on excursions and what provisions are required
    e) What symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
    f) What action to take including emergency contacts and what first aid to implement
    g) An up to date photograph of the child
- A copy of the child's Diabetes Management Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Service.
- The appropriate monitoring equipment needed according to the Diabetes Management Plan.
- An adequate supply of emergency medication for the child at all times according to the Emergency Management Plan.
- Information and answering any questions regarding their child's medical condition.
- Any changes to their child's medical condition and provide a new Diabetes Management Plan in accordance with these changes.
- All relevant information and concerns to staff, for example, any matter relating to the health of the child.

Diabetic Emergency
A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency

a) Very low blood sugar (hypoglycaemia, usually due to excessive insulin);
b) Very high blood sugar (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.
In a medical emergency involving a child with diabetes, the Nominated Supervisor or the Responsible Person should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures and administer first aid or emergency medical aid according to the child's Diabetes Management or Emergency Plan.

In the event that a child suffers from a diabetic emergency the Nominated Supervisor or the Responsible Person will:

- Follow the child's Diabetic Emergency Plan.
- If the child does not respond to steps within the Diabetic Emergency Plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours through the ACECQA portal by the Approved Provider.

Signs and Symptoms
Hypoglycaemia
If caused by low blood sugar, the person may:

- Feel dizzy, weak, tremble and hungry
- Look pale and have a rapid pulse
- Sweating profusely
- Numb around lips and fingers
- Appear confused or aggressive
- Unconsciousness

Hyperglycaemia
If caused by high blood sugar, the person may:

- Feel excessively thirsty
- Have a frequent need to urinate
- Have hot dry skin, a rapid pulse, drowsiness
- Have the smell of acetone (like nail polish remover) on the breath
- Unconsciousness

For more information, contact the following organisations:

Diabetes Australia National Office
1300 136 588
mail@diabetesvic.org.au
www.diabetesvic.org.au

Juvenile Diabetes Research Foundation
www.jdrf.org.au

As 1 Diabetes
1300 342 238

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010

- Education and Care Services National Regulations 2018
  - Regulation 90 Medical conditions policy
  - Regulation 90(1)(iv) Medical Conditions Communication Plan
  - Regulation 91 Medical conditions policy to be provided to parents
  - Regulation 92 Medication record
  - Regulation 93 Administration of medication
  - Regulation 94 Exception to authorisation requirement—anaphylaxis or asthma emergency
  - Regulation 95 Procedure for administration of medication
  - Regulation 96 Self-administration of medication
  - Regulation 168 Education and Care Service must have policies and procedures
- Occupational Health and Safety Act 2004
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Diabetes Kids and Teens Diabetes: the silent pandemic and its impact on Australia
- Early Childhood Australia (2016). Code of Ethics.
- Australian First Aid, St. John Ambulance Australia, 2002
- Diabetes Australia
- Kids Health Info - Diabetes
- Healthy children.org - Diabetes in children
- Care of Young Children with Diabetes in the Child Care Setting: A Position Statement of the American Diabetes Association

Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

2.19 Biting Policy

INTRODUCTION

Biting unfortunately is very common in OOSH services and not unexpected when children interact with one another. Understanding the reasons for children biting and avoidance of biting incidents is of paramount importance.

PURPOSE

Cubby OOSH will support all children within the service, implementing prevention strategies and working with children and families if a biting incident does arise in the most respectful and compassionate manner.

SCOPE

It is important that all people involved in caring for young children need to recognise that at times, some children, for a variety of reasons, attempt to bite other children.

There are a number of reasons that children may bite and some can be identified. For example:

- Infants: Experimental, Sensory Pleasure, Teething
- Toddlers: Frustration, Fatigue, Attention Seeking, Confined Spaces
- Older Children: Frustration, Developmental Delay, Attention Seeking

IMPLEMENTATION

Procedure: When a bite does occur:

1. Provide care for, and assist the child or Educator who has been bitten.
2. Check for broken skin.
3. Clean all bites, regardless of whether the skin is broken or not.
4. Apply a cold compress to the bitten area.
5. Educators will notify the families of the child who has bitten and the child that has been bitten as soon as possible via the telephone, and personally during “departure” time.
6. An incident form will be complete, signed by all parties, and copy of an accident form will be provided to the families.
7. For the child who initiated the bite, it is best practise to discuss the situation with them where possible through verbal communication or through cues. By discussing the event and suggesting other ways of dealing with emotions may prevent future incidents and assist the child in regulating their emotions.
8. It is up to the families’ discretion should they wish to seek medical treatment.
9. If the child who has bitten another, is known to be a carrier of an infectious disease or can be seen to have facial herpes and the victim’s skin is broken, the Approved Provider or Nominated/Certified Supervisor will convey this information to the family.
10. Should the behaviour continue, Educators/ will work in conjunction with families and, if necessary, external agencies, to develop an Individual Service Plan (ISP), and behaviour guidance management strategies, to assist the child through this stage of their development.
11. Monitor the behaviour of the child who has bitten and use redirection techniques to prevent the child from biting.

Nominated Supervisor/Responsible Person will:

- Provide training and education to Team members of the different reasons why a child may bite, and the potential consequences of a child biting another individual. Educators need to implement strategies to minimise biting incidents. These strategies are based on the individual needs of each child.
- Make connections with local Occupational Therapists or external agencies to assist and support the service and families with information packs, observations, meetings etc.

Team Members will:

- Work on prevent strategies to prevent children from biting:
  - Provide an environment with sufficient resources that are stimulating for children
  - Ensure the resources set up are age appropriate and meeting the needs and interest of the children in conjunction with the rooms Education Program / Education for Life Program.
  - Readjust expectations for children and understand every child has different needs and demands for the service to cater for. Every child is unique and develops at their own stage.
  - Where children have verbal communication skills, encourage the child to use their words to express their feelings to aid in support of redirecting play and regulating emotion/behaviour.
  - Incorporate more sensory resources for children that require themselves more exposure to sensory stimulation.
  - Use cue cards where possible and hand gestures to aid in communication. E.g Emotion cards, flash cards.
  - For younger children, provide chew toys/rings to support teething and sensory development.
- Where possible depending on age of children, discuss room rules and expectations for safe play and appropriate behaviour.
- Observe children's behaviour and document any areas of concern. Educators to keep a record of these observation and ensure to keep the families up to date as these behaviours are observed and noted.
- Where incidents are repetitive, Educators to utilise the Cubby OOSH Behaviour Management Plan.
- Organise meeting with families if necessary to discuss their child's behaviours displayed, the Behaviour Management Plan, and strategies to continue to support one another for the best interest of the child.
- NOTE: Educators will not yell or raise their voice as a strategy for biting prevention, and to ensure all appropriate avenues are executed. If a Team member feels as if their strategies are not working, then best practise is to seek the support of another team member, or the Nominated Supervisor/Responsible Person on Premises.

Families Will:

- Communicate with the service upon enrolment and throughout their time at the service of goals or any behaviour guidance strategies, they wish for the service to embed to support their child and implement consistence across both environments.
- Meet with Educators if requested by the service to discuss their child's development and discuss strategies moving forward.
- Where possible, incorporate strategies the service have adopted to utilise at home for consistence.

If biting continues

- If biting behaviour persists despite interventions outlined in this policy, behavioural reports may be written in accordance with our Behaviour Policy (Policy 5.02). These reports will detail the incidents and any accompanying actions taken to address the behaviour. By linking biting incidents to our Behaviour Policy, we ensure a comprehensive approach to managing challenging behaviours, promoting consistency and cooperation between caregivers and families in supporting the child's positive behaviour development.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 166 Offence to use inappropriate discipline
- Education and Care Services National Regulations 2011

- Regulation 74 Documenting of child assessments or evaluations for delivery of educational program
- Regulation 155 Interactions with children
- Regulation 156 Relationships in groups
- Regulation 162 Health information to be kept in enrolment record

- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 5.2 Relationships between children

SOURCES

- ACECQA
- The Early Years Learning Framework
- Victorian Early Years Learning and Development Framework
- Raising Children Network Australia
- Kids Health – Biting
- Care for Kids – Successfully dealing with a child who bites

2.21 Maintenance of Records Policy

INTRODUCTION

The privacy and confidentiality of all Children, Families, Educators and management personnel are protected. All confidential records and information are kept in a secure place and only made available to persons with authorised and/or legal access. All appropriate and required records must be kept for the specified period of time.

PURPOSE

Cubby OOSH follows clear guidelines of how records are stored and maintained in conjunction with timeframes as set out in the National Regulations.

SCOPE

- To ensure that Educators follow the correct protocols relating to confidential information.
- To define information and records which are deemed to be confidential.
- To provide and maintain secure storage for confidential information.
- Educators and management record, maintain, update and secure all required information.
- Confidential records are accessed only by authorised persons.

IMPLEMENTATION

Authorised Access:

1. All documents relating to children and parents are available only to the parent/guardian or approved persons who enrol children, authorised Educators and Management who require relevant information and Commonwealth or State Government officers when legitimately requested.
2. Documents relating to employees are available only to the individual, the Nominated Supervisor, an authorised member of the Management or police if legally required.
3. All documents relating to fee payment and CCB are available only to the parent/ guardian or approved persons who enrol children, to authorised Educators, Management or Commonwealth Government officers.
4. Information relating to children gained by team members in the course of their employment at Cubby OOSH is not disclosed to any persons other than parents/guardians or approved persons who enrol children.

Exceptions are made:

- For normal information exchange between Educators and Management in the daily operation of the Centre and/or for the well-being of Educators and children,
- When information is subpoenaed by a court of law,
- When an appropriate government agency is contacted to ensure the welfare of children.
- Employees utilise information in matters relating to the team or Management only in normal information exchange among current team members and management for the daily operation of the centre, for the well-being of the Educators and children, or if required by a court of law.

Records Kept:

Prescribed Enrolment Records & Other Documents to be kept by the Approved Provider. All documents are backed up on external storage and are accessible on the main office computer and the centre directors iPad and Phone. These records are secure with a passcode.

Document Descriptions & Time Frame to be kept:

- Documentation of child assessments or evaluations for delivery of the educational program - Until the end of 3 years after the last date on which the child attended the centre.
- Incident, Injury, Trauma and Illness Records For the death of a child – Until the end of 7 years after the death of the child. For all others – Until the child is 25 years of age.
- Medication Records Until the end of 3 years after the record was made.
- Staff Records Until the end of 3 years after the last date that the staff member was engaged at the centre.
- Records of Students & Volunteers Until the end of 3 years after the last date the person was engaged at the centre.
- Records of the Responsible Person Until the end of 3 years after the record was made.
- Records of Educators working directly with the children Until the end of 3 years after the record was made.

- Children Attendance Records Until the end of 3 years after the record was made.
- Child Enrolment Records Until the end of 3 years after the last day the child attended the centre.
- Record of the Centre's compliance with the Law Until the end of 3 years after the last day on which the Approved Provider last operated the service.
- Record of Certified Supervisors placed in day-to-day charge of the centre for staff files – Until the end of 3 years after the last date that the staff member was engaged at the centre. For Supervisor Timesheets – Until the end of 3 years after the record was made.

Relating to daily operations:

Full enrolment forms - Electronically saved in Sooner and in alphabetical order containing information required under section 5.3.1 of the National Standards.

Waiting lists - are handled by the enrolments officer at support office. Wait lists indicate priority of access status, date placed on list, care required and if a sibling of a child already in care.

Daily records of attendance - including the roll taken by Educators and the sign in/out Kiosk report retrieved from Qik Kids which records daily arrival and departure times of children.

Phone/message book - recording all phone, fax or email messages to ensure that staff is fully aware of relevant information. (Staff regularly checks.)

Grievances and complaints - records of grievances and complaints and how they were resolved.

Accident/illness records - detailing the nature of an accident or illness, who attended the child and what course of action was taken.

Note - Accident and illness records are kept until the child turns 24.

Medication book - containing parents/guardians' signed instructions and/or permission to administer medication, the date, time and dosage of its administration, who administered it, and who witnessed the administration.

Digital program - How interest are extended on and the children's learning journey. A full cycle includes observations, program, weekly planner and evaluation.

Information folder - containing relevant updated information such as infectious diseases leaflets, community events.

Relating to fees:

Child Care Subsidy records are retained for a period of 7 years.

Accounting documents - retaining all records relating to fees accounting and bank statements for a period of 7 years.

These are scanned and sent through to the Accounts department at head office.

Relating to Team Members:

Employment Details- indicating personal details, date of employment, hours of work roster, position title and job description, resume and references, date for review, "Working with Children Check" number and expiry date, and any discipline or grievance procedures.

Staff Wages, Holiday and Sick Leave Entitlements- retaining employment periods and wage records for 7 years.

Relating to Management:

Governance structure- including position titles, current persons holding the positions and duties.

Minutes- relating to all meetings and Annual General Meetings.

Policy folder- including centre details, philosophy and policies.

Insurance and financial details - retaining Insurance documents for 7 years.

Centre's Finances: - retaining all records relating to the Centre's finances such as school/hall usage agreements, special conditions etc. for 7 years.

All records are kept in an orderly fashion, updated as required and appropriate information passed on to any new staff or management member.

- Records requiring retention for a specified, extended period of time are stored securely in the designated place.
- Records and other information cannot be removed without the knowledge of the management and may be provided only to those who are legally empowered to access the information.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 175 Offence relating to requirement to keep enrolment and other documents
- Education and Care Services National Regulations 2011
  - Regulation 160 Child enrolment records to be kept by approved provider and family day care educator
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 177 Prescribed enrolment and other documents to be kept by approved provider
  - Regulation 181 Confidentiality of records kept by approved provider
  - Regulation 183 Storage of records and other documents
- National Quality Standards
  - Standard 4.2 Professionalism
  - Standard 7.1 Governance
- The Privacy Act 1988
- Australian Privacy Principles

SOURCES

- ACECQA

OAIC: Rights and Responsibility; Privacy ACT

2.22 Emergency, Evacuation & Lock Down Policy

INTRODUCTION

At the time of any perceived emergency, the Centre has in place a clear procedure for the evacuation and lock down of the premises. The emergency procedure has been developed following the assessment of the likely risk to the health and safety of the children, staff and visitors, and the probability of such an event occurring.

PURPOSE

The Cubbyhouse aims to:

- Minimise the risks to health and safety of all personnel by the orderly evacuation of all persons from the centre in the event of any situation that poses a major threat.
- Ensure that all personnel are familiar with and trained in the procedures for emergency evacuation.

SCOPE

Definition:

Emergency - A serious, unexpected, and often dangerous situation requiring immediate action

Evacuation – The Action of evacuating a person or a place.

Evacuation procedures apply to:

- Bomb threat
- Fire /Bushfire (if advised by authorities)
- Hostage seizure
- Chemical spillage or gas leak
- Building collapse
- Aircraft crash
- Flood (after contacting Police for instructions)
- Any other unforeseeable situation which risks the safety and/or health of occupants.

Lock Down – A state of isolation or restricted access instituted as a security measure.
Lock Down procedures apply to:

- Death of a child at the service.
- Children/Educators being taken hostage.
- Armed hold up/intruder.
- A seizure of centre property (liquidation, court orders, eviction).
- A disaster in the local community e.g. (earthquake, flood, toxic chemical spills/fumes, bad weather, cyclone, thunderstorm)
- Fire other than inside the building (see Bush Fire Policy).
- Live stock on the loose.
- Unusual amounts of media attention.
- Aggressive trespassers.
- Aggressive non-custodial parents.

IMPLEMENTATION

- Ensure the program is inclusive of discussions and experiences which allows Children the opportunity to learn about emergency situations and how to best handle these. Exposure is vital, however it is important Team Members are aware of positive interactions during these experiences to restrict frightening the children. Our role is to assist in building their confidence, knowledge and capabilities in the event an emergency was to ever occur.
- Facilitate visits from the local Fire Brigade and Police to Educate Children on their role, emergencies and strategies/preventions to keep our bodies safe.
- Ensure all Team members, inclusive of New Team Members, Families, Visitors to the service are aware of the Emergency exit points in the event of an emergency occurring.
- Educate Children on how to call 000 and discuss different emergency scenarios this may be required for.
- Ensure team members stay up to date with their training, inclusive of First Aid and CPR training.
- Ensure strong communication is upheld throughout the centre with any changes or implementation to service process around emergency procedures.
- Ensure Critical reflection is embedded, reflecting on current practises, reaching the potential for continual improvement to keep all children safe from harm or reduce the likelihood of emergency situations occurring.

Emergency Risk Assessment

In the event that anything within the service poses a risk of harm to the Children, Team Members, families and the community, it is vital to ensure a Risk Management Plan is formulated.

Risk management involves assessing the options in order to reduce the risk and the preparation and implementation of risk management plans.

- Identify the options for treatment.
- Removing or avoiding the risk entirely where possible
- Reducing the likelihood of the risk by putting measures in place, putting in a barrier, or relying on close supervision and keeping within reach of children.
- Assess the options
- Implement the treatment
- Communicate the treatment and management of risks to all.

Risk Assessments will be devised for a number of purposes and will be displayed in the appropriate areas of the services environment:

- All play spaces, inclusive of but not limited to: Rooms, Outdoors, Bathrooms, Office, Foyer, Carpark, Kitchen
- Pets on Premises
- Lock Down
- Evacuations
- Gas Leaks
- Severe Weather conditions: Bush Fire, Cyclone
- Snakes, Spiders

NOTE:

- Risk Assessments must be updated every 6 months, or at any time a new risk is identified.
- Ensure devising and updating the risk assessment is a collaborative approach, inviting families, Children and the community to provide feedback and input.

Risk Assessment Metrix

Extreme	The activity that gives rise to an extreme risk shall not be undertaken without the express approval from the Operations Manager and Managing Director. Newly identified extreme risks shall be reported immediately to the Managing Director and Operations Manager.
High	The activity that gives rise to a High risk shall not be undertaken without the express approval from the Operations Manager and Managing Director. Newly identified extreme risks shall be reported immediately to the Managing Director and Operations Manager.
Medium	The activity that gives rise to a Medium risk shall not be undertaken without the express approval from the Centre Director and Operations Manager. Newly identified extreme risks shall be reported immediately to the Centre Director and Operations Manager.
Low	Newly identified low risks shall be reported to the Centre Director.
Very Low	Business as usual. Risks managed by relevant staff.

Almost Certain	Medium	High	High	Extreme	Extreme
Likely	Medium	Medium	High	High	Extreme
Possible	Low	Medium	Medium	High	High
Unlikely	Very Low	Low	Medium	Medium	High
Rare	Very Low	Very Low	Low	Medium	Medium
	Insignificant	Minor	Moderate	Major	Catastrophic
	E.g. Incident but no injury	E.g. First aid injury	E.g. Serious injury	E.g. Death/ Disability	

EMERGENCY EVACUATIONS

Evacuation Plans

The Approved Provider will:

- Ensure that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167);
- Ensure the identification of potential emergency and evacuation situations that may arise at the service and risks associated with such situations;
- Ensure the following documents are attached to this policy:
    - risk assessment – reviewed at least on a 6-monthly basis;
    - emergency evacuation floor plan;
- Ensure educators and staff have ready access to an operating telephone or similar means of communication and that emergency telephone numbers are displayed near telephones;
- Ensure educators and staff have ready access to emergency equipment such as fire extinguishers and fire blankets, and that staff are adequately trained in their use;
- Ensure that emergency equipment is tested as recommended by recognised authorities.

The Nominated Supervisor/Responsible Person will:

- Implement duties as listed above and directed by the Approved Provider;
- Ensure the emergency evacuation procedures and floor plan are displayed in a prominent position near each exit and that all staff and educators are aware of these;
- Ensure that all staff are trained in the emergency evacuation procedures;
- Ensure that all staff are aware of emergency evacuation points;
- Ensure that families are regularly reminded of the emergency procedures in place at the service;

- Ensure that rehearsals of evacuation procedures are regularly scheduled, every month or every three months as a minimum as outlined in National Regulations, and that the schedule maximises the number of children and staff participating in the procedures;
- Ensure that spontaneous rehearsals take place to ensure staff participate in the simulation of unplanned, emergency evacuation events;
- Ensure that the Fire warden or Director completes the Emergency Drill with associated paperwork;
- Ensure all scheduled, spontaneous and actual evacuations are documented manually;
- Ensure all staff are provided with feedback opportunities after each evacuation;
- Ensure all emergency contact lists are updated as required.
- Ensure all appropriate environments contain an emergency bag.

The Lead Educators and Early Childhood Educators will:

- Ensure the sign-in book accurately records attendance of each child;
- Ensure the time of arrival and departure is noted on Qikkids Kiosk;
- Check the number of children in their care regularly throughout the day;
- Sign themselves in/out on the manual staff attendance record;
- Display the emergency procedure plan in each room in a prominent position;
- Practise the external procedure using different modes of egress;
- Practise the internal procedure;
- Familiarise themselves with evacuation procedures in each area of the service;
- Familiarise relievers, students and visitors with the procedure at the beginning of each shift;
- Ensure emergency bags are located in an accessible area in each room;
- Provide children with learning opportunities about emergency evacuation procedures;
- Be alert to the immediate needs of all children throughout the scheduled and spontaneous evacuation drills;
- Assist the Nominated Supervisor in identifying risks and potential emergency situations;
- Assist the Nominated Supervisor in developing procedures to lessen the risks associated with emergency evacuations;
- Ensure they are aware of the placement of operating communications equipment and emergency equipment and are confident in their ability to operate them.

<u>During an emergency</u>

The Nominated Supervisor/Responsible Person will:

- Raise the alarm by blowing the whistle loudly three (3) times! Whistles are available in each room and the office;
- Determine the exact location of the fire and the most appropriate assembly point and the evacuation route for each group.
- Notify the Chef and Lead Educators verbally whether in a room or in the playground that emergency procedures have begun and which evacuation route and assembly point is the safest to use if it is safe to do so;

- Contact emergency services by dialling 000;
- Attempt to put out the fire with the closest extinguisher if deemed appropriate and safe to do so;
- Take the First Aid Kit which also contains the emergency evacuation keys, a charged I-pad and walk about phone to the emergency assembly point;
- Direct any Assistants (Relief staff, Float staff, Volunteers, Students and Visitors) to help the Explorers, Adventurers and Philosophers Room
- Assist with the evacuation of the Explorers, Adventurers and Philosophers Room (if required);
- Be the last person to leave the building ensuring the building is empty of all staff, children, visitors and families and closing (but not locking) doors on exiting;
- Liaise with emergency services when they arrive.

Chef will:

- Confirm with the Nominated Supervisor/Responsible Person the evacuation route and assembly point for all groups;
- Shut off all gas appliances. Turn off the oven and any other cooking appliances;
- Collect all medications from the fridge and place them in the Emergency Evacuation Bag (located in the office) to take to the emergency assembly point;
- Assist with clarifying the evacuation route for all the children
- Return to the centre car park, if safe to do so, and direct anyone in the car park to lock their vehicles and egress the car park by the safest route based on the information provided by the Nominated Supervisor/Responsible Person;
- Return to the building if it is safe to do so and assist with evacuating children from Rainforest 1 and 2.

Float Staff or Team Members on breaks:

- **Educators on breaks** are to return to their normal room; and
- **Float staff** who are carrying out washing or cleaning duties are to the Explorers, Adventurers and Philosophers Room; if safe to do so. Otherwise they will follow the evacuation plan from where they are currently located.

All Rooms will:

If the group is in the playground and the emergency (e.g. fire) is <u>not in</u> the

playground The Lead Educator will:

- not return the children to the building and will have the educators check as far as they can inside the building for children, retrieving the emergency cots while doing so and mustering the children adjacent to the front boundary fence furthest from the building;
- confirm with the Nominated Supervisor/Responsible Person that evacuation is to continue in accordance with "Evacuation through the playground" set out further below (except for the muster point) and will follow that procedure.

If the group is in the playground and the emergency (e.g. fire) is <u>in</u> the

playground The Lead Educator will:

- immediately return the children to the building;
- confirm with the Nominated Supervisor/Responsible Person whether evacuation is to continue in accordance with "Evacuation through to the front entrance" set out further below and will follow that procedure.

If the group is in their room and evacuation is to be through the playground

This is the case where the Nominated Supervisor/Responsible Person confirms to the Lead Educator that the safest egress from the building is through the playground to the assembly point.

The Lead Educator will:

- notify educators of the emergency evacuation, the evacuation route and the assembly point;
- check outside for children and have educators bring in any children that are outside;
- collect the room rolls and Ipad, along with the emergency backpack which contains the emergency exit keys and parent contact list
- pass the emergency exit keys to a Nominated Educator to unlock the gate;
- ensure that all children are accounted for;
- be the last person to leave the room, checking all doors and closing but not locking the doors, provided that it does not jeopardise personal safety;

Educators and Assistants (Relief staff, Float staff, Volunteers, Students and Visitors) will:

- Check bathrooms and prep rooms for children;
- Guide and move all children to the Muster Point;
- Conduct a head count;
- Move emergency cots to the door adjoining the playground;
- Place children inside the emergency cots available (*6 babies per cot with 2 educators on either side pushing cots)* with any remaining children (who may be visiting with an adult) to be carried, one child per adult, by Educators and Assistants (if required). Pouches will not be required to be used.
- Wheel the emergency cots through the playground to the emergency exit gate;
- The Nominated Educator is to unlock and open the emergency exit gate;

If the group is in their room and evacuation is to be through to the front entrance

This is the case where the Nominated Supervisor/Responsible Person confirms to the Lead Educator that the safest egress from the building is through to the front entrance to the assembly point

The Lead Educator will:

- notify educators of the emergency evacuation, the evacuation route and the assembly point;
- check outside for children and have educators bring in any children that are outside;
- collect the room rolls and Ipad, along with the emergency backpack which contains the emergency exit keys and parent contact list
- ensure that all children are accounted for;
- be the last person to leave the room, checking all doors and closing but not locking the doors, provided that it does not jeopardise personal safety;

Educators and Assistants (Relief staff, Float staff, Volunteers, Students and Visitors) will:

- Check bathrooms and prep rooms for children;
- Guide and move all children to the Muster Point
- Conduct a head count;
- Move emergency cots to the door at the front of the building furthest from the playground;
- Place children inside the emergency cots available (*6 babies per cot with 2 educators on either side pushing cots)* with any remaining children (who may be visiting with an adult) to be carried, one child per adult, by Educators and Assistants (if required). Pouches will not be required to be used.
- Wheel the emergency cots through the front entrance;

At the Assembly Point

Once at the Assembly Point all children will be required to sit or lie down.

- **The Lead Educator** will conduct a final head count for all children and staff using the room roll or the kiosk information. If anyone is missing, immediately notify the Nominated Supervisor/Responsible Person.

- **Educators and Assistants** (Relief staff, Float staff, Volunteers, Students and Visitors) will lock cot wheels and check every child for injuries or breathing issues.
- Await instructions from the Nominated Supervisor/Responsible Person.
- Engage in positive interactions with the children to help eliminate fear, and aid in calming/reassuring them.

Extreme Scenarios

- If unable to re-enter the centre, the Nominated Supervisor/Responsible Person will begin calling families to collect their children.
- If an adult or child is not accounted for?
  - The Nominated Supervisor/Responsible Person is to be notified and will in turn notify emergency services.

- **Notes:** Any attempts by educators to quell a fire must not endanger educators or children and must be brief and effective or evacuation must immediately commence. At all times, actions must be focused on the safety and welfare of the children. Educators must not take risks which could jeopardise their own safety and be detrimental to their ability to assist the children.

BUSHFIRES

The Approved Provider will:

- Ensure that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167);
- Ensure the identification of need to evacuate is recognised and acted upon as per figure 1.1
- • Ensure the following documents are attached to this policy:
  - ➢ risk assessment – reviewed at least on a 6-monthly basis;
  - ➢ emergency evacuation floor plan;
- Ensure educators and staff have ready access to an operating telephone or similar means of communication and that emergency telephone numbers are displayed near telephones;
- Ensure educators and staff have ready access to emergency equipment such as fire extinguishers and fire blankets, and that staff are adequately trained in their use;
- Ensure that emergency equipment is tested as recommended by recognised authorities.

Figure 1.1

FIRE DANGER RATING	WHAT YOU SHOULD DO
CATASTROPHIC	For your survival, leaving early is the only option. Leave bush fire prone areas the night before or early in the day – do not just wait and see what happens. Make a decision about when you will leave, where you will go, how you will get there and when you will return. Homes are not designed to withstand fires in catastrophic conditions so you should leave early.
EXTREME	Leaving early is the safest option for your survival. If you are not prepared to the highest level, leave early in the day. Only consider staying if you are prepared to the highest level – such as your home is specially designed, constructed or modified, and situated to withstand a fire, you are well prepared and can actively defend it if a fire starts.
SEVERE	Leaving early is the safest option for your survival. Well prepared homes that are actively defended can provide safety – but only stay if you are physically and mentally prepared to defend in these conditions. If you're not prepared, leave early in the day.
VERY HIGH HIGH LOW MODERATE	Review your bush fire survival plan with your family. Keep yourself informed and monitor conditions. Be ready to act if necessary.

The nominated supervisor will;

- Contact their Area Manager immediately

Notify the families of the children who have asthma that there is a local fire and air conditions may change.

Post a notification to families on the The Cubbyhouse App that there is a fire in close vicinity to your service and you will advise families if evacuation is necessary. If a fire has been in 'Watch and Act' for more than an hour, please contact your Area Manager for advice. The Area Manager is to call the fire department to seek further advice.

When a fire moves to 'Emergency Warning' status, all centres within proximity to the fire must seek advice from the fire department.

Educators will;

- Follow directions of the nominated supervisor
- Assist in calling parents to collect children
- Prepare children calmly for evacuation of the centre as per the evacuation procedure

LOCK DOWN

If an event takes place that requires a "Lock Down", the following should occur:

- Any Member of the Team who witnesses the event must try to raise the alarm.
- Telephone Emergency Services 000 immediately.
- Follow all instructions of the emergency personnel.
- No other phone calls to be made (lines to stay free for emergency advice).
- The Approved Provider/Nominated Supervisor or Responsible Person in charge will determine the need for a "Lock Down" and raise the appropriate alarm.

Alarm Procedure

The Approved Provider/Nominated Supervisor or Responsible Person in charge will sound the bell/whistle or make a public speaker announcement as follows:

- **This is a LOCK DOWN.**
- **"This is not a fire drill."**
- **"Everyone is to stay in the nominated area, remain low/seated and to keep calm and quiet."**
- **In the event that there is an intruder, the centre's code word/phrase will be used to ensure the centre is not aggravating the situation or the intruder, and the centre locks down without the intruder's knowledge. All Team inductions into the service will be informed of the code word/phrase.**

Movement of Children and Members of the team

- Educators and children will move to and remain in the nominated areas.
- Gather all the children together in an area of the centre with minimal visibility
- 0-2 year old children are to be moved into the cot room.
- 2-3 year room children are to be moved under tables in their rooms.
- 3-5 year old children are to be moved under tables in their room.
- If possible, educators will make efforts to seal and lock room doors and windows
- Children should remain low and out of sight during the lock-down period.
- If children are outside, educators should endeavour to move them inside as quickly as possible.

Team Responsibilities

- Approved Provider/Nominated Supervisor or Responsible Person in charge should contact Police and follow their instructions.
- Educators who are not directly involved in the lock-down or without children to supervise are to liaise with emergency services-only if it is safe to do so.
- Educators must check the sign-in registers and ensure all signed-in children are present. Any absences must be reported to the Approved Provider/Nominated Supervisor or Responsible Person as soon as it is safe.
- Educators to ensure they have all sign in registers, emergency contact lists, any emergency medication (EpiPens/Asthma).
- Educators are to close and lock all doors and windows, turn the lights off and ensure children are kept below the window level.
- All Educators, children and anyone else present will remain in the locked room/s until an "All Clear" announcement is made by the Nominated Supervisor or person in charge.

All Clear Signal

- The Approved Provider/Nominated Supervisor or Responsible Person will sound the Centre's bell (if applicable) or blow a whistle for 5 seconds.
- The Approved Provider/Nominated Supervisor or Responsible Person will then: say "The Lock Down has now ended, everyone follow me and the Educators in an orderly manner."
- Lockdown Checklists are to be completed by each room and office, after "All Clear".

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 179 Emergency action notices
  - Section 189 Emergency removal of children
- Education and Care Services National Regulations
  - Regulation 97 Emergency and evacuation procedures
  - Regulation 136 First Aid Qualifications
  - Regulation 175 Prescribed information to be notified to Regulatory Authority
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 3.2 Use

SOURCES

- Australian Federal Police (n.d). Phone Bomb-Threat Checklist.
- Safe Work Australia: Emergency Plans and Procedures
- CFA VIC – Fires, Warnings and Incidents
- Better Health – Taking to Children about Bush Fire Risk

Consultation with Relevant Stakeholders associated with The Cubbyhouse Childcare

2.23 Incident, Injury, Trauma and Illness Policy

INTRODUCTION

Illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

PURPOSE

Cubby OOSH have a duty of care to respond to and manage illnesses, accidents, incidents & trauma that occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

SCOPE

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Educators and Management are not doctors and are unable to diagnose an illness of infectious disease. To ensure the symptoms are not infectious and minimise the spread of an infection medical advice is required to ensure a safe and healthy environment.
Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High Temperature or Fevers
- Loose bowels
- Faeces with grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear
- Skin that display rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficult in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

IMPLEMENTATION

High Temperatures or Fevers

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. But sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child's normal temperature will range between 36.0°C and 38.0°C, this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching higher than 38°C will not be permitted to attend the Service until 24 hours after the temperature/fever has subsided.

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
- If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Nurofen) in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child.
- The child's temperature, time, medication, dosage and the staff member's name will be recorded in the Illness Folder, and the parent asked to sign the Medication Authorisation Form on arrival

When a child has a high temperature or fever

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the Service and will not permitted back for a further 24 hours after the child's last temperature
- Educators will complete an Incident, Illness, Accident & Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

Dealing with colds/flu (running nose)

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and

young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care Services may have as many as 8–12 colds a year.

Management have the right to send to children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment. Management will assess each individual case prior to sending the child home.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

If a child has diarrhoea and/or vomiting whilst at the Service, the Nominated Supervisor or the Responsible Person will notify parents or emergency contact to collect the child immediately. If the Service has 2 more cases of gastroenteritis, the Public Health Unit must be notified by the Nominated Supervisor or the Responsible Person.

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.

Infectious causes of gastroenteritis include:

- Viruses such as rotavirus, adenoviruses and norovirus
- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins
- Parasites such as Giardia and Cryptosporidium.

Non-infectious causes of gastroenteritis include:

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress.

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours.

Please note: if there is a gastroenteritis outbreak at the Service, children will be excluded from the Service until the diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their doctor.

Serious Injury, Incident or Trauma

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service. This will be done through the ACECQA portal by the Approved Provider. The definition of serious incidents that must be notified to the regulatory author is:

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, which:
(i) A reasonable person would consider required urgent medical attention from a registered medical practitioner or
(ii) For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

(c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital;

(d) Any emergency for which emergency services attended at the Education and Care Service premises;

(e) 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 as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

For management of serious incidents please refer to the Administration of First Aid Policy.

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

'Trauma changes the way children understand their world, the people in it and where they belong.' [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools.

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Children who have experienced traumatic events often need help to adjust into the way they are feeling. When parents, Educators and staff take the time to listen, talk and play they may find children start to tell or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for Educators to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and often their behaviour before parents, educators and staff work out the best ways to support a child. It is imperative to evoke a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent. This is one of the ways children try to manage their experiences.

Educators can assist children dealing with trauma by:

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, Educators and staff to reduce their own stress and maintain awareness so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist Families, Educators and Staff may include:

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another carer or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the Service's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

Management/Nominated Supervisor/Responsible Person will ensure:

- Service policies and procedures are adhered to at all times
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the incident, illness, accident or trauma occurring.
- To complete an Incident, Illness, Accident & Trauma record accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated
- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Educators or Staff who have diarrhoea do not prepare food for others.
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- First aid kits are suitably prepared and checked on a monthly basis (First Aid Kit Record)
- Incident, Illness, Accident & Trauma records are completed accurately as soon as practicable following the incident
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Parents are notified of any infectious diseases circulating the Service within 24 hours of detection
- Educators qualifications are displayed where they can be easily viewed by all educators, families & authorities
- First aid qualified educators are present at all times on the roster and in the Service
- Children are excluded from the Service if they feel the child is too unwell

Educators will:

- Advise the parent to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in the Service at all times
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register
- Document all illnesses on the Service Illness Register
- Educators will refer to the Incident, Illness, Accident, Trauma and Administration of Medication Policy

Incident / Injury

- During enrolment, parents are required to supply the service with written authorisation for the service to seek urgent medical, dental or hospital treatment or ambulance service or written consent to the carrying out of appropriate medical, dental or hospital treatment.

- This is recorded on the enrolment form and within the emergency contact folder that is kept in the Centre Director's Office.
- Parents are also required to supply the contact number of their preferred doctor or dentist, Medicare number and expiry date.
- If a child sustains an injury to the head and the injury seems to be insignificant, parents of the child will be contacted immediately so they can make the decision as to what medical treatment needs to be carried out beyond that available from the first aid trained staff at the Centre. Any Injury above the shoulders, a call to the family to notify is required.
- In the event of an accident or injury, primary contact staff will assess the child and will treat the child if within their knowledge to do so.
- A team member with a first aid certificate will be notified of the accident/Illness and will treat the child if it is within their trained knowledge.
- The child will remain under the supervision of an educator until the parent or person responsible for the child or a medical professional arrives. To provide comfort, supervision of further illness or ongoing Medical treatment.
- Staff members are required to supply two contact numbers in case of an emergency or accident.
- If a child, staff member or visitor has an accident while at the Centre, first aid is provided by a staff member who holds a first aid certificate.
- If medication is required in an emergency without the prior consent of the parents/guardians, the team member or Centre Director must gain that consent from a registered medical practitioner if parents/ guardians cannot be contacted.
- An Incident, Illness, Accident & Trauma record will be completed by the staff member who witnessed the accident or took care of the child with the illness will be signed and a copy given to the child's parent/guardian and the original will be kept in the child's file within the Incident and Accident folder kept in the Director's Office.
- Any child who is enrolled in the Service who has Asthma will need to have their GP complete an Asthma Action Plan and ensure that the Service is provided with the medication and equipment needed for their child. It is required that all Asthma Plans are updated every 6 months.

The relevant Regulatory Authority will be informed of serious incidents such as:

- The death of a child, while being educated and cared for by the Centre or following an incident while being educated and cared for by the Centre;
- Any incident involving injury or trauma to, or illness of, a child while being educated and cared for by the Centre for which the child attended, or ought reasonably to have attended, a hospital
- Any incident or serious Illness where the attendance of emergency services at the Centre premises was sought, or ought reasonably to have been sought;
- Any circumstance where a child being educated and cared for by the Centre:
    - appears to be missing or cannot be accounted for; or
    - appears to have been taken or removed from the Centre premises in a manner that contravenes these Regulations; or
    - is mistakenly locked in or locked out of the Centre premises or any part of the premises. In the event where the accident/illness has resulted in death, the relevant Regulatory Authority will be notified within 24 hours of the event or knowledge of the event

For minor accidents, the staff member administering first aid:

1. Assesses the injury;
2. Attends to the injured person and applies first aid as required;
3. Ensures that disposable gloves are used for any contact with blood or bodily fluids;
4. Ensures that all blood or bodily fluids are cleaned up and disposed of in a safe manner;
5. Ensures that anyone who has come in contact with any blood or fluids washes in warm soapy water;
6. Records the accident and treatment given on the Accident Report, indicating:
    - name of child,

- date,
- time,
- nature of injury,
- how the accident occurred,
- treatment given and by whom.

7. A photo is taken of the child's injury to be attached to the incident form;
8. Ensures that the Accident Report is signed by team member and witnessed if possible;
9. Notifies parents by phone either immediately or on arrival to collect the child;
10. Obtains a parent or guardian's signature to confirm knowledge of the accident.

For major accidents/medical emergencies requiring more than first aid, the person administering first aid:

1. Educator is to assesse the injury/illness and decides whether the child needs to be attended to by a local doctor or whether an ambulance should be called and tell the Centre Director of their decision;
2. Organises immediate medical attention if the injury is serious (parents/guardians should be contacted straight away, but if that is not possible, there should be no delay in organising proper medical treatment);
3. Arranges for the Centre to keep trying to contact the parents, if initially unsuccessful (when contact is made, parents are advised of the incident in a sensitive manner and informed about how to contact the relevant medical agency);
4. Attends to the injured child and applies appropriate first aid;
5. Ensures that disposable gloves are used if there is any contact with blood or bodily fluids;
6. Stays with the child until suitable help arrives, or further treatment given;
7. Tries to make the child comfortable and reassures them;
8. Arranges for a staff member to accompany a child to the hospital should an ambulance be required;
9. Ensures that the child's medical data is sent with them in the ambulance;
10. Records the incident and treatment given in the Accident Report, indicating:
    - Name,
    - Date,
    - Time,
    - Nature of injury/illness,
    - How the accident occurred, or medical emergency arose,
    - Treatment given and by whom.
    - A photo is taken of the child's affected area to be attached to the incident form
11. Ensures that the Accident Report is signed by staff and witnessed if possible;
12. At an appropriate time, obtains the signature of a parent/guardian confirming their knowledge of the accident/incident.
13. Once all this is completed a Serious Incident Form will need to be completed and uploaded into NQITS along with any relevant information regarding the injury. This needs to be done in a 24-hour period. If deemed required by National Regulations.

The Centre Director or other responsible staff member:

1. Notifies the parents or emergency contact person immediately regarding what happened and what action is being taken. (Every effort is made to calm and reassure the parents/guardians);
2. Ensures that all blood or bodily fluids are cleaned up safely;
3. Ensures that anyone who has come in contact with any blood or fluids washes in warm soapy water;
4. Reassures the other children and keeps them calm, keeping them informed appropriately about what is happening and away from the injured child.
    - Team members adhere to the Hygiene Policy in all accident situations.
    - Any injury that happens above the shoulders and is visible will be reported to the parents before pickup.
    - Clear emergency procedures are maintained for the other children at the Centre.

In the event of a serious incident or illness requiring notification the Nominated Supervisor is to collect all required documentation including:

- A completed incident report with photo
- Witness statements
- Supervision plan

- Risk assessment if required
- First aid certificate of educator attending to the child

This documentation is to be sent to the Area Manager who will liaise with the Executive team through the process of making a submission. If the incident is submitted a copy of the receipt will be sent to the Centre to be kept on file.

Death of a Child

Procedure:

If an unconscious child appears to be deceased after all medical aid (including CPR) has been provided and the ambulance has been called, Educators shall:

- move other children away from where first aid and CPR are taking place, comfort and re-assure the children. However, the children must continue to be supervised in accordance with the regulations at all times;
- do not confirm the apparent death to other children or visitors;
- continue to observe the apparently deceased child and treat as unconscious only (CPR may continue);
- secure the immediate area from public sight;
- continue resuscitation until paramedics/ambulance or a doctor arrive to take over;
- parents/guardians are contacted and informed in a sensitive manner that a serious incident has occurred;
- contact the Approved Provider as soon as possible;
- as only medical authorities can confirm death, Educators do not inform parents/guardians or any other persons that the child is deceased;
- if medical authorities confirm that the child is deceased, the Approved Provider shall:
  - inform Police;
  - inform the relevant Regulatory Authority through the ACECQA portal;
  - - investigate the circumstances surrounding the death and formulate a comprehensive report on the incident;
  - arrange counselling for children and staff as required;
  - notify the relevant insurance company;
  - convey deepest sympathy to parents/guardians.

Nominated Supervisor / Responsible Person shall:

- wherever possible, physically attend to the incident immediately;
- follow the above procedure;
- ensure that access to counselling and debriefing is provided for all the staff and children involved;
- ensure that an Incident Report is completed, together with any other necessary documentation required by the staff members involved as soon as possible;
- with Educators, assist the Police as required. If the cause of death is unknown, the Police will order a post-mortem. Removal of the deceased body is a Police decision and timing of this will depend on the individual circumstances of the death and other important factors such as notification of the child's parents. The Police are to advise the child's parents as this should occur in person, not over the telephone, and every effort should be made to assist the child's parents with transport to the Centre or the hospital.

If a child is taken or removed from the service without approval

- Educators will attempt to prevent that person from entering the service and taking the child; however, the safety of other children and Educators must be considered.
- Educators will not be expected to physically prevent any person from leaving the service.
- In such cases, the parent with custody will be contacted by the Nominated Supervisor or the Responsible Person along with the local police.
- Where possible the Educator will provide police with the make, colour, and registration number of the vehicle being driven by the unauthorised person, and the direction of travel when they left the Service.
- A court order overrules any requests made by parents to adapt or make changes. For the protection of the children and Educators, parents are asked not to give our front door code to anyone other than those absolutely necessary.

In the event a child is locked in\out of the service or part thereof:

- Ensure you remain calm.

- Check for any injuries to the child and give comfort if needed.
- Notify the Nominated Supervisor/Responsible Person immediately.
- Nominated Supervisor/Responsible Person will notify family and Approved Provider.
- Risk assessment is to be done to prevent it from happening again.
- Relevant Educators and staff in the child's room are to complete a detailed statement, explaining the incident that has occurred. This must be done on the same day and include the date and time along with the signature of the person who has written the statement.
- The Approved Provider will conduct a risk assessment of the incident.
- The incident is to be reported through the ACECQA portal by the Approved Provider.

In the event of a missing/unaccounted for child

- Ensure you remain calm.
- The Educator who has made the discovery of the missing child will notify the Nominated Supervisor or Responsible Person.
- The Nominated Supervisor or Responsible Person will notify the Approved Provider, all Educators and Staff.
- Educators are to group the children in each room, maintaining supervision.
- Lead Educators will conduct a roll call, ensuring children are accounted for.
- Lead Educators are to confirm the number of children in attendance with the Nominated Supervisor or Responsible Person to confirm if the child is missing.
- Educators are to remain with each group of children maintaining supervision by leading a group activity (reading a story etc.).
- Any Educators not required to maintain staff: child ratios (e.g. they may be on lunch) and any other staff such as the chef/excess float staff/, along with the Nominated Supervisor or Responsible Person are to conduct a comprehensive, coordinated search of the Service, ensuring that all exit doors and gates are closed and locked and then searching the following areas:
  - Storerooms;
  - Cupboards;
  - Play Equipment;
  - Fixed Play Equipment;
  - Cubby Houses;
  - Hidden or Obstructed Areas in the indoor and outdoor environment.
- If the missing child/ren has/have not been located within 10 minutes, the Approved Provider is to notify the Police and the child/ren's parents.
- In accordance with Regulations, any circumstance where a child being educated and cared for by an education and care service, appears to be missing or cannot be accounted for, a notice must be provided within 24 hours of the incident or the time that the person becomes aware of the incident to Regulatory Authorities. This is to be done through the ACEQA portal by the Approved Provider.
- Relevant Educators and Staff in the missing child/ren's room/s are to complete a detailed statement, explaining the incident that has occurred. This must be done on the same day and include the date and time along with signature of person who has written the statement.
- The Approved Provider will conduct a risk assessment of the incident.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - **S**ection 174 Offence to fail to notify certain information to the Regulatory Authority
- Education and Care Services National Regulations
  - Regulation 12 Meaning of serious incident
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 88 Infectious diseases
  - Regulation 89 First Aid kits
  - Regulation 97 Emergency and evacuation procedures
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation168 Education and care Service must have policies and procedures

- Regulation 174 Prescribed information to be notified to Regulatory Authority
- Regulation 175 Prescribed information to be notified to Regulatory Authority
- Regulation 176 Time to notify certain information to Regulatory Authority

- National Quality Standards
  - Standard 2.1. Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- ECA Code of Ethics
- Raising Children Network
- First Aid Workplace

Help Guide: Mental health and wellbeing

2.24 Storage, Labelling & Housing of Dangerous Products Policy

INTRODUCTION

Children do not always understand the potential dangers of many products commonly used in children's services. Potentially dangerous products are those who pose a risk of poisoning or injury to children and may include:

- ✓ Medications
- ✓ Cleaning products
- ✓ Garden Chemicals
- ✓ Pest Control treatments and devices

In accordance with the Work Health and Safety Act which includes provision for hazardous substances, this policy outlines control measures for the appropriate storage, clear labelling and handling of hazardous substances. Strategies include:

- ✓ Emergency Plans
- ✓ Clear labelling
- ✓ Monitoring of staff exposure
- ✓ Controlling risks to health

PURPOSE

Cubby OOSH recognises that many seemingly harmless items found in children's services are potentially hazardous and may cause cancer, asthma, dermatitis and other diseases. The Centre Director and staff are responsible for ensuring that potentially dangerous products, plants and objects are always inaccessible to children

SCOPE

- Reduce the use of dangerous products within the environment by introducing eco-friendly cleaning options.
- Provide a safe environment where chemicals and hazardous equipment are safely stored away from children and are stored and handled appropriately.
- Ensure that staff and children are aware of potentially dangerous materials.
- Mark clearly the contents of containers with potentially hazardous contents.
- Keep parents informed of any potential hazards.

IMPLEMENTATION

NOTE: Dangerous products used within the Centre will be categorised into the following groups:

- Hazardous chemicals and substances
- Dangerous goods
- Poisons
- Drugs - including medications
- Miscellaneous dangerous products.

The Approved Provider will:

- Ensure that every reasonable precaution is taken to protect children being educated and cared for by the Centre from harm and any hazard likely to cause injury. (National Law Section 167.)

The Authorised Supervisor will:

- Ensure that there are emergency procedures and practices for accidental spills, contamination and corresponding first aid plans for all dangerous goods handled and stored in the Centre.
- Ensure that at all times there is an educator on the premises with WorkCover & ACECQA approved first aid qualifications.
- Ensure that there are appropriate storage facilities in the Centre in which dangerous products are stored. Dangerous products will preferably be stored in areas of the Centre that are not accessible to children or in cupboards fitted with childproof locks.
- Develop a hazardous substances register and a risk assessment for any dangerous materials stored in bulk within the premises. The register will record the product name, application, whether the MSDS is available, what class risk the chemical has, controls for prevention of exposure required, what first aid, medical or safety action should be taken if a person is exposed.

Educators will:

- Seek medical advice as needed by contacting the Poisons Information Line – 13 11 26 or by calling 000.
- Wear Personal Protective Clothing when handling dangerous materials.
- Strictly adhere to the 'Directions for use' on the product label.
- Dispose of all products safely in accordance with the manufacturer's instructions on the product label, Work Health and Safety Regulations and Council by-laws.
- Consider minimising the use of dangerous products in the education and care service and use alternate "green cleaning" options.
- Complete daily and quarterly WHS checklists to ensure that any dangerous products used within the education and care service have current Material Safety Data Sheets (MSDS) and are stored appropriately.
- Store all dangerous products in well-labelled and original containers that preferably have child-resistant lids and caps.
- Only administer children's medications with family authorisation and in accordance with medical directions. All medications will be stored in an area inaccessible to children. If any medications or dangerous substances require refrigeration, they must be placed in a labelled childproof container, preferably in a separate compartment of the fridge.
- Be encouraged to attend professional development sessions to maximise their awareness of dangerous products, potential hazards and source chemical-free methods to reduce possible hazards in the education and care service.

Photocopiers:

According to WorkCover NSW:

"Photocopiers emit ozone in small amounts. Ozone irritates eyes, nose, throat and lungs if exposure levels are prolonged and may cause breathing difficulties and throat irritations. Ozone is not a problem in properly ventilated areas". ("Health and Safety at Work - Childcare" Third Edition. WorkCover 1997)

To ensure that the health and welfare of staff using the photocopier is safeguarded:

- The photocopier is kept in a well-ventilated area, away from close proximity of any persons working.
- Protective eyewear is also being worn when changing the toner to ensure dust particles do not enter the pupil
- The person changing the photocopier toner wears disposable plastic gloves and takes care not to allow toner to make contact with skin. Gloves are removed from the wrist by peeling back without touching the contaminated area and disposed of in a covered bin which is out of reach of children. Hands are washed thoroughly after changing toner.
- Regular maintenance of the photocopier is carried out by a professional. The Director must be immediately notified of any malfunction. They will then call a maintenance person to fix the problem.
- Staff always photocopy items with the cover down as ultraviolet light is emitted when the cover is left up.

Garbage:

- Each room is supplied with a covered rubbish bin, lined with a plastic garbage bag. The bin is stored in a location out of the reach of children and emptied daily.
- Staff seal the plastic garbage liners and empty them into a bulk waste bin situated in the kitchen, washing hands thoroughly afterwards.
- Staff are responsible for separating recycled waste from the garbage, and then disposing of it appropriately.

Disposing of Syringes, Broken Glass and used condoms:

- Where possible, staff will use the thick long handled gloves, protective goggles and an apron to dispose of hazardous materials into Sharp containers.
- Syringes may be disposed of using the method set out below
    1. Do NOT re-cap the needle.
    2. ONLY touch the plastic barrel.
    3. WEAR GLOVES when you handle the plastic barrel.
    4. Put the syringe into a container that has a lid and rigid sides. Place the container so that it stands by itself and you don't have to hold it with your other hand. Seal the container. Label it hazardous. Store in a childproof area.
    5. Take the container to your local Needle and Syringe Exchange / Needle Clean-up Hotline. See here for state specific contacts
- Syringes, broken glass and used condoms will be placed in the hazardous substances disposal unit which is stored in the designated (child proof) area.
-

If you are pricked with a needle:

- Don't panic.
- Immediately squeeze the wound to encourage bleeding.
- Wash the wound with soap and cold running water.
- Put antiseptic and dry sterile dressing on the wound.
- Seek medical advice; you may need a Hepatitis B and Tetanus vaccination.

Chemicals and Poisonous Substances:

- Manufacturers and suppliers of chemicals are required by law to provide information about the correct usage of the chemical and identify any health risks. If a substance is hazardous, a Material Safety Data Sheet (MSDS) must be provided by the manufacturer or supplier.
- The MSDS must be included in the chemical register kept in the area where chemicals are stored. All chemical and poisonous substances are stored according to the manufacturer's instructions in a childproof area and returned to that area immediately after use. The area is clearly identified with a sign as a "child-free area" (e.g. the kitchen).
- Staff never leave poisonous or hazardous substances in areas where they can be reached by children including bathrooms, playrooms, on sinks or on tables. This includes whiteout, cleaning solutions, etc.
- All chemicals and poisonous substances are clearly identified with a contents label, the precautions necessary, first aid instructions and warning symbol sticker. Staff are not permitted to tip chemicals or poisonous substances into an unmarked container. A MSDS sticker must always be placed on the containers in which the liquids are stored.
- When using or dispensing a chemical, staff refer to the MSDS and follow the directions for use correctly.
- Chemicals which are dispensed are never stored in soft drink, juice or food containers. Only containers suitable for the type of chemical being decanted (check MSDS) are used. These are clearly labelled with the chemical contents, the precautions necessary, first aid instructions and a warning symbol sticker.
- The Centre displays first aid instructions for poisonous substances and the phone number for the Poisons Information Centre.

- Staff are required to maintain current First Aid Certificates. The Director ensures that all staff can demonstrate the appropriate responses in the event of chemical poisoning (via staff meetings, memos, in-service training, etc.)
- Staff members wear disposable gloves when using any chemical products and take care to avoid any contact with the skin. Protective eyewear must also be worn AT ALL TIMES.
- Staff follow the Centre's "Emergency Evacuation Plan" where a chemical spill or poisonous substance leaking occurs.
- Educative pamphlets and handouts about the storage of hazardous substances are displayed for parents/guardians in the Centre's foyer.

Electrical:

- Power points are covered with childproof plugs when not in use.
- Cords from CD players, computers, etc. are always kept out of reach of all attending children.
- All electrical equipment is tagged.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 167 Offence relating to protection of children from harm and hazards
- Education and Care Services National Regulations 2011
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 89 First Aid kits
  - Regulation 175 Prescribed information to be notified to Regulatory Authority
- Work health and Safety Act 2011
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES

- ACECQA
- Safe Work Australia - Australian Standards for Storage and Handling of Hazardous Chemicals and Materials
- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition

2.25 Security Policy

INTRODUCTION

All Children have a right to a safe environment, with approved providers enduring legal requirements and responsibilities to protect children from harm or hazards. This is inclusive of security measures to ensure the safety off all stakeholders within the service.

PURPOSE

The security and integrity of premises owned and /or leased by Cubby OOSH must be established and maintained for the safety and welfare of all stakeholders.

SCOPE

- Ensure the proper security of the premises at all times through swipe cards, keys, or finger identification prints.
- Ensure the maximum level of security for all stakeholders.
- Implement procedures, which facilitate appropriate security.

IMPLEMENTATION

- Only approved team members and Management members are provided with keys/cards to access buildings and equipment areas.
- A register is maintained that indicates the person's receipt of the key/card, date received and date returned on completion of employment or completion of term as a member of Management.
- All keys/cards must be kept secure at all times and are not to be lent to any person not approved in the register.
- Additional keys are cut only after agreement by Management and details placed in the Register.
- Designated team members always ensure that the building is left in a secure manner before leaving.
- At the conclusion of each day's program, team members ensure that all windows are locked, cupboards are secured (if required) and other relevant areas (storerooms etc.) are locked. All heating and lighting is turned off and all doors are properly secured. (This may include doors and gates of school premises.)
- Staff will inform the police, Management and the leasing authority (when relevant) as soon as possible if there has been a break-in to the Centre.
- After reporting a break-in, staff remain at the Centre until the police arrive or police inform them of any alternative procedures.
- Staff inform Management immediately if any internal breach of security is detected or suspected.
- It is essential to ensure when a person no longer works or requires the services of Cubby OOSH that they are removed from the system.
- It is essential to ensure that all public holidays are entered into the biometric software so that the centre is not accessible on these days by parents or team members unless approved by Management/Centre Director.
- The service will promote Cubby OOSH Open-Door Policy, however if at any point in time, a Team Member feels the safety of themselves, the Children or the team are being compromised, refer to the Lock Down Policy/Procedure.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- The Privacy and Data Protection Act 2014
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 3.2 Use

SOURCES

- ACECQA
- Kids First Australia
- Commission for Children and Young People – Being a Child Safe Organisation

2.26 Water Safety Policy

INTRODUCTION

The safety and supervision of children is paramount when in or around water. This relates to child play with water, excursions near water, hot water on premises, drinking water and hygiene practices with water within the Service environment. Statistics indicate that more than 100 children drown in water each year. Its vital awareness of safe play with water is Educated to Children, families and the communities to keep children safe and free from harm/hazards.

PURPOSE

Cubby OOSH ensures correct safety measures are in place to keep children safe, through high levels or supervision, risk assessments daily checks of environments.

SCOPE

- Prevent child accidents and illness relating to water play and water hazards.
- Comply with the Education and Care Services National Regulations 2011.
- Ensure that water use within the Centre is supervised at all times.
- Maximise the safe use of water play as one of the sensory experiences offered to the children to aid in their social interaction, physical and cognitive development.
- Assist children to learn about responsible habits surrounding water use and conservation.
- Ensure that all use of water by staff poses no risk to children's welfare.

IMPLEMENTATION

Management/Nominated Supervisor/ Responsible Person will:

- Provide direction and education to educators, staff and families on the importance of children's safety and supervision in and around water.

- Ensure health and safety practices incorporate approaches to safe storage of water and water play.
- Ensure premises adjacent to or providing access to, any water hazards that are not able to be adequately supervised at all times (e.g. dams, swimming pool) are to be isolated from children by a child resistant barrier or fence.
- Conduct a risk assessment in accordance with the requirements (Regulation 100, 101) prior to taking children on an excursion, which contains or may contain water.
- Ensure at least one Educator who holds a current approved first aid qualification must be in attendance at all times.
- Use a 1 Educator to 2 children ratio during excursions near water.
- Display a Cardiopulmonary Resuscitation (CPR) guide near any water.
- Ensure water hazards are always supervised.
- Ensure hot water is inaccessible to children. If for some reason hot water is required within the service facilities, there must be a clear risk assessment in place.

Educators will:

- Supervise children near water at all times

26. Never leave children alone near any water
27. Educator to child ratios as required by the Regulations are to be strictly adhered to at all times during water play
28. Ensure children in a bath are directly supervised at all times
29. Ensure fish / frog ponds and water features that are not able to be adequately supervised at all times and/or pose an unacceptable risk to children are guarded or effective barriers are in place.
30. Complete a daily Safety Inspection of premises to ensure that all hazards are known and minimised. When a hazard or potential hazard is detected, Educators will complete a risk assessment to address any concerns.
31. Utilise water activities in appropriate weather
32. Allow the children the opportunity to experiment with water, sand and mixing materials plus a place for boats & floating objects to be used with other water play equipment.
33. Monitor the tap and turned off securely when not in use
34. Safely cover or make inaccessible to children all water containers, e.g. nappy buckets
35. Empty wading pools immediately after every use, ensuring wading pool/water trough is disinfected and chlorinated appropriately.
36. Encourage children to use water effectively and along with staff learn new ways to save and re-use water.
37. Children have safe independent access to clean and cool drinking water at all times either by water bubblers, drink bottles or water jugs accessible by the children.

- Ensure water troughs are not used without a stand, keeping it off the ground with sand on the bottom of the trough
- Ensure water troughs or containers for water play are filled to a safe level and emptied into the garden areas after use.
- Children will be discouraged from drinking from these water activities.
- Ensure children remain standing on the ground whilst using the water trough
- Ensure buckets of water for soaking toys or clothing are inaccessible to children
- Ensure laundry, storerooms and Educator areas are to have **No Children Allowed Signs** on doors to remind adults to close doors behind them.
- Teach children about staying safe in and around water
- Ensure wading/water troughs are hygienically cleaned, disinfected and chlorinated appropriately:
  - ✓ On a daily basis remove leaves and debris, hose away surface dirt and scrub inside with disinfectant.
  - ✓ Wash away disinfectant before filling pool/trough.
  - ✓ Add Chlorine to pool before children used the pool.
  - ✓ Check chlorine levels frequently.
  - ✓ Children with diarrhoea, upset stomach, open sores or nasal infections should not use the pool.
  - ✓ All children should wear appropriate bathers, go to the toilet before entering the pool, and follow correct toileting hygiene practices while in the pool.
  - ✓ Remove all children immediately, empty and disinfect the pool should a child pass a bowel motion whilst in the pool.

Operational Safety

- Water tanks will be labelled with “Do Not Drink” signage and the children will be supervised in this area to make sure they are not accessing this water for drinking.

- Educators will discuss with the children the use of water tank water and how it differs from drinking water.
- Hot water accessible to children will be maintained at the temperature of 43.5° which will be tested annually.
- Water for pets at the Service must be changed daily and only be accessible to children when educators are present.

Important: parents will be notified as soon as practicable but within 24 hours by the Nominated Supervisor to the Responsible Person if their child is involved in an incident/accident at the Service or while under Service care. Also, details of the incident/accident will be recorded on an Incident, Injury, Trauma and Illness Record.

Important: if the incident/accident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours through the ACECQA portal by the Approved Provider.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2018
  - Regulation 168 Education and care service must have policies and procedures
- Public Health and Wellbeing Act 2008
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 3.2 Use

SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Kids Safe Australia
- Child and Youth Health
- Royal Life Saving Australia
- Kids Alive

2.27 Road Safety Policy

INTRODUCTION

Australian's use the roads every day, involving the use of cars, other modes of transportation, or walking. Statistics indicate for children aged 0-14 years, transport and road related injuries/accidents are the leading causes of death. With this evidence, it is imperative that Early Education Services are creating awareness and Educating not only the children but the community on making our roads a safe place for all.

PURPOSE

This policy is designed to increase awareness of road safety issues for families and children at the Centre and reduce the risk of accidents when interacting with roads.

SCOPE

- Help children develop safe road usage practices – empowering them to be safe road users.
- Increase parents/families/community awareness of the road safety issues affecting young children
- Provide consistent road safety messages between the Centre and home environment.

IMPLEMENTATION

- Use planned and spontaneous learning experiences to promote the key safety messages of –
    1. Always hold a grown-up's hand. When a grown-up's hand is not available, hold pram, bag, or clothes.
    2. Always cross the road with a grown-up.
    3. Always buckle up your seatbelt.
    4. Always leave your seatbelt buckled up in the car.
    5. Always get in and out of the 'Safety Door".
    6. Always ask a grown-up where it is safe for you to play.
    7. Always wear a helmet when riding your bike or wheeled toy.
- Use relevant up-to-date road safety information and resources (kits, games, and posters).
- Realise that children are dependent on educators for safe behaviour in the road environment.
- Through play, help children become familiar with, and practice, passenger safety, pedestrian safety and safe play.
- Teach safe road practice through play and discussion.
- Educate families and communities about children's road use issues and safe practices.

Children will:

- Participate in planned and spontaneous learning experiences.
- Develop safe road use practices.
- Through play become familiar with, and practice, passenger safety, pedestrian safety and safe play.

Parents/Family/the Community will:

- Be provided with road safety information.
- Be asked to contribute ideas/suggestions/comments about children's road safety.
- Be encouraged to always hold their child's hand in the car park or pathway.

- Be encouraged to always ensure that children wear seat-belts and child seats in the car.
- Be encouraged to always ensure that children wear helmets when riding bikes or wheeled toys.
- Be encouraged to always insist that children use the "Safety Door."
- Be encouraged to always monitor where their children play and insist they play in safe areas.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Public Health and Wellbeing Act 2008
- Road Transport Act 1999
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.1 Design
  - Standard 3.2 Use

SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Kids and Traffic
- Australian Road Rules: State specific

2.28 Animal Policy

INTRODUCTION

Interactions with animals has been proven through studies to decrease levels of cortisol, reduce loneliness, increase social connectively, boost mode and behaviour and lower blood pressure. Being around animals and pets can also improve self-esteem and confidence. Within an Childhood setting, it's a valuable source of learning and enjoyment for children to have access to animals where possible.

PURPOSE

Cubby OOSH supports Children to interact with animals where possible, creating a safe environment to do so. Team members ensure that everyone in the Centre treats with respect, and in a humane way, all animals, at all times. Strict supervision must be maintained when animals are present.

SCOPE

- Provide children with experiences involving live animals.
- Educate children on caring for animals/pets, and catering to their needs.
- Maintain safety and hygiene procedures when animals are present.

IMPLEMENTATION

- The decision to keep a pet or have an animal visit the Centre is made by the Nominated Supervisor, based on an observed need or educational value to the children.
- The Nominated Supervisor discusses this in their report to management and seeks the approval of management prior to any animal being able to enter the Centre.
- The presence of any animal or bird is only considered with the clear understanding of them being safe and suitable for the children and assurances that the animal can be properly cared for.
- Any animal or pet kept at the Centre will be regularly fed, cleaned, vaccinated, have flea powder applied to them and be regularly checked for fleas and wormed. Any animal in a cage will have its cage cleaned daily.
- No animals will be allowed into the food preparation, sleeping or eating areas if they are possible sources of infection or may, in any way, be detrimental to the well-being of the children.
- No pets or animals are allowed in the sandpit. In the event that this happens, educators will refer to the sand pit policy.
- Where animals are brought into the Centre via any external entertainment group, the providing organisation must present copies of their third-party insurance prior to the visit commencing.
- Checks are made regarding individual children's allergies before considering bringing an animal into the Centre.
- Appropriate hygiene procedures are followed regarding cleaning and disposal of animal waste.
- Everyone in the Centre will treat with respect and in a humane way all animals, at all times.
- Children are taught on an on-going basis how to properly care for and handle animals.
- On all occasions, children are reminded about the hygiene practices required after handling any animal.
- Should animals be present in the Centre, team members continually reinforce the rules for appropriate safety and hygiene.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety
  - Standard 3.2 Use

SOURCES

- Staying Healthy – Preventing infectious diseases in early childhood education and care services – 5th Edition
- ACECQA – Keeping Pets and Animals in Care and Education Services

2.29 Screen & DVD Policy

INTRODUCTION

Screen time can have positive impacts on Children, as long as done so in accordance with meeting a balanced and healthy lifestyle.

Too much screen time can have an adverse effect on children, leading to:

- Poor posture
- Effect on vision and eye sight
- Affect children's sleep habits and routines
- Limits social interactions
- Negative effects on the physical body, such as increase in weight, and incorrectly storing energy

It is important that Childhood settings set a curriculum based on meeting a balanced lifestyle for children within care, and for services within Cubby OOSH to plan a curriculum meeting the pillars within the Education for Life program.

PURPOSE

For children to be exposed to different forms of electronic media and technology throughout their everyday experiences and interactions, where appropriate and relevant, while following the guidelines from health authorities.

SCOPE

- To provide an extension of the educational curriculum, which assists in developing each child's social, physical, emotional, cognitive, language and creative potential.
- To limit time spent engaging in screen time and sedentary behaviour at the service.
- To encourage communication with families about limiting screen time and sedentary behaviour.

IMPLEMENTATION

- Children that require a device to support additional needs (*recommended by professional)* should have limited access to the IPAD's within the room and used in conjunction with educators - less than 30 minutes per day.
- iPads are not to be used as TV screens to be placed in front of children: E.g. you tube music videos.
- Educators can use service iPads to play appropriate music but not videos. *(educators are not to use personal devices at any time whilst working with children)*
- Discuss with children the role of screen time in their lives and support them in making healthy choices about their use of small screen recreation.
- Encourage educators to model appropriate small screen behaviours to the children.
- Screen time is not used as a reward or to manage challenging behaviours
- Technology such as Ipads and laptop will be used for educational programs

- We will ensure that screen use for children aligns with the Australian 24 Hour Movement Guidelines

STATUTORY LEGISLATION & CONSIDERATIONS

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standards
  - Standard 1.1 Program
  - Standard 5.1 Relationships between Educators and Children
  - Standard 6.1 Supportive relationships with Children

SOURCES

- The Early Years Learning Framework
- My Time Our Place Framework
- Victorian Early Years Learning and Development Framework
- ACECQA
- Raising Children: Screen Time, Checklist for Healthy Use
- Melbourne Child Psychology: How much screen time is too much?

2.30 Covid-19 Health and Safety Policy and Procedure

INTRODUCTION

To protect and maintain the health and safety of children, families, team members and visitors of the centre is by preventing of spread of Covid-19 within our services and the wider community.

PURPOSE

To outline the steps taken to prevent the spread of Covid-19 or in the event of a confirmed case of COVID-19 at our service. This plan reflects current processes as documented in the COVID-19 Pandemic Risk Assessment.

SCOPE

The international novel coronavirus (COVID-19) pandemic is evolving rapidly and The Australian Health Protection Principal Committee (AHPPC) has issued multiple statements providing high-level risk mitigation measures for the Early Childhood Education and Care sector to slow the spread of coronavirus (COVID-19). Current advice suggests that children are at a lower risk of contracting COVID-19 however, Cubby OOSH continues to monitor this situation and the changing impacts on children, families, team members and visitors. Cubby OOSH have a duty of care and responsibility to all stakeholders to implement prevention measures and well as an action plan in the event of a confirmed case of Covid-19 is identified.

ARRIVAL AND DEPARTURE PROCESS

- To reduce the risk of COVID-19 transmission, families must:
- During the outbreaks, ensure the interactions with any centre team members is limited to less than 15 minutes. Any discussions that are more than 15 minutes to be held over the phone or using a video platform system.
- That only one adult family member collects children from the centre. Preferably the same family member each time
- Ensure that they are maintaining at least 1.5 metre social distancing from other families and team members wherever possible.
- Before using the iPad to sign in or out, families are asked to apply hand sanitizer located in the foyer.
- Cubby OOSH has contactless infrared thermometers which are to be used to complete health and wellbeing screening of children, team members and visitors upon arrival and throughout the day if Covdid-19 signs and symptoms appear. Temperature checks of children will be conducted in the foyer prior to children being signed in. Centres are required to seek permission from families prior to commence this process by completing the Temperature Screening Permission form. Once children's temperature has been checked, a team member will take the child with their belongings to their room by the team member. Families at this point are asked not to enter the centre past the foyers.
- When a child is dropped off for the day, team members should discuss with the family whether the child has been unwell overnight and look for signs and ask about symptoms that indicate they may be unwell. A team member can make the decision, with the Responsible Person, to medically exclude the child for the day based on their assessment.

In addition to the exclusion requirements outlined in the Immunisation, Exclusion and Notifiable Diseases Policy and as recommended by The Australian Health Protection Principal Committee (AHPPC) children will be excluded from the service if they meet any of the following criteria:

- Any child who has travelled outside of Australia within the last 14 days.
- Any, child or their family who has returned to a state or territory where self-isolation border measures are in place. This does not include team members or families who cross affected interstate borders for work, school or medical purposes.
- Any child who has been in contact with a person who has a confirmed case of COVID-19.
- Any child who displays the following symptoms

    - A temperature over 37.5 degrees
    - Cough
    - Sore Throat
    - Fatigue
    - Shortness of Breath
- Any child who appears unwell or if the Centre Manager suspects that they may be unwell.

Children who present signs and symptoms of Covid-19 will excluded and families maybe requested to seek a medical clearance from a general practitioner before returning to the centre.

WORKPLACE PREVENTION MEASURES

Encouraging Social Distancing between team members While team members must practice social distancing from families and from each other, due to the nature of their work, they will likely be unable to practice social distancing with very young children.

- Centre Directors should ensure that all team members are aware of the requirement to practice social distancing, and ensure adherence to the below guidelines:
- Posters to be displayed in foyer and common areas of COVID-19 prevention measures
- Team members should remain in designated rooms and minimise entering and exiting other rooms
- Team members should limit the number of children in rooms wherever possible.
- Use of every second cot and spacing of beds 1.5m apart where possible.
- Progressive mealtimes are strongly encouraged and self-service of food by children is no longer allowed. Team members must now serve all meals to children.
- Do not touch other team members unless for medical reasons
- Stagger break times and maintain at least 1.5m from other team members in team rooms
- Maintain physical distance when in shared spaces such as offices and planning rooms
- Team meetings, lunches or group training should be delivered preferably via online platforms. If meetings need to be completed face to face, 1.5 social distancing rules need to be applied
- Limit the cross-over of rooms in shared environments, e.g. bathrooms, lunch areas, playgrounds, planning rooms and common areas, to limit the risk of cross infection within the centre.

Team members or visitors will be excluded from the service for 14 days or be asked to provide a medical clearance if they;

- Travelled outside of Australia within the last 14 days.
- Has returned to a state or territory where self-isolation border measures are in place. This does not include team members or families who cross affected interstate borders for work, school or medical purposes.
- Has been in contact with a person who has a confirmed case of COVID-19.
- Displays the following symptoms
  - A temperature over 37.5 degrees
  - Cough
  - Sore Throat
  - Fatigue
  - Shortness of Breath

CLEANING AND HYGIENE MEASURE

In addition to our hand washing and hygiene policy and procedure the following will be implemented:

- High-traffic areas in the centre must be cleaned every 2 hours using detergent. This includes doorknobs, handrails, finger print entries and exits and iPads.
- Sign-in and out kiosks should be wiped down every 2 hours and sanitised
- Surfaces must be cleaned more regularly.
- Adhere to toy washing policy including mouthed toys.
- Hand sanitiser made readily available to all
- More frequent handwashing to occur with amongst team members and children

If there is confirmed case of Covid-19 Procedure

- If a child or staff member becomes ill while they are at the service, they should be sent home as soon as possible. While awaiting collection by their carer, ideally, the symptomatic child should be cared for in an area that is separated from other children at the service.
- The child/person is to be excluded from the service until a medical clearance can be provided
- Inform Centre Director/Responsible Person of the confirmed case
- Centre Director/Responsible Person to notify upper management
- Management to contact public health unit immediately and follow advice
- Management to contact regulatory authorities following call to public health unit and follow advice.
- Families will be contact via phone and Cubby OOSH app and notified of confirmed case. Based on the advice of the public health unit and regulatory authority further procedures may be put in place e.g. closure of centre.
- External provider will clean service in line with guidelines

This policy and procedure will be reviewed as new information and advice from health authorities is updated.

STATUTORY LEGISLATION & CARE CONSIDERATIONS

- Education and Care Services National Law Act 2010
  - Section 3 Objectives and guiding principals
  - Section 174 Offence to fail to notify certain information to regulatory authority
  - Section 301 National regulations
- Education and Care Services National Regulations 2011
  - Regulation 77 Health, hygiene and safe food practices
  - Regulation 85 Incident, injury, trauma and illness policies and procedures
  - Regulation 86 Notification to parents of incident, injury, trauma and illness
  - Regulation 87 Incident, injury, trauma and illness record
  - Regulation 88 Infectious diseases
  - Regulation 90 Medical conditions policy
  - Regulation 161 Authorisations to be kept in enrolment record
  - Regulation 162 Health information to be kept in enrolment record
  - Regulation 176 Time to notify certain information to regulatory authority
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- National Quality Standards
  - Standard 2.1 Health
  - Standard 2.2 Safety

SOURCES AND FURTHER INFORMATION

NSW Health- COVID-19 (Coronavirus) - Guidance for early childhood education and care services
Childcare Alliance COVID-19 Pandemic Action Plan 2020 for Early Learning Services
National Coronavirus Health Information Line: 1800 020 080
State Health Departments:
https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments

Health Department phone numbers below for easy reference:

- **Victoria:** 1300 651 160
- **NSW:** 1300 066 055
- **QLD:** 13 432 584
- **NT:** 08 8922 8044
- **WA:** 1300 62 32 92
- **SA:** 1300 232 272
- **ACT:** Business Hours: 02 5124 9213 After hours: 02 9962 4155
- **Tasmania**: 1800 671 738

2.31 Transport Policy

INTRODUCTION

To support children's wellbeing and manage precise health requirements, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are developed and implemented.

PURPOSE

Regulation 168(2) (g) requires Education and Care services to have policies and procedures in relation to excursions and transportation.

This Guiding Principle outlines the process to ensure the safe and efficient transport of children and educators to and from Education and Care services. Transportation methods include walking, vans and chartered buses. Public transport will not be used as a method of transport for children.

SCOPE

Regulation 4(1) outlines the following definitions in relation to transport and excursions:

Regular outing, in relation to an education and care service, means a walk, drive or trip to and from a destination:

- that the service visits regularly as part of its educational program
- where the circumstances relevant to the risk assessment are substantially the same on each outing;

Regular transportation, in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported.

IMPLEMENTATION

The Approved Provider/Management will ensure:

38. Prior to transporting children, the following tasks must be completed:

Route of travel risk assessment completed in accordance with Regulations 100, 101, 102B and 102C and approved by the Nominated Supervisor and the Education and Care Coordinator prior to conducting transport. Refer to the Excursions Guiding Principle for the procedure and guidelines for conducting risk assessments.

Written permission must be collected for all children to be transported in accordance with Regulations 99, 102 and 102D. Authority forms must include all required information, including signed permission from the child's parent or authorised nominee to provide permission. Refer to the Excursions Guiding Principle for the procedure and guidelines for creating and collecting authority forms.

- Create a procedure specific to each route of travel, including morning and afternoon transport runs for OOSH services. Each procedure must contain information included in the risk assessment, including a list of items to be taken on transport, identify when head counts are to be conducted, where meeting points are located, any specific educator responsibilities, and how to respond in the event that a child is missing during transport or does not arrive at the initial meeting point. Each procedure must address risks identified in the risk assessment with strategies in place to minimise the risk or manage these in the event that they occur.
- Nominated Supervisors must ensure that all educators conducting transport have had the following training:

- Service specific transport induction
- Van induction (if transporting in a van)
- Read, understand and sign the risk assessment for the route of travel
- Read, understand and sign the transport procedure for the route of travel

- Read, understand and sign this Transport on Excursions & Road Safety policy,

- Attend the transport run with the Nominated Supervisor, until both the educator and the Nominated Supervisor are confident in the ability of the educator to conduct the transport, including completing all checks, head counts and all aspects of the procedure. This may need to be conducted several times before the educator is confident to complete the run with another educator.

- A copy of the educator's current driver's licence (if educator is transporting) must be held on the educator's personal file at the service and saved. It is the educator's responsibility to ensure that their driver's licence is always up to date.

- Each OOSH service that regularly transports children will have a transport station with all equipment required for transport stored in a neat, organised fashion and easily accessible to staff. At the completion of each transport run, bags, equipment and folders will be maintained to ensure everything is ready to go for the following run.

- Any casual bookings need to be both written on the roll and verbally communicated to all staff on transport. Refer to casual bookings procedure.

- Fully stocked first aid kits must be kept in all vehicles when transporting children. Asthma kits must be collected

- Transport in Out of Hours School Care will only be offered for a select number of schools close to the OOSH premises. Transport runs must have three or more permanent children booked in from the pick up or destination school to continue. Once the number of children falls below three, transport to the nominated school will cease and families will be given adequate notice. The NS will provide families with information of other services that may provide alternative care.

- On transport, the following tasks must be completed:

  - Child restraints must be used/fitted in accordance with the National Child Restraint Laws. Refer to the safety flyer and the Child Restraint section in this Guiding Principle.

  - Regulation 122 states that educators must be working directly with the children therefore an educator driving cannot be included when calculating the educator to child ratio as adequate supervisor and responsiveness to children cannot be maintained.

  - Under no circumstances must a child be left unsupervised in a vehicle.

  - Due to the increased risk of injury, it is preferred that children are not transported in the front seat of vehicles (front seats should only be used when there are no other seats available and the tallest/biggest child is to use the seat). The child must be at least 7 years of age. The seatbelt must be crossing directly in the middle of the child's shoulder.

  - After considering the point above, if a child is transported in the front seat of a vehicle, where an airbag is placed, the seat needs to be moved back, as far from the airbag as possible.

  - The educator supervising the children in the bus is responsible to check that the seat belts are correctly in place before transporting.

  - Transporting children on a chartered bus – Ensure children's bags are taken off their backs before they sit down and place bags on laps or under the seat to avoid risk of injury. Children to be seated with backs against seats.

  - Regular chartered bus drivers will be required to provide their Heavy Vehicle Driver's Licence, Authorised Bus Driver Identification, and their WWCC which will be verified by Education and Care Services.

  - Regular head counts and roll calls must be conducted and documented on the Primary Caregiving Groups and Head Count Checklist located in the attachments section of this Guiding Principle.

  - Transport is to be regularly discussed at staff meetings and risk assessments reviewed/updated when new risks are raised.

  - Quick verbal transport meetings must occur daily, prior to and following transport, to plan for transport and reflect on transport – ensuring communication between staff occurs to keep children safe during transportation.

  - Children are to be taught the safe procedure for getting in and out of vehicles, i.e. exiting from the side of the vehicle away from the traffic only. Children who are to be placed into a stroller are to be taken out of the vehicle first and restrained in the stroller in a safe position with stroller brakes on. The procedure is to be reversed when getting back into the vehicle.

- Child safe locking systems are in the vans and should be enabled at all times. Educators are not to take the children out the door on the road side. In car parks, children should exit the van from one side only, so adequate supervision can be maintained at all times.

- Park the vehicle, if possible, so that children are not required to cross roads.

- Older children must be taught not to remove seat belts until advised by the educator that it is safe to do so.

- Educators must be aware of the procedures for supervision of children whilst crossing roads, negotiating crowds and adhering to educator-to-child ratios at all times.

- The educator will sign in children on the sign in/out sheet when they arrive/depart the centre *(Reg 158)*.

- A buddy system will be used to transport children; ensuring older children are buddies with younger children.

2. In the event of an incident, injury or accident:

- Attend to the children and educators who are injured as a first priority and administer first aid or follow DRABCD as required. Emergency services may need to be called.

- Contact is to be made with the parents/emergency contacts, school staff, Nominated Supervisor, Person in Day to Day Charge and possibly emergency services after 30 minutes, if a child is missing.

- All incidences relating to transport (e.g. missing children, vehicle accident, etc.) must be reported to the Responsible Person, Nominated Supervisor, Education and Care Coordinator, Senior Coordinator Education and Care, and the Approved Provider immediately. The Nominated Supervisor is responsible to make sure all stakeholders are notified in a timely manner and all directions/tasks are followed to manage the situation.

- The Area Manager will make a notification to Department of Early Childhood Education within 24 hours as per the Education and Care regulatory requirements.

Additional safety considerations/information

- The Nominated Supervisor must communicate with families during the enrolment process and as required the following points:

- The centre will only collect or drop off children to their school when usual transportation occurs. Therefore if a child is on an excursion and will not return to school by pick-up time, then the centre will be unable to collect the child and the family is responsible to ensure the safe collection of the child.

- If a child will be absent from the centre, the family must notify the service of their absence by 2:30pm for After School Care to ensure the educator has been given sufficient notice of your child's absence. A failure to notify fee will occur, if the service is not notified (refer to Fees Guiding Principle).

- Educators must not transport children in care if they have any pending traffic offences or when taking drugs, alcohol or medication that may affect their driving ability. It is the educator's responsibility to inform the Nominated Supervisor if they are unable to transport children.

- Using mobile phones whilst driving and transporting children is illegal. This includes sending/ reading text messages and emails. Phone calls should not be received or made via blue tooth, to avoid a breach in confidentiality and children hearing conversation.

- If a call needs to be made the vehicle should be in park with the hand brake on and the vehicle turned off. Bluetooth can only be used when there are no children in the vehicle.

- Child restraints are to be fastened and seatbelts across boosters when not in use in vehicles.

- Children can only consume food in the vehicle when travelling long distances to excursions or if they have a medical condition that requires them to eat or drink. Educators to check van for rubbish prior to returning the van.

- Music that is played to children while transporting is to be age appropriate. The radio is not to be on when children are being transported.

- Smoking is not permitted at any time whilst working including in vehicles.

- Vehicles must be insured and registered with the RMS. The driver of an unregistered vehicle will be individually fined.

- Any fines incurred by the driver for traffic or parking infringements are the responsibility of the driver.

Road safety

Educators

- Educators will follow road safety strategies and children will participate in road safety activities in all key areas – passenger safety, pedestrian safety, safe play and transport safety (including bike, scooter and skateboard).

- Road safety strategies are introduced in all areas of the service program.

- Children will hold an adult's hand or an older child's hand linked to an educator in the road traffic environment. Educators will assess the age and development stage of the child to decide if it is appropriate for an older child to walk independently.

- Educators will be good role models for children in the road traffic environment.

Families

- Families are responsible to hold their child's hand whilst arriving and leaving the service, especially in the school/centre car park.
- Pathways are to be used where available rather than walking through car park areas.
- Families are required by legislation to transport children in an approved car restraint until the child is older than 7 years of age.
- Children must NOT be left unattended in a vehicle whilst collecting or dropping off children to care.

Child restraints

- Child restraints must meet Australian Standards AS1754.
- Child restraints must not be more than 10 years old and have never been in an accident.
- Children under 7 years of age must be restrained in a suitable and approved child restraint or booster seat when travelling in a car.
- Children aged between 4 and 7 years must be restrained in an approved forward-facing restraint or booster seat that is properly fitted to the vehicle and adjusted to fit the child's body correctly.
- Children aged between 4 and 7 years must not travel in the front seat of a vehicle that has two or more rows unless all the other back seats are occupied by children who are also under 7 years travelling in an approved child restraint
- you will know when a child has outgrown their child seat when their shoulders no longer fit comfortably within the child seat, when their eye-level is higher than the back of the child seat or when the top insertion slots for the shoulder straps are below the level of the child's shoulders. A booster seat should be used until your child's shoulders no longer comfortably fit within the booster seat or when their eye-level is higher than the back of the booster seat.
- Child restraints with tethered straps requiring bolting are prohibited in the front seats.
- It is illegal to remove headrests as they are an important safety feature. The only time it can be removed is if you are using a baby seat (0-4 years approx.) as the baby seat has a head rest built into them, otherwise you must always have the headrest fitted correctly.

Related Legislation and Online Resources

- Children (Education and Care Services) National Law (NSW): Sections 165, 167 & 174
- Education and Care Services National Regulations: Sections 99, 102, 102B, 102C, 102D, 122, 144, 158, 159, & 168(2)(ga)
- Australian Children's Education and Care Quality Authority (ACECQA), National Quality Standards: Quality Area 2.2.1
- Public Health (Tobacco) Act 2008
- AS/NZS 1754:2013 Child restraint systems for use in motor vehicles standards
- Australian Government Department of Education, Skills and Employment - My Time, Our Place: Framework for School Age Care in Australia (MTOP)
- Transport for NSW - Centre for Road Safety roadsafety.transport.nsw.gov.au
    - Child Restraints poster
- Kidsafe NSW Inc. Road Safety:
    - Information Sheets www.kidsafensw.org/information-sheets/road-safety
    - Child Restraints www.kidsafensw.org/road-safety/child-restraints

Attachments

- Transport for NSW Driver Consent Form – Driver Licence and Demerit Point Check
- Primary Care Giving Groups and Head Count Checklist

Linked Risk Assessments

Risk Assessment - Generic

Risk Assessment - On the Day Excursion Checklist

2.32 Safe Arrival of Children

INTRODUCTION

We are committed to the safe arrival of children during travel between the school setting and outside school hours care. We have detailed processes, procedures and practices in this regard and ensure that all educators and staff implement them.

PURPOSE

The purpose of the Safe Arrival of Children Policy and Procedures is to ensure the safety and well-being of all children entrusted to our care. This policy aims to establish clear guidelines and procedures for the secure arrival and departure of children to and from our facility, thereby minimizing the risk of accidents, misunderstandings, and unauthorized access. By implementing these measures, we aim to create a safe and welcoming environment where children can thrive, and parents and caregivers can have peace of mind knowing their children are protected.

SCOPE

Regulation 168 and 99 outlines the following definitions in relation to safe arrival of children:

Regulation 168: This regulation requires that education and care services must have documented policies and procedures on a range of topics, including the safe arrival and departure of children. It ensures that services have clear guidelines in place to manage these processes effectively.

Regulation 99: This regulation specifies that children are not to leave the education and care service premises unless they are given into the care of a parent or an authorized nominee, or in accordance with written authorization from the child's parent or authorized nominee. This ensures that there are strict controls over who is allowed to pick up children from the service.

IMPLEMENTATION

1. Arrival Procedures

- **Sign-In Process**: Upon arrival, parents or authorized caregivers must sign in each child using the designated sign-in system, which may include a digital or paper-based log. This record must include the child's name, time of arrival, and the name and signature of the person dropping off the child.
- **Staff Responsibilities**: Staff members are responsible for greeting each child and their caregiver, ensuring the child is marked as present, and conducting a quick visual health check to note any visible injuries or signs of illness.
- **Late Arrivals**: If a child arrives late, staff must update the attendance record accordingly and communicate any necessary information to the rest of the team.

2. Departure Procedures

- **Sign-Out Process**: Children must be signed out by their parent or authorized caregiver using the designated sign-out system. The sign-out record must include the child's name, time of departure, and the name and signature of the person picking up the child.
- **Verification of Authorization**: Staff must verify the identity of the person picking up the child against the list of authorized individuals provided by the parents. If the person is not recognized, staff must request identification and cross-check with the authorized list.
- **Late Pick-Ups**: In cases of late pick-up, staff must follow the designated late pick-up procedure, which includes contacting the parents or emergency contacts and ensuring the child is supervised until they are collected.

3. Supervision Requirements

- **Staff Ratios**: Ensure compliance with the National Quality Framework (NQF) regarding staff-to-child ratios during arrival and departure times to maintain adequate supervision. (1:15)

- **Designated Supervision Areas**: Establish specific areas within the premises where children are to be supervised during arrival and departure times to ensure their safety.

4. Emergency Procedures

- **Emergency Contact Information**: Maintain updated emergency contact information for each child and ensure it is readily accessible to all staff members.
- **Incident Reporting**: In the event of an emergency or incident during arrival or departure, staff must follow the service's emergency procedures, including immediate notification of parents and relevant authorities as required by the Education and Care Services National Regulations.

5. Communication Processes

- **Change in Pick-Up Arrangements**: Parents must inform the service in advance of any changes to pick-up arrangements. This information should be communicated in writing or via an approved communication channel.
- **Staff Communication**: Ensure that all staff members are informed of any changes in pick-up arrangements, including updates to the authorized pick-up list.

6. Compliance with Regulations

- **Regulation Adherence**: Ensure all procedures comply with the Education and Care Services National Law and Regulations, including:
    - **Regulation 99**: Children leaving the education and care service premises
    - **Regulation 158**: Children's attendance record to be kept by approved provider
    - **Regulation 168**: Education and care service must have policies and procedures
- **Policy Review**: Regularly review and update the safe arrival and departure policy and procedures to ensure ongoing compliance with regulatory requirements and best practices.

By implementing these procedures, our OOSH service aims to create a secure and well-managed environment for the safe arrival and departure of all children, aligning with the National Quality Framework and the Education and Care Services National Regulations.

NOMINATED SUPERVISOR/ RESPONSIBLE PERSON

• Implement the Safe arrival of children policy and procedures

• Ensure that an attendance record is kept with: each child's name; the date and time they arrive and depart; and the signature of the person who delivers or collects the child, a nominated supervisor or educator (regulation 158)

• Ensure that a risk assessment is conducted to identify and address any risks that a child's travel may pose, and clearly state who holds the duty of care for children during these periods of travel.

• Take reasonable steps to ensure that educators and staff are aware of, access and use the risk assessment to manage risks and maintain the safety of children during periods of travel.

• Implement systems so that children only leave the service premises:

• If they are given into the care of a parent, an authorised nominee named in the child's enrolment record, or a person authorised by the parent or authorised nominee

• In accordance with the written authorisation of the child's parent or authorised nominee

• If they are taken on an excursion or on transportation provided or arranged by the service, with written authorisation from the parent or authorised nominee

• If they are given into the care of a person or taken outside the premises because the child requires medical, hospital or ambulance care or treatment, or because of another emergency (regulation 99)

• If they are attending extra-curricular classes on the school site.

• Ensure that an enrolment record is keptfor each child which contains the information set out in regulations 160 and 161, including authorisations from families

• Ensure all supervision requirements are met during travel to and from the service premises, including relevant educator to child ratios (regulations 122 and 123)

• Communicate any changes to the travel routine (e.g. a different walking route is proposed due to inclement weather) to educators and staff

• Should any incidents occur relating to the safety of children during travel between the service and an education or early childhood service, (e.g. a child cannot be accounted for) ensure that the response meets all regulatory requirements, including implementing your Incident, injury, trauma and illness policy and procedures (regulations 86 and 87).

FAMILIES

• Be aware of and follow the Safe arrival of children policy and procedures

• Remain up to date with the service's practices related to the travel of children between the service and any other education or early childhood service, including knowledge of who holds the duty of care for children during periods of travel

• Complete the attendance record when their child arrives and leaves, including: their child's name; the date and time they arrive and depart; through Kangaroo time.

• Communicate any changes to their circumstances that may impact the service's practices related to the travel of children between the service and any other education or early childhood service, for example if their child will be absent from school and will not be attending the service.

• Provide written authorisation should they require a person (other than the people listed in the enrolment record) to collect their child from the service.

SUPERVISION

Given the risks posed by the child's travel, supervision requirements will be met during the period of travel, considering factors such as:

- **Number, Ages, and Developmental Levels of Children**: Ensuring appropriate supervision ratios tailored to the specific needs and abilities of the children.
- **Visibility and Accessibility**: Maintaining constant visibility and accessibility of children by the educator to ensure immediate response capabilities.
- **Travel Risks**: Evaluating the inherent risks associated with the mode of travel, environment, location, or route taken.
- **Educator's Experience and Skills**: Considering the experience, knowledge, and skill of each educator involved in the travel supervision.
- **Individual Child Needs**: Addressing the unique requirements of individual children, including any specific health or safety needs.
- **Immediate Response Capacity**: Ensuring educators have the capacity to respond immediately to any situation requiring urgent intervention.

The process determines who is responsible for the child's safety during travel to and from the education and care service. Additional supervision may be required for the period children will be moving between the service and any other education or early childhood service, based on:

- **Proposed Route and Destination**: Assessing the proposed route and destination for any proximity to harm and hazards to determine additional supervision needs.
- **Compliance with Regulation 99(4)(b)**: Ensuring procedures are followed so that children leave the premises in accordance with written authorization from the child's parent or authorized nominee.
- **Responsibility for Child's Safety**: Clearly identifying who is responsible for the child's safety during the period of travel to and from the education and care service.

By considering these factors and establishing clear responsibilities, we ensure the safety and well-being of children during their travel to and from the service.

Related Legislation and Online Resources

- Section 165 Offence to inadequately supervise children
- Regulation 167 Offence relating to protection of children from harm and hazards
- Regulation 175 Offence relating to requirement to keep enrolments and other documents
- Regulation 99 Children leaving the education and care service premises
- Regulation 100 Risk assessment must be conducted before excursion Regulation
- 102 Authorisation for excursions Regulation
- 102AAB Safe arrival of children policies and procedures
- Regulation 102AAC Risk assessment for the purposes of safe arrival of children policies and procedures
- Regulation 102C Conduct of risk assessment for transporting children by the education and care service
- Regulation 102D Authorisation for service to transport children

- Australian Children's Education and Care Quality Authority (ACECQA), National Quality Standards: Quality Area 2.2.1
- AS/NZS 1754:2013 Child restraint systems for use in motor vehicles standards
- Australian Government Department of Education, Skills and Employment - My Time, Our Place: Framework for School Age Care in Australia (MTOP)
- Transport for NSW - Centre for Road Safety roadsafety.transport.nsw.gov.au
  - Child Restraints poster
- Kidsafe NSW Inc. Road Safety:
  - Information Sheets www.kidsafensw.org/information-sheets/road-safety
  - Child Restraints www.kidsafensw.org/road-safety/child-restraints

Risk assessment available on request

Linked Risk Assessments

Risk Assessment - Generic

Safe arrival of children

Risk Assessment - On the Day Excursion Checklist

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Links to Policies: Links to Documents:	2.02, 2.03, 2.10, 2.11, 2.12, 2.14, 2.23 Medical Conditions Risk Minimisation Plan/Anaphylaxis Management	