

Introduction

The requirements for an Education and Care service in the area of 'health and safety' are embedded in the Education and Care Services National Law and Regulations; local state health laws and local government laws also impact on the service. Core references are given but the reader should consider the references that apply for their local situation. The national Early Childhood Australia Code of Ethics is an important part of this work.

Before reading this section of policies, it is valuable to consider the following from the UN Convention on the Rights of the Child, Article 3 in particular:

*Article 3/3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.*¹

Implementation

The service philosophy guides the implementation of all its policies and health and safety are no exception.

Knowledge development

Staff in this service are required to have or be working toward the relevant baseline qualification and then continue their ongoing learning. In this area, it includes:

- Orientation
- Professional learning through staff meetings
- Ongoing reading, discussion and self-reflection
- External professional development as decided with the Director
- Professional development as decided by the service as being essential for all staff in the area:
 - ✓ Child protection
 - ✓ First aid including asthma and anaphylaxis
 - ✓ Other:

¹ <http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf> Retrieved 18 January 2016



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Policy: Health and safety

Policy Statement

Our children have the right to experience a quality education and care environment which provides for their health, safety and wellbeing.

Health and Safety is the responsibility of everyone. All staff, parents and visitors play a role in contributing to this healthy and safe environment.

We will:

- promote an organisational culture that adopts health and safety as integral to its focus
- establish systems that support compliance with the regulatory requirements
- provide regular opportunities for knowledge development
- ensure that health and safety is part of the business planning processes and that it is consistently adequately resourced
- provide processes for consultation and communication of health and safety matters
- maintain an effective process for assessing health and safety risks
- maintain an effective process for resolving health and safety issues.

The Service will use education, risk assessment, planning and regular evaluation of health and safety related data to provide a picture of what is occurring and what actions are to be taken to mitigate risk and to learn from issues that have occurred.

Health and safety will be part of carefully considered discussions with children and will be undertaken in a way that informs and supports children as they learn the skills to manage health, safety and risk assessment for themselves.

Parents will be kept informed on health and safety matters where relevant.

Related policies

Philosophy
Curriculum
Health and safety policies
Service environment plan

Procedures related to this policy

Health and safety
Service environment plan

Service forms related to this policy

Current health and safety forms
Risk assessment forms

Related Service publications

Curriculum
Parent handbook
Staff Handbook

Related education

Parent orientation session
First aid training

Legal and professional requirements:

Education and Care Services National Law: Section 3, S 165, 167

Education and Care Services National Regulations Chapter 4, Part 4.2

National Quality Standards:
Quality Area 2 and 7

Local Occupational Health and Safety Legislation



Procedure: Education and a health and safety culture

Health and Safety is the responsibility of everyone. All staff, parents and visitors play a role in contributing to this healthy and safe environment.

Service responsibilities

- Establish systems that support compliance with the regulatory requirements
 - Manage a compulsory orientation program
 - Regular discussions through staff meetings
 - Review the program annually with senior staff to ensure it is current
- Promote an organisational culture that adopts health and safety as integral to its focus
 - Ensure the topic is a part of every staff member's supervision meetings
 - Ensure consideration of health, safety and wellbeing is undertaken for all new projects
- Provide regular opportunities for knowledge development
 - The Director is to maintain a record of health and safety related education
- Ensure health and safety is part of the business planning processes and is adequately resourced
- Provide processes for consultation and communication of health and safety matters
 - The Director to ensure that appropriate consultation occurs and that communication on health and safety matters is clear and consistently given
- Maintain an effective process for assessing health and safety risks
 - The Director is to ensure that the staff are provided with appropriate training in risk assessment and to oversee and sign off on risk assessments when they are completed
- Maintain an effective process for resolving health and safety issues and reviewing any concerns.

Educator responsibilities

- Undertaken learning on health, safety, risk, and the related policies and procedures as discussed with the Director
- Actively promote health and safety as a consideration that needs discussion.
- Report any health and safety concerns and actively follow up any reports.

Family role

- Provide any health or safety information to the service that is needed to provide a quality standard of care and education for your child.
- Raise any concerns or questions with the service staff or Director as soon as is possible.



Procedure: Risk assessment, planning and evaluation

Service responsibilities

- The service will obtain guidance on risk assessment through appropriate agencies, such as government and professional associations, appropriate to the issue and setting.
- All staff will be provided with education on the service philosophy, policies and procedures on risk beginning at orientation and continuing through all relevant professional development.
- The Service will provide staff with the templates to support their assessment of risk.

Educator responsibilities

- Educators and staff are encouraged to share any observations or concerns in regard to risk related issues. Management will be advised of any issues and proposed strategies.
- Educators will genuinely seek children's input on health and safety, respect their ideas and incorporate children's ideas and interests into the curriculum.
- Educators will encourage children to communicate their own ideas on health and safety and will respond appropriately to children's non-verbal cues.
- Educators will show empathy, respect and understanding when communicating with children and model this in their interactions with adults.
- Young children will be encouraged to make decisions that will increase their learning about the management of risk, for example:
 - Helping to set up the environment including the experiences they would like
 - Deciding the materials, they would like to use and how they would like to use them
 - Deciding where they would like to play (i.e. indoors or outdoors)

Family role

- All families will be provided with information on the service philosophy on risk, beginning at their orientation.

Professional practice notes

The Education and Care Services National Law requires that the approved provider/nominated supervisor take reasonable care to protect children from foreseeable risk of harm, injury and infection. (See Section 167)

No area of professional practice is without risk. Risk influences and frames decisions. Understanding how to manage risk across the day is integral to all roles within the service.

Definitions:

- A risk is something that is possible to negotiate and may be appropriate for particular situations and children.²
- A hazard is something that is inherently dangerous and needs to be remedied, such as a climbing structure with sharp edges or loose boards that could seriously injure children if they play on it. (Curtis, 2010)

Resources

While there is a significant proportion of the National Quality Framework devoted to health and safety, local laws and regulations heavily affect the topic. You will find your relevant local resources through enquiries at your local government and state/territory government agencies.

²http://www.earlychildhoodaustralia.org.au/nqsplp/wp-content/uploads/2013/07/NQS_PLP_E-Newsletter_No58.pdf



Procedure: Maintaining a safe environment

Maintaining a safe environment is integral to health and wellbeing of the children and the service.

Service responsibilities

- A Maintenance Register is kept to track the maintenance of buildings and equipment and monitor the effectiveness of safety checks.
- All maintenance reports are prioritised in terms of risk and are acted on as soon as possible after receipt.
- Safety assessments are held monthly, recent Service incident reports and the maintenance register will be checked.
- All staff will be oriented to maintenance requirements and participation will for part of supervision discussions.
- All equipment and toys purchased for the Service will meet where applicable, the appropriate Australian Standards.
- The Service will ensure that adequate furniture is available to meet the physical and developmental needs of children attending the Service.
- All Educators will be diligent to ensure that all equipment and toys are kept in a safe, clean and hygienic condition, in good repair at all times, and stored in a safe manner. This will include daily checks.
- Educators who become aware of faulty or broken equipment will remove this equipment from use and advise the nominated supervisor/WHS officer of the need for its replacement or repair. All such incidents will be noted on a Hazard Report/maintenance register.
- Sandpits will be raked twice daily to check for any contaminants or potentially dangerous objects.
- The outside playing area will be checked regularly to ensure poisonous vegetation and vermin is not accessible to children.

Educator responsibilities

- Educators/staff will complete orientation to maintenance.
- Educators/staff will complete Daily Safety Checklists for their designated area.

Family role

- Report any maintenance concerns to staff



Procedure: Storage of potentially dangerous products

Service responsibilities

- All staff will be made aware of which products may pose a danger to children in the Service.
- The Service will purchase and use less toxic substances whenever possible.
- The Service will maintain a register of hazardous substances kept on the education and care premises.
- All potentially dangerous products will be clearly labelled and stored in their original labelled containers.
- All relevant Material Safety Data Sheet (MSDS) will be stored with the product.
- All chemicals will be stored out of reach of all children, or unauthorised adults.
- Storage areas will be clearly labelled to assist relief Educators/staff.

Educator responsibilities

- Educators will participate in education on the storage of potentially dangerous products and work as a team to ensure that appropriate safety actions are taken.



Policy: Establishing a Protective Environment

Policy Statement

As a service, we understand that we have a duty of care to ensure all person are provided with a high level of safety and protection during the hours of the service's operation. To this end all educators / staff will be fully informed about their responsibilities to implement and adhere to the service's child protection policies and procedures.

We aim to create an environment that minimises the risk of children being harmed in any way whilst in the care of the service, and to protect educators / staff from the possibility that allegations of child maltreatment could be falsely made against them, as a result of their work at the service. Child abuse thrives in secrecy, therefore to prevent child abuse, the service will develop and maintain an open and aware culture where educators / staff are aware of appropriate and inappropriate behaviour.

The service believes it has a responsibility to all children attending the service to defend their right to care and protection. To support this right the service will follow procedures recommended by state child protection authorities, when dealing with any allegations of abuse and neglect of children, and will ensure that all educators / staff undergo appropriate professional development in this area. The service will also document any evidence of neglect or abuse which may have occurred outside of the service and follow procedures to ensure the child is protected from harm. The service believes it also has a responsibility to its employees to defend their right to confidentiality unless allegations of abuse against them are substantiated.

Related policies

Philosophy
Curriculum
Health and safety policies
Service environment plan

Procedures related to this policy

Health and safety
Service environment plan

Service forms related to this policy

Current health and safety forms
Risk assessment forms

Related Service publications

Curriculum
Parent handbook
Staff Handbook

Related education

Parent orientation session
First aid training

Legal and professional requirements:

Education and Care Services National Law: Section 3, S 165, 167

Education and Care Services National Regulations Chapter 4, Part 4.2

National Quality Standards:
Quality Area 2 and 7

Local Occupational Health and Safety Legislation



Procedure: Establishing a Protective Environment

The Venue

- The service will ensure clear observation of child occupied areas through the following means:
 - Reviewing overall educator / staff supervision within the service to ensure all child occupied areas can be viewed by more than one educator / staff majority of the time.
 - Ensuring that furniture / equipment is positioned in a way that all areas are visible.
- Visitors / trades people will be screened when entering the service to ensure they have a valid reason to be on site.

Recruitment and employment of educators / staff

- The service will ensure all educators / staff working at the service have a current working with children check.
- Within the recruitment process the applicant's knowledge and experience of child protection issues will be determined
- Prior to any employment or offer, the applicants referees will be contacted to determine:
 - Details of the applicants previous employment
 - Any history regarding child protection issues
 - The applicant's reliability and consistency in implementing duty of care practices
 - The applicant's supervision skills
- All new educators/staff will be orientated to the service's child protection policies and procedures and educator / staff code of conduct. Whenever possible new staff will have a period of time to work alongside current staff to familiarise themselves with the children, families, other educators /staff and service procedures, prior to taking up their new responsibilities in a full capacity.
- All educators / staff are provided with a job description that describe the daily tasks and responsibilities of their position, and identify lines of reporting and who they are responsible to.

Supervision of Children

- Children will be supervised at a level appropriate to the age and needs of the children, the program, time of day and associated risks and in accordance with the Education and Care Services National Regulations.
- Supervision of children away from the main play areas (i.e. bathrooms, toilets, nappy change areas, cubbies, tunnels, quiet areas, sleep areas etc.) is carefully monitored.
- All educators / staff are regularly reminded about the service's policies, procedures, and confidentiality requirements in regard to child protection and issues are discussed at staff meetings.

Service responsibilities



- Educators will foster children's self-esteem and positive self-image through their interactions and relationships with children.
- The services behaviour management policy will be followed to positively guide children's appropriate behaviour
- Educators will encourage children to be assertive (i.e. learn when to stand up for themselves and say no when appropriate), and to communicate their needs and concerns. This may be done through role play, storytelling, puppets etc.
- Educators will role model assertive behaviour and language
- Educators will build relationships with all children based on trust, and will empower children to discuss what is 'safe' and who may be a 'safe' person to talk to.
- Educators will be available to discuss any issues with parents/guardians/families.
- The service will keep families up to date with any changes
- The service's policy on establishing a protective environment will be made available to families.
- Families will be informed about relevant training undertaken by educators / staff in the service newsletter, email or kindyhub app.
- Child protection issues are discussed at educator / staff meetings. Educators / staff are encouraged to share any observations or concerns in regard to child and educator / staff protection risks. Resolutions are sought to eliminate risks, and management is advised of the issues and current strategies to resolve them.
- Grievances will be dealt with in accordance with the service's educator / staff grievance procedure.
- Any allegations of child abuse or neglect made against an educator / staff member will be treated with strict confidentiality whilst taking immediate action to protect children at risk in consultation with the relevant child protection authority.

Educator Training

- The service requires all educators to participate in child protection training
- A guide to recognising signs of abuse and neglect will be made available to all educators and will be discussed regularly at staff meetings, to remind educators of the possible signs of child abuse, and the procedures they should follow if a child in their care displays behaviour or physical signs that could indicate abuse has taken place.
- The service will ensure that both management, and educators are knowledgeable about current legislation and reporting requirements related to child protection and maltreatment and that a system for the reporting and recording of suspicious incidents is in place.
- The service will access current information from the relevant state child protection authority, about the procedures to be taken in relation to allegations of child abuse or neglect. Employer and employee responsibilities in relation to allegations of child abuse are included in educator / staff handbook. These responsibilities are highlighted to new staff at their induction.
- All staff are regularly reminded about the service's policies, procedures, and confidentiality requirements in regards to child protection and issues are discussed at staff meetings.



Reporting concerns

- Mandatory reporting requirements in line with child protection law will be adhered to. The service has a procedure for documenting and reporting allegations of child abuse or neglect.
- All concerns will be acted upon in a confidential and uniform matter.

Procedures

- Staff induction checklist
- Procedure for dealing with complaints
- Procedure for ensuring validity of visitors to the service

Policy: Water Safety

Policy Statement

The safety and supervision of children in and around water is of the highest priority. Whilst water hazards at our service are kept to a minimum, we acknowledge that nappy buckets, water troughs, sinks and toilets can all be hazardous for children and diligent supervision is required.

Rationale:

The service understands it has a duty of care to ensure that the health, safety and wellbeing of each child is protected at all times.

Drowning is the leading cause of death for children 1 – 4 years in Australia. While most drowning occurs in backyard swimming pools, it is important to be aware that children can drown in as little as 6cm of water.

Related policies

Philosophy
Curriculum
Health and safety policies
Service environment plan

Procedures related to this policy

Health and safety
Service environment plan

Service forms related to this policy

Current health and safety forms
Risk assessment forms

Related Service publications

Curriculum
Parent handbook
Staff Handbook

Related education

Parent orientation session
First aid training

Legal and professional requirements:

Education and Care Services National Law: Section 3, S 165, 167

Education and Care Services National Regulations Chapter 4, Part 4.2

National Quality Standards:
Quality Area 2 and 7

Local Occupational Health and Safety Legislation



Procedure: Strategies for Water safety

- Children will be supervised at all times in and around body of water including water troughs, toilets and nappy buckets
- A risk assessment will be conducted prior to any excursion taking place. Attention will be focused upon water safety where the excursion is near a body of water. Higher ratios will apply
- The thermostat on the hot water system is set to a medium temperature to ensure children are not able to scald themselves when washing hands.
- Children requiring bathing will be bathed using a washcloth and warm water rather than immersed in a bath. However, the needs of the child will be considered and if bathing is required, the sink will be completely full and supervised at all times.
- Educators are not permitted to consume hot drinks in any of the playrooms

Water Hygiene

- Water for pets at the service will be changed regularly and not accessible to children unless supervised by an adult
- Water containers of any sort will be emptied when not in use.
- Drinking water containers will be emptied and cleaned regularly by the service

Roles and Responsibilities (All staff in service)

- Ensure children are adequately supervised, are not subject to inappropriate discipline, and are protected from harms and hazards.
- Ensure first aid qualifications and CPR qualifications and requirements are met at all times.
- Provide families with community messages regarding safe water practices.
- Embed water safety messages into the children's education curriculum.
- Ensure water troughs or containers filled with water are to be closely supervised at all times.
- Empty buckets used for cleaning immediately after use. No cleaning buckets are to be left in play areas or accessible to children.

Policy: Collection of children

Policy Statement

As a responsible approved Education and Care service, we will ensure that the attendance of all children enrolled in the Service is accurately recorded in accordance with regulatory and government guidelines.

Families are required to personally deliver and collect their children, or arrange with the Service for an authorized person to do so.

The Service's procedures for drop-off and collection of children must be followed in every instance to ensure the safety and wellbeing of children.

Families are expected to abide by the approved Service hours.

Note: The Service is unable to provide care to children after hours unless in the case of emergency.

Rationale

All children have the right to experience quality education and care in an environment which provides for their health, safety and wellbeing.

The Education and Care Services National Law requires that approved provider and nominated supervisor take reasonable care to protect children from foreseeable risk of harm.

Ensuring that children are only released to authorized persons is a key aspect of children's safety.

Definition: What is an 'authorised nominee'?

Authorised nominee, in relation to a child, means a person who has been given permission by a parent or family member of the child to collect the child from the education and care service or the family day care Educator (see the Education and Care Services National Law)

Related policies

Philosophy
Enrolment
Child protection

Procedures related to this policy

Arrival at the Service
Attendance records
Collection of children
Family disputes
Late collection

Service forms related to this policy

Enrolment
Attendance records

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session
Child protection

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services National Law: Section 3(2) (a); 165; 165A; 167; 175; 189

Education and Care Services National Regulations: Regulation 158

National Quality Standards: Standard 2.3, 6.1



Procedure: Arrival at the Service

Service responsibilities

- The Service will ensure that all staff are provided with education relating to the importance of those arrivals and departures.
- The Service will also provide appropriate support for staff during the arrival and departure times.

Educator responsibilities

- Educators will welcome families and children on arrival and engage them in the day's activities.
- If applicable, Educators will check the family has completed an Authority to Administer Medication Form and then store the medication in the appropriate place.
- Educators and families or children need to exchange information at this time in preparation for the day and arriving at or departing from the Service.
- If this exchange of information involves discussions about private or personal details, the discussion will take place in a private area to ensure confidentiality.
- If any early morning routines preferred by the child for handover has been agreed between the parent and the Educator, then that agreement will be complied with.
- Any handover agreement or information from the parent will be documented in the room daily diary for all staff.

Parent's role

- On arrival at the Service, families must meet directly with the Educator to signal their arrival. Young children must be taken to the child's Educator.
- The family member will hand over any relevant information such as if the child has had breakfast, last nappy change etc.
- If any early morning routine for handover has been agreed between the parent and the Educator, then that agreement will be complied with.
- Any medications must be given directly to the Educator and any instructions for giving the medication will be discussed. The family member will complete an Authority to Administer Medication Form.
- The family member will sign in the child in the attendance records.



Procedure: Attendance records

Service responsibilities

- The Service will provide accurate attendance records for the parents to sign (written or electronic).
- The attendance records will be retained according to current government requirements.

Educator responsibilities

- Educators will welcome families and children on arrival and seek to engage them in the day's planned activities.
- Educators will use the attendance records as a checklist during and after evacuations.
- Educators will not release the attendance records to anyone who does not have senior management authority to see those records.

Parent's role

- Family members who are involved in bringing children to the Service are each responsible for signing the attendance records accurately and in the appropriate place.



Procedure: Collection of children

Service responsibilities

- A child will not be released until the enrolling parent's authorisation has been obtained.
- If the authorised person is not known to the Service, the enrolling parent will be asked to provide a description of the person concerned, who will also be required to provide proof of their identity.
- Children will not be released to parents or other authorized persons where it is apparent that the child may be at imminent risk if released to the person. In this case, other authorized persons will be contacted to collect the child.
- In cases where no other person can be contacted, staff will advise the Approved Provider (or Nominated Supervisor) who will contact the appropriate authorities for advice and if necessary, intervention.

Shared responsibilities

- The names and current contact numbers of all persons authorised to collect children from the Service must be included on the Enrolment Form.
- Any changes to these authorisations must be advised in writing to the Service by the enrolling parent as soon as possible.
- If the enrolling parent arranges for an authorised person to collect their child from the Service, they must contact the Service to advise of this arrangement and confirm who will collect the child.
- If the Service has not been notified and someone other than the enrolling parent arrives to collect the child the Nominated Supervisor/Educator will contact the enrolling parent to obtain their authorisation which will be in writing wherever possible.

Procedure: Family disputes

Service responsibilities

- The service will provide staff with education and support when they are working with parents who have a complex set of issues which includes or potentially includes disputation.

Educator responsibilities

- Where a child attending the Service is not living with both parents, or where disputes arise in relation to responsibility for the child the following will apply:
 - Parental responsibility remains with both parents jointly and individually except where it is altered by an order of the Family Law Court of Australia or equivalent.
 - In the absence of such an order the child will be released to either parent who is an authorised person to collect the child on the Enrolment Form.
 - Where a non-enrolling parent cites a Court Order giving him/herself lawful access to the child, the Educator/Nominated Supervisor will contact the enrolling parent to request immediate attendance at the Service to resolve the matter. If this is not possible, police should be called to resolve the matter.
 - The child will only be released into the care of the enrolling parent, or other person specifically authorised by the enrolling parent, except when child protection authorities or the police specifically direct otherwise under the provisions of the applicable child protection legislation.

Parent's role

- Families are required, as a condition of enrolment, to ensure that:
 - the staff are treated with respect, particularly during sensitive discussions
 - the service is provided with accurate information and documentation and advised of any changes or imminent changes as soon as is possible.



Procedure: Late collection of children

Service responsibilities

- The service will provide staff with education and support relating to the late collection of children.
- Where families are continually late to collect children, the nominated supervisor will speak with the parent to discuss any difficulties the parent is experiencing in collecting their child by closing time.
- Strategies for the parent to adhere to Service hours will be discussed, and the parent will be asked to give a commitment to implementing these strategies.

Educator responsibilities

- Educators will care for the child's needs and create a relaxing environment with meaningful activities to prevent the child from becoming anxious.
- If a child has not been collected 30 minutes after closing time, and the parent of the child, nor other emergency contact person has been able to be contacted, the senior Educator present will contact the Approved Provider (or Nominated Supervisor) to advise them of the situation and consult on what action to take.
- The Service may decide to contact the police to find out if the parent has been involved in an accident, or to ask the police to take action to try to locate the parent.
- Educators will advise the child protection agency/regulatory authority/police (if contacted), and the Nominated Supervisor or Approved Provider that the child has been collected.

Parent's role

- Parents who are unable to collect their child at the negotiated collection time must telephone the Service to advise of their lateness and expected time of arrival.
- If a parent is unable to collect their child prior to closing time they should arrange for another authorised adult to collect the child and advise the Service of this arrangement. This advice should be in writing if possible.
- If the parent has not contacted the Service and the child has not been collected 10 minutes after the negotiated collection time, the Service will attempt to telephone the parent or if this is not possible telephone the emergency contact people listed on the child's enrolment form to arrange for the child's immediate collection
- When the parent or emergency contact person arrives to collect the child they will be required to complete and sign a Late Collection Form, which indicates the time of collection and confirms their understanding that a late fee will be charged.
- The late collection fee is \$50 for the first 15 minutes then \$2 per minute each minute thereafter. This fee will be deducted during the standard direct debiting shift time. This fine has been introduced as a deterrent and it is in line with similar actions current in other day care centres.



Procedure: Leaving the environment - Transport

Safe transport is a learning opportunity as much as getting to a destination.

Service responsibilities

- Ensure a risk assessment of the proposed transport has been undertaken and is current.
- Ensure all risk assessments have been signed off by the Nominated Supervisor.

Educator responsibilities

- Children will not be transported in a motor vehicle without the written authorisation of the parent of the child.
- Children travelling in a private vehicle must be restrained by a seat belt or safety capsule at all times in compliance with relevant state or territory laws.
- Children travelling on a bus will be required to remain seated at all times the vehicle is in motion and use seatbelts if they are fitted.
- Appropriate Educator to child ratios will be maintained during journeys in vehicles. Additional adult supervisors may be included depending on the developmental or other needs of the group.
- Contracted bus operators will be required to sign a written agreement detailing the responsibilities and requirements of their contract to transport children for the Service.
- Transport providers will never be left alone with children.
- Should the vehicle in which the children are passengers break down, or become involved in an accident or other emergency the Educator in charge will:
 - Assess the risk in the new circumstances
 - Assess the safest place for the children to wait for a replacement vehicle or for repairs
 - Call an ambulance and/or administer first aid if required
 - Contact the Service to advise them of the situation.
 - The service will advise parents as soon as is possible.
 - The service will augment the staff at the situation site.
 - Should any children require medical attention, the service will, within 24 hours, advise the Regulatory Unit.

Parent's role

If consent is given, complete the authorisation forms and return before the due date. Parents should raise any concerns or needs promptly.

Professional practice note

Writing risk assessments is a skill and all involved must participate in orientation or professional development on the task before they participate. Those who are experienced in risk assessment writing should stay current. All risk assessments must be signed off by the Nominated Supervisor.

Policy: Health conditions

Policy Statement

We are committed to promoting a healthy environment in which children will grow and learn.

The Service promotes working in partnership with parents to consider the needs of a child who may have a diagnosed medical condition as well as the needs of the children and staff in the group.

This service respects that families are the first point of contact for all information about the child's condition. We will look for support and resources to support each child's inclusion - ensuring it is done with the knowledge of parents.

Children with ongoing high health needs will be welcomed at the Service but will require the following:

- a *Health Management Plan* developed in partnership with the family and relevant medical professionals.
- appropriate training and support being provided for staff to meet the child's specific needs as per the *Health Management Plan*.

Rationale

The Service promotes 'being', 'belonging' and 'becoming' as described in the Early Years Learning Framework, this supports the inclusion of children with diagnosed medical conditions.

Families that utilise education and care services place a high level of trust and responsibility on Educators in the belief that, in their absence, their children will be kept safe and secure and their well-being protected.

Effective exchange of information regarding a child's health condition allows for appropriate planning and underpins the service's efforts to provide the best possible environment for the child's education and care.

Related policies

Philosophy
Asthma management
Anaphylaxis management
Infectious illness including exclusion

Procedures related to this policy

Asthma management
Anaphylaxis management
Infectious illness including exclusion

Service forms related to this policy

Enrolment
Medication form
Accident and illness report form
Child's:

- medical management plan
- risk management plan
- communication plan

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session

Legislation and professional requirements:

Education and Care Services National Law: Section 3(2) (a); 165, 167

Education and Care Services National Regulations: Regulations 85 - 88, 90 - 96, 160 - 162

National Quality Standard: Standard 2.1 and 2.3

Policy: Medications

Policy Statement

We aim to provide a safe environment for all enrolled children and ensure that the high-risk practice of administering medications to children is carefully monitored to reduce any risk to the health and well-being of the child.

Our Educators and staff are not medically trained and therefore cannot diagnose or recommend any treatment.

Consequently, Educators and staff will not:

- Administer any medications to children without written parental consent.
- Perform any treatments without first receiving appropriate training.

All medications will be used according to doctor or pharmacy directions.

All medication will be stored safely during the day.

Rationale

Families that utilise education and care Services place a high level of trust and responsibility on Educators in the belief that, in their absence, their children will be kept safe and secure and their well-being protected.

This is particularly the case in the administration of medication to children, or the supervision of older children self-administering medication.

Related policies

Philosophy
Enrolment
Child protection

Procedures related to this policy

Arrival at the Service
Attendance records
Collection of children
Family disputes
Late collection

Service forms related to this policy

Enrolment
Attendance records
Medication forms

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session
Child protection

Legislation and professional requirements

Education and Care Services
National Law Section 3(2) (a); 167

Education and Care Services
National Regulations: 90–96; 177;
177, 178, 178, 181–184

National Quality Standard –2.1, 2.3,
4.1 and 7.3



Procedure: Administration of medications

Whenever possible medication must be administered by parents. Parents should consider whether their child who requires medication is well enough to be at the Service, and to keep the child at home if unwell.

If children are receiving medication at home but not at the Service, the parent should advise the Educator of the nature of the medication and its purpose and any possible side effects it may have for the child.

To ensure children's safety and welfare, the giving of medication at the Service will be strictly monitored and administered as outlined below:

- **Medications prescribed to the child will be administered** in accordance with instructions on the medication and the corresponding medication form, with dosages and times recorded.
- **Non-prescribed medications** (over the counter medications other than those medications listed in the *Health Management Plan* for a child with ongoing high health needs) will be administered in accordance with the dosage and duration requirements of the medication with dosages and times recorded.
- Any request by a parent to administer non-prescribed medication in an ongoing manner without medical advice or for a period longer than that stated on the medication will be refused.

Authority

- Medication will only be administered by an Educator where the:
 - Conditions listed above are met, and
 - The parent has completed and signed an *Authority to Administer Medication Form*
- Where the Service cannot provide sufficient numbers of adequately and appropriately trained Educators who feel confident to administer medication to the child, it may be agreed that the parent will come to the Service to administer the medication, or arrangements made for a health professional to administer the medication at the Service.

Administration of medications

- Medications will not be given by a relief staff member unless they know the child.
- Before medication is given to a child the Educator will verify the correct dosage and child with another Educator.
- After giving the medication the Educator will complete the following details on the *Authority to Administer Medication Record*– date, time, dosage, medication given, person who administered, person who verified, and signed by both Educators.
- Medication must NEVER be put into a baby's bottle or drinking cup.

Administering Panadol Kept at the Education and Care Service

The centre will keep Children's Panadol on premises for use for fever only.

Fever

Staying healthy (5th Edition) page 32 states:

- The normal temperature for a child is up to 38°C

- Fevers are common in children
- If the child seems well and is happy, there is no need to treat a fever.
- If the child is less than 3 months old and has a fever above 38°C, contact the child's parent and ask them to take the child to the doctor
- If the child is unhappy, first aid treatment may be needed to comfort them. Give clear fluids and, commence monitoring using the illness observation record. It may be appropriate to provide a single dose of Panadol – parent permission must be sought both in writing (on enrolment) and again prior to administering. Warning: before giving any medication to a child, it is extremely important for educators and staff to check if the child has any allergies to the medication being administered.
- Watch the child and monitor how they are feeling

Reducing Fever

It is usually not necessary to reduce a fever, because fever in itself is not harmful. However, medication is sometimes given to 'bring a fever down' because there is no doubt that fever can make a person feel miserable.

Some studies show that giving medication to reduce the fever can actually slow down the body's immune response to infection. In most cases, do not worry about treating the fever itself – instead, focus your attention on the way the child looks and behaves, their level of alertness, and whether there are any symptoms that indicate serious infection, such as vomiting, coughing or convulsions.

First Response to a fever should be first aid practices

If a child has a fever, ensure the child drinks plenty of water and excessive clothing is removed. Avoid cold-water sponging that makes the child shiver. If sponging will make the child feel more comfortable, use lukewarm water. There is some evidence that giving medications to reduce the fever can slow the body's immune response to infection.

Febrile Convulsions

In some cases, a child may have a febrile convulsion, which are physical seizures caused by the fever. This usually lasts only a few seconds or minutes, however, you should call an ambulance if the convulsions last for more than 5 minutes, if the child does not wake up when the convulsions stop, or if they look very ill when the convulsions stop.

Since a fever is the body's natural response to infection, it is not always necessary to reduce a fever. Treatment of a fever with paracetamol or ibuprofen does not prevent a febrile convulsion.

Acceptance of Authorisation for Panadol to be administered by the Educational Care Service for fever will only occur when the following guidelines have been met by the Nominated/Certified Supervisor on duty.

- First aid measures have been attempted to bring the child's temperature down naturally e.g. Providing fluids, removing excess layers of clothing, placing child in a cool quiet area and placing cool cloths on forehead, wrists (not all over body can cause shock reaction) temperature should be checked and recorded on the child's **illness observation record** every 10 minutes to monitor if temperature continues to rise or if it is decreasing due to first aid measures given **and**

- If the fever is causing the child to be miserable/uncomfortable and has other complaints e.g., earache, sore throat. **Please note:** children can have high temperatures but generally be happy/content so first aid is more appropriate in these cases **and**
- If the family has been contacted to collect the child and is unable to collect the child within **1 hour** (15 minutes is estimated time it takes for Children's Panadol to take effect); has signed the enrolment form allowing the service to administer emergency Panadol, and agrees to the dosage as stated on the packaging for the child's age/weight, and the parent verifies that the child has not had Panadol administered to them in 5 hours.
- **If parent cannot be contacted**, first aid has been administered and the fever is causing the child to be uncomfortable/miserable and /or suffering from other complaints such as earache, sore throat and the parent has signed the amendment to the enrolment form to allow the centre to administer Panadol in these circumstances, **and the child has been in the care of the service more than 4 hours** (to ensure the dosage of the Panadol has not been provided within the time frame)

Please note: Panadol is seen as a last resort and should the child's temperature spike or the general behaviour /demeanour/comfort change for the worse then emergency services will be contacted.

Procedure: Storage of medications

- Medication must be given directly to the Educator on arrival and not left in the child's bag.
- All prescribed medications must have the original pharmacist's dispensing label, or details provided by the doctor giving the child's name, name of medication, dosage, frequency and way it is to be administered, date of dispensing and expiry date.
- All non-prescribed medications must be labelled with the child's name, be in original packaging with clear dosage instructions, and within the expiry date of the medication.
- All medication will be stored safely out of reach of children, but readily accessible to authorised Educators/staff, and in accordance with the medication requirements.

Professional practice notes

These procedures are drafted to support staff in making safe decisions and practice actions.

Staff are advised to ensure that they undergo authoritative professional development on medication safety to ensure they are advised of any additional safety measures.

Staff are advised that where there is any doubt over the accuracy or otherwise of a medication form, they should delay until they can discuss the issues with the parents and the service Director.

Policy: Immunisation

Policy Statement

Families are required to provide immunisation information at enrolment and are also required to inform the Service if children are partially or not immunized at enrolment or if participation in the immunisation schedule ceases.

The Service will exclude non-immunised children during suspected and actual outbreaks of infectious disease (such as measles and whooping cough) even if the child is well.

If non-immunised children are excluded by the Health Department, fees will still be payable for this period.

At enrolment, families are required to provide up-to-date immunisation records for the child being enrolled.

It is the responsibility of parents to maintain immunisation records and keep the Service up to date.

Staff are encouraged to maintain a current immunisation status as recommended by the National Health and Research Council in 'Staying Healthy (5th Edition)'.

Staff who become pregnant are required to consult their medical practitioner as soon as is possible to advise that they work with children under the age of 5 years and seek advice on appropriate immunisation and infection control.

Rationale

The most important ways to break the chain of infection and stop the spread of diseases are:

- effective hand hygiene
- exclusion of ill children, Educators and other staff
- immunisation.

Definition: What is 'immunisation'?

Immunisation is a reliable way to prevent some infections. 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 known as 'herd immunity'. (National Health and Medical Research Council, Staying Healthy 5th Edition)

Related policies

Philosophy
Health and safety

Procedures related to this policy

Immunisation
Enrolment

Service forms related to this policy

Enrolment

Related Service publications

Staff Handbook
Parent Handbook

Related education

Staff orientation session

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services National Law: Section 3(2) (a); 167

Education and Care Services National Regulations: 162

National Quality Standard – Standard 2.1

Procedure: Immunisation

Service responsibilities

- A record of the child's current immunisation status will be kept at the Service.
- The Service will keep information for parents and staff on immunisation and common infectious diseases.

Educator responsibilities

- Educators will advise the Director if they have a concern about a child's immunisation status.
- Educators will ensure they advise the service management of their own immunisation status and keep that information current.

Family responsibilities

- Parents will immunise their child as outlined in the Australian Childhood Vaccination Schedule.
- Should they not be able to do this for whatever reason, they are required to immediately advise the Director, who will discuss the implications of this with them.
- Parents will be offered information about the Australian Government's *No Jab, No Pay* immunisation requirements to keep receiving their Child Care Benefit (CCB) and Child Care Rebate (CCR).

Professional practice notes

Immunisation schedules have evolved over the years as knowledge and new products have become available. Immunisation is now seen as a collective action where the individual's actions support the immunity of the group. Current knowledge is essential. Ensure all resources are checked annually for currency.

Resources

- Website:
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>
- The Australian Immunisation Handbook, 10th Edition. Department of Health. Canberra.
- No Jab, No Pay Information. Australian Government
[http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/\\$File/No-Jab-No-Pay.pdf](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/$File/No-Jab-No-Pay.pdf)

Policy: Nutrition

Policy Statement

Meal times will provide positive learning experiences for children who will be encouraged to develop healthy eating habits.

Parents will be consulted and asked to share family values and food experiences to enrich the variety of food planned to meet each child's daily nutritional needs.

Appropriate strategies will be discussed with the parent for children with special dietary needs and cultural food requirements.

Educators and food preparation staff will be provided with ongoing professional development opportunities to refresh their knowledge of children's dietary needs, and food handling and hygiene practices.

The food, drinks and snacks provided at the service are part of the child's overall nutritional intake in a 24-hour period.

Close liaison between staff and the child's family are essential so that each can make their contribution to the child's overall wellbeing.

Rationale

All children have the right to develop to their full potential in an environment which provides for their health and wellbeing.

Good nutrition is essential to healthy physical and mental development, growth and wellbeing.

We understand it has a duty of care to ensure that children's nutritional needs are met and food is prepared and stored safely within the Service.

Related policies

Philosophy
Enrolment
Child protection

Procedures related to this policy

Arrival at the Service
Attendance records
Collection of children
Family disputes

Service forms related to this policy

Enrolment
Attendance records

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session
Child protection

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services
National Law: Section 3(2)(a); 167

Education and Care Services
National Regulations: 77- 80; 90-92

National Quality Standards: 2.2.1;
3.1.1; 3.1.2; 4.2.1; 6.1.2; 6.2.1

Food Standards Australia New
Zealand



Procedure: Meals

Service responsibilities

- The Service will provide children with balanced meals consistent with the Australian Government Healthy Eating and Physical Activity Guidelines for Early Childhood Settings, and/or the Dietary Guidelines for Children and Adolescents.
- The service meals will meet the recommended daily nutritional needs of children within each age grouping, be adequate in quantity, and take into account the child's growth and development needs.
- The menu will be nutritious and varied and will accurately describe the food and beverages to be provided by the Service each day. Wherever possible fresh seasonally available produce, which is free of preserves and additives, will be used.
- Menus will be planned with input from children, families, food preparation staff, Educators, and other staff, and displayed by the food preparation area in a prominent position visible to families. Families will be notified of any changes to the planned menu.
- Meals will be appetising and provide variety in colour, texture and taste.
- Water will always be readily available and will be regularly offered to children.
- Meal times will be set to a regular schedule but individual needs will be accommodated and children who are still hungry will be offered small nutritionally appropriate snacks.

Educator responsibilities

- Gain feedback from the family as to how much breakfast the child had and at what time so that it can be judged when the child will need further food and drinks.
- Meal times will be treated as community or family meal style occasions. Educators will sit and eat with the children to encourage a fun and respectful occasion and healthy eating habits.
- Children will be assisted where required but will be encouraged to be independent and to help themselves wherever appropriate.
- Children will not be required to eat food they do not like, or eat more than they want. Children will not be required to finish their serve.
- The provision or denial of food or snacks ***will never*** be used as a form of punishment or to show disapproval.
- The importance of good healthy food, and hygienic and safe food handling and storage practices will be discussed with children as part of their daily program.
- All children and Educators/staff will wash their hands with soap and running water and dry well prior to preparing, serving or eating food.



Parent's role

- Families will advise the service of any food and nutrition needs for their child including any allergies, intolerances and cultural needs.

Professional practice notes

Knowledge about nutrition is heavily influenced by personal beliefs, popular culture and items in the current media. It is essential that knowledge in use in education and care is evidence based. The recommended text is Australian Government Healthy Eating and Physical Activity Guidelines for Early Childhood Settings, found at

[https://www.health.gov.au/internet/main/publishing.nsf/Content/2CDB3A000FE57A4ECA257BF0001916EC/\\$File/HEPA%20-%20B5%20Book%20-%20Staff%20and%20Carer%20Book_LR.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/2CDB3A000FE57A4ECA257BF0001916EC/$File/HEPA%20-%20B5%20Book%20-%20Staff%20and%20Carer%20Book_LR.pdf)

Procedure: Feeding babies

Service responsibilities

- The Service will discuss choices regarding breast and bottle feeding with families and support their choice.
- The service will support families who choose to breastfeed their child while they are at the Service by providing a comfortable and private place for breastfeeding, and will facilitate the safe storage and heating of breast milk for families who wish to leave expressed feeds for their baby.
- At Subicare children's safety and wellbeing is priority. This involves minimising the risks associated with preparing bottles and feeding babies and infants in our Service.

Parent's role

- Provide the service with clear information about your needs for your child
- Advise staff if there are any changes to your child's needs or routines.
- **Formula feeds:**
 - Parents are required to provide Service with enough clean / sterilised bottles for all of their child's meals through the day.
 - Subicare does not have the facilities / ability to sterilise children's bottles between feeds which is the recommended practice to ensure the health and wellbeing of the children.
 - All bottles / formula containers should be clearly labelled with your child's name.
 - Instructions should be provided in writing to educators regarding the amounts of formula to be given as well as the correct amount of boiled water required and the mixing procedure as well. The service will prepare bottles at the service according to instructions provided.
 - Any other relevant information that would be useful for the educators to be aware of e.g. if your child is a slow drinker, if they require burping half way through, if they are attempting to self-feed etc.
- **Breast Milk:**
 - If frozen, breast milk should be transported in insulated container with an ice brick.
 - Breast milk should then immediately be placed in the coldest part of the fridge (back).
 - Expressed milk should always be clearly labelled with the child's name, when the milk was expressed and if it has ever been frozen / when it was defrosted. This will ensure that your child receives the correct milk and minimises the risk of illness.
 - The centre will only administer breast milk within 24 hours of it being expressed to reduce contamination.
- Breast milk is best for babies, as a service Subicare supports mothers to provide expressed milk or to visit the service to feed their babies.
- Please note due to instances where families have not followed the services medication policy and placed medications, vitamin supplements etc. into their child's bottle / formula, prepared bottles will not be given. This is for the safety of all children.

Educator responsibilities

- Babies are always fed individually by Educators.
- No baby will be left with a bottle in a cot or seat.
- Bottles and formula/breast milk will be supplied by parents on a daily basis.
- For formula feeds, bottles should be made up or measured out (water and formula) in separate containers and brought into the Service daily. All bottles will be labelled with the child's name or it will not be given.
- Storage of bottles and formula at the Service other than as described above will not be allowed.
- Educators will document bottle feed amounts as part of monitoring each child's fluid input/output.
- Educators will record the information in the daily report (via kindyhub) for each child and verbalise the information to parents on pick up.
- Baby bottles should be heated by placing the bottle in warm water and always heat-tested to ensure the milk is warm but not hot before feeding an infant.
- Microwaves will not be used for heating baby bottles.
- Bottles will be rinsed and sent home at the end of each day.
- Educators will wash hands and wear gloves as per our food preparation guidelines.
- Introducing food and/or solids to babies will be done in consultation with families, and in line with nutritional guidelines.
- Careful consideration will be given to reducing the risk of choking when choosing foods for young children and each child must be supervised when eating or drinking.

Preparing infant formula:

Step 1:

- Wash hands thoroughly with soap and running water. Dry hands using a disposable paper towel.

Step 2:

- Always prepare infant formula in a clean, hygienic area. Ensure all bottles, teats and other equipment used to make up infant formula is clean

Step 3:

- Using freshly boiled tap water that has been allowed to cool to lukewarm, measured the required amount of water into the bottle. The water is always added before the powder.

Step 4:

- Measure the required number of scoops of infant formula powder into the bottle of water. Use only the scoop that comes with the tin, and read the instructions on the tin to find out how many scoops are needed for the amount of water being used. Tap each scoop lightly but do not pack down the powder. Use a clean knife to level off each scoop. Reseal the opened can of infant formula powder and store in a cool dry place. (bottle storage area)



Step 5:

- Place the teat and cap on the bottle, and shake vigorously till all of the powder dissolves. Note: there will now be more infant formula than the original amount of water measured.

Step 6:

- Test the temperature of the milk with a few drops on the inside of your wrist – it should feel just warm, but cool is better than too hot. If it is too hot, cool the feed quickly by holding under a running tap or place container of cold or iced water.

Step 7:

- If the bottle of infant formula is not required immediately, it will be kept for only 20 minutes at room temperature before being tipped out if not consumed.

Professional practice notes

It is essential that knowledge in use in education and care is evidence based. The recommended text is Staying Healthy 5th Edition. National Health and Medical Research Council https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55_staying_healthy_5th_edition_150602.pdf

Get up and grow, Educator guide.

The local Child Health Nurse also has expert knowledge in this area.



Procedure: Nutrition and family communication

Service responsibilities

- Families will be consulted about their child's individual nutritional needs as well as their likes and dislikes in relation to food and any culturally appropriate food needs.
- Families will be encouraged to share aspects of their family life and culture in relation to mealtimes.
- The Service will discuss with families how their mealtime practices can be accommodated within the Service.
- The menu will reflect a wide variety of cultures, and especially the cultural backgrounds of families and the local community.
- Recipes for all meals will be available to families.
- Information on nutrition, age appropriate diet, food handling and storage will be displayed at the Service and provided to parents.
- Food may be provided by families; however, this will only be accommodated where specific dietary needs exist due to allergy or to adhere to specific cultural practice.

Educator responsibilities

- The children's food likes and dislikes and the family's religious and cultural beliefs or family lifestyle i.e. vegetarianism will always be respected.

Parent's role

- Where children are on special diets, the parents will be asked to provide a list of suitable foods and their child's food preferences on enrolment.

Policy: Food safety

Policy Statement

We are committed to sound food safety practices.

The Service will implement a food safety program to ensure it meets all requirements for food handling premises set down in the Australian Food Standards and related local regulations.

A Chef trained in food handling, hygiene and nutrition will be employed to prepare meals and snacks at the Service.

The Chef will prepare and maintain a Food Safety Plan. This Plan shall include guidelines for relief Chefs.

Staff are provided with food safety and hygiene orientation and education.

The Chef and staff will role model good hygiene practices with the children and will utilise these times as opportunities to discuss food hygiene, answer questions and provide children with a consistently safe food preparation experience.

Rationale

All children have the right to experience quality Education and care in an environment which provides for their health, safety and well-being.

Related policies

Philosophy
Health and safety
Anaphylaxis

Procedures related to this policy

Food safety

Service forms related to this policy

Kitchen cleaning forms
Kitchen checklists

Related Service publications

Staff Handbook

Related education

Staff orientation session
First aid

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services
National Law: Section 3(2) (a);
167

Education and Care Services
National Regulations: 78 – 80

National Quality Standard –
Standard 2.1

Procedure: Safe Food Handling

Shared responsibilities

- The Service Chef will be qualified in an approved training course on food handling, hygiene and nutrition.
- Service staff will be provided with Safe Food Handling on orientation.
- Food will be prepared, stored and served hygienically in accordance with the Australian Food Safety Standards, Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons.
- Food preparation facilities will be maintained in a hygienic condition.
- Cleaning checklists will be maintained on schedule and stored appropriately for assessment.
- Cleaning checklists will be reviewed annually for currency.

Professional practice notes

Food safety standards place obligations on Australian businesses to produce food that is safe and suitable to eat.

A food business is any business or activity that involves the handling of any type of food for sale, or the sale of food in Australia. An education and care service is included in this definition.

The recommended text is:

The Australian Food Safety Standards, Standard 3.3.1 Food Safety Programs for Food Service to Vulnerable Persons. Australia Government. :

<http://www.foodstandards.gov.au/industry/safetystandards/pages/default.aspx>

Local Government officers provide expert advice on the implementation of the Standards and local assessment requirements.

Procedure: Sleep and relaxation

Children may rest at need at any time during the day.

Service responsibilities

Sufficient staffing will be arranged to ensure that all rest breaks will be supervised.

Educator responsibilities

Educators will ensure they are familiar with each child's normal sleep/rest routine and of any issues that the child may have with rest or sleep and the strategies that are being used.

Should any parents request that their child not sleep or have shortened or enforced sleeps, it will be explained to parents that at all times, the best interests of the child will be paramount and that staff will monitor the child's needs during the day and act accordingly. That sleep can be promoted or withheld but that this will not be done to the child's distress or apparent detriment.

Parents will be counselled to consult their child's local child health nurse for further information and the development of a sleep plan.

Individual Preparation

Children who rest and do not sleep will be offered a book or other quiet activity so as to not disturb other children. They will be able to exchange this item or change activities during the quiet period. Children who, for operational reasons need to remain in a rest area, will be in an area of restful lighting but it will be light enough for normal activities.

Adequate comfortable clothing is ensured with dressing and undressing sensitive to each child's needs, skill level and cultural requirements. Toileting and hygiene needs are catered for to make the child comfortable for rest and sleep.

Comforters are acknowledged as being important to a child's sense of security and also are an important link with home. These will not be separated from a child however such items must not impact on the safety of children whilst sleeping.

Amber teething necklace

Amber teething necklaces and bracelets consist of amber beads which are fossilised tree resin and range in colour from yellow to white and beige to brown.

At Subicare we are happy to accommodate parents needs for wanting children to wear them.

However, necklaces will be removed:

- While the infant is sleeping,
- If the child can place necklace in the mouth



Preparation of the sleep areas

Every effort will be made to provide a relaxing and comfortable sleep environment. Unless the sleep area is in a separate designated room, sleep areas will not be set up too far in advance as this can hamper the children's work and play in the area concerned.

The individual space needs for each child will be considered. Wherever possible, children will have their own place to sleep each day to promote a sense of security.

The temperature is controlled at a comfortable air-conditioning setting to ensure the room does not overheat during sleep time. This is in accordance with recommendations of the SIDS and Kids Foundation.

Procedure: Toileting and nappy changing

NAPPY CHANGING

Service responsibilities

We promote nappy changing and toileting as an opportunity for developing independence and learning about health and hygiene. Nappy changing and toileting is flexible and responsive to children's individual needs.

Educators will consult with enrolling parent in relation to nappy change and toileting. Children will transition to using the toilet only when they are developmentally ready.

Educators will maintain a high degree of hygiene and act according to procedure. Educators will role model good hygiene practices as they wash their own and the child's hands.

Educator responsibilities

Staff must be aware of the procedure and be prepared by ensuring the area is clean and well stocked prior to beginning a nappy change.

The nappy changing experience is an opportunity to engage with each child. The process should be relaxed and friendly. The procedure must be followed to ensure that the child is able to predict what is happening and relax. Ensure there is an ongoing conversation with the child about what is happening and why it is happening.

The experience must be safe for both child and Educator. The Educator must ensure that correct lifting techniques are used and that they do not turn away from the child or let go under any circumstances.

Preparation

Ensure all of the items required are in the nappy change area and within safe reach before the child is taken to the nappy change area.

- Wash hands
- Place paper on the table
- Don gloves
- Lifting correctly, place child safely on table and do not turn away or let go under any circumstances

Changing

- Remove child's nappy and put into convenient bin for attending to once change is complete ensuring you don't let go of the child
- Clean child's bottom, wiping from front to back ensuring that the area is thoroughly cleaned
- Remove paper and put in convenient bin
- Remove gloves (working down from wrist) and put them in convenient bin
- If a nappy cream is required and has been authorised by parents then don new glove and apply according to instructions
- Remove gloves and put them in convenient bin
- Place clean nappy on the child
- Dress the child and take child away from the change mat

- Wash your hands and the child's hands and return child to play area.

Cleaning

- If the child's clothes are soiled, don gloves, apron and safety glasses and rinse clothes as required and place in bag for parents
- Remove gloves and put them in convenient bin
- Clean the change table with detergent and warm water after each nappy change
- Wash your hands.

TOILETING

Readiness

Most children are not ready to control their bowels and bladder until they are two years old and some not until they are three. Often boys are later than girls. Control over bowels may happen before or after control over the bladder.

To be ready to use the toilet or potty, a child needs to be able to:

- know when they have the sensation of using their bowels and bladder before he does it
- hold on for a short time so that they can get to the potty or the toilet
- understand that they is meant to use the toilet or potty.

The signs of readiness are:

- taking an interest in others using the toilet
- pulling at wet and dirty nappies
- telling you that their nappy is wet
- telling you that they don't want to wear nappies anymore.

Educators will discuss with parents that it is important to wait until the child is ready. Most toilet training problems can be avoided if the process is not rushed. For example, it is better to advise parents that they should not try and set a date by which you want their child to be toilet trained, e.g. before the new baby arrives. It works best if there is no pressure.

It is best not to start toilet training at a time when the child is adjusting to other changes, e.g. when there is a new baby in the family or he is changing rooms at childcare.

Planning

Ensure Educators are aware of the agreed plan with parents. Ensure that the plan is documented and that this is kept in the child's records. This plan should include:

- start date and the language to be used with the child to describe toileting
- agreement that individual visits to the toilet are needs based, but also offered before and after meals and sleep
- that the parents should supply changes of clothes and be take any rinsed clothes home each day
- that the toilet training experience should be positive and consistent between home and the Service.

Policy: Sun protection

Policy Statement

We are an accredited Sun Smart Centre with the Cancer Council

This policy has been developed to ensure that all children and staff attending this Service are protected from skin damage caused by the harmful ultraviolet radiation (UVR) from the sun. It is to be implemented **throughout** the year.

Rationale

All children have the right to experience quality care in an environment which provides for their health and safety.

The Service has a duty of care which extends to ensuring that appropriate sun protection policies and practices are implemented to adequately protect children and Educators/staff from ultraviolet radiation from the sun.

The Education and Care Services National Law requires that Approved Provider/Nominated Supervisor take reasonable care to protect children from foreseeable risk of harm, injury and infection.

Our sun protection policy has been developed to ensure that all children, employees and visitors attending our centre are protected from skin damage caused by harmful UV radiation from the sun.

Exposure from the sun is a hazard, and as such, employers and staffs both have roles and responsibilities to ensure appropriate measures are taken to prevent over-exposure.

Children learn when the required actions are repeated each day rather than be a seasonal activity, the risk from sun injury is not seasonal and therefore all actions in this policy and procedure will happen all year round.

Related policies

Philosophy
Enrolment
Child protection
Withdrawal from the Service

Procedures related to this policy

Arrival at the Service
Attendance records

Service forms related to this policy

Permission for sunscreen
Allergy list

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session
Child protection

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services

National Law: 167 – Protection from harm and hazards

Education and Care Services

National Regulations: 113, 114; 168 (2)(a)(ii)

National Quality Standard– 2, 1, 3, 5, 6, 7



Procedure: Sun protection

Our service will ensure a combination of sun protection measures are applied to children and staff while the UV index is 3 or above.

Hats

- The Service will require children and staff to wear hats that protect the face, neck and ears whenever they are outside, i.e. legionnaire style or broad brimmed hats.
- Due to the risk of children becoming entangled in hat cords and choking, the Service recommends that the cords are removed from hats.
- Children who do not have their hats with them will be asked to play in an area protected from the sun.

Clothing

- When outdoors, all children will wear sun protective clothing that protects as much of the skin as possible.
- The Service also recommends that children and staff wear loose fitting clothing that protect as much of the skin as possible during outdoor activities.
- Parents are requested at enrolment to ensure children's shoulders are protected in clothing that they wear to the Service.

Shade and UV Index

- Management ensures there are sufficient shelters and trees providing shade in outdoor areas.
- Children will be encouraged to use available areas of shade for outdoor play activity. Planned outdoor play and activities will be set up in shady areas.
- Play areas for babies will be provided with shade all year round.
- The availability of shade is considered when planning excursions and all outdoor activities.

Maintaining hydration levels

- Water will be offered to children throughout the day regardless of indoor or outdoor play settings to ensure adequate hydration
- Cooled boiled water may be offered to infants and young children after bottle feeds if children show signs of continued thirst.
- Educators will monitor the input/output of infants and young children's fluids.
- Educators will monitor their own hydration through the day.

Sunscreen

- SPF 30+ broad spectrum water resistant sunscreen will be provided for Educators/staff and children's use as necessary. Sunscreen will be applied liberally at least 20 minutes before going outside. It is reapplied frequently if it is likely to have been washed or wiped off.
- Educators will apply sunscreen to infants and younger children and support and assist older children to apply their own sunscreen.
- Parents are encouraged to apply sunscreen for their child/children prior to drop off. We have a sunscreen station available throughout the year at the front entrance of the service for parents to use.



- In instances where parents do not wish to use the sunscreen provided at the Service, they will be asked to supply their own sunscreen.
- Sunscreen will be stored in a cool place, out of the sun.
- Staff will monitor the expiry date of the sunscreen and discard when out of date.

Babies

- Children under 12 months of age will not be exposed to direct sunlight, when the UV index is 3 or above

Role Modelling

- Staff, children, families and visitors will act as positive role models and demonstrate SunSmart behaviour when attending the service by:
 - Wearing sun protective hats, clothing and sunglasses when outside
 - Applying SPF30 or higher broad-spectrum water-resistant sunscreen
 - Using and promoting shade

Education

- Sun protection is part of the learning program
- Sun protection information will be promoted to staff, families and visitors.

Policy

- The SunSmart Policy will be made available to staff, families and visitors
- This policy is monitored and reviewed annually.



Policy: Accidents, Emergencies, First Aid

Policy Statement

We aim to provide a safe environment in which children may play in and explore their world.

In the event of an accident, appropriate first aid will be applied by trained staff.

If an emergency occurs at the Service the children and staff will be well practiced in the required procedures to ensure as far as possible the safety and well-being of each person present.

The service will notify parents as soon as possible after any event but will make supporting and providing care for the children the first priority.

Our service understands that families may have different approaches to first aid and beliefs about medical treatment. The service will at all times, act according to instruction from relevant government authorities and in accordance where possible with the knowledge gained through approved first aid training.

Rationale

All children and staff within the Service have a right to a safe environment that is free from hazards that may cause harm or injury.

The Education and Care Services National Law requires that the approved provider/nominated supervisor take reasonable care to protect children and staff from foreseeable risk of harm, injury and infection.

The Service has a duty of care to respond effectively to accidents and emergencies that occur at the Service.

Related policies

Philosophy
Enrolment
Child protection

Procedures related to this policy

Arrival at the Service
Attendance records
Collection of children
Family disputes
Late collection

Service forms related to this policy

Enrolment
Attendance records

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session
Child protection

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services
National Law: Part 6 169; 174

Education and Care Services
National Regulations: 4, 12; 85 - 89;
97; 136 – 137, 168, 245

National Quality Standard: 2.1.4;
2.3.1; 2.3.2; 2.3.3



Procedure: Accidents

- Parents are required to provide written authority (included in the enrolment form) for staff of the Service to seek medical attention for their child if required.
- When a minor accident occurs at the Service, Educators who are qualified in first aid will:
 - Assess the injury
 - Attend to the injured child and apply first aid
 - Clean up the spill using disposable gloves if bleeding involved
 - Contact the parent (depending on the nature of the injury). If the parent is not contacted at the time of the accident they will be informed about the incident when they arrive to collect their child
 - Write full details about the incident and the treatment given on an Accident Form and request that the parent to sign this form to confirm their notification of the incident.
- When a serious incident which requires more than simple first aid treatment, occurs at the Service an Educator who is qualified in first aid and CPR will:
 - Assess the injury and arrange for an ambulance to be called
 - Provide the child's medical details (as supplied in the enrolment record) to the ambulance officer
 - Ensure an Educator accompanies the child in the ambulance
 - Ensure that any contact with the injured child's blood or body fluids has been appropriately handled
 - Complete a full report of the accident detailing the incident and the action taken, on an Accident Form and require the parent to sign the form to confirm their notification of the incident.
 - The nominated supervisor/Educator will contact the child's parents or emergency contact person to advise them of the incident and where they may meet their child from the ambulance. Every effort will be made not to panic the parent.
 - Where required, the Nominated Supervisor will arrange for emergency relief Educators to attend the Service so that an Educator can accompany the injured child in the ambulance, or take the child to the local clinic or medical practitioner.
 - The Nominated Supervisor will contact the Approved Provider to inform them of the incident and steps taken.
 - The Nominated Supervisor person or their delegate will notify the Education and Care Regulatory Unit.
- If the death or serious injury of a child should occur whilst at Service, the Nominated Supervisor or their delegate will contact the police, ambulance and the Education and Care Regulatory Unit.
- After a serious incident at the Service, Educators will comfort children and be aware that some children may have shock reactions to the incident. Educators will do all they can to ensure each child's health and well-being, and will apply appropriate first aid in response to children's shock reactions.
- At the earliest and most appropriate opportunity, the Nominated Supervisor or their delegate will convene a debriefing session for staff.



Procedure: Emergency procedures

Evacuation out of the Service

- Evacuation out of the Service may be for any reason including but not limited to gas leak, fire, snake, intruder, cyclone or earthquake.
- The Service's evacuation plan includes:
 - The safe assembly area away from the building and access areas for emergency Services, with its own escape route.
 - A second stage assembly area will be identified in the event that the first assembly area becomes unsafe.
 - Unobstructed routes for leaving the building which are suitable to the ages and abilities of the children.
 - An emergency pack which is stored in the evacuation cot and includes first aid kit and supplies sufficient for a short stay away from the Service in an open area.
 - The person in charge will collect the attendance roll and roster, check the building is empty and once at the assembly area check the roll and roster to ensure that all children and staff are present.
 - A current list of emergency Services contact numbers and who will be responsible for phoning the relevant Service.

Internal evacuation and Lockdown

- Evacuation into the Service may be for a variety of reasons including but not limited to bee swarm, weather event, snake, threatening person.
- Where a situation arises, which requires the bringing of the children into the Service in order to secure their safety, the nominated supervisor/Educators/staff members will:
 - Alert all other Educators of the need to bring children into the Service
 - Gather children together into the agreed area of the building in a safe and non-hurried manner and collect attendance roll, parent's emergency contact phone numbers if possible. Once everyone is together, the staff will check the roll and roster to ensure that all Educators and children are present.
 - Educators will quietly and quickly lock doors and windows to secure the area of building.
 - The nominated supervisor or an Educator will contact the police to advise them of the situation, including information about any missing children or Educators.

Lunch Period Evacuations

- During lunch times the Service will ensure that any additional Educators that are on the premises assist with the evacuation of children.
- On hearing the alarm, any Staff not directly caring for children at the time of the emergency but on the premises, will check each room to see who requires assistance to evacuate children safely from the premises.
- Educators will check those rooms closest to the potential threat and where children or babies are known to be resting first.
- Other known adults on the premises at the time of the emergency, such as a parent or trades person, may be asked to assist in the evacuation if required.

Fire

- The Service complies with any relevant fire safety requirements of the appropriate Fire and Emergency authorities.
- A Senior Educator / WHS officer acts as fire warden for the Service.
- All fire extinguishers are installed and maintained in accordance with Australian Standard 2444. Educators/staff will only attempt to extinguish fires when all of the following is assured:
 - The children have been evacuated from the room
 - The fire is very small
 - There is no danger to the person who will operate the extinguisher
 - The operator is well trained and confident in the use of the extinguisher.
- When the emergency services arrive the fire warden will inform the officer in charge of the nature and location of the emergency and of any missing children or Educators.
- No-one will re-enter the building until advised it is safe to do so by the officer in charge.

Snakes

General Risk Minimisation Strategies

- Before children enter the premises, staff are required to carry out a playground check – they will also carry out a perimeter check to look for snakes.
- Staff supervising children inside need to be vigilant for snakes inside and standard checking of rooms should occur in the morning – staff moving any items where snakes could hide prior to the children entering the premises in the morning.
- Staff supervising children in the playground area need to be aware of the potential risk for snakes to come in to the area and be on the lookout doing regular checks.

In the Case of a Snake Being Present Outside

Staff will implement the emergency evacuation procedure to move everyone away from the area where the snake is, and move inside the building.

- Nominated Supervisor will call Ranger Services to request a snake catcher attends the Service to remove the snake
- Staff will keep children calm and fully informed of what is happening
- Place notice up to inform parents and fill in a Hazard Report Form.

In the Case of a Snake Being Present Inside

- Staff will implement the emergency evacuation procedure to move everyone outside away from the area where the snake is located
- Nominated Supervisor calls the Council snake catcher to attend the Service to remove the snake
- A staff member has to remain within sight of the snake to inform the snake catcher of its location
- Staff will keep children calm and fully informed of what is happening.
- Place notice up to inform parents and fill in a Hazard Report Form.

Policy: Emergency and evacuation

Policy statement

We aim to provide an environment in which the safety of all staff, children and families are paramount.

The Service will:

- conduct ongoing risk assessments
- ensure regular rehearsal and evaluation of emergency lockdown and evacuation procedures
- review any emergency to ensure any lessons are learned and incorporated in policies or procedures.

The Service has developed procedures for the nominated supervisor/Educators/staff to follow:

- The emergency evacuation floor plan and instructions will be clearly displayed near the main entrance and exit in each room, to be followed by the nominated supervisor or Educator/staff member in the event of fire, natural disaster or other emergency.
- Families will be provided with a copy of the emergency evacuation procedures on request.
- Each Educator/staff member will have access to the emergency procedures and be expected to implement the emergency procedures.
- Safety drills involving Educators/staff and children will be regularly practiced randomly without warning and at different times of the day.
- A record of each drill of emergency procedures will be made on an Evaluation of Emergency Evacuation Drills form, and retained for a period of 3 months from the day on which the record was made.

Related policies

Philosophy
Enrolment
Child protection
Supervision

Procedures related to this policy

Attendance records

Service forms related to this policy

Enrolment
Attendance records

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session
First aid

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services
National Law: Section 3(2) (a); 165A:
167

Education and Care Services
National Regulations: 85, 86, 89, 97,
161, 162

National Quality Standard: 2.3

Procedure: First Aid

- Designated Educators will have a current approved first aid qualification that is appropriate to children. This includes anaphylaxis and asthma management.
- The staff roster will be done in such a way as to ensure appropriate coverage across all shifts.
- One fully equipped and properly maintained first aid kits are kept at the Service out of reach of children but easily accessible to Educators. All Educators are to know where these are located. Each care area has a mini first aid kit available in their evacuation bags as well.
- Each first aid kit will be checked regularly using the Service's First Aid Box checklist to ensure it is fully stocked, and that all medications are within the expiry date.
- A cold pack is kept in the freezer for treatment of bruises and sprains.

Professional practice notes

Under the Education and Care Services National Law, ACECQA must publish a list of approved first aid qualifications, anaphylaxis management training and emergency asthma management training.

For the purposes of the Law, the 'qualifications' on the list are either national or state accredited units of competency.

The list of approved first aid qualifications, anaphylaxis management training and emergency asthma management training replaces the state and territory government first aid requirements for Educators from 1 January 2012.

(from ACECQA website, retrieved April 2016)

Resources

See more at: <http://www.acecqa.gov.au/first-aid-qualifications-and-training#sthash.cVmZ1HUU.dpuf>

Policy: Illness and exclusion

Policy Statement

We operate to provide care for well children, and aims to ensure a safe and healthy environment for all children in its care.

The Service is not able to provide the extended 1:1 support that the sick child requires to ensure their wellbeing, and has a responsibility not to compromise the health and safety of other children and staff members.

Rationale

Families that utilise education and care services place a high level of trust and responsibility on Educators in the belief that, in their absence, their children will be kept safe and their health and wellbeing protected.

All children have the right to develop to their full potential in an environment which provides for their health, safety and wellbeing. Effective infection control procedures assist Services to protect all persons from, and minimise the potential risk of, disease and illness.

Children that are unwell pose a risk of infection to other children and Educators.

The Education and Care Services National Law requires that the Approved Provider/Nominated Supervisor take reasonable care to protect children from foreseeable risk of infection.

The Education and Care Services National Regulations require the Service to take appropriate action to prevent the spread of an infectious disease at the Service and to notify parents as soon as possible if there is an occurrence of an infectious disease at the Service.

Related policies

Philosophy
Enrolment
Health and safety
Immunisation
Child protection

Procedures related to this policy

Health and safety
Immunisation
Child protection

Service forms related to this policy

Enrolment
Attendance records

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services
National Law: Section 3(2)(a); 167

Education and Care Services
National Regulations: 85-87; 89 161-
--162

National Quality Standard: 2.1; 4.1;
7.3

National Health and Medical
Research Council – *Staying Healthy*
5th Edition



Procedure: Illness

At all times, staff will be guided by the National Health and Medical Research Council's *Staying Healthy 5th Edition*

- If a child becomes unwell whilst at the Service, the parent will be notified and asked to pick the child up as soon as possible. If the parents cannot be contacted, the emergency contacts will be contacted to collect the child. It is an expectation that parents or authorized persons collect the child as soon as possible after notification.
- If the parent cannot be contacted and emergency contact cannot collect the child, medical treatment will be sought at the parent's expense.
- If the child has a temperature, the Educators will take physical steps to try to reduce the child's temperature and discomfort i.e. removing excess clothing, laying child in a cool place, encouraging the child to drink cool water etc. whilst waiting for parental advice and if necessary, medical treatment.
- All illness at the Service is recorded on an *Accident / Illness Form*.
- In the event of an outbreak of a communicable disease at the Service, Educators, staff, families and the Health Department will be notified immediately and in accordance with the NHMRC recommended notifiable diseases, to help minimise the number of children or staff that become unwell.
- For any outbreak of infectious illness, Educators, staff, families will be notified verbally and via notices.



Procedure: Exclusion

At all times, staff will be guided by the National Health and Medical Research Council's *Staying Healthy 5th Edition*

- Our Service adheres to and implements the NHMRC's recommended exclusion periods for children. This exclusion applies to all staff and children.
- This information is available for parents at the Service.
- Written and or verbal forms of communication will be used to notify staff members, parents of enrolled children and visitors to the Service, of exclusion due to infectious disease.
- If a child is unwell at home parents are asked not to bring the child to the Service.
- If a staff member is unwell they should not report to work. Staff members should contact the Director at the earliest possible time to advise of their inability to report to work.
- In the case of serious or notifiable infectious illness, serious ill health or hospitalisation, the child or staff member will require a medical certificate verifying that their recovery is sufficient to enable their return to the Service, from their medical practitioner.

Policy: Asthma

Policy Statement

We are committed to:

- providing, as far as is practicable, a safe and supportive environment in which children at risk of asthma can participate equally
- engaging with parents of children at risk of asthma incidents in assessing risks and developing risk minimisation strategies for their child.

Rationale

Children need to feel safe and where possible to be protected from their allergens and triggers.

Asthma is different for everyone - individuals have different triggers, symptoms and medications for their asthma and these can change over time.

The key to minimising asthma incidents is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and where possible management of exposure to the triggers.

Related policies

Philosophy
Anaphylaxis management
Food safety and hygiene practices
Nutrition, food and beverages, dietary requirements
Enrolment
Medication

Procedures related to this policy

Health and safety
Service environment plan

Service forms related to this policy

Medical management plan:

- Risk minimisation plan
- Communication form
- Asthma plan
- Illness record form

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
First aid training

Review schedule

2 years or at need

Legal and professional requirements

Education and Care Services
National Law: Section 165, 167

Education and Care Services
National Regulations 161, 162

National Quality Standard
Standards 2.3, 6.1, 6.2, 6.3

Poisons legislation

Asthma Association

ASCIA

Procedure: Asthma management

Background

The Asthma Foundation advises that foods are not common triggers for asthma, but there is a strong link between asthma and allergies, and many people with asthma also have food allergies. Triggers can include but are not limited to cold and flu viruses, air pollution, dust mites, exercise induced asthma, mould, pollen and pets.

Young children with asthma can have a range of symptoms. Children can describe these in different ways including sore tummy, sore chest or a 'frog' in their throat. It is important that Educators are aware of each child's descriptions and behaviours.

Educators may notice symptoms such as:

- shortness of breath
- wheezing
- persistent cough every 20-30 seconds

Service responsibilities

The Service will:

- encourage parents to provide up to date information about their child with asthma, and keep this information in a central location of which all staff are aware and can easily access
- ensure that the child's Asthma Action Plan is on display with the written permission of the family
- enable the required staff to attend training, obtain information about asthma and educate teams on how to manage an asthma emergency
- ensure sufficient Asthma Emergency Kits are available that are easily accessible, and that staff are aware of their location (these are available from the Asthma Foundation).

The Service Director or her delegate will advise parents if their child has required medical assistance as soon as possible.

Parent's role

Parents and staff will work together to develop an approach to inclusion of a child with asthma and supporting the child as they move toward managing their own asthma as they grow older. This will include the child's:

- Medical management plan - 'Asthma Action Plan'
- Risk minimisation plan
- Communication plan

Parents must inform the Service that their child has asthma, discuss the asthma diagnosis with the Team Leader and give them a written [Asthma Action Plan](#).



Parents must advise if there has been a change in the child's health, their medical management or Asthma Action Plan.

- Parents must ensure the child has reliever medication with them each day, along with a spacer if it is used. The medication must not have expired and should contain plenty of doses, and be labelled clearly with the child's name.

For asthma emergencies,

In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without written parent authorisation. If medication is administered the parent of the child will be contacted as soon as possible.

If the child has asthma, Educators will follow their Emergency Action Plan

If the child does not have an Asthma Action Plan the following steps as advised by the Asthma Foundation will be followed.

Anaphylaxis

We are committed to:

- providing, as far as practicable, a safe and supportive environment in which children at risk of anaphylaxis can participate equally
- raising awareness about anaphylaxis
- engaging with parents of children at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for their child.

Rationale

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. While there are common allergens, a child may be allergic to almost any thing.

There are a range of myths about anaphylaxis in the community. It is essential that any suspected allergy or risk of anaphylaxis is managed by a medical practitioner.

The key to the prevention of anaphylaxis in the Service is knowledge of those children who have been diagnosed as being 'at risk', awareness of allergens (triggers) and prevention of exposure to those allergens.

Communication between the Service and parents is important in helping children avoid exposure.

Related policies

Philosophy
Asthma management
Food safety and hygiene practices
Nutrition, food and beverages
Enrolment
Medication

Procedures related to this policy

Health and safety
Service environment plan

Service forms related to this policy

Service medical management plan which includes:

- Risk minimisation plan
- Communication form
- Anaphylaxis plan from the Medical Practitioner

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
First aid training

Review schedule

2 years or at need

Legal and professional requirements

Education and Care Services
National Law: Section 167

Education and Care Services
National Regulations: 161

National Quality Standard: 2.3, 6.1, 6.2, 6.3

Anaphylaxis procedures

Where a child is identified as being at risk of anaphylaxis, either prior to enrolment or as soon as an allergy is diagnosed:

- the Service will be provided with an ASCIA Action Plan (the medical management plan) completed by the child's medical practitioner
- if it is a food allergy, parents will be asked to identify their child's special dietary needs. Where special needs are known, the parent will be asked to complete a special diet record form
- a risk minimisation plan including a communication plan will also be developed.

These forms will be reviewed with the parent as required or at the direction of the Service Director. A copy will be provided to those staff members who have responsibility for preparing and serving food and supervising the child's meals and snacks.

Whenever a child with severe allergies is enrolled at the Service, or newly diagnosed as having a severe allergy, all relevant staff will be informed of:

- the child's name and room
- where the child's ASCIA Action Plan will be located
- where the child's adrenaline autoinjector is located
- the details in the risk minimisation plan and communication plan
- any other medication requirements.

New and relief/casual staff will be given information about children's needs including children with severe allergies during their orientation process.

A notice stating that there is a child enrolled that has been identified as being at risk of anaphylaxis will be on display at the entrance of the service

Medication

The child's adrenaline autoinjector (and any other medication), must be labelled with the name of the child and recommended dosage.

Medication must be located in a position that is out of reach of the children, but readily available to staff.

Educators will check the adrenaline autoinjector regularly to ensure it is not discoloured or expired and therefore in need of replacement.

Staff will advise the parents at the earliest opportunity if the adrenaline autoinjector needs to be replaced. Should it not be replaced before going out of date, the child will be unable to attend until a new auto injector is purchased for use at the Service.

Parents/guardians are responsible for supplying the adrenaline autoinjector and ensuring that the medication has not expired.



Risk minimisation

Strategies used to reduce the risk of anaphylaxis for individual children will depend on the nature of the allergen.

Food

The Service will minimise exposure to known allergens by ensuring that:

- only staff familiar with the child's condition and related food restrictions will prepare, handle and serve the allergic child's food
- a child at risk of food anaphylaxis only eats lunches and snacks that have been prepared at the Service
- children do not swap or share food, food utensils and food containers
- special care is taken to avoid cross contamination
- strict compliance with the Service's hygiene policies and procedures, taking extra care when cleaning surfaces, toys and equipment.

For some children with food allergy, contact with small amounts of certain foods (e.g. nuts) can cause allergic reactions. For this reason, all parents who enter the Service will be advised of the need to not bring food into the Service unless specific permission is given by the Director.

Insects

Some children have severe allergic reactions to insect venoms. The Service will minimise exposure to known allergens by ensuring that children at risk:

- wear shoes when outdoors
- take care when in the garden or walking in grasses which are in flower
- avoid certain plants when in flower.

Staff will regularly inspect for bee and wasp nests on or near the property and act to ensure children cannot access any area of concern. Staff will also store garbage in well-covered containers so that insects are not attracted.

Education of children

With older children, staff will help the child at risk of anaphylaxis to develop trust and confidence that they will be safe while they are at the Service by:

- talking to the child about their symptoms to allergic reactions so they know how to describe these symptoms to an Educator when they are having an anaphylactic reaction
- taking the child's and their parent's concerns seriously
- making every effort to address any concerns the child may raise.

Educators 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.

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’.

Educators will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, feeling funny).

With older children, Educators will talk about strategies to avoid exposure to unsafe foods, such as being served food onto the plate in the kitchen and not eating food that is shared.

Staff Training

The Service will determine which of their staff should be trained in anaphylaxis management to ensure that someone in close proximity to the child is always on hand to act in an emergency.

The Service will ensure the Chef is experienced 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.

Anaphylaxis emergency practice procedures will be conducted and evaluated every six months or at need to ensure that staff are confident in the procedure and able to act in an emergency.

Legal issues

The Service will ensure personal details provided by parents are collected, used, disclosed, stored and destroyed (when no longer needed) according to the Privacy Act 1988 as amended.

The need to display personal details included on the child’s ASCIA Action Plan will be discussed with parents, and their written consent obtained prior to display.

Except in an emergency, medication will not be administered to an enrolled child without the written authority of the parent. In all other circumstances, the Service will require the parent’s written authority (including the child’s ASCIA Action Plan) to administer any medication to their child.

The Service has a duty of care to take reasonable care for the health and wellbeing of children placed in their care. This duty of care requires staff members to:

- take reasonable care to eliminate or minimise foreseeable risks of personal injury to children under their supervision. Due to the susceptibility of some children to allergies, special care must be taken to protect these children if the condition is known or ought to be known and exposes them to special risk of injury
- seek appropriate medical assistance for children in the event of an allergic reaction such as calling an ambulance or seeing a medical practitioner
- render whatever first aid is reasonable in circumstances where there is insufficient time to arrange for a child to be seen by a medical practitioner or be admitted to hospital via ambulance.



In order for a Service to discharge its duty of care, the Service will ensure that members of staff are appropriately trained in the prevention, identification and treatment of children who may experience an allergic reaction.

The *Poisons Regulations 1965* have been amended and staff are able to supply (and administer) a general use adrenaline auto injector to a child in their Service experiencing an anaphylactic reaction.

Reporting procedures

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

- staff 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
- the ASCIA Action Plan will be evaluated to determine if the Service's emergency response could be improved
- the Director will inform the Education and Care Regulatory Unit about the incident.
- Staff will be debriefed after each anaphylaxis incident and the child's ASCIA Action Plan evaluated. Staff will need to discuss their own personal reactions to the emergency that occurred, as well as the effectiveness of the procedures that were in place.
- Time is also needed to discuss the reason for the anaphylactic reaction, particularly if it is not evident that a known allergen was the cause. Parents will be requested to seek further medical advice.

In emergencies

In the case of an anaphylaxis or asthma emergency, medication may be administered to a child without written parent authorisation. If medication is administered the parent of the child will be contacted as soon as possible.

For anaphylaxis emergencies Educators will follow the child's Emergency Action Plan and utilize the adrenaline auto-injector provided by parents and call an ambulance. The used auto-injector will be given to ambulance officers on their arrival and officers will be advised of the time of administration

If a child does not have an adrenaline auto-injector and appears to be having a reaction, the staff member will call 000 and request an ambulance and further instruction.



Statement: Supervision

Children will be fully supervised at all times in accordance with the Education and Care Services National Law and Regulations.

Supervision of children

- Rosters are planned to ensure appropriate supervision of children is maintained and Educators on non-contact duties are replaced in order to ensure Educator: child ratios are maintained in accordance with the requirements of the Education and Care Services National Regulations.
- Individual children will only be released from the Service to authorised people. See policy on Delivery and Collection of Children.

Supervision and support of Educators/staff

- Child protection issues are discussed regularly at Educator/staff meetings. Educators/staff are encouraged to share any observations or concerns in regard to child and Educator/staff protection risks.
- Resolutions are sought to eliminate risks, and management is advised of the issues and current strategies to resolve them.
- Educators/staff will support each other to limit the time they are left alone with children.
- Visitors or trades people will not be left alone with children at any time.
- Volunteers and students must be supervised by a qualified Educator at all times.
- Educators/staff will not leave the Service alone with individual children except in emergencies and in accordance with other Service policies.
- Grievances will be dealt with in accordance with the Service's Educator/staff grievance procedure.
- Any allegations of child abuse or neglect made against an Educator/staff member will be treated in accordance with the notification schedule in the Education and Care Services National Regulations.
- The Approved Provider MUST be notified immediately should such an allegation be made.

Professional practice notes

Supervision can only be effective when staff are trained in the elements of supervision, know their children well and communicate well with parents.

Statement: Violence, threatening behaviour

The Service aims to maintain a safe environment for all staff, children, parents, guardians and visitors.

Violence, threatening behaviour, bullying and abuse against staff, children or visitors to the Service will not be tolerated.

Physical assault or the threat of harm of any form is a criminal act, and under these the Police will be involved if required and a Police report will be written.

The Service reserves the right to refuse or cease access to anyone who does not agree to modify their behaviour.

Staff will be mindful of their responsibility to themselves and their duty of care to the child when managing the situation.

If a Staff member is faced with a situation where an individual appears to be threatening towards them, another staff member or any enrolled child, the following will apply:

- One person will immediately notify the Director or other staff so that they can call the police.
- Staff should remain as calm and non-confrontational as possible and ask the offender to accompany them to the office to discuss the matter further.
- If possible the Director will be able to facilitate the discussion. If not, an external facilitator can be brought in.
- Discussion should be used to diffuse the situation and if possible, staff should look for negotiation points.
- Staff will not jeopardise their safety by being alone with the person and will stay in the presence of other staff members.
- Staff will act to ensure the safety of the children and if practicable, distract the children or if they are at risk or are witnessing an inappropriate situation, they should be moved to another area.
- Staff will attempt to diffuse the situation only as far as is practicable.

Rationale

The best interests of children come first.

Related policies

Philosophy
Enrolment
Child protection
Withdrawal from the Service

Procedures related to this policy

Arrival at the Service
Attendance records
Collection of children
Family disputes
Late collection
Withdrawal from the Service

Service forms related to this policy

Enrolment
Attendance records

Related Service publications

Parent handbook
Staff Handbook

Related education

Parent orientation session
Staff orientation session
Child protection

Review schedule

2 years or at need

Legislation and professional requirements

Education and Care Services
National Law: Section 165, 165A,
167, 174

Education and Care Services
National Regulations: 101; 166

National Quality Standard: 2.3.1 ;
2.3.2



References

Guide to the National Quality Standard (ACECQA) <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF03-Guide-to-NQS-130902.pdf>

Guide to the National Law and National Regulations (ACECQA)
http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/2014/NQF02%20Guide%20to%20ECS%20Law%20and%20Regs_web.pdf

Guidelines for documenting children's learning Information Sheet (ACECQA)
<http://files.acecqa.gov.au/files/Information%20sheets/Information%20sheet%20-%20Guidelines%20for%20documenting%20children's%20learning.pdf>

Belonging, Being and Becoming: The Early Years Learning Framework (ACECQA)
<http://www.acecqa.gov.au/ResourceCategory.aspx?pid=412&gcpid=2> (Useful Word Version and PDF)

My Time, Our Place: Framework for School Age Care (ACECQA)
<http://www.acecqa.gov.au/ResourceCategory.aspx?pid=412&gcpid=2> (Useful Word Version and PDF)

Managing risk in play
<http://www.playengland.net/resource/managing-risk-in-play-provision-implementation-guide/>

In our reading, we used and recommend the resources in the Early Childhood Resource Hub (Australian and state governments) <http://www.ecrh.edu.au/#/>

Child Australia
<http://www.childdaustralia.org.au>

Disclaimer

This resource is based on the most current information available in April 2016.

In developing this resource, we have referred to legislation and regulations, sought advice from professional organisations and reviewed contemporary research. This document should be used as a guide to compliment and develop service's existing practices. Services should always check the currency of information at the time of use and consider the information in this resource in the context of their particular service.