



Lilly Pilly Little School Policies

QUALITY AREA TWO CHILDREN'S HEALTH & SAFETY

6/11/2022

Monitoring and Review

These policies are to be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review these Policies every two years.

Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved.

In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

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PROVIDING A CHILD SAFE ENVIRONMENT POLICY

INTRODUCTION

Lilly Pilly Little School recognizes the importance of providing a safe environment for all children at our service. All children have the right to experience quality education and care in an environment that safeguards and promotes their health and safety. Our pre-school will comply with all licensing together with appropriate government regulations.

GOALS:

The education and care setting will:

- ♥ Ensure that children are adequately supervised at all times;
- ♥ Organize rooms and environments to minimize risks to children;
- ♥ Monitor and minimize hazards and safety risks in the environment;
- ♥ Implement our Child Protection and our Incidents, Injury, Trauma, Illness Policies;
- ♥ Take every reasonable precaution to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

STRATEGIES: Supervision

The Approved Provider will:

- ♥ Ensure that sufficient numbers of educators are employed to ensure adequate supervision of children at all times; and
- ♥ Adopt policies and procedures to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

The Nominated Supervisor will:

- ♥ Draw up rosters to ensure that adequate numbers of educators are on duty to meet ratio and qualification requirements and to ensure adequate supervision of children at all times;
- ♥ Engage casual staff as appropriate;
- ♥ Ensure educators are aware of the need for adequate supervision of children at all times. This may include the development of supervision charts for outdoor or indoor areas;
- ♥ Adopt policies designed to protect children being educated and cared for by Lilly Pilly Preschool from harm and from any hazard likely to cause injury are implemented and that all staff are aware of these policies and procedures.

Educators will:

Adequately supervise children within their room/group at all times; and inform the Nominated Supervisor whenever supervision is inadequate within their room to ensure the health and safety of all children.



Organization of Rooms and Environments:**The Approved Provider will:**

- ♥ Make sufficient allowance within budgets to allow for the replacement of worn and damaged equipment and resources which may provide safety risk for children; and
- ♥ Make sufficient allowance within budgets to allow the adequate maintenance of all indoor and outdoor environments.

The Nominated Supervisor will:

- ♥ Organise rooms and groupings to enable adequate supervision of children and so to minimise the risk to children; and
- ♥ Organise repairs and maintenance to equipment and environments in a timely manner.

Educators and staff will:

- ♥ Organise indoor and outdoor spaces to ensure risks to the health and safety are minimised; and
- ♥ Inform the Nominated Supervisor of repairs and maintenance needed within the service to ensure the health and safety of children.

Risk Assessment**The Nominated Supervisor will:**

- ♥ Conduct a risk assessment of the service environment on a quarterly basis to determine any risks to children's health and safety;
- ♥ Analyse and evaluate the risks associated with identified hazards;
- ♥ Determine appropriate ways to eliminate or control identified hazards;
- ♥ Review risk assessments after any serious incident reports are made to the Department of Education and Communities.

Educators and staff will:

- ♥ Report any risks or hazards within the service to the Nominated Supervisor as soon as possible.

The Approved Provider, Nominated Supervisor and Educators and Staff will comply with the requirements of the service's child protection policy to ensure the minimisation of children's risk to harm.

Evaluation

Children are healthy and safe at our service and the number of serious health and safety incidents is reduced over time. Staff are alert to the health and welfare of each child in attendance at Lilly Pilly. The centre will be regularly checked by staff for health and safety aspects:

- ♥ Moveable equipment is placed in safe places
- ♥ Nails will be regularly removed from equipment
- ♥ Equipment is regularly checked for jagged or rough edges
- ♥ Children will be encouraged to develop self care skills (washing hands, cleaning)
- ♥ Equipment will be regularly washed and disinfected
- ♥ The bathroom, sinks and toilets will always be kept clean
- ♥ Staff will daily inspect playground and playrooms for potential hazards (fallen sticks, curled up and wrinkled mats, rugs, plastic bags, etc).

Health and safety procedures are included as part of our daily routine and programme. All our educators have up dated First Aid Training and Lilly Pilly Community Preschool carries Ambulance Insurance. If necessary, an injured child would be accompanied to the hospital. There is an emergency plan in case of accidents. The parents will be notified or the emergency contact. All details of accidents will be recorded. An emergency evacuation plan is operational which is in accordance with current state licensing regulations. A regular diary is kept noting any child's illness, medicine or accidents occurring within the centre. Provision is made for the comfort of sick children until they are collected. Educators are able to recognise signs of suspected incidences of child abuse or neglect and are encouraged to report their observations to the centre coordinator. Excursions will be as per the Department of Education's guidelines. The child's right to privacy will always be respected.

The First Aid Kit is to be updated every term.

Related legislation

- Education and Care National Law Act 2010: Sections 165, 167
- Education and Care National Regulations 2011: 99, 158-159, 168, 176
- Child Protection (Working with Children) Act 2012
- Child Protection (Working with Children) Regulation 2013
- Crimes Act 1900
- Ombudsman Act 1974 – Part 3A
- Australian Privacy Principles – www.oaic.gov.au
- Office of the Australian Information Commissioner – www.oaic.gov.au
- Privacy Act 1988 (Privacy Act) – www.oaic.gov.au/law/act
- Smoke Free Environment Act 2000

Related Guidelines, Standards, Frameworks

- National Quality Standard, Quality Area 2: Children’s Health and Safety – Standard 2.2: Each child is protected
- National Quality Standard, Quality Area 3: Physical Environment –Standard 3.1, 3.2
- National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1, 7.2

Sources/Useful Resources

- Australian Children’s Education and Care Quality Authority (ACECQA) – www.acecqa.gov.au
- Mandatory Reporter Guide & training including e-learning presentation – www.keepthemsafe.nsw.gov.au
- E Reporting is available at <https://reporter.childstory.nsw.gov.au/s/>
- Working With Children Check – www.kidsguardian.nsw.gov.au/child-safeorganisations/working-with-children-check
- Become a Childsafe Organisation – www.kidsguardian.nsw.gov.au/child-safeorganisations/become-a-child-safe-organisation
- Child safety Australia – www.childsafetyaustralia.com.au
- United Nations Convention on the Rights of the Child – www.unicef.org.au
- The Supporting young children’s rights: Statement of intent (2015-2018) – www.earlychildhoodaustralia.org.au
- Australian Human Rights Commission – www.humanrights.gov.au
- Australian Childhood Foundation – www.childhood.org.au
- Families NSW - www.facs.nsw.gov.au/providers/funded/programs/childrenand-family/families-nsw

CLEANING AND MAINTAINING THE ENVIRONMENT POLICY

INTRODUCTION

Children have the right to an education in an environment that provides for their health and safety. Good cleaning and maintenance of our environment ensures that illness and unintentional injuries are avoided. Environmental responsibility also encompasses the cleaning and maintenance of Lilly Pilly Little School in ways that are sustainable and environmentally friendly.

GOALS:

- ♥ Follow procedures and schedules that ensure the buildings, premises, furniture and equipment are safe, clean and well maintained.
- ♥ Promote awareness of environmental sustainability through daily practices and information sharing.
- ♥ Involve children in discussions about health and safety issues and support children to develop guidelines to keep the environment safe for all.
- ♥ Encourage eco-friendly practices and encourage staff, children and families to use chemical free options for cleaning.

STRATEGIES:

Approved Provider will:

- ♥ Arrange for Lilly Pilly Little School to be cleaned by professional cleaners at the end of each group.
- ♥ Ensure that written policies and procedures regarding child safe environments are developed.
- ♥ Develop systems to ensure that daily checks and risk assessments of the environment are documented and that where repairs, cleaning or maintenance issues are identified, they are attended to promptly.

The Nominated Supervisor will:

- ♥ Develop systems to ensure that the daily cleaning of the service is carried out to a satisfactory standard.
- ♥ Ensure that educators are familiar with policies related to cleaning and maintaining safe environments for children.
- ♥ Ensure that daily checks and risk assessments of the environment are conducted and documented
- ♥ Respond to any identified risks, repairs, cleaning or maintenance issues promptly.
- ♥ Support educators to research and consider alternative and sustainable cleaning options and arrange for regular professional development to ensure a clean and safe environment for children.

Educators will:

- ♥ Ensure that cleaning duties do not compromise care and supervision of children at any time.
- ♥ Identify when the building, premises, furniture or equipment require cleaning or maintenance. The identified issue will be dealt with immediately. This will be done by cleaning as required or by removing the damaged furniture or equipment to be repaired or discarded as decided by the nominated supervisor and the approved provider. The educator will complete required documentation and refer this to the nominated supervisor for attention.
- ♥ Involve children in discussions about health and safety issues and support children to develop guidelines to keep the environment safe for all.
- ♥ Role model good cleaning practices for the children and encourage children to be involved in the cleaning of the environment where appropriate.
- ♥ Support children to have an active role in caring for their environment and to contribute to a sustainable future.
- ♥ Be responsible for spot cleaning the education and care service to ensure cleanliness and hygiene standards are maintained throughout the day.
- ♥ Seek to minimise the use of chemicals in the education and care environment.
- ♥ Research natural cleaning alternatives for use in the education and care environment. Natural or chemical-free options that are sensitive to the needs of educators and children with allergies will be utilized when possible.
- ♥ Consider sustainable practice when they are cleaning. They will reflect on their practices and access professional development, journals and the Internet for more ideas on eco-friendly cleaning options.
- ♥ Use soapy water for daily cleaning of tables, mouthed toys and general spills both indoors and outside. The soapy water can be made from pH Neutral detergent diluted in water and stored in a labelled spray bottle out of reach of children.
- ♥ Consider the use of water and diluted Eucalyptus Oil as an alternate to disinfectant for cleaning the bathrooms throughout the day. The mixture can be made in a labelled spray bottle and stored out of reach of children.

Aim to minimize waste by:

- ♥ Encouraging recyclable materials to be placed in labelled recycling containers rather than garbage bins.
- ♥ Recycling food scraps at meal and snack times. Children and educators can place food scraps into these containers which will then be placed in composting or worm farm containers. The kitchen will have containers for food scraps and recycling for educators to use.

EVALUATION

Lilly Pilly Little School is well cleaned and maintained to support children's health and safety. Children and educators work cooperatively to care for the environment in a sustainable manner. The education and care environment reflects sustainable practices, 'Green Cleaning' and eco-friendly choices. Educators, children, families and the wider community will learn together and embrace environmentally friendly practices.

REVIEW OF ACCIDENTS AND PREVENTION OF INCIDENTS POLICY

It is a policy of Lilly Pilly Little School that supervision of children is top priority of the staff members.

Children are never left alone. They must be in sight and hearing of the staff at all times so that staff can intervene to protect the health and safety of children whilst at the centre.

Safety rules are anticipated and explained to the children. Children are encouraged to replace toys on the shelf or into their containers. They are encouraged to tell you about any broken or damaged toys.

Running is restricted to the outside play areas. Staff aim to be constantly be aware of dangers or hazards when placing equipment for children to use, and constantly think of safety aspects.

Accidents will be reviewed and discussion with other members of staff will take place to minimize future similar accidents.

Health and safety will be discussed with the children on a regular basis.

Hot drinks are not permitted in playrooms or where children are present.

Lilly Pilly Little School has a **100% Non-smoking** policy.

Death Of A Child POLICY

In the event of the death of a child, staff will follow this procedure:

1. Attempt CPR
2. Call an Ambulance
3. Call parents and arrange to meet at hospital
4. Medical staff to advise parents
5. Notify Policy department
6. Notify the Department of Education.
7. Notify Licensee
8. Contact Insurance Company

HAZARD IDENTIFICATION AND RISK ASSESSMENT POLICY

The Approved Provider will: Provide a child-safe environment.

The Nominated Supervisor will:

- ♥ guide staff in regularly conducting risk assessments of the environment to determine likely injuries and illnesses that might occur, and rectify their potential causes;
- ♥ introduce preventive measures to eliminate the risk, or control measures to minimise the risk;
- ♥ review and analyse accident, injury, incident and 'near miss' data; and
- ♥ collaborate with staff and educators to develop a first aid plan for our preschool (i.e. identification of first aid qualified staff, contact details of emergency services and other emergency contacts, details of the nearest hospital or medical centre, map identifying location of first aid kits at the service, first aid contents checklist, response procedure following an incidence of illness or injury.)

Educators and staff will:

Regularly undertake risk assessments of the environment in order to plan safe experiences for children.

Documentation and record keeping

Educators and staff will:

- ♥ complete an incident, injury, trauma and illness record for all incidents/injuries/trauma/illnesses occurring at the centre
- ♥ Ensure that a copy of the accident/incident report will be made available for parents/guardians on request.

The Approved Provider will:

Ensure records are confidentially stored for the specified period of time as required by the Regulation.

Managing serious incidents

The Approved Provider will ensure:

- ♥ any serious incident occurring at the centre will be documented on a SI01 Notification of serious incident form and reported to the Department of Education & Communities within 24 hours;
- ♥ a copy of the incident report will be provided to the family as soon as possible; and
- ♥ Educators and staff are aware of the procedures around managing serious incidents.

The Nominated Supervisor or responsible person will:

- ♥ notify parents of any serious incident; and
- ♥ Arrange for medical intervention if required.

Educators and staff will:

Manage serious incidents as per this policy; and notify the Nominated Supervisor immediately after the serious incident has occurred.

CLOTHING & FOOTWEAR POLICY

INTRODUCTION

Children need protective, comfortable and appropriate clothing and footwear to explore their environments. Clothing needs to protect children from injury and sun exposure while promoting self-help abilities. Educators will also dress to prevent injury and sun exposure and will be encouraged to dress in a professional and respectful manner.

GOALS:

The Education and Care Service will:

- ♥ Develop and maintain a sun protection policy.
- ♥ Encourage both educators and children to wear appropriate clothing for the weather conditions, work environment and circumstances.
- ♥ Aim to ensure the comfort, protection, dignity and rights of children at all times of the day by recommending appropriate clothing and footwear.
- ♥ Provide information to families about suitable clothing for play experiences, sun protection and safety.
- ♥ Respect cultural differences and individual family and educator needs when recommending suitable clothing.

STRATEGIES:

The Approved Provider will:

- ♥ Ensure that a sun protection policy is developed and maintained.
- ♥ Ensure that educators are provided with personal protective equipment (e.g. gloves, goggles etc.) to facilitate cleaning and health protection measures.

The Nominated Supervisor will:

- ♥ Provide information for educators about suitable clothing and footwear expectations for the education and care work environment.
- ♥ Ensure educators are aware of the sun protection policy.
- ♥ Provide information for families about suitable clothing and footwear. This information will also be available at the education and care service using a variety of communication strategies including newsletters, brochures and websites

Educators Will:

- ♥ Consult with families about the individual needs of children with respect to different values and beliefs associated with clothing and footwear.
- ♥ Monitor children's clothing and footwear to ensure compliance with the Sun Protection Policy and to support the safety, comfort and well-being of every child.

- ♥ Consider clothing and footwear needs associated with excursions or planned learning experiences and communicate clearly with families about the need for extraordinary protective clothing requirements.
- ♥ Provide protective clothing, such as aprons, for messy play experiences. Children will be encouraged by educators to wear protective clothing during messy and water play.
- ♥ Encourage children to remove shoes and heavy/excess layers of clothing during rest times and to reflect the room temperature, as recommended practice by SIDS and Kids.
- ♥ Encourage children to utilise their self help skills as appropriate to put on and remove clothing and shoes to meet their needs. For younger children, educators will use observation and monitoring skills to ensure children's clothing and footwear is appropriate for the environment and weather conditions.

Families will be encouraged to:

- ♥ Provide spare clothing in children's bags to allow for dirty or soiled clothing and changing weather conditions. Spare clothing will be available at the education and care service for emergency clothing needs and dress children appropriately.

EVALUATION

The need for protective, comfortable and appropriate clothing will be paramount within the education and care environment. The need to keep children safe and healthy by providing sun smart, weather conscience clothing and appropriate footwear for play is essential.

TOILETING POLICY

GOALS:

Consistent approaches between the home and Lilly Pilly Little School allow children to gain confidence in their abilities and develop independence with their toileting skills. This consistent approach allows children to identify appropriate hygiene and toileting practices that will reduce the spread of infectious disease. Toileting facilities and practices that ensure ease of access, good supervision and support for children will enable children to develop toileting skills within a safe and secure environment. Routine and self-help activities enable educators to promote children's learning, meet individual needs and develop strong trusting relationships with children.

STRATEGIES:

The Approved Provider will:

- ♥ Ensure that Lilly Pilly Little School has adequate toilet, washing and drying facilities that are developmentally and age-appropriate. The location and design of these facilities must enable safe and convenient use by children, including children with additional needs.
- ♥ Consider the age and number of children to ensure adequate numbers of toilets to support minimal delays in access. (Refer to Guide to the Regulations 2011, p.76.)
- ♥ Ensure that toilet areas are designed and maintained in a way that facilitates the supervision of children at all times having regard to children's safety, dignity and rights.

The Nominated Supervisor will:

- ♥ Advise families on enrolment to provide several changes of clothes each day.
- ♥ Ensure a risk assessment occurs prior to an excursion to check the availability and suitability of toileting facilities.
- ♥ Provide positive toileting experiences with the need for consistency and strategies to help make the toileting experience positive for both the family and the child.

Educators will:

- ♥ Remind families that toileting accidents are common and both successful and unsuccessful toileting attempts need to be supported in a positive manner.
- ♥ Support children with soiled or wet clothing. Educators will put on gloves and assist the child to remove their clothing. Any waste will be placed in the toilet. Soiled clothing will be rinsed in the laundry in the soiled clothing sink. All wet or soiled clothing will be placed in a tied plastic bag. The child's name will be written on the bag and it will be placed in child's locker for collection by the family.

- ♥ Ensure the bathroom areas are clean and hygienic for the children to use. Toileting areas will be cleaned regularly during the day. Educators are responsible for spot cleaning the bathroom areas throughout the day but cleaners will thoroughly clean the bathroom. At all times of the day, educators will oversee the bathroom areas to ensure cleanliness and reduce the spread of infectious diseases.
- ♥ Encourage and positively guide children through the toileting process. Educators will verbally prompt children through the toileting process.
- ♥ Consider and seek to accommodate children's individual needs for privacy while maintaining appropriate supervision.
- ♥ Develop management systems to ensure adequate supervision of children in bathroom areas and to assist children to complete toileting practices successfully and hygienically.
- ♥ They will encourage children to remove necessary clothing and assist with this process as needed.
- ♥ Encourage children to use their developing self-help skills during toileting experiences.
- ♥ Provide visual aids in all bathrooms to assist the children with toileting procedures.
- ♥ Encourage children to use toilet paper and wipe from front to back. Educators will respectfully assist children as required during this process.
- ♥ Remind children to flush the toilet and replace clothing.
- ♥ Remove and dispose of gloves and wash hands using recommended practice after assisting children with toileting.
- ♥ Remind and assist children to wash their hands with soap and water while counting to ten slowly or singing a favourite song. Children will be encouraged to dry their hands using their hand towel.
- ♥ Never force a child to sit on a toilet or leave a child in soiled or wet clothing. If a child is showing distress about using the toilet, educators will respect the child's needs and emotions and implement alternative method of toileting in consultation with the family.

EVALUATION

Emerging independence and self-help abilities are encouraged to promote children's toileting skills. Educators support the children's efforts and communicate with families to provide consistent, positive and sensitive strategies for promoting hygienic toileting practices.

Hot and Cold Water

Aim:

To prevent scalding of children in care

Procedure:

- ♥ All hot water taps in the bathroom areas will be thermo metrically controlled to a reduced temperature of 50 degrees Celsius.
- ♥ Any hot water tap that delivers water that is hotter than 50 degrees Celsius is fitted with a child-resistant tap.

Scalding can occur at the following temperatures:

- 70 degrees in one second for a full thickness burn on an adults skin
 - A child will suffer a third degree burn immediately at 70 degrees
 - A child will suffer a third degree burn in one second at 60 degrees
 - A child will suffer a third degree burn in ten seconds at 54 degrees and;
 - 5 minutes at 50 degrees
- ♥ Staff should wear thick rubber gloves when washing dishes at temperatures above 50 degrees.

SAFE SLEEP AND REST POLICY

INTRODUCTION

All children have individual sleep and rest requirements. Children need a comfortable relaxing environment to enable their bodies to rest. This environment must be safe and well supervised to ensure children are safe, healthy and secure in their environment.

GOALS:

The education and care service will ensure that all children have appropriate opportunities to sleep, to rest and relax in accordance with their individual needs.

STRATEGIES:

The Approved Provider will:

- ♥ "Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children." (Regulation 81.)
- ♥ Ensure there are adequate numbers of bedding available to children.
- ♥ Ensure that areas for sleep and rest are well ventilated and have natural lighting.
- ♥ Ensure safe supervision of sleeping children.

The Nominated Supervisor will:

- ♥ "Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, development stages and individual needs of the children." (Regulation 81.)

Educators will:

- ♥ Consult with families about children's sleep and rest needs. Educators will be sensitive to each child's needs so that sleep and rest times are a positive experience.
- ♥ Ensure that beds/mattresses are clean and in good repair.
- ♥ Ensure that bed linen is clean and in good repair. Bed linen is for use by an individual child and will be washed before use by another child.
- ♥ Arrange children's beds to allow easy access for children and staff.
- ♥ Create a relaxing atmosphere for resting children by singing then reading a story, turning off lights and ensuring children are comfortably clothed. The environment should be tranquil and calm for both educators and children. Educators will sit near resting children and support them by encouraging them to relax and listen to a story.
- ♥ Encourage children to rest for 20 minutes while listening to a story. If children are awake after this time, they will be provided quiet activities for the duration of rest time.
- ♥ Maintain adequate supervision and maintain educator ratios throughout the rest period.

- ♥ Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required.
- ♥ Communicate with families about their child's sleeping or rest times.
- ♥ Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families to remind them that children will neither be forced to sleep nor prevented from sleeping.
- ♥ Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing. The room temperature will be considered to ensure maximum comfort for the children.

EVALUATION

Communications with families are maintained to encourage a consistent approach in responding appropriately and respectfully to children's sleep and rest needs. Safe sleeping practices are followed to minimise the risk of harm to children.

This policy relates to:

Quality Area 2: Children's Health and Safety

- **Standard 2.1 Each child's health is promoted**
- **Element 2.1.2** Each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation.
- **Standard 2.3 Each child is protected**
- **Element 2.3.1** Children are adequately supervised at all times

Element 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury

Related Legislation:

- Education and Care Services National Regulations: 81, 103, 105, 110, 115, 168
- Australia Consumer Law 2011 – Australian Competition and Consumer Commission.
- The NSW Work Health and Safety Act 2011 & the NSW Work Health and Safety Regulation 2011.

Related guidelines, standards, frameworks

- National Quality Standard Quality Area 2 Children's Health and Safety; Standards 2.1.1, 2.2, 2.2.1, 3.1.

Sources/Useful resources

- Guide to the National Quality Framework 2018
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations

NUTRITION/FOOD/BEVERAGES/DIETARY REQUIREMENTS POLICY

Introduction

Research has shown that one in five pre-schoolers are either overweight or obese. By the time children in NSW reach kindergarten, almost 18% are either overweight or obese. The 2007 National Children's Nutrition and Physical Activity Survey found that the dietary patterns of many Australian children are less than optimal with high consumption of salt and saturated fat, and low consumption of fruit and vegetables. Given that children are increasingly spending long periods of time in centre-based care, early childhood educators can role model healthy eating and encourage young children to make healthier food choices. This will contribute to the prevention of weight problems in children, allowing children to thrive physically, socially and intellectually, and in turn contribute to prevention of nutrition-related chronic diseases.

GOALS:

Lilly Pilly Little School will:

- ♥ role model healthy eating and activity throughout the day to all children and families;
- ♥ promote the six key Munch and Move messages to promote healthy, active habits in children from a young age; and
- ♥ Support families in educating their children about healthy food choices.

STRATEGIES:

- ♥ Professional development of staff and educators.
- ♥ All educators will attend Munch and Move professional development training or receive similar training and information.
- ♥ All educators will have access to the Healthy Eating and Physical Activity Guidelines for Early Childhood Settings.

The Approved Provider will:

- ♥ Ensure that all children have access to safe drinking water at all times;
- ♥ Ensure that food and beverages provided are nutritious and adequate in quantity, and take each child's individual dietary requirements, growth and development needs and any specific cultural, religious or health requirements;
- ♥ Ensure that educators and staff are aware of the need to implement adequate health and hygiene practices and use safe practices for handling, preparing and storing food to minimise risks to children being educated and cared for by the service.

The Nominated Supervisor will ensure that:

- ♥ All children will have access to safe drinking water at all times;

- ♥ Food and beverages provided are nutritious and adequate in quantity, in consideration of growth and development needs, any known food allergies and intolerances of specific children, and in line with recommended dietary guidelines, and will take into consideration each child's individual dietary requirements, growth and development needs and any specific cultural, religious or health requirements;
- ♥ Educators and staff implement adequate health and hygiene practices and use safe practices for handling, preparing and storing food to minimise risks to children; and
- ♥ Ensure that as per the Medical Conditions Policy that all dietary requirements relating to medical conditions are adhered to.

Staff and educators will ensure that:

- ♥ Healthy eating is promoted through role modelling and eating with the children;
- ♥ Children are encouraged to make healthy food choices;
- ♥ All mealtimes are positive, relaxed and social;
- ♥ Children are encouraged to try new foods, and their food likes and dislikes are respected;
- ♥ Children are positively involved in mealtimes;
- ♥ Staff will adhere to best practices around safe storage and heating of food.

Supporting families

Lilly Pilly Preschool will provide families with up to date information on dietary requirements of young children to ensure optimal growth and development, and provide families with opportunities to discuss ways to maximise the health and well-being of their child/ren.

Education and information

- ♥ Educators will engage children in learning experiences that are fun and enjoyable and incorporate key messages around healthy eating;
- ♥ Implemented learning experiences will be guided by the EYLF principles and incorporate the child's identity;
- ♥ Families will be provided with current information about recommended guidelines around dietary requirements, screen time and physical activity.

Policy Availability

This nutrition/food/beverages policy will be readily accessible to all staff, families and visitors, and ongoing feedback on this policy will be invited.

Review

Management and staff will monitor and review the effectiveness of the nutrition/food/beverages policy regularly. Updated information will be incorporated as needed.

Evaluation

Our service offers appropriate and healthy food and beverages to all children and meal times will be relaxed and model healthy eating to children.

Related Legislation

- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations: Regulations 78-80
- Work Health and Safety Act 2011

Related Guidelines, Standards, Frameworks

- National Quality Standard: 1.2.3, 2.1.3, 5.1.2, 6.1.2
- Early Years Learning Framework: Outcome 3 – Children take increasing responsibility for their own health and wellbeing

Sources

Australian Children's Education and Care Quality Authority (ACECQA) –
www.acecqa.gov.au

Healthy Kids NSW – www.healthykids.nsw.gov.au

Nutrition Australia – www.nutritionaustralia.org

Food Standards Australia New Zealand – www.foodstandards.gov.au

SUN PROTECTION POLICY

Introduction

Australia has the highest rate of skin cancer in the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. Early childhood services play a major role in minimising a child's UV exposure as children attend during times when UV radiation levels are highest.

GOALS:

Lilly Pilly Little School will follow best practice guidelines to protect children, family members, educators and staff from the damaging effects of sun exposure.

STRATEGIES:

Outdoor Activities

The service will use a combination of sun protection measures whenever UV Index levels reach 3 and above. This will include:

- ♥ From October to April sun protection is required at all times. Extra sun protection is needed between 10.30am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.
- ♥ All sun protection measures (including recommended outdoor times, shade, hat, clothing) will be considered when planning excursions and activities.

Shade

- ♥ All outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.
- ♥ Lilly Pilly Little School will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade.

Hats

Educators, staff and children are required to wear sun safe hats that protect their face, neck and ears.

- ♥ Children without a sun safe hat will be asked to play in an area protected from the sun (e.g. under shade, veranda or indoors) or can be provided with a spare hat.

Clothing

When outdoors, educators, staff and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible.

This includes wearing:

- ♥ Loose fitting shirts and dresses with sleeves and collars or covered neckline.
- ♥ Longer style skirts, shorts and trousers.

Role Modelling

Educators and staff will act as role models and demonstrate sun safe behaviour by:

- ♥ Wearing a sun safe hat
- ♥ Wearing sun safe clothing
- ♥ Using and promoting shade.

Families and visitors are encouraged to role model positive sun safe behaviour.

Education and Information

- ♥ Sun protection will be incorporated regularly into learning programs.
- ♥ Sun protection information will be promoted to all staff, families and visitors. Further information is available from the Cancer Council website
- ♥ www.cancer council.com.au/sunsmart.

Policy Availability

The sun protection policy, updates and requirements (including hat and clothing) will be made available to staff, families and visitors.

Review

- ♥ *Management and staff will monitor and review the effectiveness of the sun protection policy regularly.*
- ♥ *The centre's sun protection policy must be submitted every two years to the Cancer Council for review to ensure continued best practice. Refer to the Cancer Council's guidelines and website www.cancer council.com.au/sunsmart for further information.*

Related Legislation

- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations 2011; Regulations 100, 113 114, 168 (2)(a)(ii)
- Model WHS laws, 2011

Related guidelines standards frameworks

- National Quality Standard, QualityArea1:Educational Programand Practice– Standards 1.1, 1.2

- National Quality Standard, QualityArea2:Children’s Health and Safety– Standards 2.1, 2.2
- NationalQualityStandard,QualityArea3:Children’sHealthandSafety– Standards 3.1, 3.2
- NationalQualityStandard,QualityArea4:StaffingArrangements–Standards 4.1, 4.2
- NationalQualityStandard,QualityArea5:Relationships withChildren– Standards 5.1,5.2
- National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities – Standards 6.1, 6.2
- NationalQualityStandard,QualityArea7:GovernanceandLeadership– Standards 7.1, 7.2
- RadiationProtectionStandardforOccupationalExposuretoUltraviolet Radiation (2006)
- SafeWorkAustralia:Guide on exposure to solar ultraviolet radiation (UVR) 2013

WATER SAFETY POLICY

Introduction

The safety and supervision of children in and around water is of the highest priority. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the service environment. Children will be supervised at all times during water play experiences.

GOALS:

Children's safety and wellbeing will:

- ♥ be protected in and around water through supervision and prevention; and
- ♥ be promoted through the availability of clean, hygienic water for play and for drinking.

STRATEGIES:

The Nominated Supervisor will:

- ♥ Provide guidance and education to educators, staff and families on the importance of children's safety in and around water.
- ♥ Ensure work, health and safety practices incorporate approaches to safe storage of water and play.

Educators and staff will:

- ♥ Ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times and containers or troughs will be emptied onto garden areas after use. Children will be discouraged from drinking from these water activities.
- ♥ Teach children about staying safe in and around water.
- ♥ Empty buckets used for cleaning immediately after use. No buckets are left in play areas or accessible to children.
- ♥ Provide clean drinking water at all times. This water will be supervised to ensure that it is safe and hygienic for consuming. Water containers will be securely sealed. At the end of each day, the water container will be emptied and cleaned thoroughly.

Operational Safety

- ♥ Grey water systems or water tanks will be labelled with "do not drink" signage and the children will be supervised in this area to make sure they are not accessing this water for drinking. Educators will discuss with the children that this water is for the purpose of play and not for consumption.
- ♥ Hot water accessible to children will be maintained at the temperature of 43.5oC. Thermostatic valves to be tested and serviced annually by a plumber.

- ♥ A risk assessment will be conducted prior to any excursion taking place. Particular attention will be focused upon water safety where the excursion is near a body of water.
- ♥ Adults may carry and consume hot drinks only in a thermal cup or mug with a screw lid that prevents spilling.
- ♥ Water for pets at the setting must be changed regularly and only be accessible to children when adults are present.

Evaluation

Supervision and access to water within the service is managed effectively by staff to ensure children remain safe and healthy.

Related legislation

- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations: Regulations 168(2)(h)&(a)(iii)

Related Guidelines, Standards, Frameworks

- National Quality Standard, Quality Area 2: Children's Health and Safety – Standard 2.1 and Standard 2.2

Sources

- Kidsafe NSW – www.kidsafensw.org/water-safety
- Kids Alive – www.kidsalive.com.au
- Kids Health – <https://kidshealth.org/en/parents/water-safety.html>

ROAD SAFETY POLICY

GOALS:

To assist children, their families and staff to develop, practice and promote safe and positive attitudes to road safety education

Explanation:

It is essential to set clear guidelines so that children and their families are made aware and that the messages are consistent and ongoing

STRATEGIES:

The Staff...

- ♥ Will aim to provide ongoing road safety education, read literature provided to us by the RTA.
- ♥ Attend workshops to act, at all times, in the appropriate manner as expected of roles models.
- ♥ Staff members are to keep children safe providing ongoing road safety education through out the year both formally and spontaneously using the "Kids and Traffic Resource Kit".
- ♥ Staff will evaluate the program to ensure its appropriateness and effectiveness and report new relevant information to the road and safety officer during the yearly visit

The Centre...

- ♥ The centre will discuss with parents the value of having a network set-up to ensure babies and siblings are not left in the car alone outside the centre at drop off and pick up times. Advise parents to read literature and posters displayed on notice boards and to meet with the road and safety officer each year.
- ♥ Support families ensuring children enter and exit the centre by displaying the "Please hold my hand in car park land" sign on the gate.
- ♥ No excursions are to be undertaken unless the bus or transport is correctly fitted with seatbelts.

The Families...

- ♥ Work with families in partnership with the road and safety education.
- ♥ Making children wear helmets whilst riding bikes to and from preschool.
- ♥ Encourage families to read our policies and provide 'real life' learning opportunities for children in the traffic environment.

INCIDENT, INJURY, TRAUMA AND ILLNESS

Introduction

The health and safety of children in education and care services is the responsibility of all approved providers and educators. Policies and procedures (including documented records) must be in place to effectively manage the event of any incident, injury, trauma and illness that occurs in the program by law. Young children's innate desire to explore and test their growing capabilities is essential in developing wellbeing. Educators must consider the understanding of all of the elements of wellbeing, and ensure that programs also acknowledge the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

GOALS:

Our care and education service will:

- ♥ Develop program goals that promote the wellbeing of each child;
- ♥ Establish procedures and practice that minimise the risk of harm to children;
- ♥ Maintain communication with families to ensuring that they are informed of any incidents, injury, trauma and illness to their child/ren as required;
- ♥ Ensure that records of any incident, injury, trauma and illness are documented, transmitted to the Department of Education and Communities as required and kept in storage according to regulatory requirements; and
- ♥ Ensure that this policy is implemented in conjunction with our Emergencies and evacuation policy.

STRATEGIES:

- ♥ The approved provider, nominated supervisor and educators will consider the development of children's wellbeing as paramount to the educational philosophy of the service.
- ♥ All educators will be aware of the development of wellbeing, and children's emerging capabilities, and plan the program accordingly.

The procedures of the service will include the following:

Approved Providers will:

- ♥ Notify the Regulatory Authority of any serious incident at the education and care service,
- ♥ the death of a child,
- ♥ or complaints alleging that the safety, health or wellbeing of a child was, or is, being compromised.

Nominated Supervisors will:

- ♥ Ensure that educators are rostered so that at least one educator who holds a current approved first aid qualification is present at all times that the children are being educated and cared for by the service;
- ♥ Ensure the service holds the correct number of first aid kits required, suitably equipped, and maintained;
- ♥ Ensure that all staff are aware of the completion of appropriate records (Attachment 1 – Injury, incident, trauma and illness record) in the event of any incident, injury, trauma or illness to children whilst in the care of the service, and that this information is completed no later than 24 hours after the incident occurred);
- ♥ Make staff aware of the appropriate accessibility for approved officers and families to these records and the appropriate storage of these records according to regulatory requirements;
- ♥ Complete an audit of the Injury, incident, trauma and illness reports to reflect on the effectiveness of the procedures in place at the service;
- ♥ Give staff access to appropriate up to date information, or professional development on the management of incidents; and
- ♥ Make certain that all staff have access to the Regulations and Law and are aware of their responsibilities under these ensuring that this occurs as part of staff induction or orientation to the service and that position descriptions reflect this responsibility.

Educators will:

- ♥ Ensure that all children have opportunities to engage in experiences that enhance their sense of wellbeing and allow children to develop a sense of assessing risks for themselves as appropriate;
- ♥ Consider the planning of the physical environment and experiences, ensuring that the spaces are safe;
- ♥ Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing;
- ♥ Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times;
- ♥ **Seek further medical attention for a child if required;**
- ♥ Be aware of the signs and symptoms of illness/trauma, and update their understanding as part of their ongoing professional development;
- ♥ Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness;
- ♥ Respond to children showing signs of illness and begin monitoring the symptoms of the child, and recording as appropriate. Educators will contact the child's authorised person to inform them of the illness signs, or to request the collection of the child;
- ♥ In response to a child registering a high temperature, follow procedures for temperatures, and complete the incident, injury, trauma and illness record as required;
- ♥ Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid;
- ♥ Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities;

- ♥ Check that equipment and furniture in the service is well maintained and that any materials that may be hazardous are removed or repaired.
- ♥ Ensure that hazardous items are inaccessible to children; and be involved in regularly reviewing and discuss policy and procedure and consider any improvements that need to be made to this policy.

Families will:

- ♥ Be informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status and illnesses at the service;
- ♥ Inform the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, letters from a medical professional etc;
- ♥ Be notified of any incident, injury, trauma, or illness as soon as is practicable, but no later than 24 hours after the noted incident, and will be provided with a copy of the report
- ♥ Receive access to this policy and notification of its existence;
- ♥ Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods;
- ♥ Be provided access to information on children's development, the service program, and relevant resources (such as Kidsafe, SIDs and Kids, for example) from the service.

Evaluation

Educators respond in a timely manner to any incident, and documentation is completed, shared, and stored as appropriate. Regular reviews of procedures and policy are implemented.

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

Related legislation

- Education and Care Services National Law Act 2010: Sections 174(2)
- Education and Care Services National Regulations 2011: Regulations 77, 85–87, 103, 177, 183
- Children and Young Persons (Care and Protection) Act 1998
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2017
- Australian Standard AS 3745- 2010 Planning for emergencies in facilities

RELATED GUIDELINES, STANDARDS, FRAMEWORKS

- National Quality Standard, Quality Area 2: Children’s Health and Safety – Standard 2.1, 2.1.1, 2.1.2
- National Quality Standard, Quality Area 3: Physical Environment – Standard 3.1, 3.1.2
- National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1.2

Sources

- ACECQA – www.acecqa.gov.au
- Incident, Injury, Trauma, Illness Template – www.acecqa.gov.au/sample-forms-and-templates-now-available

FIRST AID POLICY

Introduction

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required.

It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs.

Our education and care service is committed to providing a safe and healthy environment.

We recognise our responsibility to provide first aid facilities that are adequate for the immediate treatment of injuries and illnesses.

The educators and staff of our service are aware of their duty of care to children, families, staff and visitors in providing appropriate first aid treatment.

Goals:

- ♥ We will ensure:
 - all educators, including casual staff, hold a first aid qualification;
- ♥ all children, staff, families and visitors who are involved in accidents and incidents whilst at the centre and require first aid to be administered will be done so according to guidelines and recommended practices of a first aid qualification;
- ♥ all incidents will be documented and stored according to regulatory requirements; and
- ♥ a risk management approach to health and safety shall be adopted.

STRATEGIES:

Professional development of staff and educators

The Approved Provider will ensure:

- ♥ that all educators are supported to ensure they hold current recognised first aid qualifications;
- ♥ all educators have undertaken current approved anaphylaxis management training (from 1st January, 2013);
- ♥ all educators have undertaken current approved emergency asthma management training (from 1st January, 2013); and employee induction includes an induction to the first aid policy.

The Nominated Supervisor will:

- ♥ ensure the skills and competencies of trained first aiders are maintained and skills are kept up to date, refresher first aid and CPR training will be scheduled and maintained in a staff register;
- ♥ Collaborate and consult with staff and educators to develop and implement a risk assessment and management plan; and
- ♥ Ensure first aid guides and publications are accessible to staff at all times to assist them in their understanding and administration of first aid.

Review

Management and staff will monitor and review the effectiveness of the first aid policy regularly. Updated information will be incorporated as needed.

ADMINISTRATION OF FIRST AID TO CHILDREN, FAMILIES, STAFF AND VISITORS TO THE CENTRE

The Approved Provider will:

- ♥ Ensure that there is always at least one first aid qualified educator on the premises at all times.

The Nominated Supervisor will:

- ♥ Ensure that enrolment records for each child include a signed consent form for the administration of first aid and the approved products to be used;
- ♥ Review and sign off on all documentation when first aid has been administered; and
- ♥ Dial 000, and call for an ambulance when emergency medical treatment is required or delegate this responsibility.

GENERAL:

- ♥ administration of first aid will be done in accordance with first aid training and undertaken by a qualified first aider;
- ♥ as per the first aid plan, and in the interests of avoiding delay of treatment, in the first instance, first aid will be administered by the person who has witnessed the incident/injury/illness;
- ♥ the nominated supervisor and families (where first aid is being administered to a child) will be notified of the nature of the incident/ accident; and
- ♥ the person administering first aid will be the person who completes the Incident/illness/injury/trauma record and passes to the responsible person for verification and signing by parent or guardian.

First aid supplies

The Approved Provider will ensure that:

- ♥ the centre is supplied with an appropriate number of first aid kits for the number of children being educated and cared for by the service;
- ♥ the first aid kits are suitably equipped, easily accessible and recognisable; and
- ♥ First aid kits are carried on field excursions.

Educators and staff will:

- ♥ ensure a first aid box checklist is kept in every first aid kit;
- ♥ Staff will regularly monitor supplies and update stock as required; and discard and replace out of date stock.

HYGIENE & INFECTION CONTROL

INTRODUCTION

It is important that educators' role-model positive health practices and that the children are appropriately supervised, assisted and encouraged in their daily health and hygiene routines. Education and care environments must be hygienically maintained to reduce the possible spread of infection and illnesses.

GOALS:

- ♥ The education and care service aims to maintain a healthy and hygienic environment for children, educators and families by providing professional cleaning services on a daily basis.
- ♥ The service will ensure that additional procedures are implemented to minimise the potential risk of disease and illness.

These procedures will include:

- Spot and routine cleaning by educators;
- Effective hand washing practices;
- Identifying and excluding sick children and educators as per the Infectious diseases and the Illness policy;
- Maintaining updated immunisation records as per the Infectious diseases policy;
- Effective handling, storage and disposal or washing of soiled items; and
- The use of personal protection equipment.

STRATEGIES:

Approved Provider will:

- ♥ Ensure procedures that prevent the spread of infectious diseases are designed to be implemented by educators and volunteers.
- ♥ Ensure that the Nominated Supervisor, educators and volunteers are aware of the need to implement health, hygiene practices and safe food handling and storage practices in order to minimise risks for the children in the education and care service.

The Nominated Supervisor will:

- ♥ Ensure that educators and volunteers implement health, hygiene practices and safe food handling and storage practices in order to minimise risks for the children in the education and care service.
- ♥ Ensure that in the event of an infectious disease being identified within the children, families or educators in the service, steps are taken to prevent the spread of the infectious disease and that parents and emergency contact details are notified about the occurrence of an infectious disease as soon as possible.
- ♥ Maintain up-to-date immunisation records for all children. Families will be given reminder notifications when scheduled immunisations are due. If any outbreak

occurs within the education and care service children who are not immunised will be excluded as per the Infectious Diseases Policy.

- ♥ Introduce cleaning systems that prevent contamination and cross infection. Cleaning buckets, cloths, mops etc will be clearly labelled, coded to indicate their specific use and stored in a location inaccessible to children.
- ♥ Ensure that new educators, casual educators and volunteers are informed about the strategies and procedures implemented by the education and care service to keep themselves and the children protected.
- ♥ Prioritise training and professional development for educators regarding current hygiene and infection control practices.
- ♥ Place a copy of hand washing procedures near all hand washing areas for educators to follow.
- ♥ Monitor sand cleanliness and arrange for annual change or topping up as needed.

Educators will:

- ♥ Engage in training, research and professional development about current hygiene and infection control practices.
- ♥ Be responsible for routine cleaning of the education and care service. This will include sweeping and mopping floors after meal and activity times, wiping tables with soapy water before and after meals, sanitizing toys and equipment after use; and particularly after children have mouthed toys. The sandpits will be raked daily, covered each night and the sand cleaned frequently.
- ♥ Ensure that children's hand-washing areas have a visual procedure available for children to refer to.
- ♥ Educators will role model correct hand washing techniques and give verbal reminders to children when washing hands.
- ♥ Monitor children's health and wellbeing while they are at the education and care service: Educators will observe children's activity carefully. If a child shows symptoms such as lethargy, high temperature, vomiting, skin rash, difficulty in breathing, diarrhoea or when educators have concerns about a child's health, they will immediately inform the Nominated Supervisor and the family. (Implement the Incident, Injury, Trauma and Illness Policy and the Infectious Diseases Policy.)
- ♥ Wear gloves at all times when assisting a child with soiled or wet-clothing and toileting routines.
- ♥ Cover any cuts, abrasions, dermatitis or open skin on hands with a water resistant dressing.
- ♥ Spot clean bathroom areas as required during the day and clean the areas thoroughly once daily.
- ♥ Effectively manage bodily fluid spills and accidents. Blood or bodily fluid spills will be isolated with barricades until the educator can remove the spill hygienically. The educator will:
 - a) avoid direct contact with the spill;
 - b) use personal protective equipment;
 - c) contain the spill as far as possible using paper towel,
 - d) disposing of it in a sealed plastic clinical waste bag;
 - e) clean the spill using neutral detergent;
 - f) dry or ventilate the area;

- g) notify the work cover authority if there has been exposure to bodily fluids that may present the risk of the transmission of blood borne diseases.
- h) Administer first aid to any educator who has blood or bodily fluids splash into their eyes or mouth by irrigating the eyes for 5-10 minutes and/or blow nose and spit out and rinse out the mouth.
- ♥ Store and dispose of soiled items appropriately as per the toileting policies. Soiled items not belonging to an individual child or family that have been exposed to bodily fluids will be rinsed in cold water and washed separately in a machine using hot water.
- ♥ Encourage children to cover their noses and mouths when sneezing or coughing and to wash and dry their hands afterwards. Model this behaviour.
- ♥ Use every precaution to minimise the risk of infection within the education and care service environment for themselves, the children and the families.

HAND-WASHING POLICY

Staff Hand-washing: Since Covid-19, everyone needs to use hand sanitiser when entering our premises.

All staff at Lilly Pilly regularly wash their hands, using the following method:

- ♥ using soap and warm running water
- ♥ rubbing hands vigorously as you wash them
- ♥ washing all parts of the hand and wrists
- ♥ rinsing hands well and dry hands on disposable paper towel or daily changed towel

Children Hand-washing:

- ♥ Staff, remind children to wash their hands. as much as possible during the day.
- ♥ Staff will show the children how to best wash their hands and where their individual hand towel is kept.
- ♥ Children are always made to wash their hands after they have been to the toilet and before they eat.

EVALUATION

The safety and well-being of the educators, families and children will be the priority of the education and care service. Effective hygiene practices will implemented by the education and care service to minimise the risk infection spreading.

INFECTIOUS DISEASES INCLUDING COVID-19

Introduction

Ensuring the health and safety of children, and staff, and supporting children's ongoing wellbeing, is a core focus of the delivery of an Education and Care Service.

Educators in services need to be aware of the likelihood of young children being exposed to an infectious illness whilst in care.

Maintaining hygiene practices within the service and teaching young children about health and hygiene will assist in the prevention of infectious diseases. Providing families with timely and current information will further support this process.

Goals:

Children's exposure to infectious diseases will be minimised by:

- ♥ our service following all recommended guidelines from relevant authorities regarding the prevention of infectious diseases and Covid-19;
- ♥ promotion of practices that reduce the transmission of infection;
- ♥ the exclusion of sick children and staff;
- ♥ Service support for child immunisation; and
- ♥ Implementation of effective hand washing procedures.

Strategies:

Approved Provider will:

- ♥ ensure that all information regarding the prevention of infectious diseases is sourced from a recognised health authority, such as: Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care (4th edition), National Health and Medical Research Council (2006), and the NSW Ministry of Health, or NSW public hospitals websites;
- ♥ implement the recommendations from Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care to prevent the spread of infectious diseases at the service;
- ♥ ensure that children are reasonably protected from harm by working with the Nominated Supervisor and Educators on developing, implementing and reviewing policy that will guide health and safety procedures within the service; and
- ♥ Collect, maintain, and store appropriately the required enrolment documents and enrolment information of children in the service.
- ♥ Follow all recommendations by the NSW government regarding Covid-19

Nominated Supervisor will:

1.

1. Develop procedures for:

- ♥ maintaining a hygienic environment;
- ♥ have the Covid-19 app active during drop offs and pick ups;
- ♥ taking children's temperatures on arrival;
- ♥ providing hand sanitizer for everyone to use before entering playrooms;
- ♥ Nominated supervisor to sign everyone in and out;

- ♥ providing families with relevant infectious diseases, health and hygiene information;
- ♥ guiding children's understanding of health and hygiene throughout the daily program;
- ♥ ensuring staff are aware of relevant immunisation guidelines for children and themselves;
- ♥ Maintaining relevant records regarding the current status of the immunisation of staff and children at the service, as well as any relevant medical conditions of children at the service.

2. Develop an enrolment procedure that captures all required information regarding the children's immunisation status, and any medical conditions.

3. Provide relevant sourced materials to families about:

- ♥ the current NSW Immunisation Schedule for children
- ♥ exclusion guidelines for children that are not immunised or have not yet received all of their immunisations in the event of an infectious illness at the service, upon induction at the service;
- ♥ advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the service;
- ♥ Providing information on illnesses (as soon as practicable after the occurrence of an infectious disease).
- ♥ Provide information to families as soon as practicable of the occurrence of an infectious disease that describe the:
 - ♥ nature of illness;
 - ♥ incubation period; and
 - ♥ Infectious and exclusion periods.

This information will be sourced from a reliable source such as, Staying Healthy in Childcare - Preventing Infectious Diseases in Child Care (4th Edition), National Health and Medical Research Council (2006).

- ♥ Ensuring that an "Incident, Injury, Trauma and Illness" record is completed as soon as practicable or no later than 24 hours of the illness occurring;
- ♥ Ensure that processes (such as a "Communications to educators" form) is completed and forwarded to all educators so that they are aware of individual children's circumstances;
- ♥ Maintaining confidentiality with regards to children's individual medical circumstances, by putting procedures in place to safeguard children and families personal information;
- ♥ Devising a routine written process for updating children's enrolment records with regards to immunisation, ensuring that this occurs as required.
- ♥ Advising staff of the recommended immunisations for people working with children as per the Immunisation Handbook – 9th Edition (2008);
- ♥ Providing opportunities for educators to source relevant up to date information on the prevention of infectious diseases, and maintaining health and hygiene from trusted sources;
- ♥ Ensuring opportunities for educators and families to be involved in the review of the policies and procedures regarding children's health and safety; and
- ♥ Inform and implement the advice of the health department, or local health unit regarding Infectious Diseases as required, including Covid-19.

Educators will:

- ♥ Ensure that any children that are suspected of having an infectious illness are responded to and their health and emotional needs supported at all times;
- ♥ Implement appropriate health and safety procedures, when tending to ill children;
- ♥ Ensure that families are aware of the need to collect their children as soon as practicable to ensure the child's comfort;
- ♥ Advise families that they will need to alert the service if their child is diagnosed with an Infectious Illness;
- ♥ Maintain their own immunisation status, and advise the Approved Provider/Nominated Supervisor of any updates to their immunisation status;
- ♥ Provide varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice;
- ♥ Take into consideration the grouping of children to reduce the risk of acquiring an infectious illness when planning the routines/program of the day;
- ♥ **Implement the services health and hygiene policy including:**
 - Hand-washing – washing and drying thoroughly.
 - routine and daily cleaning of the service;
 - wearing gloves (particularly when in direct contact with bodily fluids); and
 - Proper handling and preparation of food.
- ♥ Provide opportunities for staff, children and families to have access to health professionals by organising visits/guest speakers to attend the service to ensure that practices in place at the service are correct; and
- ♥ Maintain currency with regard to Health and Safety by attending appropriate professional development opportunities.

Families will:

- ♥ Advise the service of their child's immunisation status, and provide written documentation of this for the service to copy and keep with the child's enrolment records;
- ♥ Advise the service when their child's immunisation/medical condition is updated and provide this information to the service to ensure that enrolment records are up to date; and
- ♥ Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods.
- ♥ Advise the service if they have come into contact with Covid-19 and isolate for the appropriate time.

Evaluation

Infection control is effectively managed at the service to ensure children remain healthy and transmission of infectious diseases are minimised.

Related Legislation

Education and Care Services National Law Act 2010: Section 167

Education and Care Services National Regulations 2011: Regulations 78-80

Work Health and Safety Act 2011

Public Health Regulation 2012

Public Health Act 2010

Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Bill 2013

Australian New Zealand Food Standards Code (FSANZ)

Related Guidelines, Standards, Frameworks

National Quality Standard, Quality Area 2: Children's Health and Safety-Standards 2.1, 2.1.1, 2.1.1, 2.2

National Quality Standard Quality Area 6: Collaborative Partnerships with Families and Communities – Standard 6.1, 6.2

Sources

- ImmunisationToolkit-www.health.nsw.gov.au/immunisation/Publications/immunisation-enrolment-toolkit.pdf
- NSW Immunisation Schedule 1 July 2018-www.health.nsw.gov.au/immunisation/Pages/schedule-changes.aspx
- Immunisation-www.humanservices.gov.au/individuals/enablers/immunisation-requirements/35396
- VaccinationQ&A-www.health.nsw.gov.au/immunisation/pages/provider_qa.aspx
- StayingHealthy:Preventinginfectiousdiseasesinearlychildhoodeducation services 5th edition July 2015 - www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf
- Exclusion period for infectious diseases table-www.nhmrc.gov.au
- AIR-Immunisation History Statement-AustralianImmunisationRegister
- Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Bill 2013; Public Health regulation 2012; Public Health Act 2010 - Parliament of NSW - www.parliament.nsw.gov.au/bills/Pages/bill-details.aspx?pk=737
- Public health and Wellbeing Amendment (No Jab, no Play) Act, 2015 - [www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/57107BCF7DB93B04CA257EEB000B924A/\\$FILE/15-055aa%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/51dea49770555ea6ca256da4001b90cd/57107BCF7DB93B04CA257EEB000B924A/$FILE/15-055aa%20authorised.pdf)



COMMUNICABLE DISEASES

Aim:

- ♥ To ensure the spread of infectious diseases is prevented, at Lilly Pilly Community Preschool.
- ♥ Ensure a healthy environment, for the children, staff and families.

Explanation:

When children spend time in childcare or other facilities where they spend time within a group, infectious diseases can spread. Infection control methods must be implemented to reduce the spread of illness.

Procedure:

- ♥ Staff will be aware of symptoms of illness throughout the day. Some symptoms will include:
 - Severe, persistent or prolonged coughing
 - Feverish appearance
 - Irritated eyes
 - Frequent scratching of the scalp or skin
 - Diarrhoea
 - Loss of appetite or unusual behaviour
 - breathing trouble
 - unusual spots or rashes
 - headache, stiff necks
 - vomiting
 - mucus discharge from nose
- ♥ If a child seems unwell, staff will notify the director immediately.
- ♥ At the discretion of the director, the child's parents will be notified that the child is unwell and requested to collect the child from Lilly Pilly. If the child's parents are unable to be contacted, those persons listed as emergency contacts on the child's enrolment form will be contacted instead

SICKNESS

It is Lilly Pilly Community Preschool's policy that sick children do not attend the centre.
If your child is sick, he or she requires the care and comfort of loving parents in their home environment.

If your child has any of the following complaints or symptoms, please keep them at home:

- High Temperatures
- Vomiting
- Diarrhoea
- Sever skin rashes or infection
- Mucus Cough -
- Chicken Pox
- Conjunctivitis
- Diphtheria
- Tonsillitis
- Measles
- Mumps
- Infections Hepatitis
- Rubella (German measles) -
- Whooping Cough
- Cold sores
- Head lice
- Ring worm
- Scabies
- Impetigo
- Hand and foot infection
- Excessive discharge from eyes, nose or ears

MEDICATION & HEALTH STATEMENT

INTRODUCTION

This statement has been developed to provide an overview of the areas of medication and health covered by policies developed and maintained by the education and care service. Maintaining a healthy, safe and inclusive environment for educators, children and families, is paramount for high quality education and care.

"All children have the right to experience quality education and care in an environment that provides for their health and safety." Guide to the National Quality Standard (3) ACECQA (2011), p50.

GOALS:

The education and care service will define policies and procedures relating to the areas of medication and health. These policies, informed by the National Regulations and Quality Standards will describe responsibilities, procedures and practices that will guide practice in the education and care service. These practices aim to provide a clean, healthy and safe environment for educators, children and families.

STRATEGIES:

The Approved Provider will:

- ♥ Ensure that the Nominated Supervisor, educators and volunteers at the education and care service implement adequate health and hygiene practices.
- ♥ Ensure that educators have the skills, training and expertise required to support, the inclusion of children with additional health needs.
- ♥ Ensure that educators follow procedures and guidelines set out by the NSW Department of Health and the Education and Care Services National Regulation to keep their environment safe.
- ♥ Ensure the confidentiality and storage of medication and health records according to regulatory requirements.

The Nominated Supervisor will:

- ♥ Implement policies and ensure that educators and volunteers at the education and care service implement adequate health and hygiene practices.
- ♥ Maintain information in the enrolment records of all children regarding health and medications in accordance with legislative requirements and with reference to service policies regarding record keeping and confidentiality.

PROCEDURES

- a) Regularly review health and medication policies in collaboration with educators and families.



- b) Develop risk minimisation plans for children who have specific health care needs.
- c) Liaise with health professionals in the community to ensure that knowledge is updated and shared with families.
- d) Facilitate effective care and health management for children who are taking medications for health problems, prevention and/or the management of acute episodes of illness or medical emergencies through the safe administration of medication.
- e) Keep up-to-date with the latest information on medications and health through journals, resource agencies and professional development. This information will be shared with families and children.

The service defines the aims of this statement through specific Health and Medication policies that will guide practice within the education and care service.

These are:

- Acceptance and Refusal of Authorisations
- First Aid
- Hygiene and Infection Control
- Immunisation
- Incidents, Injury, Trauma, Illness
- Infectious Diseases
- Medical Conditions
- Medication Administration
- Nutrition/Food/Beverages / Dietary Requirements
- Risk Management

EVALUATION

The education and care service maintains a safe and healthy environment for children, families and staff by developing and following policies and legislative guidelines.

MEDICAL CONDITIONS

Introduction

Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening.

Our service is committed to a planned approach to the management of medical conditions to ensure the safety and well-being of all children at this service.

Our service is also committed to ensuring our educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Providing families with ongoing information about medical conditions and the management conditions is a key priority.

Goals:

Our education and care service will minimise the risks around medical conditions of children by:

- ♥ Collaborating with families of children with diagnosed medical conditions to develop a risk minimisation plan for their child;
- ♥ Informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these;
- ♥ Providing all families with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the risk minimisation plan;
- ♥ Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all staff; and
- ♥ Ensuring all staff are adequately trained in the administration of emergency medication.

Strategies:

The Approved Provider will:

- ♥ Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

Enrolment of children into the centre

The Nominated Supervisor will:

- ♥ Ensure that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this Medical Conditions policy;
- ♥ Inform parents of the requirement to provide the service with a medical management plan of their child's condition;
- ♥ Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:



- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
- if relevant, ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
- if relevant, ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented;
- ♥ Ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
 - if relevant, ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
- ♥ Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;
- ♥ Ensure that staff are adequately trained in procedures contained in the medical management plan; and
- ♥ Inform other families enrolled at the centre of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

Communication and display of medical information

The Nominated Supervisor will:

- ♥ Ensure all medical management and risk minimisation plans are accessible to all staff;
- ♥ Ensure that all plans are current and kept up to date;
- ♥ Develop a communication plan to ensure that relevant staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child;
- ♥ Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan; and
- ♥ Update the communication plan as needed;

Educators and staff will:

- ♥ Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition; and
- ♥ Will consult the communication plan to ensure they are aware of their communication responsibilities.

Related Legislation

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: 90, 91, 96
- Health Records Act 2001

Related Guidelines, Standards, Frameworks

- National Quality Standard, Quality Area 2: Children's Health and Safety – Standard 2.1, 2.2
- National Quality Standard, Quality Area 7: Governance and Leadership – Standard 7.1, Elements 7.1.2, 7.1.3

Resources/Useful Links

- National Asthma Council – www.nationalasthma.org.au
- Asthma Australia – www.asthmaaustralia.org.au
- Australasian Society of Clinical Immunology and Allergy – www.allergy.org.au
- Diabetes Australia – www.diabetesaustralia.com.au

Sources

- Guide to the National Law and National Regulation ACECQA



MANAGEMENT OF ASTHMA & ANAPHYLAXIS

The Nominated Supervisor will:

- ♥ Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
- ♥ Ensure that all staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will:

- ♥ Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and administer emergency medication in accordance with their training, as required.

Documentation and record keeping

The Approved Provider will:

- ♥ Ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will:

- ♥ Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators and staff will:

- ♥ Complete a Medication Record when a child receives emergency medication; and
- ♥ Will provide parents with a copy of the Medication Record.

Policy Availability

- ♥ The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

Evaluation

- ♥ Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate;
- ♥ Plans to effectively manage medical are developed in consultation with families, and implemented; and
- ♥ Regular reviews of procedures and policy are implemented.

Medical Conditions -Asthma Management

Adapted with permission from *Asthma Foundation of Victoria, Asthma and the Child in Care Model Policy*, Version 6.2 (January, 2011).

Introduction

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, our service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

Goals:

This Asthma Policy aims to:

- ♥ Raise awareness of asthma amongst those involved with the service;
- ♥ Implement strategies to support the health and safety of children with asthma enrolled at the service;
- ♥ Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities; and
- ♥ Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Strategies:

The Approved Provider will:

- ♥ Provide Emergency Asthma Management Training to all staff

The Nominated Supervisor will:

- ♥ Provide staff with a copy of this policy and brief them on asthma procedures upon their appointment;
- ♥ Ensure at least one staff member who has completed accredited asthma training is on duty whenever children are present at the service;
- ♥ Identify children with asthma during the enrolment process and inform staff;
- ♥ Provide families thus identified with a copy of this policy and Asthma Action Plan upon enrolment or diagnosis; (Asthma Action Plan template can be downloaded from www.asthma.org.au/LinkClick.aspx?fileticket=d-W_7r6MUrE%3d&tabid=282)
- ♥ Store Asthma Action Plans in the child's enrolment record;
- ♥ Formalise and document the internal procedures for emergency Asthma First Aid;
- ♥ Ensure that an emergency Asthma First Aid poster (available from www.asthma.org.au/LinkClick.aspx?fileticket=3vRlcsATxZw%3d&tabid=98) is displayed in key locations;
- ♥ Ensure that the First Aid Kit contains a blue reliever medication (e.g. Airomir, Asmol, or Ventolin), a spacer device, face mask, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs;

- ♥ Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit (eg. regular checks of expiry dates on medication);
- ♥ Provide a mobile Asthma First Aid Kit for use on excursions;
- ♥ Encourage open communication between families and staff regarding the status and impact of a child's asthma; and
- ♥ Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Staff will:

- ♥ Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years);
- ♥ Ensure that they are aware of the children in their care with asthma;
- ♥ Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's asthma;
- ♥ Identify and, where practical, minimise asthma triggers;
- ♥ Where necessary, modify activities in accordance with a child's needs and abilities;
- ♥ Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan;
- ♥ Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available the Asthma First Aid Plan outlined in this document should be followed immediately; Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities; and
- ♥ Ensure that children with asthma are treated the same as all other children.

Families will:

- ♥ Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma;
- ♥ Provide all relevant information regarding their child's asthma via the written Asthma Action Plan, which should be provided to the centre within seven (7) days of enrolment;
- ♥ Notify the Nominated Supervisor, in writing, of any changes to the Asthma Action Plan during the year;
- ♥ Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times, along with a spacer and face mask;
- ♥ Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- ♥ Communicate all relevant information and concerns to educators as the need arises (e.g. if asthma symptoms were present the previous evening); and
- ♥ Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

Children will:

Wherever practical, be encouraged to seek their relief medication as soon as their symptoms develop.

MEDICAL CONDITIONS -ANAPHYLAXIS MANAGEMENT

INTRODUCTION

Anaphylaxis is a severe, life-threatening allergic reaction.

Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk.

The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications;

Young children may not be able to express the symptoms of anaphylaxis;

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device;

The licensee recognises the importance of all staff/carers responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device; and

Staff/carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community.

Staff/carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Goals:

- ♥ Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service;
- ♥ Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device;
- ♥ Raise the service community's awareness of anaphylaxis and its management through education and policy implementation;

Strategies:

The Approved Provider will:

- ♥ Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by ACECQA by January 2013 then at least every 3 years; and
- ♥ Ensure that this policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.

- ♥ In services where a child diagnosed at risk of anaphylaxis is enrolled the Approved Provider shall also:
 - Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren; and
 - Ensure that a notice is displayed prominently in the main entrance of the service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.

The Nominated Supervisor will:

- ♥ Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner;
- ♥ Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service;
- ♥ Ensure staff members on duty whenever children are present at the service have completed emergency anaphylaxis management training;
- ♥ Ensure that practice of the adrenaline auto-injection device is undertaken on a quarterly basis and recorded;
- ♥ Ensure that all relief staff members in a service have completed current approved anaphylaxis management training including the administration of an adrenaline auto-injection device and awareness of the symptoms of an anaphylactic reaction;
- ♥ Ensure all staff know the the child/children at risk of anaphylaxis, their allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit;
- ♥ Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service without the device;
- ♥ Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation;
- ♥ Display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet;
- ♥ Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used;
- ♥ Ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit; and
- ♥ Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Staff responsible for the child at risk of anaphylaxis shall:

- ♥ Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff in a service;
- ♥ Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- ♥ In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 1. Call an ambulance immediately by dialling 000
 2. Commence first aid measures
 3. Contact the parent/guardian
 4. Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted
- ♥ Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a quarterly basis;
- ♥ Ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat;
- ♥ Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member on all excursions;
- ♥ Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month); and
- ♥ Provide information to the service community about resources and support for managing allergies and anaphylaxis.

Parents/guardians of children shall:

- ♥ inform staff at the children's service, either on enrolment or on diagnosis, of their child's allergies;
- ♥ Develop an anaphylaxis risk minimisation plan with service staff;
- ♥ Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
- ♥ Provide staff with a complete auto-injection device kit;
- ♥ Regularly check the adrenaline auto-injection device expiry date;
- ♥ Assist staff by offering information and answering any questions regarding their child's allergies;
- ♥ Notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- ♥ Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child; and
- ♥ Comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or

MEDICAL CONDITIONS -DIABETES MANAGEMENT

Introduction

The management of a child's diabetic condition is dependent upon coordination between our service, the child's family and the child's doctor. Our service recognises the need to facilitate effective care and health management of children who have diabetes and the prevention and management of acute episodes of illness and medical emergencies.

Goals:

This Diabetes Management Policy aims to:

- ♥ Raise awareness of diabetes management amongst those involved with the service;
- ♥ Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the service;
- ♥ Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities; and
- ♥ Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

Strategies:

The Approved provider will:

- ♥ Encourage all staff to complete senior first aid training.

The Nominated Supervisor will:

- ♥ Provide staff with a copy of this policy and brief them on diabetes procedures upon their appointment;
- ♥ Ensure at least one staff member who has completed accredited senior first aid training is on duty whenever children are being cared for or educated;
- ♥ Identify children with diabetes during the enrolment process and inform staff;
- ♥ Provide families thus identified with a copy of this policy and Diabetes Action plan upon enrolment or diagnosis; (a Diabetes Action Plan template can be downloaded from www.chess.sa.edu.au/Pathways/diabcareplanjune2009.doc)
- ♥ Ensure that each Diabetes Action Plans are received for each child with a diagnosis of diabetes that contain information for the child's Diabetic Management and outline what do in relation to any Diabetic Emergency the child might face;
- ♥ Ensure families provide the service with the child's testing kit and hypo pack if required;
- ♥ Store Diabetes Action Plans in the child's enrolment record;
- ♥ Formalise and document the internal procedures for emergency Diabetes treatment;
- ♥ Encourage open communication between families and staff regarding the status and impact of a child's diabetes; and

- ♥ Promptly communicate any concerns to families should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities.

Staff will:

- ♥ Ensure that they maintain current accreditation in first aid;
- ♥ Ensure that they are aware of the children in their care with diabetes;
- ♥ Ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low blood glucose level;
- ♥ Call an ambulance if they feel emergency treatment is required;
- ♥ Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's diabetes;
- ♥ Where necessary, modify activities in accordance with a child's needs and abilities;
- ♥ Ensure that a child's Diabetes Action Plan is followed at all times;
- ♥ Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities; and
- ♥ Ensure that children with diabetes are treated the same as all other children.

Families will:

- ♥ Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes;
- ♥ Provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan, which should be provided to the centre within seven (7) days of enrolment;
- ♥ Keep the child's testing kit and hypo pack updated as required;
- ♥ Notify the Nominated Supervisor, in writing, of any changes to the Diabetes Action Plan during the year;
- ♥ Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- ♥ Communicate all relevant information and concerns to educators as the need arises; and
- ♥ Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's diabetes.

MEDICATION ADMINISTRATION

INTRODUCTION

In supporting the health and wellbeing of children the use of medications may be required by children at the education and care service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure continuing health for the child and for the child's safety and wellbeing.

GOALS:

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

STRATEGIES:

The Nominated Supervisor will:

- ♥ Ensure that a medication record is developed for each child requiring medication at the education and care service. The medication record must detail the name of the child and have authorisation to administer medication signed by the parent/or person named on the enrolment form as authorised to consent to the administration of medication.
- ♥ Ensure that medication is not administered to a child being educated and cared for by the service unless:
- ♥ The administration is authorised; and administered as prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner.);
- ♥ Is from the original dispensed container; with the original label clearly showing the name of the child;
- ♥ And before the expiry/use by date.
- ♥ Ensure that written and verbal notification is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners.
- ♥ Ensure that if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency that the parent of the child and emergency services are notified as soon as practical.
- ♥ Ensure that enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- ♥ Take reasonable steps to ensure that medication records are maintained accurately.
- ♥ Keep medication forms in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time. Refer Record Keeping Policy.
- ♥ Ensure that educators receive information about the medical and medication policies during their induction.
- ♥ Request written consent from families on the enrolment form to administer the Emergency Asthma Kit if required. Families will be reminded that every attempt to contact them for verbal permission will be made by the education and care service

prior to administering asthma medications. *Refer to Medical Conditions Policy for further details.*

- ♥ Inform families of the education and care service's medical and medication policies and the need to ensure that safe practices are adhered to for the wellbeing of both the child and educators.

Educators will (with support from the Nominated Supervisor):

- ♥ NOT administer any medication without the authorisation of a parent or person with authority except:
 - In the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- ♥ Ensure that medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept inaccessible to children.
- ♥ Ensure that two educators administer medications at all times. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible to check the Medication Form, the prescription label and the amount of medication being administered. Both educators must sign, date and note the time on the Medication Form. Medications will be returned to the locked medication container after use.
- ♥ Follow hand washing procedures before and after administering medication.
- ♥ Share any concerns or doubts about the safety of administering medications with the Nominated Supervisor to ensure the safety of the child. The Nominated Supervisor may seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication.
- ♥ Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label.
- ♥ Request that the family request an English translation from the medical practitioner for any instructions written in a language other than English.
- ♥ Ensure that the Incident, Injury, Trauma and Illness Record documents include any medication given. (*Refer to policy.*)

Families will:

- ♥ Notify educators, both via enrolment forms and verbally when children are taking any medications. This includes short and long term medication use.
- ♥ Complete a medication record form and a first aid/risk management plan as applicable for children requiring medication while they are at the education and care service.
- ♥ Documents for long term medication use will be developed with the family and the medical practitioner completing and signing the plan.
- ♥ Plans must be updated as the child's medication needs change.
- ♥ Be requested to sign consent to use creams and lotions (*list of items in the first aid kit provided at enrolment*) should first aid treatment be required.
- ♥ Be required to keep prescribed medications in original containers with pharmacy labels.

- ♥ Medications will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for.
- ♥ Expired medications will not be administered.
- ♥ Keep children away from the care and education setting while any symptoms of an illness remain and for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.
- ♥ NOT leave any medication in children's bags.
- ♥ Give any medication for their children to an educator who will provide the family with a Medication Form.
- ♥ The family will complete the Medication Form and the educator will sign to acknowledge the receipt of the medication.
- ♥ No medications will be administered without written consent from the parent or authorised person.
- ♥ Provide any herbal/ naturopathic remedies or non-prescribed medications (including paracetamol or cold medications) with a letter from the doctor detailing the child's name, dosage and the expiry date for the medication. (*See guidelines regarding paracetamol below.*)

Guidelines for administration of paracetamol

Families must provide their own paracetamol for use as directed by a medical practitioner.

To safeguard against the over use of paracetamol, and minimise the risk of masking the underlying reasons for high temperatures, educators will only administer paracetamol if it is accompanied by a doctor's letter stating the reason for administering, the dosage and duration it is to be administered for.

If a child presents with a fever at the education and care service, the family will be notified immediately and asked to organise collection of the child as soon as possible. The family will be encouraged to visit a doctor to find the cause of the temperature.

While waiting for the child to be collected, educators will implement the following procedures to reduce the child's fever and discomfort:

- a. Remove excess clothing to cool the child down
- b. Offer fluids to the child
- c. Encourage the child to rest
- d. Provide a cool, damp cloth for the child's forehead
- e. Monitor the child for any additional symptoms
- f. Maintain supervision of the un-well child at all times, while keeping them separated from children who are well.

Medications kept at the education and care service

Any medication, cream or lotion kept on the education and care premises will be checked every three months for expiry dates in conjunction with the First Aid Checklist. A list of first aid kit contents close to expiry or running low, will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies.

If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.

NO MEDICATION WILL BE ADMINISTERED IF IT IS PAST THE PRODUCT EXPIRY DATE.

EVALUATION

The administration of medications is practiced in accordance with regulatory guidelines. Open communication between educators and families is a priority for ensuring children receiving medications remain safe and gain appropriate care to meet their health needs.

When a child has been prescribed medication by a doctor, he or she should be at home according to the doctor's instructions.

The close proximity or many children, such as we have at Lilly Pilly, increases the risk of cross infection, not only between children attending, but also to visitors, including possibly newly pregnant mothers, very young babies and staff members.

If your child requires medication and the doctor sends a letter saying that he or she is fit to attend child care, then we will administer a maximum of two doses per day (as long as it is prescribed by a doctor).

No "over the counter" medication will be administered unless accompanied by a note from the doctor.

Any child on antibiotics must not attend the centre for a minimum of 24 hours when first taking the antibiotics.

We have medication permission forms available (see following page). Please ensure these are filled out correctly or medication will not be administered.

Ensure medication is handed to a staff member and not left in a child's bag or locker.

Child's name, dosage and times must be clearly labelled on the medication.

Please remember to also collect the medicine from a staff member at the end of the day.

Correct Administration of Medication:

- ♥ Written permission protects safety of the child, legally protect yourself.
- ♥ The director must have a list of children requiring medication daily that is authorised by the parent or guardian.
- ♥ Staff must check and recheck that they are administering the correct dosage to the correct child.
- ♥ Aim to know **why** the child is receiving the medication.
- ♥ There are **5 Rights**:

- 1. Right medication**
- 2. Right time**
- 3. Right manner**
- 4. Right dosage**
- 5. Right child**

- ♥ The teacher must initial parent authorisation and another staff member is to witness this.
- ♥ If medication is not administered at the correct time and more than 1 hour has elapsed since the administration time, the parents will be contacted for further advice.

Related Legislation

- Education and Care Services National Law Act 2010: Sections 167,169
- Education and Care Services National Regulations 2011: Regulations 87,89,136,137 (1)(e), 168(2)(a), 245
- Work Health and Safety Act 2011
- Children and Young Persons (Care and Protection) Act 1998

Related guidelines, standards, frameworks

National Quality Standard, Quality Area 2: Children's Health and Safety–Standard 2.2, 2.1.2

Sources

- ACECQA–www.cecqa.gov.au/first-aid-qualifications-and-training
- Guide to the National Law and National Regulations
- Australian Red Cross – www.redcross.org.au
- St John Ambulance Australia(NSW) – www.stjohnnsw.com.au
- First aid in the workplace – www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace

CHILD PROTECTION

Introduction

Our service is committed to providing an environment that fosters health, development, spirituality, self-respect and dignity, that is free from violence and exploitation. Under the *Children and Young Persons (Care and Protection) Act 1998*, children and young people must receive the care and protection necessary to ensure their safety, welfare and wellbeing.

All educators and volunteers of our service are Mandatory Reporters and are required to report to the Child Protection Helpline (Phone: 133 627) if they have reasonable grounds to suspect a child or young person is at risk of significant harm and have current concerns about the safety, welfare or wellbeing of a child or young person where the concerns arise during or from their work.

We are committed to ensuring all educators and staff, have a full understanding of their responsibilities as a Mandatory Reporter and are supported in fulfilling these.

Goals:

Our goal is to ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm.

Our service (educators, staff, management and volunteers) has a responsibility to defend children's right to care and protection to ensure their safety, welfare and wellbeing, and a responsibility to report any children at significant risk of harm.

Definitions

'At risk of significant harm' - in relation to a child or young person means that there are current concerns for their safety, welfare or wellbeing because of the presence to a significant extent of any one or more of the following circumstances.

- ♥ The child's or young person's basic physical or psychological needs are not being met or at risk of not being met;
- ♥ The parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive medical care;
- ♥ In the case of a child or young person who is required to attend school in accordance with the *Education Act 1990* — the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive and education in accordance with that Act;
- ♥ The child or young person has been, or is at risk of being, physically or sexually abused or ill-treated;
- ♥ The child or young person is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm;
- ♥ A parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm; or

- ♥ The child was the subject of a pre-natal report under section 25 of the *Children and Young Persons Care and Protection Act 1998* and the birth mother of the child did not engage successfully with the support services to eliminate, or minimise to the lowest level reasonably practical, the risk factors that gave rise to the report.
- ♥ 'Reasonable grounds' - means that you suspect a child may be at risk of significant harm based on:
 - ♥ Your observations of the child, young person or family; or
 - ♥ What the child, young person, parent or another person has told you. It does not mean that you are required to confirm your suspicions or have clear proof before making a report.

Strategies:

The Approved Provider/Nominated Supervisor will:

- ♥ Ensure that any adult working directly with children signs a *Prohibited Employment Declaration Form* and a *Consent to a Working with Children Check*, and ensure their clearance, prior to employment;
- ♥ Ensure every adult working with children is made aware of *The Children and Young Persons (Care and Protection) Act 1998* and *Keep Them Safe: A shared approach to child wellbeing* and of their obligations under this law and action plan (*Education and Care Services National Regulation, Regulation 84, National Quality Standards QA 2*);
- ♥ Orientate every working adult to this child protection policy, *Keep Them Safe protocols* and *Mandatory Reporter* responsibilities and ensuring their regular review of these;

Educators and staff will:

- ♥ Develop trusting and secure relationships with all children at the service;
- ♥ Make reports of current concerns for any child at risk of significant harm to the *Child Protection Helpline for Mandatory Reporters*; and
- ♥ Make appropriate responses to all disclosures of abuse and any allegation of abuse against staff members of the service.

Documentation of current concerns

The Approved Provider/Nominated Supervisor will:

- ♥ Support staff through the process of documenting and reporting current concerns of children at risk of significant harm; and
- ♥ Provide all staff and educators with clear guidelines around documentation and a template to support this.

Educators and staff will:

- ♥ Make a record of the indicators observed that have led to the belief that there is a current risk of harm to a child or young person. Information on indicators of risk of harm are outlined in the NSW Mandatory Reporters Guide which is accessible at www.keepthemsafe.nsw.gov.au/reporting_concerns/mandatory_reporter_guide;
- ♥ Discuss any concerns with the Nominated Supervisor of the service.
- ♥ Advise the Nominated Supervisor of their intention to make a report to the Child Protection Helpline ([133 627](tel:133627));
- ♥ Advise the Nominated Supervisor when a report has been made to the Child Protection Helpline.

Mandatory reporting**The Approved Provider/Nominated Supervisor will:**

- ♥ Provide all staff and educators working directly with children with a copy of this Child Protection Policy and a copy of the Mandatory Reporters Guide to assist them in their reporting;
- ♥ Provide all staff and educators working directly with children with access to the *Child Wellbeing* and *Child Protection NSW Interagency Guidelines*; and
- ♥ Display the Child Protection Helpline number ([133 627](tel:133627)) on all phone and lists of emergency contact number in the interests of timely reporting.

Educators and Staff will:

1. In an emergency, where there are urgent concerns for a child's health or life, it is important to contact the police, using the emergency line '[000](tel:000)';
2. Using the *Mandatory Reporter Guide*, answer the questions relating to concerns about a child or young person. At the end of the process, a decision report will guide as to what action to take. The Nominated Supervisor is available if staff require assistance to use this online tool;
3. If the *Mandatory Reporter Guide* determines that there are grounds to suspect a risk of significant harm to a child or young person, the staff member or educator will phone the *Family and Community Services Helpline* on [133 627](tel:133627). Reports can also be made using the Reporting Fax form, available from Family and Community Services website;
4. Mandatory reporters should note that the legislation requires that they continue to respond to the needs of the child or young person (within the terms of their work role) even after a report to the Child Protection Helpline has been made;
5. If the *Mandatory Reporter Guide* determines that an educator or staff member's concerns do not meet the risk of significant harm threshold they do not need to make a report to the Family and Community Services Helpline, however, they should discuss the matter with the Nominated Supervisor to determine whether the child or family would benefit from the assistance of another agency;
6. The staff member or educator should monitor the situation and if they believe there is additional information that could be taken into account, please repeat steps 1 to 5 as required.

A Support Line for Mandatory Reporters is available 8am to 5pm,
Monday to Friday on 1800 772 479.

Disclosures of abuse

Educators and staff will:

- ♥ React calmly to child making the disclosure;
- ♥ Listen attentively and later write down the child's exact words;
- ♥ Provide comfort and care to the child.
- ♥ Follow the steps for reporting as per the Mandatory Reporters Guide.
- ♥ Reassure the child or young person that:
 - It is not their fault;
 - It was right to tell;
 - It is not OK for adults to harm children - no matter what;
 - Explain what will happen now - that it is part of your job to tell people who can help the child or young person.

Educators and staff will not:

- ♥ Prompt the child for further details or ask leading questions which would make the child feel uncomfortable or have the potential to jeopardise any future legal proceedings that may arise as a result of any investigation.

It is important to understand that our role is solely to support the wellbeing of the child at all times, not to investigate further any disclosure made by the child.

FURTHER INFORMATION ON THE OFFICE OF THE CHILDREN'S GUARDIAN CAN BE OBTAINED BY:

Phone: 02 8219 3800

Email: reportableconduct@kidsguardian.nsw.gov.au

Web: www.kidsguardian.nsw.gov.au

Confidentiality

- The service will handle any allegation of child abuse in a **confidential manner**.

Related Legislation

- Children and Young Persons (Care and Protection) Act 1998
- Commission for Children and Young People Act 1998
- Children's Guardian Act 2019
- Education and Care Services National Law Act 2010

References

NSW Government, Department of Family and Community Services,

Resources for Mandatory Reporters, accessed from: www.facs.nsw.gov.au/families/Protecting-kidsmandatory-reporters

NSW Department of Communities and Justice, Protecting our kids, accessed from: www.facs.nsw.gov.au/families/Protecting-kids

Legislative Applications

Children and Young Persons (Care and Protection) Act 1998, s.27; s.245A; s.248(1)(b)

Education and Care Services National Law Act (2010) Part 6 Section 166-167; s.174

Education and Care Services National Regulations (2011) Part 4.2, R84 Part 4.7, R168, R175 2 (d) (e) and R176 2 (c), Children's Guardian Act (2019) Part 4

Allegations Of Abuse Against Staff, Educators, Volunteers or Students:

The Approved Provider/Nominated Supervisor will:

- ♥ Develop and maintain a system of appropriate record keeping for all allegations to ensure detailed documentation is made and stored as required;
- ♥ Take all allegations of abuse seriously and clarify what is being alleged with the person who is making the allegation;
- ♥ Assess whether or not a child or young person is 'at risk of significant harm' and, if so, make a report to the Child Protection Helpline;
- ♥ Determine whether or not the allegation is a reportable allegation, a reportable conviction, or reportable conduct. For determination, reference will be made to: www.ombo.nsw.gov.au/publication/PDF/guidelines/Child%20Protection%20in%20the%20workplace.pdf;
- ♥ Report reportable allegations and reportable convictions to the Ombudsman within **30 days** of receipt;
- ♥ Consider whether or not the police need to be informed of the allegation and if so, make a report;
- ♥ If a report is made to the police, complete a *SI01 Notification Of Serious Incident Form* and submit to Department of Education and Communities within **24 hours** of the incident;
- ♥ If a report has not been made to the police, complete a NL01 Notification of Complaints and Incidents (other than serious incidents) Form and submit to the Department of Education and Communities within 7 days of the incident;
- ♥ Ensure confidentiality is maintained at all times and that systems are in place to deal with any breaches of confidentiality;
- ♥ Undertake a risk management approach following an allegation to ensure the protection and safety of children, staff and visitors to the service. Based on this risk assessment, decisions will be made in order to manage the risks that have been identified;
- ♥ Develop an investigation plan of the matter. Obtain relevant information from a range of sources. This may include a statement from the person who made the allegation; statements from witnesses and a statement from the person against whom the allegation has been made and any other relevant documentation;
 - If the allegation is being investigated by Family and Community Services or the Police, the service will be guided by their advice as to whether they should independently investigate the allegation;
 - If the investigation is carried out by the service, the information that has been gathered will be assessed and a finding made as to whether the allegation is false, vexatious, misconceived, not reportable conduct, not sustained or sustained. The reasons for the finding will be clearly recorded to ensure that the decision-making has been transparent;
- ♥ The educator, volunteer or student will be advised of the outcome of the investigation in writing. Advice will be provided about the investigation finding and any follow up action that may be required. Advice will also be provided about any rights of appeal and the person will be advised that the NSW Ombudsman has been notified and the Commission of Children and Young Persons also notified of the relevant employment proceeding (if relevant);

- ♥ **Part B** of the Ombudsman Notification form will be completed and sent to the Child Protection Division, NSW Ombudsman with all supporting documentation gathered during the investigation;
- ♥ Family and Community Services will also be informed of the outcome of the investigation.

Informing the Educator, Volunteer/Student

The Approved Provider/Nominated Supervisor will:

- ♥ Treat the staff member/educator/volunteer/student with fairness at all times and uphold their employee rights at all times;
- ♥ Depending on the nature of the allegation, arrange to inform the person immediately (though be guided by the advice of FaCS or the police);
- ♥ Arrange for the person against whom an allegation has been made, to have a support person attend the meeting. This support person must not participate in the discussions throughout the meeting;
- ♥ Make accurate documentation of all conversations, and ensure all records are kept confidentially;
- ♥ Offer counselling or support to the person subject to the allegation;
- ♥ Depending on the nature of the allegation made, the person subject to the allegation may be suspended pending further investigation;
- ♥ After all investigations are completed, provide the educator/carers/volunteer with verbal and written notification of the outcome of the investigation.

Rights of all parties

- ♥ The decision making process throughout the investigation will be based on the safety and well being of the child/ren and the staff/carers/carers' household members;
- ♥ Consideration will be taken in relation to actual or potential 'conflicts of interest' that may be held by the investigator
- ♥ All reportable allegations will be notified to the Ombudsman. The person, against whom the allegation has been made, will be notified of this and will also be notified of the investigation find and follow up action, including the notification to the Commission of Children and Young Persons, if relevant;
- ♥ The person, against whom the allegation has been made, will be notified of any appeal mechanisms if they are not satisfied with the investigation process or the outcome of the investigation;
- ♥ The Licensee, Authorised Supervisor, or other nominated person who conducts the investigation, will ensure that they act without bias, without delay and without conflict of interest; and
- ♥ All parties can complain to the Ombudsman if they are not satisfied with the conduct of the investigation;

Further information on the Ombudsman can be obtained by:

Phone: 02 9286 1000

Toll-free Call: (outside Sydney metro) 1800 451 524

Emailing: nswonbo@ombo.nsw.gov.au

Web: www.ombo.nsw.gov.au

Confidentiality: The service will handle any allegation of child abuse in a confidential manner.

DENTAL

INTRODUCTION

Conversations and information exchange on dental health should be encouraged to promote good dental hygiene practices and lifelong learning for children and their families.

GOALS:

Our education and care service will promote dental health. Water will be available at all times.

STRATEGIES:

The Approved Provider/Nominated Supervisor will:

- ♥ Promote healthy food and drinks
- ♥ Ensure access to safe drinking water at all times.

Educators will:

- ♥ Support children to access dental health resources for research, exploration and identification. These resources will be available through books, posters and visual aids;
- ♥ Talk with children about dental health during the day. This can be done by encouraging children to drink water throughout the day;
- ♥ Pay particular attention to meal and snack times where children will be encouraged to drink water after eating and before rest times, to rinse their mouths;
- ♥ Arrange annual visits by dental health professionals as part of the program. Families and children will be encouraged to attend these visits where correct brushing techniques and dental care will be discussed; and
- ♥ Provide dental care information to families through newsletters, posters, professional visits, web links and brochures.

EVALUATION

Information on dental health is made available to families.

IMMUNISATION POLICY

In relation to the *Public Health Act 1992*, directors of child care centres have certain responsibilities. These include:

- ♥ Parents enrolling children into a centre must provide approved evidence of immunisation
- ♥ Lilly Pilly Little School requests that a photocopy of such evidence is to be provided to the centre by the parent.
- ♥ The immunisation status of all children will be held on record for the prescribed period of time. The centre director will advise parents when the next booster dosage is required and immunisation details will be regularly updated. If no evidence is shown of immunisation, then the child is taken not to be immunised against any of the vaccine preventable diseases.
- ♥ In the event of a vaccine preventable disease, the medical health officer and parents will be notified.

Note - the NSW Health Department will liaise with the parents and the officer will exclude the child concerned

AIDS AND CHILD CARE POLICY

The idea of Aids being a threat to children can produce highly emotional reactions. Parents fear that they cannot protect their children against this threat.

Yet Aids is probably the most preventable epidemic ever. For some time after aids first appeared, there was a lot of fear in the community; most of it is generated through the media.

Now we know how Aids is transmitted and what we can do to prevent this. While fear is a natural reaction to the unknown, panic can cause unnecessary trauma to individuals and be destructive to the whole community. We all have to learn about Aids so that we can take the necessary precautions to protect ourselves and our children...

Human Immunodeficiency Virus Infection Policy...

The confidentiality of medical information regarding an infected child must be observed.

Information divulged to the director must not be spread to other staff members unless the parent provides written authorisation for the director to do so. Children with the HIV will be accepted into Lilly Pilly Little School.

Staff in this centre will carry out routine hygiene precautions to prevent the spread of infection.

Care will be exercised by staff regarding exposure to body fluids or blood and the normal hygiene practices of the centre will be used.

Cleaning solutions will consist of 1 part bleach to 10 parts warm water. To perform resuscitation on a child with HIV, simple precautions will be taken. The use of disposable mouth to mouth masks will be used.

Unwell children will be assessed by their doctor before they are excluded. Children who have abrasions will cover these abrasions whilst attending Lilly Pilly Community Preschool. If abrasions cannot be covered, as a precaution, the child will be excluded until abrasions are healed or can be covered.

Staff members who have been infected by HIV are not obliged to divulge the information to their employer of their condition but are expected to act in a responsible manner towards other staff members, parents and children in their care. They should be aware of the dangers to others of accidental transmission of their blood and body fluids.

SAFE STORAGE OF DANGEROUS GOODS

INTRODUCTION

By maximising awareness of the potential hazards of chemicals and equipment, we reduce the risk of harm to educators, children and families by ensuring dangerous products are safely stored and their use is minimised in all areas of our education and care service.

GOALS:

The education and care service aims to reduce the use of dangerous products within the environment by introducing eco-friendly cleaning options. The education and care service endeavours to provide a safe environment where chemicals and hazardous equipment are safely stored away from children and are stored and handled appropriately.

STRATEGIES:

NOTE: Dangerous products used within the education and care service will be categorised into the following groups:

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

The Approved Provider will:

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

The Authorised Supervisor will:

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

Educators will:

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

EVALUATION

Educators and the approved provider are abiding by legislative and statutory guidelines. The education and care service has adopted sustainable practices and reduced the use of dangerous products within the environment.

EMERGENCY AND EVACUATION POLICY

Introduction

Emergency and evacuation situations in an education and care service can arise in a number of circumstances and for a variety of reasons.

In the event of an emergency or evacuation situation, the safety and wellbeing of all staff, children, families and visitors to the centre are paramount and as such, this education and care service is committed to identifying risks and hazards of emergency and evacuation situations, and planning for their reduction or minimisation, and ongoing review of planned actions around handling these situations.

Risks assessed should include but not be limited to a range of emergency situations, including fire or explosion, dangerous chemical release, medical emergency, natural disaster, bomb threats, violence or robbery.

Goals:

This education and care service will:

- ♥ Conduct ongoing risk assessments and reviews of all potential emergency and evacuation situations, including medical emergency situations (see Medical Conditions Policy);
- ♥ Develop specific procedures around each potential emergency situation and ensure full awareness by all staff through the provision of professional development; and
- ♥ Ensure regular rehearsal and evaluation of emergency and evacuation procedures.

Strategies:

Risk management approach to emergency and evacuation situations

The Approved Provider and Nominated Supervisor will:

- ♥ Work together with staff to identify potential emergency and evacuation situations that may arise at this specific centre to identify all risks associated with such situations. ;
- ♥ Work together with staff to develop procedures to manage all risks associated with emergency and evacuation situations.
- ♥ Ensure the development of an emergency evacuation floor plan. This floor plan will be attached to this policy;
- ♥ Ensure educators and staff have ready access to an operating telephone or similar means of communication and that emergency telephone numbers are displayed near telephones;
- ♥ Ensure educators and staff have ready access to emergency equipment such as fire extinguishers and fire blankets, and that staff are adequately trained in their use;

- ♥ Ensure that emergency equipment is tested as recommended by recognised authorities; and
- ♥ Ensure that up to date portable emergency contact lists are held in each room within the centre and that evacuation procedures include the carrying of this list by the room leader at the point of evacuation.

Educators will:

- ♥ Assist the Nominated Supervisor in identifying risks and potential emergency situations;
- ♥ Assist the Nominated Supervisor in developing procedures to lessen the risks associated with emergency evacuations; and
- ♥ Ensure they are aware of the placement of operating communications equipment and emergency equipment, and are confident in their ability to operate them.
- ♥ Communication and display of emergency and evacuation procedures

The Approved Provider and Nominated Supervisor will:

- ♥ Ensure the emergency evacuation procedures and floor plan are displayed in a prominent position near each exit and that all staff and educators are aware of these;
- ♥ Ensure that all staff are trained in the emergency evacuation procedures;
- ♥ Ensure that all staff are aware of emergency evacuation points; and
- ♥ Ensure that families are regularly reminded of the emergency procedures in place at the service.

Educators and staff will:

- ♥ Contribute to the development of emergency and evacuation procedures;
- ♥ Ensure they are aware of the emergency evacuation procedures; and
- ♥ Ensure the emergency evacuation procedures and floor plan are displayed.

Scheduled and spontaneous rehearsals of responses to emergency situations**The Approved Provider and Nominated Supervisor will:**

- ♥ Provide staff and educators with specific procedures around all potential emergency situations;
- ♥ Ensure that the evacuation procedures are in accordance with the evacuation floor plan;
- ♥ Ensure that rehearsals of evacuation procedures are regularly scheduled, every three months as a minimum, and that the schedule maximises the number of children and staff participating in the procedures;
- ♥ Ensure that staff are aware of when scheduled emergency evacuations drills are to take place;
- ♥ Ensure that spontaneous rehearsals also take place to ensure staff participate in the simulation of an unplanned, emergency evacuation events; and

- ♥ Provide staff with evaluation/feedback after each scheduled and spontaneous rehearsal to assist in refining their risk management procedures around the safe evacuation of staff and children.

Educators and staff will:

- ♥ Be aware of upcoming scheduled emergency evacuations, and be ready in the event of a spontaneous simulated evacuation;
- ♥ Will provide children with learning opportunities about emergency evacuation procedures; and
Be alert to the immediate needs of all children throughout the scheduled and spontaneous evacuation drills.

Documentation and record keeping

The Approved Provider and Nominated Supervisor will:

- ♥ Ensure all scheduled, spontaneous and actual evacuations are documented and reviewed;
- ♥ Ensure all staff are provided with feedback after each evacuation; and
- ♥ Ensure all emergency contact lists are updated as required.

Policy availability

The emergency and evacuation policy will be readily accessible to all staff, families and visitors, and ongoing feedback on this policy will be invited.

Review

Management and staff will monitor and review the effectiveness of the emergency and evacuation policy regularly. Updated information will be incorporated as needed.

Preparing Emergency Procedures

Emergency procedures must include:

- ♥ an effective response to an emergency;
- ♥ evacuation procedures;
- ♥ notification of emergency services at the earliest opportunity;
- ♥ medical treatment and assistance; and
- ♥ Effective communication between the Nominated Supervisor or responsible person on duty and all persons at the service.
- ♥ The emergency procedures in the emergency plan must clearly explain how to respond in various types of emergency, including how to evacuate children, staff and families from the service in a controlled manner.
- ♥ The procedures should be written clearly and simple to understand. Where relevant, the emergency procedures should address:
- ♥ allocation of roles and responsibilities for specific actions in an emergency to persons with appropriate skills, for example appointment of area wardens;

- ♥ clear lines of communication between the person authorised to co-ordinate the emergency response and all persons at the service;
- ♥ the activation of alarms and alerting staff, children and families;
- ♥ the safety of all the people who may be at the service in an emergency, including visitors and tradespeople and children who will require special assistance to evacuate;
- ♥ specific procedures for critical functions such as a power shut-off;
- ♥ identification of safe places;
- ♥ distribution and display of a site plan that illustrates the location of fire protection equipment, emergency exits and assembly points;
- ♥ the distribution of emergency phone numbers, including out-of-hours contact numbers
- ♥ access for emergency services (such as ambulances) and their ability to get close to the service;
- ♥ regular evacuation practice drills;
- ♥ the use and maintenance of equipment required to deal with specific types of emergencies (for example, spill kits, fire extinguishers, early warning systems such as fixed gas monitors or smoke detectors and automatic response systems such as sprinklers); and
- ♥ regular review of procedures and training.

Emergency procedures must be tested in accordance with the emergency plan in which they are contained.

All educators and staff must be instructed and trained in the procedures.

Related legislation/regulations

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations: Regulations 97, 98, 168(2)(e)
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011 Regulation 43

Related guidelines, standards, frameworks

National Quality Standard, Quality Area 2: Children's Health and Safety –

Standard 2.2

Sources

- Australian Standards: Emergency control organisation for buildings, structures and workplaces (AS 3745–2002)
- Department of Education: Incident Reporting

FIRE AND EMERGENCY EVACUATION REHEARSAL POLICY

This is to familiarise children and staff with an emergency situation.

- ♥ Teachers of each class are to collect the roll and sign in sheets and evacuate all of their children to assembly areas and mark roll immediately.
- ♥ Report to the supervisor any children not accounted for.
- ♥ Gather children, Supervisor checks the premise and accounts for all children and staff.
- ♥ Turn off the electricity. Shut all doors and await for arrival of fire brigade. If any children are not accounted for, notify the fire chief. After fire drill, return to playroom areas.
- ♥ Fire drills can be very unsettling and upsetting for young children, therefore care needs to be exercised to help young children feel comfortable about the fire drill.
- ♥ The subject of fire must have previously been discussed within the programme before the fire drill is commenced.
- ♥ The Department of Education regulations are that fire drills be practiced **every 3 months**. It is a good idea to write this into your programme so that it does not get overlooked.

Fire and Emergency procedure

1. Fire Alarm will go off
2. Staff member will press fire button on our alarm system which notifies the fire brigade and police
3. Start the evacuation procedure
4. Contain the fire by closing the doors and windows
5. Try to extinguish the fire by using the equipment (if safe to do so)

6. Staff are to do a head count and stay at the evacuation area with the children
7. Do not re-enter the building unless told otherwise by the fire brigade

Fire Orders Policy

1. Assist anybody in immediate danger
2. Close the door
3. Raise Alarm - Ring Fire Brigade - Alert rest of the building (ie. Blowing whistle)
4. Evacuate to assembly area/s. Gather children. Take the roll and sign in sheets with you.
5. Remain at assembled area and ensure that all children and staff are accounted for. Reassure children and remain calm
6. Consider fire attack - only do this if it is safe to do so

NATURAL HAZARDS POLICY

Bush Fires

1. Call 000
2. Evacuate if possible, listen to radio. If you establish contact with your local State Emergency Service and Local Police, they should be able to advise you of any bush fire threats.
3. If there is plenty of time to evacuate before the threat of fire, notify police as to where you are evacuating to, take the roll and contact phone numbers with you. If you have a mobile phone, advise police of the phone number.
4. On evacuation, take a portable first aid kit, portable radio and drinking water with you.

FIRE SAFETY MEASURES FOR CHILD CARE BUILDING

- ♥ fill downpipes and fill gutters with water
- ♥ fill buckets and basins with water
- ♥ turn off electricity
- ♥ Hose outside of building
- ♥ Dose nearby shrubs and grass with water
- ♥ have a radio and fresh batteries
- ♥ a torch with fresh batteries
- ♥ a portable first aid kit
- ♥ close all doors
- ♥ listen to the radio
- ♥ place children under tables with wet blankets on top of tables and down sides and stay there until fire has passed
- ♥ Remain calm and comfort any child showing signs of distress.
- ♥ After assisting children under the shelter, one staff member is to check the building to be sure all children are sheltered

Fire Prevention:

- ♥ Landscaping can have a significant effect on the survival of a building during a bush fire.
- ♥ Clear undergrowth
- ♥ The area immediately adjacent to the child care building (10 - 20 metres radius) should be kept free of flammable plants, rubbish and debris.

- ♥ Plant trees well away from building, so that limbs and branches do not overhang to drop leaves on roof or into gutters.
- ♥ Plant fire resistant bushes around perimeter of land.

Snakes

Should a situation arise, the steps to follow are:

- ♥ Quietly have children leave playground and calmly tip toe to inside the building
- ♥ Close all doors and open windows
- ♥ Sudden screaming, shouting or movements will frighten the snake and it may scatter in the direction of the group of children
- ♥ Report to the snake man

Severe Storms

Before the storm season:

1. Contact local Police and State Emergency Services to discuss your *Severe Storm Action Plan*
2. Ensure tree branches are not overhanging child care centre buildings
3. Have a portable radio and torch with fresh batteries
4. Have a portable first aid kit
5. Fill clean containers with water
6. Clear yard of loose objects
7. Have masking tape (for glass), plastic sheeting and large garbage bags for emergency rain protection

As the storm approaches:

1. Listen to local radio for information
2. Shelter children, pets and animals
3. Disconnect all electrical appliances
4. Tape ("X") or cover large windows or glass doors

When storm strikes:

1. Stay inside and shelter children well clear of all windows
2. If necessary, cover children with foam mats, blankets or tarpaulins under tables

3. Stay calm and comfort any child showing signs of distress. After assisting children under tables, one staff member is to check the building to be sure that all the children are under the shelter.

DO NOT USE TELEPHONES DURING STORMS!

Power Failure Policy

In the event of power failure at Lilly Pilly Little School, the director will immediately determine if the failure is centre based or covers the surrounding areas.

The children will be kept inside if the power failure is due to fallen power lines nearby.

As soon as the cause is established, the local power authorities will be contacted for emergency service.

When notifying the power authorities, inform them that it is a child care service with children present in the building and they will respond immediately.

The children must be kept calm and any distress comforted immediately by the staff.

EXCURSIONS POLICY

Introduction

Excursions are a valuable experience for children, families and staff of education and care settings. Excursions provide the opportunity to expand and enhance children's experiences, explore different environments and engage in meaningful ways with their communities.

Excursions require appropriate planning and risk management to ensure the best experience and enjoyment for all. Our service is committed to providing excursions that are well considered and planned, provide meaningful experiences and ensures the health, safety and wellbeing of children at all times.

GOALS

- ♥ Make excursions a part of the program of education and care;
- ♥ Plan for excursions with careful consideration of the safety of children and adults;
- ♥ Carry out excursions only where full documentation and permissions have been completed and obtained;
- ♥ Undertake full risk assessments, consideration of value of educational excursions, and plan for first aid requirements.

Strategies:

Planning and Preparations

All excursions will be planned in advance to:

- ♥ maximise both children's developmental experiences and their safety; reflect the age, capacity and interests of the children;
- ♥ Ensure they are properly supervised and conducted in a safe manner; and are conducted with fully informed written parental permission.

All excursions will be thoroughly researched to:

- ♥ ensure supervision is adequate so children cannot be separated from the group;
- ♥ access to hazardous equipment and environments are minimised;
- ♥ there is adequate access to food, drink and other facilities (toilets, hand washing etc);
- ♥ Consideration is given to the mobility and supervision requirements of children with additional needs;
- ♥ That adequate sun and shade protection is available.

When planning for an excursion staff will:

- ♥ Assess the requirements for the excursion;
- ♥ Conduct a risk assessment;



- ♥ Book transport venues;
- ♥ Make alternative arrangements for adverse weather conditions;
- ♥ Inform families of the details of the excursion including destination, objectives and outcomes, and what the child should bring;
- ♥ Provide parents or legal guardians with an excursion permission form to complete to authorise their child to participate on the excursion;
- ♥ Collect completed permission forms for each child attending the excursion;
- ♥ Request additional adult participation on the excursion where required;
- ♥ Arrange for a suitably equipped first aid kit (including EpiPen) and mobile phone to be taken on the excursion.
- ♥ Educators must make alternate arrangements for any children who are not attending the excursion, and ensure that any dialogue or pre-planning for the excursion does not alienate such children from social networks.
- ♥ Additional factors need to be considered in the planning of excursions for children with additional needs.
- ♥ Where possible, our service will uphold the right for all children to access all excursions and engage in meaningful ways while on excursions.

Risk Assessment

The Nominated Supervisor will:

Ensure a risk assessment is conducted prior to any excursion to identify and assess the risk the excursion may pose to the safety, health and wellbeing of any child whilst on the excursion, and will specify how the service will manage any risks identified.

The risk assessment conducted will consider:

1. destination and duration of the excursion;
2. potential water hazards or any hazard associated with water based activities;
3. transport to and from destination;
4. number of educators, responsible persons, and children involved; proposed activities; and
5. Items to be taken on the excursion e.g. mobile phone, emergency contact numbers etc.

If the excursion is a regular occurrence a risk assessment will only be carried out once, provided the circumstances around the excursion have not changed in any way since the initial risk assessment was conducted.

The Nominated Supervisor will also: appoint an Early Childhood degree qualified teacher to be in charge of the excursion.

Authorisation for Excursions

The Nominated Supervisor will ensure that:

For all excursions parents or legal guardians will be given an excursion permission form with full details of the excursion including:

- a) date,
- b) description,

- c) duration and
- d) destination of proposed excursion;
- e) method of transport to be used;
- f) reason for the excursion, and
- g) proposed activities to be conducted on the excursion;
- h) the anticipated adult: child ratio – outlining number of educators and staff and other adults attending;
- i) a statement that a risk assessment has been prepared and is available at the service for parents to view.
- j) If the excursion is a regular outing, authorisation is required once in a 12 month period.
- k) All parents or legal guardians will be asked to sign permission forms for regular excursions on enrolment and at the beginning of each subsequent year.
- l) No child will be taken on an excursion unless written permission from parents or legal guardian has been received.

FAMILIES AND VOLUNTEERS

Families will be encouraged to participate in excursions to assist in maintaining suitable child/staff ratios.

If the parent needs to bring their child's sibling because they cannot find suitable care, the siblings must be included in ratios.

If additional adults are required volunteers will be invited.

Volunteers will be mature, responsible people who are aware of the hazards and responsibilities of taking a group of children out the service.

Family members/volunteers will not to be left in sole charge of children and must be supervised by an educator at all times.

All volunteers/family members' details will be entered into the appropriate staff record for that day.

Transport and Traffic

Safety of children will be considered in the choice of route and mode of transport. Our service will follow all applicable NSW road rules as well as the Kids and Traffic best practice recommendations for transporting young children safely in buses. Every reasonable precaution will be taken to protect children from harm and any hazard likely to cause injury.

Educators will ensure children obey road rules and cross roads at a crossing or lights where available. Educators will remain vigilant to ensure no child runs ahead or lags behind the group.

Supervision

Supervision on excursions will ensure the safety and wellbeing of all children for the duration of the excursion, taking into account ratios and all risks and hazards likely to be encountered.

The venue will be assessed as safe for all children and adults on the excursion and will be easily supervised and accessible.

Water Hazards

No excursions will be conducted to a swimming pool or other water related activity. Where there are significant water hazards (such as rivers, lakes or beaches), risk management strategies will be identified and implemented.

Conducting the Excursion

All educators, volunteers and children attending will be informed of excursion timetable/itinerary, special requirements, safety procedures, grouping of children and responsibilities.

A list of children on the excursion will be left at the service and a copy carried by the delegated Certified Supervisor.

Before leaving on the excursion, a notice will be prominently displayed at the service which includes:

- ♥ itinerary and timetable; and
- ♥ Mobile contact phone number.

Items to be taken on excursions include:

- ♥ a suitable stocked first-aid kit including Epi Pen;
- ♥ a mobile phone;
- ♥ children's emergency contact numbers;
- ♥ children's medication, if required; and
- ♥ Other items as required e.g. sunscreen, drinking cups, jackets etc.

If a child is lost on an excursion, we will always leave a staff member behind to look, while the other group leaders escort the children back.

Evaluation

All excursions are conducted in a safe manner and evaluated. Any improvements identified in the risk assessment prior to conducting the excursion or the evaluations of the excursion are addressed and actioned to ensure children's safety.

Related Legislation

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 98, 99, 100, 101, 102, 123, 357
- Work Health and Safety (WHS) Act 2011
- Work Health and Safety (WHS) Regulation 2011
- Education and Care Services National Amendment Regulations 2020 under the Education and Care Services National Law

Resources/Useful Links

- ACECQA's sample Excursion Risk Management Plan – www.acecqa.gov.au/resources/applications/sample-forms-and-templates

Sources

- Belonging, Being & Becoming – The Early Years Learning Framework for Australia
- Guide to the National Quality Standard, ACECQA
- Kidsafe NSW – www.kidsafensw.org
- Kids and Traffic – www.kidsandtraffic.mq.edu.au
- Excursions and regular outings: Victoria State Government - www.education.vic.gov.au/childhood/providers/regulation/Pages/excursions.aspx

CHILD SAFE STANDARDS POLICY

Our Service is committed to providing a safe environment for children and young people. We understand our responsibilities and statutory duty of care to comply with the Child Safe Standards and to build our capacity as an organisation to prevent and respond to allegations of child abuse.

Our Service is committed to implementing and abiding by our *Child Safe Environment Policy* incorporating the National Child Safe Standards (2022), which accentuates our *zero tolerance* for child abuse and raising awareness about the importance of child safety in our Service and the community.

We are dedicated to protecting children from abuse and neglect and promote a child safe environment, maintaining children's wellbeing. We adhere to our comprehensive *Child Protection Policy*, standing by our mandatory reporting responsibilities to protect children from physical, sexual, emotional and psychological abuse and neglect. Information is shared with other organisations appropriately and lawfully to protect children.

We work to ensure there is clear awareness between appropriate and inappropriate behaviour concerning adults and children. We require clear precincts between children and employees, volunteers and the community to maintain children's safety.

We are dedicated to promoting cultural safety for all children and young people, including First Nations children, children from culturally and/or linguistically diverse backgrounds, and to providing a safe and inclusive environment for children with a disability. We believe all children are unique and have the right to be protected.

We value diversity and do not tolerate any discriminatory practices.

We are committed to ongoing professional development for employees to maintain their ability to distinguish and respond to situations of abuse and neglect, ensuring employees are responsive to their responsibilities in keeping children safe.

We work in collaboration with the United Nations Convention on the Rights of the Child and have confidence in educating children about their right to be safe. We believe in teaching children what to do if

they feel unsafe and encouraging them to express their view and thoughts on matters that directly affect them.

As educators we listen to and empower children to act on any concerns, they or others may raise which is reflective in our policies and procedures in keeping children safe. We value the input of, and communicate regularly with families and carers and review our policies and procedures at least annually.

Policy title	Child Safe Policy
Purpose	<p>The intention is to:</p> <ul style="list-style-type: none"> • demonstrate commitment to the safety and welfare of children and young people • minimise the risk of abuse, misconduct and misuse of positional power • inform all staff and volunteers of their obligations and responsibilities in keeping children safe.
Scope and audience	<p>This policy applies to:</p> <ul style="list-style-type: none"> • board members • people in leadership roles • staff members • volunteers • contractors • children and young people • families, carers and communities. <p>This policy relates to:</p> <ul style="list-style-type: none"> • all activities that relate to the children in our care and includes every aspect of our centre.
Responsibilities	Everyone is responsible for keeping the children safe, from our management committee; nominated supervisor/director; educational leader; all educators; and assistants and support teachers.

<p>Definitions</p>	<p>We are committed to providing a safe and inclusive place for children. We use the Child Safe Standards to underpin how we keep children safe. We uphold the rights of all children to participate to their full capacity, regardless of their gender, race, ability or cultural background. Supporting this document are other policies, procedures and codes of conduct that aim to identify and prevent behaviour that may be harmful to children and young people.</p> <p>These supporting documents have been developed to guide appropriate behaviour and encourage all staff, both paid and volunteer, to create, maintain and improve a child safe environment.</p> <p>This policy has been developed to protect children and young people. It includes guidance for people who work with them, in how to appropriately act when engaging with them.</p> <p>We encourage and support the participation of children and young people in the development and ongoing reviews of this policy.</p> <p>We understand that by listening to them we will better know how to keep them safe. Our leadership team promotes reporting any breach of our policies, procedures and codes of conduct, and will act to ensure the safety, welfare and wellbeing of children are upheld.</p> <p>Failing to observe this policy and any supporting policies, procedures or codes of conduct may lead to disciplinary action in accordance with our disciplinary policy. In the event of a breach of the law, the matter will be reported to NSW Police or other relevant government agency.</p> <p>The advice in this policy should be always followed. In the event of an emergency staff members should contact the President of our management committee and our Director/Nominated Supervisor as well as relevant authorities.</p>
<p>Content included in our Child Safe Standards Folder and connection with other policies</p>	<ul style="list-style-type: none"> • Statement of Commitment to Child Safety • supervision of children • managing drop offs and pick ups • transportation of children • online communication • social media use • photography and the use of images • alcohol, drugs, cigarettes, vapes and pornography • inappropriate conversations • gifts and benefits • personal and intimate care • physical contact with children • Bathroom etiquette • secondary employment • out-of-hours contact/professional boundaries • illness and injury management.

Related documents (if not covered fully in the policy)	<ul style="list-style-type: none"> • Code of Conduct • Child Safe Reporting Policy: <ul style="list-style-type: none"> — tracking minor breaches and recording them in your organisation — external reporting obligations • Child Safe Risk Management Plan (CSRMP) • Child Safe Recruitment Policy
Related legislation, regulations and standards	<ul style="list-style-type: none"> • <i>Children's Guardian Act 2019</i> • <i>Child Protection (Working with Children) Act 2012</i> • <i>Child Protection (Working with Children) Regulation 2013</i> • <i>Children and Young Persons (Care and Protection) Act 1998</i> • <i>Crimes Act 1900</i> • <i>Children and Young Persons (Care and Protection) Regulation 2012</i> • <i>Children and Young Persons (Care and Protection) (Child Employment) Regulation 2015</i> • <i>Disability Inclusion Act 2014</i> • <i>Anti-Discrimination Act 1977</i> <p>Standards include:</p> <ul style="list-style-type: none"> • United Nations Convention of the Rights of the Child • Child Safe Standards • any other standards related to our area of work.
Review	<p>To be reviewed each December of each year.</p>