



# **CommunityOSH**

## **Policies and Procedures**

### **Updated August 2020**

## Education and Care Services National Regulations (Reg 168)

### Reg 168 Education and care service must have policies and procedures

(1) The approved provider of an education and care service must ensure that the service has in place policies and procedures in relation to the matters set out in sub regulation (2).

(2) Policies and procedures are required in relation to the following –

Section of Regulation 168 (2)	NQF POLICY Where to locate
<i>(a) health and safety, including matters relating to—</i>	
(i) <b>nutrition, food and beverages, dietary requirements</b> ; and	Food, Nutrition and Beverage Policy
(ii) <b>sun protection</b> ; and	Physical Environment (Workplace Safety, Learning and Administration) Policy
(iii) <b>water safety</b> , including safety during any water-based activities; and	Physical Environment (Workplace Safety, Learning and Administration) Policy
(iv) the administration of <b>first aid</b> ;	Incident, Injury, Trauma and Illness Policy
(v) <b>sleep and rest</b> for children	Rest, Relaxation and Clothing Policy
(b) <b>incident, injury, trauma and illness</b> procedures complying with regulation 85;	Incident, Injury, Trauma and Illness Policy
(c) dealing with <b>infectious diseases</b> , including procedures complying with regulation 88;	Infectious Diseases Policy
(d) dealing with <b>medical conditions</b> in children, including the matters set out in regulation 90;	Medical Conditions Policy
(e) <b>emergency and evacuation</b> , including the matters set out in regulation 97;	Emergency Management and Evacuation Policy
(f) <b>delivery of children to, and collection of children</b> from, education and care service premises, including procedures complying with regulation 99;	Delivery and Collection of Children Policy
(g) <b>excursions</b> , including procedures complying with regulations 100 to 102;	Excursion Policy
(h) providing a <b>child safe environment</b>	Child Protection Policy Chemical Spills Policy Child Safe Policy Delivery and Collection of Children Policy Emergency Management and Evacuation Policy Family Law and Access Policy Health, Hygiene and Safe Food Policy

	<p>Infectious Diseases Policy  Lock Up Policy  Photography Policy  Physical Environment (Workplace Safety, Learning and Administration) Policy  Staffing Arrangements Policy  Technology usage Policy  Tobacco Drug and Alcohol Policy  Transportation Policy  Work Health and Safety Policy</p>
<i>(h) Staffing, including</i>	
(i) a <b>code of conduct</b> for staff members; and	Educator and Management Policy
(ii) <b>determining the responsible person</b> present at the service; and	Staffing Arrangements Policy
(iii) the participation of <b>volunteers and students</b> on practicum placements;	Educator and Management Policy
(j) <b>interactions with children</b> , including the matters set out in regulations 155 and 156;	Relationships with Children Policy
(k) <b>enrolment and orientation</b> ;	Enrolment Policy Orientation for Children Policy
(l) <b>governance</b> and management of the service, including confidentiality of records;	Governance Policy Privacy and Confidentiality Policy
(m) the <b>acceptance and refusal of authorisations</b> ;	Acceptance and Refusal of Authorisations Policy
(n) payment of <b>fees</b> and provision of a statement of fees charged by the education and care service;	Fees Policy
(o) dealing with <b>complaints</b> .	Grievance Policy <i>FOR REPORTING REQUIREMENTS SEE</i> Incident, Injury, Trauma and Illness Policy

## All Topics (Alphabetical)

OSHC TOPIC	OSHC NQF POLICY Where to locate
<b>A</b>	
Abuse and Neglect	Child Protection Policy
Administration of Authorised Medication	Administration of Authorised Medication Policy
Administration of First Aid	Incident, Injury, Trauma and Illness Policy
Alcohol	Tobacco, Drug and Alcohol Policy
Allergy Management	Medical Conditions Policy
Anaphylaxis Management	Medical Conditions Policy
Animal and Pet Guidelines	Animal and Pet Policy
Asthma Management	Medical Conditions Policy
Authorisations (Acceptance and Refusal)	Acceptance and Refusal of Authorisations Policy
Authorisation for Excursion Form	Excursion Policy
<b>B</b>	
Babysitting	Educator and Management Policy
Back Care and Manual Handling	Physical Environment (Workplace Safety, Learning and Administration) Policy
Behaviour Guidance	Relationships with Children Policy
Bikes	Bike Safety Policy
Birthday Cakes	Health, Hygiene and Safe Food Policy
Biting	Relationships with Children Policy
Blood Spill Procedure	Health Hygiene and Safe Food Policy
Bullying	Relationships with Children Policy
Buses	Transportation Policy
Bush fires	Bush Fire Policy
<b>C</b>	
CCTV	CCTV Policy
Chemical Spill Procedure	Chemical Spills Policy
Child Care Benefit	Enrolment Policy Immunisation and Disease Prevention Policy
Child Safe Environment	Child Protection Policy Chemical Spills Policy Delivery and Collection of Children Policy Emergency Management and Evacuation Policy Family Law and Access Policy Health, Hygiene and Safe Food Policy Infectious Diseases Policy Lock Up Policy Photography Policy Physical Environment (Workplace Safety, Learning and Administration) Policy Staffing Arrangements Policy

	Technology usage Policy Tobacco Drug and Alcohol Policy Transportation Policy Work Health and Safety Policy
Child Safe Standards	Child Safe Policy
Children's Clothing	Rest, Relaxation and Clothing Policy
Choosing Appropriate Resources and Equipment	Physical Environment (Workplace Safety, Learning and Administration) Policy
Cleaning of Buildings, Premises, Furniture and Equipment	Physical Environment (Workplace Safety, Learning and Administration) Policy
Cleaning Schedule	Physical Environment (Workplace Safety, Learning and Administration) Policy
<b>Code of Conduct</b>	<b>Educator and Management Policy (Code of Conduct Policy)</b>
Code of Conduct (Child Protection)	Child Protection Policy
Collection and delivery of children	Delivery and Collection of Children Policy
Communicating with Families	Additional Needs Policy Continuity of Education and Care Policy Emergency Management and Evacuation Policy Excursion Policy Fees Policy Grievance Policy Infectious Diseases Policy Orientation for Children Policy Parental Interaction and Involvement in the Service Policy Policy and Procedure Review Policy Sleep, Rest, Relaxation and Clothing Policy Social Media Policy
Complaints	Grievance Policy Incident, Injury, Trauma and Illness Policy
Computer and Related Technology Usage	Technology Usage Policy
Confidentiality and Storage of Records	Record Keeping and Retention Policy
Clothing	Rest Relaxation and Clothing Policy
Continuity of Care	Continuity of Education and Care Policy
Cystic Fibrosis	Cystic Fibrosis Policy
<b>D</b>	
Data breaches	Privacy and Confidentiality Policy
Death of a Child Procedure	Death of a Child Policy
Death of an Educator Procedure	Death of an Educator Policy
Delivering Children to and from School	Delivery and Collection of Children Policy
Dental Accidents	Health, Hygiene and Safe Food Policy
Dental Hygiene and Care	Health, Hygiene and Safe Food Policy

Detergents	Physical Environment (Workplace Safety, Learning and Administration) Policy
Diabetes	Medical Conditions Policy
Diploma Qualification Requirements	Staffing Arrangement Policy
Diseases	Infectious Diseases Policy
Disinfectants	Physical Environment (Workplace Safety, Learning and Administration) Policy
Drivers	Transportation Policy
Drugs	Tobacco, Drug and Alcohol Policy
Duty of Care	Work Health and Safety Policy
<b>E</b>	
Educator Interactions	Educator and Management Policy
Educator Meetings	Educator and Management Policy
Educator Orientation	Educator and Management Policy
Educators Returning from Extended Leave	Educator and Management Policy
Educator Stress Management Guidelines	Educator and Management Policy
Educator to Child Ratios	Staffing Arrangements Policy
Educator Training and Qualifications	Staffing Arrangements Policy
Electrical tagging	Physical Environment (Workplace Safety, Learning and Administration) Policy
Emergency Administration of Medication	Administration of Authorised Medication Policy
Emergency Contact Procedure	Emergency Service Contact Policy
Emergency Evacuation Procedures and Drills	Emergency Management and Evacuation Policy
Emergency Involving Anaphylaxis or Asthma	Administration of Authorised Medication Policy
Employment of Regular Educators	Continuity of Education and Care Policy
Enrolment	Enrolment Policy
Enrolment Checklist	Enrolment Policy
Environmental Sustainability and our Curriculum	Environmental Sustainability Policy
Ethical Code of Conduct	Educator and Management Policy
Equipment and Environment	Physical Environment (Workplace Safety, Learning and Administration) Policy
Exclusion Periods	Infectious Diseases Policy
Excursions	Transportation Policy
Excursion Risk Assessment Form	Excursion Policy
<b>F</b>	
Faeces Spill Procedure	Health Hygiene and Safe Food Policy
Family Involvement	Parental Interaction and Involvement in the Service Policy
Fees Procedure	Fees Policy
Fevers	Infectious Diseases Policy
Fire Danger Ratings	Bush Fire Policy
Fire Equipment	Physical Environment (Workplace Safety, Learning and Administration) Policy
First Aid Kit	Incident, Injury, Trauma and Illness Policy
Food Preparation and Food Hygiene Procedure	Health, Hygiene and Safe Food Policy

Food Safety, Temperature Control and Transport Procedure	Health, Hygiene and Safe Food Policy
Food Storage Procedure	Health, Hygiene and Safe Food Policy
<b>G</b>	
Governance	Governance Policy
Grievance Guidelines	Grievance Policy
Grievance Notification Requirements	Incident, Injury, Trauma and Illness Policy
Group Relationships	Relationships with Children Policy
Groupings	Physical Environment (Workplace Safety, Learning and Administration) Policy
Guidelines for Seatbelts and Restraints	Transportation Policy
<b>H</b>	
Hand Washing Procedure	Health, Hygiene and Safe Food Policy
Head Lice	Head Lice Policy
Health and Safety Committees	Work Health and Safety Policy
Heat	Physical Environment (Workplace Safety, Learning and Administration) Policy
Hygiene	Health, Hygiene and Safe Food Policy
<b>I</b>	
Illness Record	Incident, Injury, Trauma and Illness Policy
Immunisation Children and Educators	Immunisation and Disease Prevention Policy
Immunisation Records	Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Record	Incident, Injury, Trauma and Illness Policy
Inclusion	Relationships with Children Policy
Indoor Space Requirements	Physical Environment (Workplace Safety, Learning and Administration) Policy
Injury	Incident, Injury, Trauma and Illness Policy
Inspection and testing of electrical equipment	Physical Environment (Workplace Safety, Learning and Administration) Policy
Insurance	Excursion Policy
Interactions with Children	Relationships with Children Policy
<b>J</b>	
Job Description for Cooks	Health, Hygiene and Safe Food Policy
Job Descriptions for Educators	If you need assistance call or email DJMIR on (02) 6236 8966 or <a href="mailto:djm@djm.com.au">djm@djm.com.au</a> . As Centre Support does not provide Industrial Relations advice, we recommend that you contact David Morphett from DJMIR for more information.
<b>K</b>	
Kitchens	Physical Environment (Workplace Safety, Learning and Administration) Policy
<b>L</b>	

Learning Environments	Additional Needs Policy Physical Environment (Workplace Safety, Learning and Administration) Policy
Learning and Play	Education, Curriculum and Learning Policy Physical Environment (Workplace Safety, Learning and Administration) Policy
Learning and Transitions	Continuity of Education and Care Policy
Length of Time Records must be Kept	Record Keeping and Retention Policy
Lockdown	Lockdown Policy
Lock up	Lock Up Policy
<b>M</b>	
Management	Governance Policy
Management Interactions and Responsibilities	Educator and Management Policy
Manual handling	Physical Environment (Workplace Safety, Learning and Administration) Policy
Medical Conditions Management Plan	Medical Conditions Policy
Medical Conditions Risk Minimisation Plan	Medical Conditions Policy
Medical Conditions Communication Plan	Medical Conditions Policy
Medication	Administration of Authorised Medication Policy
Minimising Potentially Dangerous Substances	Physical Environment (Workplace Safety, Learning and Administration) Policy
My Time, Our Place Learning Outcomes	Education, Curriculum and Learning Policy
<b>N</b>	
Nail Polish	Health, Hygiene and Safe Food Policy
Nits	Head Lice Policy
Notification of Serious Incidents and Complaints	Death of a Child Policy Incident, Injury, Trauma and Illness Policy Work Health and Safety Policy
Nutrition	Food, Nutrition and Beverage Policy
<b>O</b>	
OHS	Work Health Safety Policy
On-going Maintenance	Physical Environment (Workplace Safety, Learning and Administration) Policy
Open Doors	Parental Interaction and Involvement in the Service Policy
Orientation for Children	Orientation for Children Policy
Orientation for Educators	Educator and Management Policy
Outdoor Space Requirements	Physical Environment (Workplace Safety, Learning and Administration) Policy
Overdue Fees	Fees Policy
Overseas Immunisation Records	Immunisation and Disease Prevention Policy
<b>P</b>	



Parental and Family Involvement	Parental Interaction and Involvement in the Service Policy
Parent Grievances	Grievance Policy
Parent Survey	Parental Interaction and Involvement in the Service Policy
Partnerships with Families and the Community	Additional Needs Policy Continuity of Education and Care Policy Education, Curriculum and Learning Policy Environmental Sustainability Policy Parental Interaction and Involvement in the Service Policy
Pest Inspections	Physical Environment (Workplace Safety, Learning and Administration) Policy
Photography	Photography Policy
Physical Activity	Physical Activity Promotion Policy
Play Dough	Health, Hygiene and Safe Food Policy
Poison Safety Checklist	Physical Environment (Workplace Safety, Learning and Administration) Policy
Priority of Access Guidelines	Enrolment Policy
Privacy	Privacy and Confidentiality Policy
Professional Development Requirements	Educator and Management Policy
Professional Support Services for Children	Additional Needs Policy
<b>Q</b>	
Qualifications for Educators	Staffing Arrangements Policy
<b>R</b>	
Ratings	National Quality Framework Policy
Ratios	Staffing Arrangements Policy
Rearranging, Adding or Removing Furniture	Physical Environment (Workplace Safety, Learning and Administration) Policy
Records of Staff	Record Keeping and Retention Policy
Records Relating to Enrolled Children	Record Keeping and Retention Policy
Responsible Person	Staffing Arrangements Policy
Rest	Rest, Relaxation and Clothing Policy
Road Safety	Transportation Policy
Rostering	Staffing Arrangements Policy
Routine to promote continuity	Continuity of Education and Care Policy
<b>S</b>	
Safety Checks	Physical Environment (Workplace Safety, Learning and Administration) Policy
Sand Pit	Sand Pit Policy
Screen Time	Technology Usage Policy
Seatbelts	Transportation Policy

Serious Incidents	Incident, Injury, Trauma and Illness Policy
Sign-In / Sign-Out	Delivery and Collection of Children Policy
Smoking	Tobacco, Drug and Alcohol Policy
Social Media	Social Media Policy
Staff Meetings	Educator and Management Policy
Standards	National Quality Framework Policy
Storage of Medication	Administration of Authorised Medication Policy
Storage of Records	Record Keeping and Retention Policy
Students	Educator and Management Policy
Sun Protection	Physical Environment (Workplace Safety, Learning and Administration) Policy
Supervised Self-Administration of Medication by Children over Preschool Age	Administration of Authorised Medication Policy
Supervision of Services	Staffing Arrangements Policy
Supporting Children through Difficult Situations	Relationships with Children Policy
Supervision of Resting Children	Rest, Relaxation and Clothing Policy
Sustainability	Environmental Sustainability Policy
<b>T</b>	
Tagging electricals	Physical Environment (Workplace Safety, Learning and Administration) Policy
Technology	Technology Usage Policy
Television and DVD Player Usage	Technology Usage Policy
Tobacco, Drug and Alcohol	Tobacco, Drug and Alcohol Policy
Toileting Procedure	Health, Hygiene and Safe Food Policy
Toy Cleaning	Physical Environment (Workplace Safety, Learning and Administration) Policy
Transitions	Continuity of Education and Care Policy Orientation for Children Policy
Transport Considerations	Excursion Policy Transportation Policy
<b>U</b>	
Urine Spill Procedure	Health Hygiene and Safe Food Policy
<b>V</b>	
Vehicles	Transportation Policy
Visitors	Educator and Management Policy
Volunteers	Educator and Management Policy
Vomit Spill Procedure	Health Hygiene and Safe Food Policy
<b>W</b>	
Water Safety	Physical Environment (Workplace Safety, Learning and Administration) Policy
Work Experience Students and Volunteers	Educator and Management Policy
Work Health and Safety (OHS) requirements	Educator and Management Policy

## A

Acceptance and Refusal of Authorisations Policy

Additional Needs Policy

Administration of Authorised Medication Policy

Animal and Pet Policy

## B

Bike Safety Policy

Bush Fire Policy

## C

CCTV Policy

Chemical Spills Policy

Child Protection Policy

Child Safe Policy

Continuity of Education and Care Policy

***Code of Conduct Policy (Refer to Educator and Management)***

Coronavirus Policy

Cystic Fibrosis Policy

## D

Death of a Child Policy

Death of an Educator Policy

Delivery and Collection of Children Policy

Dress Code Policy

## E

Education, Curriculum and Learning Policy

***Educator and Management Policy (Refer to Code of Conduct)***

Emergency Management and Evacuation Policy

Emergency Service Contact Policy

Enrolment Policy

Environmental Sustainability Policy

Epilepsy Policy

Excursion Policy

## F

Family Law and Access Policy

Fees Policy

Food, Nutrition and Beverage Policy

## **G**

Governance Policy

Grievance Policy

## **H**

Head Lice Policy

Health, Hygiene and Safe Food Policy

HIV AIDS Policy

## **I**

Immunisation – No Jab No Play Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases Policy

## **J**

## **K**

## **L**

Lock Up Policy

Lockdown Policy

## **M**

Medical Conditions Policy

## **N**

National Quality Framework Policy

## **O**

Orientation for Children Policy

## **P**

Parental Interaction and Involvement in the Service Policy

Photography Policy

Physical Activity Promotion Policy

Physical Environment (Workplace Safety, Learning and

Policy and Procedure Review Policy

Privacy and Confidentiality Policy

## **Q**

## **R**

Record Keeping and Retention Policy

Relationships with Children Policy

Rest, Relaxation and Clothing Policy

**S**

Sand Pit Policy

Social Media Policy

Staffing Arrangements Policy

**T**

Technology Usage Policy

Tobacco, Drug and Alcohol Policy

Transportation Policy

**U**

Unenrolled Children Policy

**V**

**W**

Work Health and Safety Policy

**X**

**Y**

**Z**

# Acceptance and Refusal of Authorisations Policy

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## NQS

QA2	2.3.1	Children are adequately supervised at all times
	2.3.2	Every reasonable precaution is taken to protect children for harm and any hazard likely to cause injury.

## National Regulations

Regs	92	Medication record
	93	Administration of medication
	99	Children leaving the education and care service
	102	Authorisation for excursions
	160	Child enrolment records to be kept by approved provider
	161	Authorisations to be kept in enrolment record
	168	Education and care services must have policies and procedures

## Aim

Our service aims to provide clear and transparent policies and procedures for authorisations. This helps staff and parents understand exactly what they need to do.

## Related Policies

Administration of Medication Policy  
 Enrolment Policy  
 Excursion Policy  
 Photography Policy  
 Privacy and Confidentiality Policy  
 Social Media Policy

## Implementation

To ensure children's health and safety, and comply with the requirements of the National Law and Regulations and our policies and procedures, we will only allow the following activities to occur in respect of individual children if they are properly authorised in writing and dated:

- Administration of medication
- Administration of medical treatment, dental treatment, general first aid products and ambulance transportation (required in enrolment records)
- Excursions including regular outings
- Taking of children's photographs
- Posting of children's photographs on the service social media account
- Collection of children by people other than parents e.g. child
  - leaves in accordance with written authorisation of a parent or authorised nominee

- is given into care of a person or taken outside the premises for urgent medical treatment or because of another emergency
- Disclosure of a child's personal information where this is not legally required, or families would not expect the disclosure

Written authorisations will contain all information required under the National Regulations and service policies - please see specific policies for more details.

Our service will accept verbal authorisations in the following situations:

- there is a medical emergency (authorisations are not required for asthma and anaphylactic emergencies)
- parents or authorised nominees are unable to collect a child before the service closes and authorise an alternate person to collect the child

Whenever a person not known to Educators is authorised verbally or in writing to collect the child, they must be adequately identified by Educators before the child is released. See Delivery and Collection of Children Policy for more information.

### **Refusing Authorisations**

Staff will refuse an authorisation if it unreasonably risks the child's safety, is not in line with our policies and procedures or is fraudulent. For example, Educators will refuse an authorisation in the following situations:

- the authorisation is not (or does not appear to be) made by an authorised person
- the authorisation does not comply with aspects of our policies and procedures e.g. medication is not in the original container, does not have the child's name on it, has expired, has an illegible label or the authorised dosage does not match the doctor's instructions
- an authorised nominee, or person authorised by a parent or authorised nominee, does not appear to be capable of safely collecting the child (Delivery and Collection of Children Policy)

For transparency and accuracy, if Educators refuse an authorisation they will record the following information in the child's file:

- the details of the authorisation
- why the authorisation was refused
- actions taken e.g. parent asked to supply medication in original container

## **Source**

**Education and Care Services National Law and Regulations  
National Quality Standard**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**



## Additional Needs Policy

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### NQS

QA3	3.1.3	Facilities are designed or adapted to ensure access and participation by every child in the service and to allow flexible use, and interaction between indoor and outdoor space.
QA5	5.1.2	Every child is able to engage with Educators in meaningful, open interactions that support the acquisition of skills for life and learning.
	5.1.3	Each child is supported to feel secure, confident and included.
QA6	6.3.2	Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.
	6.3.3	Access to inclusion and support assistance is facilitated.

### National Regulations

Regs	155	Interactions with children
	156	Relationships in groups
	157	Access for parents

### My Time, Our Place

LO1	Children feel safe, secure, and supported
	Children develop their emerging autonomy, inter-dependence, resilience and sense of agency
	Children develop knowledgeable and confident self-identities
	Children learn to interact in relation to others with care, empathy and respect

### Aim

To provide each child regardless of their additional needs and abilities with a supportive and inclusive environment that allows them to fully participate in service activities and programs.

### Related Policies

Child Protection Policy  
Continuity of Education and Care Policy  
Enrolment Policy  
Orientation for Children Policy

Relationships with Children Policy  
Health, Hygiene and Safe Food Policy  
HIV AIDS Policy  
Immunisation and Disease Prevention Policy  
Infectious Diseases Policy  
Medical Conditions Policy

## Implementation

**Our service positively responds to and welcomes children with additional needs. This includes children who:**

- are Aboriginals or Torres Strait Islander
- are recent arrivals in Australia
- have a culturally and linguistically diverse background
- are experiencing difficult family circumstances or stress
- are at risk of abuse or neglect
- are experiencing language and communication difficulties
- have a diagnosed disability—physical, sensory, intellectual or autism spectrum disorder
- have a medical or health condition
- demonstrate challenging behaviours and behavioural or psychological disorders
- have developmental delays
- have learning difficulties
- are gifted or have special talents
- have other extra support needs

We understand that additional needs have different causes and require different responses. Any child may have additional needs, and these may be temporary or for a lifetime.

### Learning Environments

Indoor and outdoor environments and equipment will be designed or adapted (to the extent reasonably practical given service financial constraints) to ensure access and participation by every child, including those with additional needs. For example:

- learning materials, resources and equipment (e.g. books, games, music, role plays, drama) will reflect the positive inclusion of children with additional needs in the local and broader community
- the environment may be adapted to meet the needs of children with sensory sensitivities to pressure, texture, smell, noise or colour

### Promoting Each Child's Ability

Educators understand their role is to support each and every child to reach their full potential. Some of the ways Educators do this include:

- using the enrolment form to gather information about children with additional needs and encouraging families to update this information throughout the year
- developing a written individual support plan where appropriate in consultation with families

- encouraging each child to feel a sense of belonging at the service through positive interactions which help each child feel safe and secure and provide the foundation for rich and meaningful learning
- modelling respect for diversity in the community and helping children understand how a diverse population (e.g. physical, racial, religious and cultural) strengthens our communities
- providing accurate and appropriate information about the additional needs of others
- assisting all children to develop autonomy, independence, competency, confidence and pride
- presenting children with a wide range of resources that breakdown stereotypes and, for example, show men and women in non-traditional male/female roles within the home and the workplace, and disabled people engaged in work and community activities
- encouraging children to develop friendships with each other based on mutual trust and respect
- promoting awareness of cross-cultural and non-discriminatory practices in our curriculum
- developing a curriculum which is based on each child's interests, abilities, culture, experiences and ideas
- encouraging all families, including those from migrant and/or non-English speaking backgrounds, to contribute their knowledge and culture to the curriculum
- promoting fairness and equity to all children, and immediately taking action to address any inappropriate/unfair behaviour or exchanges between children
- meeting the verbal and non-verbal communication needs of each child, for example, by using relevant cues, sign language, key words in child's home language and visual displays.
- working with local schools to help each child transition. This may include sharing information about the additional needs of children where families consent
- attending regular professional development on inclusive practices and educating and caring for children with additional needs

### **Professional Support Services for Children**

A child's best interests are met when Educators work in partnerships with external support services/professionals. This will, for example, promote continuity of learning for each child. Educators and the Nominated Supervisor will support families in accessing appropriate support services or professionals where relevant and will work in partnership with those services and/or professionals and families to ensure that learning environments and the curriculum meet each child's needs.

They will hold regular meetings with families and external services/professionals where relevant to evaluate documented plans and strategies prepared in consultation with families or provided by services/professionals.

In cases where families do not include Educators in the child's external support arrangements, families are encouraged to pass on relevant information, and to share any service support plans with the child's medical practitioners and/or support services and professionals.

## Partnerships with parents

It is also expected that parents will work in partnership with Educators to ensure any child with a diagnosed or undiagnosed additional need receives the best possible support to achieve their potential and does not adversely affect the learning environment for other children at the service e.g. due to behaviour issues. This may involve accessing external professional health and support services.

Where parents do not wish to consult these professionals, or work with Educators in implementing measures which support their child, the Nominated Supervisor may suspend or terminate the child's enrolment.

## Federal Government Inclusion Support Program (ISP)

Educators or the Nominated Supervisor will contact the State/Territory Inclusion Agency where appropriate for help with building our capacity and capability to provide and embed inclusive practice and address barriers to inclusion. Support may include:

- help to develop and/or review a tailored Strategic Inclusion Plan
- practical advice and strategies, including solutions to address particular barriers
- help to access the Specialist Equipment Library
- reviewing and endorsing applications to the Inclusion Development Fund to deal with a barrier the Inclusion Agency can't address

Funding categories include:

### 1. Subsidy for an Additional Educator

Per hour funding to centre based services to subsidise the employment of an Additional Educator where service may have children with ongoing high support needs (refer 'Guide to Social Security Law, 1.1.R.90 Recognised disability CA (child)' ) on the Department of Social Services' website. The extra Educator works with other Educators to meet all children's needs

### 2. Subsidy for Immediate/Time-Limited Support

Enables centre based services to immediately engage an Additional Educator for a limited time, while an alternative and more stable solution is being determined.

### 3. IDF – Innovative Solutions

Assists eligible services to fund innovative and flexible solutions to inclusion e.g. funding for:

- translating and interpreting services and/or bilingual workers to engage with parents and/or settle a child from a CALD background
- funding to purchase services from cultural experts e.g. Indigenous community elders, bicultural support workers
- funding for specialist advice on how to include a particular child, beyond the expertise of the Inclusion Agency e.g. advice from trauma or hearing specialist

Further details about the types of funding support, or other aspects of the ISP, can be found in the Inclusion Support Programme Guidelines -2016-2017 to 2018-2019 on the Department of Education and Training website.

## Sources

**Education and Care Services National Law and Regulations**

**National Quality Standard**

**My Time Our Place**

**Inclusion Support Programme Guidelines -2016-2017 to 2018-2019 Department of Education and Training**

**Guide to Social Security Law, 1.1.R.90 Recognised disability CA (child) Department of Social Services**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Administration of Authorised Medication Policy

## NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

## National Regulations

Regs	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement - anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

## My Time, Our Place

LO3	Children take increasing responsibility for their own health and physical wellbeing
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## Aim

Our Service and our Educators will only administer medication to a child if it is authorised or the child is experiencing an asthma or anaphylaxis emergency. We recognise it is essential to follow strict procedures for the administration of medication to ensure the health, safety and wellbeing of each child using the service.

## Related Policies

Emergency Service Contact Policy

Enrolment Policy

Incident, Injury, Trauma and Illness Policy

Medical Conditions Policy

## Implementation

Our service and Educators will only administer medication to children if it is authorised by parents (or by someone authorised by parents on the enrolment record to make decisions about the administration of medication). If there is a medical emergency, we will also administer medication when authorised verbally by a parent, medical practitioner or an emergency service, however we may administer medication during an asthma or anaphylaxis emergency without first receiving authorisation.

Medication under the Regulations includes medication covered by the Therapeutic Goods Act 1989. Therapeutic goods include those for therapeutic use to:

- prevent, diagnose, cure or alleviate a disease, ailment, defect or injury
- influence, inhibit or modify a physiological process.

***This covers products like sunscreen.***

The Nominated Supervisor will ensure a copy of this policy is provided to parents when they enrol their child.

The Nominated Supervisor or Program Manager will ensure children's medication is regularly audited to ensure it has not expired and is in the original container with legible labels.

### **Administration of Medication (non-emergency)**

Educators will administer medication to a child if it complies with our policy requirements and:

1. if the medication is authorised in writing by a parent or another authorised person and
  - is the original container
  - has not expired
  - has an original label and instructions that can be clearly read and, if prescribed by a doctor has the child's name
  - is administered in accordance with any instructions on the label or from the doctor.
2. after the child's identity and the dosage of the medication is checked by an Educator who is not administering the medication. This Educator will witness the administration of the medication.

### **Over the Counter Medication (non-prescription medication)**

Our service does not administer over the counter medication unless it has been prescribed by a medical practitioner. Medication may mask the symptoms of other, more serious illnesses and our Educators are not qualified medical professionals. However, we will administer sunscreen without prescription if a parent or authorised person authorises this.

Anyone delivering a child to the service must not leave medication in the child's bag or locker. Medication must be given directly to an Educator on arrival for appropriate storage. Auto injection devices (e.g. EpiPen's) and asthma puffers will be stored up high in rooms, so they are inaccessible to children. All other medication will be stored in accordance with the storage instructions on the medication in a locked labelled container in a cabinet or fridge. Non-refrigerated medication will be kept away from direct sources of heat.

### **Self-Administration of Medication by Children over Preschool Age**

Our service permits children over preschool age to self-administer medication if this is authorised by the child's parent or another authorised person. This information will be detailed in the child's Medical Management Plan and Medical Conditions Risk Minimisation Plan if appropriate. The child's medication will be stored in a secure area which other children cannot access it.

When the medication is due to be administered:

- Educators will advise child to take their medication

- Educators will supervise child administering the medication
- Educators will complete a medication record

### **Administration of Medication in emergencies other than anaphylaxis or asthma emergencies**

1. Educators will administer medication to a child in an emergency:
  - if a parent or another authorised person verbally authorises the administration of the medication or
  - they receive verbal authorisation from a registered medical practitioner or emergency service if the parent or authorised person cannot be contacted.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained Educator.
3. The Nominated Supervisor will contact the child's parent, and provide written notice to the parent, as soon as possible.
4. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

Educators will not administer medication if parents provide verbal authorisation in circumstances that are not emergencies. If Educators are unsure whether they should be administering a medication in an emergency after receiving verbal authorisation from a parent or responsible person, Educators will obtain authorisation from a registered medical practitioner or emergency service.

### **Administration of Medication during Anaphylaxis or Asthma Emergencies**

1. Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained Educator.
3. The Nominated Supervisor will contact the child's parent and the emergency services as soon as possible.
4. The Nominated Supervisor will advise the child's parent in writing as soon as possible.
5. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

### **Medication Record**

Educators will complete a Medication Record with the name of the child which:

- contains the authorisation to administer medication or for the child to self-administer the medication
- details the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next
- if medication is administered to a child (including during an emergency), details the dosage that is administered and how it is administered, the time and date it is administered, the name and signature of the person that administered it, and the name and signature of the person that checked the child's identity and dosage before it was administered and witnessed the administration.
- if medication is administered by a child that is authorised to self-administer medication, details the dosage the child took and how, and the time and date it was taken.



We will use the Medication Record template published by the national authority ACECQA  
[www.acecqa.gov.au](http://www.acecqa.gov.au)

If required, we will adapt this Medication Record template to record the self-administration of medication for authorised children over pre-school age (e.g. in the “name and signature of Educator administering medication” columns put N/A for not applicable).

## Sources

**Education and Care Services National Law and Regulations**  
**National Quality Standard**  
**My Time Our Place**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

## Animal and Pet Policy

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### NQS

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
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QA3	3.1.1	Outdoor and indoor spaces, buildings, furniture, equipment, facilities and resources are suitable for their purpose.
	3.3	The service takes an active role in caring for its environment and contributes to a sustainable future.
	3.3.2	Children are supported to become environmentally responsible and show respect for the environment.

### National Regulations

Regs	168	Policies and procedures are required in relation to health and safety
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### My Time, Our Place

LO2	Children become socially responsible and show respect for the environment
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### Aim

To promote respect for the environment and all animals, to educate children about the proper care and treatment of animals, and to provide a safe and hygienic environment that minimises the risk of injuries from the animal.

### Implementation

- The Nominated Supervisor will complete a written risk assessment before allowing any animal to be kept at the service, or pet to visit the service, and take appropriate actions to reduce the risk of harm the animal may pose to children and adults (which may include a decision not to proceed). Records of the assessment and resulting actions will be maintained at the service
- Children must be closely supervised when accessing any animal or pet at the service.
- Any animal or pet kept at the Service will be regularly fed, cleaned, vaccinated, have flea powder applied to them and be regularly checked for fleas and wormed. Any animal in a cage will have its cage cleaned daily
- Educators will teach children how to properly care for animals and how to treat them appropriately

- Room tasks will include feeding, cleaning and caring for the animal, and children will take turns completing these activities. The roster will be supervised by Educators to ensure caring for and feeding the animal is not overlooked
- The Nominated Supervisor and Educators will implement a roster to ensure any animal that requires care or feeding over the weekend or outside service operating hours is either taken to an Educators home or provided with care and food at the service during these periods
- Animal or pets will not be allowed in the sandpit or any other play area. In event that this happens, Educators will refer to the Sand Pit Policy
- Animal or pets will never be taken into the food preparation area nor will they be allowed near the eating or sleeping area
- Anyone who has handled the animal or pet will immediately wash their hands after they have finished handling the animal or pet
- Children's animal or pets will only be allowed in the Service when permission has been granted by the Nominated Supervisor. If an animal is brought to the Service when families are collecting children, it must be left at the gate far enough way, so children cannot touch the animal through the fence

## Source

**Education and Care Services National Law and Regulations  
National Quality Standard  
My Time Our Place Learning Framework**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Bike Safety Policy

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## NQS

QA2	2.2.2	Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

QA3	3.1.1	Outdoor and indoor spaces, buildings, furniture, equipment, facilities and resources are suitable for their purpose
	3.1.2	Premises, furniture and equipment are safe, clean and well maintained.
	3.2.2	Resources, materials and equipment are sufficient in number, organised in ways that ensure appropriate and effective implementation of the program and allow for multiple uses

## My Time, Our Place

LO3	3.2	Children take increasing responsibility for their own health and physical wellbeing
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## Aim

To ensure all children can participate safely in bike riding activities that promote physical activity, learning through play and collaboration with peers.

## Related Policies

Physical Activity Promotion Policy

Physical Environment (Workplace Safety, learning and Administration) Policy

## Implementation

The Approved Provider or Nominated Supervisor may consider the following issues if planning bike tracks or using existing tracks or other areas for bike riding:

- locate away from main traffic areas at the service or spaces designed for restful or creative activities
- grade so children can move easily along track or through area
- include materials of different textures so children experience different vibration and sounds
- include challenging elements like hills, mounds and speed humps if these are appropriate for the age of the children at the service
- make from materials least likely to absorb and retain heat
- preferably cover with a shade structure or shady tree
- consider including road features which may reinforce road safety such as line markings, pedestrian crossings, stop and give way signs, traffic lights
- promote features petrol stations, bus stops and gardens to encourage role play and collaborative learning
- if planning or implementing a bike track, make 1200-1500 mm wide, have 1000 mm free space beside it and edge, for example with rounded bricks or concrete.

## Bikes

The Nominated Supervisor will ensure:

- bikes at the service are suitable for the ages of children at the service
- comply with AS/NSZ 1927
- are regularly inspected and maintained

### Safety Assessment and Education

Before children can ride bikes at the service:

- the Nominated Supervisor will conduct a risk assessment to plan how bikes can be used safely in different locations at the service and take action to eliminate or minimise risk to children from bike riding
- the Nominated Supervisor will induct Educators and staff in the safe use of bikes

Educators will:

- teach children how to ride the bikes
- teach children the bike safety rules
- discuss bike safety behaviours and their expectations for consistent safe riding at the service
- provide children with a bike licence containing their name and photo. Their licence may be revoked if they engage in unsafe behaviour or do not follow the service's bike safety rules.

When children are riding bikes, Educators will ensure all children follow the bike safety rules consistently.

### Bike safety rules

- all bikes are ridden in one direction only
- different age groups will ride in different places or at different times
- all children wear properly fitting helmets that comply with AS/NSZ 2063
  - helmet can't be moved around on the head
  - chinstrap fastened firmly and not twisted
  - straps join in a 'V' just below the ears
  - helmets replaced after an impact or accident, or if materials split or deteriorate
  - sunhats worn under helmets in accordance with sun safe policy
- no child can ride a bike if an Educator is not supervising them
- no child can collide with a stationary bike or one being ridden by a child
- children can only overtake other children if it is safe
- children who have finished riding must park their bike in the parking bay

## Sources

National Quality Standard

Early Years Learning Framework

Kidsafe NSW - Bike tracks

NSW Transport – Safety on wheels

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Bush Fire Policy

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## NQS

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
	2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

QA6	6.3.1	Links with relevant community and support agencies are established and maintained.
	6.3.4	The service builds relationships and engages with their local community.

## National Regulations

Reg	168(2)(e)	Policies and procedures in relation to emergency and evacuation
	97	Emergency and evacuation procedures
	98	Telephone or other communication equipment

## My Time, Our Place

LO2	Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation
	Children become socially responsible and show respect for the environment

LO4	Children resource their own learning through connecting with people, place, technologies and natural and processed materials
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## Aim

Our service aims to keep all children and Educators safe at all times. Therefore, in the instance of a bush fire, the service will act at all times to protect the Educators and children in line with recommendations and instructions from relevant emergency authorities.

## Related Policies

Emergency Management and Evacuation Policy

Emergency Service Contact Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

## Who is affected by this policy?

Children  
Families  
Educators  
Community  
Visitors

## Implementation

Our service will prepare a Bushfire Action Plan should a bushfire affect the service's operations.

The aim of this Bushfire Action Plan is to outline the activities that Educators, children, families and visitors to be undertaken in the following circumstances:

- On days of very high, severe, extreme fire ratings including Total Fire Bans
- When there is a fire in the local district.
- When a bushfire is threatening or impacting the site.
- During a period of recovery if a bushfire impacts the service.

During peak bush fire seasons, such as Spring and Summer, Educators will monitor the Fire Danger Rating daily. If the Rating is Very High or above, Educators will monitor the situation via the internet, radio or other form of local communication to stay aware of the current situation. Our service will not accept children for care on days when there is an extreme or catastrophic danger rating applying in the immediate area.

Our Educators will follow a "leave early" policy rather than a "stay and defend" policy whenever a bushfire may impact the service.

## Preparation

Before the Bush Fire danger period (1 October to 31 March) the nominated supervisor will work with the school to ensure:

- ensure trees are trimmed to 2m from buildings.
- ensure any dead branches, leaves and undergrowth are removed from around buildings.
- ensure bark, heavy mulch, wood piles and any other flammable materials close to buildings are removed.
- arrange for any lopping of branches if necessary
- arrange for gutters and roofs to be regularly cleaned and kept free of leaves
- ensure tile and paintwork on buildings is well maintained
- ensure there is well maintained equipment to fight fires (e.g. long hoses with nozzles, buckets, sprinklers, petrol/diesel powered pump)
- prepare a bushfire survival kit which will be organised and stored somewhere that is easily accessible. This kit will include:
  - A copy of the Bushfire Action Plan
  - Emergency Contact Details for each child.
  - Child attendance registers.
  - Emergency telephone numbers.
  - Working torch and spare batteries
  - First Aid Kit.
  - Educators/Children Medications and Medical Register



- Mobile Phone and Charger
- Drinking Water
- Woollen blankets
- Towels
- Gloves
- Smoke mask
- Goggles
- Battery operated radio and spare batteries

This Kit will be checked at the start of Spring for contents.

### **Very High, Severe or Extreme Fire Danger Ratings including Total Fire Bans and when Fire is Reported in the Local District**

On days where the Fire Danger Rating is Very High, Severe or Extreme, or when fire is reported in the local district, the service will inform families by posting a warning on the front door/foyer/noticeboard.

Children will be transitioned throughout the day as per our usual practice.

Any Educators who planned to attend off-site training will stay at the service and have their training cancelled/rescheduled.

The nominated supervisor/OHS or WHS Officer or Fire Warden will ensure that:

- all gates have access keys and ensure the locks are in working order.
- all outdoor taps are in working order with hoses attached and buckets placed beside each exterior tap
- any outdoor industrial dumpster is closed at all times.
- all hazards are removed from passages and walkways and nothing is blocking emergency exits.

All Educators will monitor conditions when outside. Educators will also ensure that no art and craft work, posters etc are hung outside and that garbage bins are emptied throughout the day.

Educators will ensure the Bushfire Survival Kit is easily accessible and contains a mobile phone which is in full working order, has a fully charged battery, and a battery charger. The Emergency Contact register, Daily Roll and the medical register for the day will also be added to the kit.

Family members will be required to provide a reliable contact number for the day together with their child's asthma medication.

### **Additional Steps Where Fire Reported in Local District**

In addition to the steps outlined in the previous section of the policy:

The nominated supervisor will ensure all preparation activities have been undertaken. They will also ensure there is a current evacuation plan in place that can be implemented after considering any local road closures etc.

All children's activities outside the building will be cancelled.

Educators, families and visitors to the service will be encouraged to reverse park their cars.

The nominated supervisor/Educators will:

- turn off power and gas (including gas cylinders)
- back up all computer files.
- ensure that whistles are in place beside each portable fire extinguisher, so they can be used to notify everyone if a fire starts on site.

Educators will be diligent in ensuring children's personal items are placed in their bags when not in use.

### **Fire Reported in Immediate Vicinity or Directly Impacting the Service**

The steps outlined in the previous sections will be followed immediately.

In addition:

The Nominated Supervisor will:

- contact and liaise with the emergency services
- implement emergency evacuation procedures if it is safe to do so
- implement emergency shelter in place procedures if it is not safe to evacuate.

In this case the Nominated Supervisor will ensure Educators:

- move all hoses inside building
- close all doors and windows
- access the roof space every 10-20 minutes to check for spot fires
- soak towels and place under external doors
- block drain pipes and fill gutters with water
- continually patrol property for spot fires and extinguish
- remove curtains, move furniture away from windows

The nominated supervisor will inform the approved provider of the situation and regularly keep them updated.

The approved provider/nominated supervisor will inform the regulator about the situation, advising the number of children affected, the Educator ratios in place and any issues or injuries that have arisen.

### **Recovery after the Front has passed.**

The nominated supervisor will:

- ensure that no Educators, family members, children or visitors leave the service or evacuation centre until the situation is considered safe by the emergency services
- at all times work to keep the regulator aware of the situation, including the number of children affected, emergency Educator ratios in place, any issues that arose and if possible the impact to the service.

The nominated supervisor or Emergency Response Team made up of nominated Educators will

- assess the situation and if necessary, make arrangements for the care of children for an extended period of time
- continue to check the building and surrounds for 2-4 hours after the front has passed

- arrange to have firefighting equipment, warning system and Bushfire Safety and First Aid Kits checked and readied for use again.

Educators at the service will stay on duty until all children have been collected or relief Educators arrive.

Only a qualified Educator will administer first aid should the situation arise.

Relevant Educators will undertake a debrief of the fire emergency and the procedures undertaken. Educators will be requested to review their own roles, responsibilities and preparation before and during the crisis. The policy will be reviewed to ascertain its effectiveness.

If necessary, the approved provider/Nominated Supervisor will arrange for relevant authorities to check the safety of the site.

### **Fees and Charges**

Attendance fees for the day will still be charged. CCS payments are available if your child is absent for any reason for up to 42 days each financial year. Should a family member be unable to collect or arrange collection of their children within one hour of the usual operation hours of the service, late fees will apply as per our Fees Policy.

## **Sources**

**National Quality Standard**

**Education and Care Services National Regulations**

**The Bushfire Royal Commission Report Vic 2009**

**My Time Our Place Framework for School Age Care**

**Occupational Health and Safety Act 2004**

**Emergency Management Act 1986**

**Guide to Developing an Emergency Management Plan by DEECD Victoria**

**[www.mychild.gov.au](http://www.mychild.gov.au)**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: August 2020**

**Date for next review: August 2021**

# CCTV Policy

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## NQS

QA4	4.2.1	Professional standards guide practice, interactions and relationships.
QA7	7.1.1	Appropriate governance arrangements are in place to manage the service
	7.3.1	Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.

## Aim

To implement a mechanism which complies with the Australian Privacy Principles and can be used to help minimise or eliminate immediate risks to children, employees or visitors, or to support matters which may be investigated by the Police or Courts/Tribunals.

## Related Policies

Record Keeping and Retention Policy

## Implementation

We may install CCTV cameras to help ensure the safety and security of children, employees and visitors to our service. Surveillance footage may be used to minimise or eliminate immediate risks to children, employees or visitors, or it may be used as evidence in any matter which involves the Police or Courts/Tribunals.

If we install CCTV cameras we will comply with privacy and other legislative requirements by:

- notifying employees and families in writing at least 14 days before use:
  - that CCTV cameras will be used for security and safety purposes
  - when they will start recording
  - whether they will record footage continuously or intermittently
  - the period of surveillance i.e. a specific period or for an ongoing period
  - how long the footage will be kept
  - who has access to the footage – i.e. employees or owners who use it to ensure the safety of children, families or visitors, the Police, legal representatives in the event of a Court case, and employees or owners whose role it is to maintain or delete the video
  - when and how the footage will be deleted
  - that they may consult with the Nominated Supervisor about the conduct of the surveillance
- displaying signs at each entrance telling people that CCTV cameras are in use and they may be recorded
- recording vision but not sound
- ensuring there is no external access to the footage e.g. families cannot log in and view it
- ensuring there is no surveillance of adult or children's toilets, bathrooms or change rooms and no surveillance of lactation rooms. This does not prevent CCTV vision of the entrance/exit to these areas.

During the 14-day notice period the Approved Provider or Nominated Supervisor will consult in good faith with employees and families who raise issues about the surveillance by giving them a genuine opportunity to influence the conduct of the surveillance.

Once the CCTV is in operation, the Nominated Supervisor or Director, Operations will provide new employees or families with a copy of the CCTV policy before they start at the service.

## **Sources**

**National Quality Standard**  
**Education and Care Services National Regulation**  
**Surveillance Devices Act 1999**  
**Privacy Act 1988 (includes Australian Privacy Principles)**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Chemical Spills Policy

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## NQS

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
	2.3.3	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

QA3	3.1.1	Outdoor and indoor spaces, buildings, furniture, equipment, facilities and resources are suitable for their purpose.
	3.3	The service takes an active role in caring for its environment and contributes to a sustainable future.
	3.3.2	Children are supported to become environmentally responsible and show respect for the environment.

## National Regulations

Regs	85	Incident, injury, trauma and illness policies and procedures
	97	Emergency and evacuation procedure
	106	Laundry and hygiene facilities

## Aim

To ensure that, should a chemical be spilled in the service, that it is cleaned up immediately in a safe manner.

## Related Policies

Emergency Management and Evacuation Policy

Emergency Service Contact Policy

Incident, Injury, Trauma and Illness Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

## Who is affected by this policy?

Child

Parents

Family

Educators

Management

Visitors

Volunteers

## Procedure

- Remove children from the area.
- Contain the spill. Ensure that it is cleaned up thoroughly and promptly.
- Approach with care when cleaning. Some chemicals may lack colour or odours but may still be dangerous. Never assume a chemical is harmless
- Identify chemicals and potential hazards by using the appropriate Material Safety Data Sheet.
- Use the manufacturer's recommendations to clean up the spill appropriately.
- Decontaminate any equipment or clothing associated with the spill.
- Dispose of any equipment should the spill have made it unsafe for further use.
- Reflect on procedures to analyse how this incident occurred and how the incident could be prevented in the future.

## Source

**Education and Care Services National Regulations 2011**  
**National Quality Standard**  
**Occupational Health and Safety Act 2004**  
**Public Health and Wellbeing Act 2008**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Child Protection Policy

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## NQS

QA2	2.3.4	Educators, co-ordinators and Educators are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect.
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## National Regulations

Regs	84	Awareness of child protection law
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## Aim

To ensure all employees take their responsibility to protect children from any type of harm very seriously, understand their reporting obligations and are aware of our risk management strategy which includes practices designed to ensure the safety and wellbeing of children is paramount.

## Related Policies

Educator and Management Policy  
 Privacy and Confidentiality Policy  
 Record Keeping and Retention Policy

## Related Documentation

Incident Injury Trauma and Illness Record  
 Child Protection Annual Review  
 Educator Induction Processes  
 Educator Appraisal Processes  
 Educator Recruitment Processes  
 Educator Professional Development Processes  
 Educator Job Descriptions  
 Staff Records  
 Risk Management Plans

## Implementation

Under the Children Youth and Families Act 2005 a child is considered to be in need of protection if:

- the child has been abandoned by their parent(s) and no other suitable person is willing and able to care for the child.
- the child's parent(s) are dead or incapacitated and there is no other suitable person willing and able to care for them.
- the child has suffered, or is likely to suffer, significant harm as a result of physical injury, sexual abuse, emotional or psychological harm and the child's parent(s) have not protected, or are unlikely to protect, the child from that harm.



- the child's physical development or health has been or is likely to be significantly harmed and the child's parent(s) have not provided or arranged, or are unlikely to provide or arrange, basic care or effective medical, surgical or other remedial care.

**Mandatory** reporters must make a report to Child Protection as soon as possible after forming a belief on reasonable grounds that a child is in need of protection from significant harm as a result of **physical or sexual abuse**, and the child's parents are unwilling or unable to protect the child.

**Mandatory reporters** currently include teachers or early childhood teachers registered under the Education and Training Reform Act 2006, while all adults are mandated reporters if they form a reasonable belief that a sexual offence has been committed against a child under 16 by someone 18 or over. **Despite this, all Educators who believe on reasonable grounds that a child is in need of protection will report** abuse and neglect to either Child Protection on 131278 (and the Police on 000 if sexual abuse is involved) or Child FIRST. Child FIRST contacts are available at <http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams>.

A report to Child Protection will be made if:

- the harm or risk of harm has a serious impact on the child's immediate safety, stability or development
- the harm or risk of harm is persistent and entrenched and is likely to have a serious impact on the child's immediate safety, stability or development
- the child's parents cannot or will not protect the child from harm.

A report to Child FIRST will be made if concerns about the child have a low to moderate impact on the child and the immediate safety of the child is not compromised. Some of these concerns may include:

- family conflict or family breakdown
- young or isolated families
- significant parenting problems that may be affecting the child's development.

A step by step guide to making a report to Child Protection or Child FIRST is available on the Victorian Department of Human Services website at [http://www.dhs.vic.gov.au/data/assets/pdf\\_file/0003/582591/flowchart-mandatory-reporting-27-5-10.pdf](http://www.dhs.vic.gov.au/data/assets/pdf_file/0003/582591/flowchart-mandatory-reporting-27-5-10.pdf)

A person may form a belief on **reasonable grounds** that a child is in need of protection after becoming aware that a child's health, safety or wellbeing is at risk and the child's parents are unwilling or unable to protect the child. For example:

- a child states that they have been physically or sexually abused
- a child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves)
- someone who knows the child says they has been physically or sexually abused
- a child shows signs of being physically or sexually abused

- a staff member is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child's safety or development
- a staff member observes indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's actions or behaviour place them at risk of significant harm and the child's parents are unwilling or unable to protect the child.

## **Child Protection Risk Management Strategy**

The Approved Provider, Nominated Supervisor, employees and volunteers will implement a Child Protection Risk Management Strategy to ensure the health, wellbeing and safety of all children at the service, protect children from harm and protect the integrity of employees and volunteers. The Strategy includes the following components:

1. Aim (page 2)
2. Code of Conduct
3. Recruitment, Selection and Training Procedures for employees and volunteers which include child protection principles
4. Procedures for handling disclosures and suspicions of harm Reporting and Documenting Abuse or Neglect
5. Procedures for Managing Breaches
6. Risk Management for High Risk Activities and Special Events
7. Strategies for Communication and Support

## **2. Code of Conduct**

The service upholds the Code of Conduct in our Educator and Management Policy for employers, Educators, volunteers, students, families and children to ensure the safety and wellbeing of children.

## **3. Recruitment, Selection and Training Procedures**

The Approved Provider/ Nominated Supervisor or Directors – Operations/People, Culture and Capability will implement recruitment, professional development and training procedures for Educators and where relevant volunteers to ensure no-one at the service poses a risk to children and everyone understands how to manage disclosures or suspicions of harm (Recruitment procedures at Appendix A and training procedures in Educator and Management Policy).

Requirements include:

- job advertisements which include qualifications and skills required
- position details which outline level of professional skills and responsibilities
- processes which ensure Educators have clear Working with Children Checks or they are exempt (see [www.workingwithchildren.vic.gov.au/](http://www.workingwithchildren.vic.gov.au/))
- interview questions and referee check which reference person's approach to child safety and protection
- documented induction/ orientation checklists which reference child safety and protection, supervision, compliance with National Law and Regulations, NQS, Code of Conduct, policies and procedures

- annual training and development to ensure individuals are clear about their roles and responsibilities to protect children from harm, are aware of their reporting obligations, can confidently recognise the indicators of harm (see Appendix B) and understand documenting and reporting procedures.
- annual performance appraisals for employees
- regular inclusion of child protection and risk management strategy at least every 6 months in staff meetings and annual review of written training plans which must include Child Protection matters (e.g. disclosures and suspicions of harm)
- providing access to relevant legislation and other resources to help employees and volunteers meet their obligations

## 4. Procedures for managing disclosures and suspicions of harm

### What is a *disclosure* of harm?

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures of harm may start with:

- I think I saw...||
- Somebody told me that...||
- Just think you should know...||
- I 'm not sure what I want you to do, but...||

### What is a *suspicion* of harm?

A suspicion of harm is when someone has a reasonable suspicion that a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm. Note there may be circumstances where there is concern for a child's welfare, but it does not reach the threshold to be considered a disclosure or suspicion of harm. In this case Educators will connect families with Family and Child Connect with the family's consent.

The Approved Provider, Nominated Supervisor, employees and volunteers may suspect harm if:

- a child says they have been harmed
- someone else, for example another child, a parent, or an employee, says harm has occurred or is likely to occur
- a child tells them they know someone who has been harmed (it is possible that they may be referring to themselves)
- they are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
- they see the harm happening.

### Managing and recording a disclosure of harm

If the Approved Provider, Nominated Supervisor, Educators have concerns about the safety of a child they will:

- find a private place to talk
- remain calm and listen in an attentive, active and non-judgemental way
- encourage the person (including a child) to talk in their own words
- take anything a child says seriously
- allow children to be part of decision-making processes where appropriate

- ask just enough open-ended questions to act protectively without asking any leading questions which suggest an answer and could compromise later investigations
- tell the person they have done the right thing in revealing the information and they'll need to tell someone who can help keep them safe
- not try to investigate or mediate the matter themselves
- record their own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child)
- document as soon as possible so the details are accurately captured including:
  - time, date, location and who was present
  - full details of the (suspected) abuse
  - exactly what the person said using "I said", "they said," statements
  - the questions Educators asked
  - any comments Educators made
  - Educators' actions following the disclosure
- ensure the managements and storage of records complies with our Privacy and Confidentiality Policy.
- follow our reporting procedures - **See template at Appendix C**

### **Managing and recording a suspicion of harm**

The Approved Provider, Nominated Supervisor, employees and volunteers will:

- remain alert to any warning signs or indicators
- pay close attention to changes in the child's behaviour, ideas, feelings and the words they use
- make written notes of observations in a non-judgemental and accurate manner, and manage in line with our Privacy and Confidentiality Policy
- assure a child that they can come to talk when they need to, and listen to them and believe them when they do
- follow our reporting procedures - **See template at Appendix C**

### **Making a Report**

A report will be made using the following procedure preferably on the same day there is a disclosure or suspicion of significant harm, and no later than 24 hours after the disclosure or suspicion.

***The Approved Provider, Nominated Supervisor, employees and volunteers will:***

#### **1. Consider whether disclosure or suspicion needs to be reported to Police**

- contact the police on 000 if there is an immediate danger to a child and intervene immediately if it is safe to do so
- contact the police on 000 where the child has been or may be the victim of a criminal offence **(including sexual abuse and where a child is at risk of significant harm outside the family)**
- contact the Police immediately on 000 if the Approved Provider, or an employee, volunteer or visitor has abused or is alleged to have abused a child
- get clear guidance from Police about who will tell child's parents about the disclosure and who can give ongoing support

#### **2. Consider whether the disclosure or suspicion must be reported to Children Protection**

- make a report by phone to the Child Protection hotline on 131 278 (available 24 hours/7 days a week). You may also contact Regional offices (See page 2)

- make the report with the assistance or support of the Nominated Supervisor. If the Nominated Supervisor does not follow through and make the report, employees and volunteers will make the report
  - get clear guidance from the person answering about who will tell child's parents of the disclosure and who can give ongoing support
- 3. Consider whether referral is needed to Child FIRST**
- connect families with Child FIRST agencies (available 24 hours/7 days a week) where concerns of abuse or neglect do not require reports to Child Protection or the Police. Family consent first (See contacts page 2)
- 4. Consider whether you must notify Regulatory Authority**
- notify the Regulator about any incident, including any suspected or alleged incident, of child abuse that has occurred at the service. This includes any physical or sexual abuse that has occurred or is occurring while the child is at the service.

### ***Allegations against Service Personnel***

The reporting procedure above will also be followed where there are allegations of harm against the Approved Provider, Nominated Supervisor, employees or volunteers. The Approved Provider or Nominated Supervisor will:

- complete an Incident, Injury, Trauma and Illness Record and notify the Regulatory Authority within 24 hours of making the report
- provide appropriate support for any employee/volunteer who has an allegation made against them
- protect the identity of employees/volunteers in relation to unsubstantiated complaints
- review the person's duties, and if they continue to interact with children, ensure they are appropriately supervised at all times
- seek legal advice about restricting that person's work activities if relevant.

### ***Confidentiality***

It is important that individuals keep a Report confidential while the matter is investigated. Employees or volunteers will not discuss the Report with people who are not involved or inform the person they have made the complaint about, to ensure the matter can be investigated without prior knowledge and contamination of evidence.

### ***Support after disclosure***

The Approved Provider or Nominated Supervisor will provide assistance to access appropriate support and counselling services for all parties affected by a disclosure of harm.

### ***5. Procedures for Managing Breaches***

All employees and volunteers working with children have a duty of care to support and protect children which is breached if a person:

- does something that a reasonable person wouldn't do in a particular situation
- fails to do something that a reasonable person would do in the circumstances
- acts or fails to act in a way that causes harm to someone owed a duty of care.

In relation to our Child Protection Risk Management Strategy, a breach of that duty of care includes any action or inaction by an employee, volunteer or child that fails to comply with any of the eight components of the Strategy.

Employees, volunteers or families should report the breaches to the Nominated Supervisor or Approved Provider who will manage an investigation into the breach in a fair, unbiased and supportive manner in line with our Grievance Policy and Procedure (see Report Breach template at Appendix D). For example:

- those involved in the breach will be able to provide their version of events
- matters discussed in relation to the breach will be kept confidential
- an appropriate outcome will be decided
- everyone affected will receive a clear written statement (letter, email or SMS) of the outcome
- records will be kept about the details of the breach, including the versions of all parties and the outcome of the breach

Depending on the nature of the breach outcomes may include:

- emphasising the relevant component of the Child Protection Risk Management Strategy, for example, the Code of Conduct
- providing closer supervision
- professional development and training
- mediating between those involved in the incident (where appropriate)
- disciplinary procedures if necessary
- reviewing current policies and procedures and developing new policies and procedures if necessary
- termination of employment.

#### **6. Risk Management Plan for High Risk Activities and Special Events**

The Nominated Supervisor and Educators will analyse the risk of 'harm' to children for all relevant events including purchase of new equipment as well as high risk activities where there is an increased risk of harm to children for example:

- water based activities
- special events like service concerts and family information days where there will be a large number of visitors or people present
- events or activities where visitors will be present
- excursions
- playground renovations
- activities using dangerous equipment

The Nominated Supervisor and Educators will:

1. Identify all the elements of an activity (e.g. objectives, location, participants, transportation, toileting/change room procedures, appropriate supervision and adult to child ratios, photography policy, managing medications, managing illness and injury, procedure applying to visitors, physical environment)
2. Identify the risks
3. Analyse the likelihood and consequences of the risks
4. Evaluate the level of risk (e.g. low, moderate, high, extreme)
5. Implement strategies to eliminate or minimise the risk
6. Review the activity to determine how it could be improved

**(See Appendix E for a Risk Management template)**



Where relevant (e.g. playground renovations) the Nominated Supervisor will encourage families to provide feedback on the risk of harm to children and strategies to minimise the risk. Feedback may be sought via newsletters or survey forms, or during parent information sessions.

### **7. Strategies for Communication and Support**

The Nominated Supervisor will implement the following to ensure families, employees, volunteers and children are aware of our Child Risk Management Strategy:

- regularly advise families and prospective families (at least every 6 months) via service newsletters, emails and information evenings about the reasons for and components of our risk management strategy, where they can access our Child Protection Policy and Risk Management Strategy, and that we welcome feedback about the Policy/Strategy. We may include what we aim to teach children about protective behaviour (see Attachment G)
- provide written information about our risk management strategy during enrolment and orientation and include in Parent Handbook
- regularly include (at least every 6 months) the reasons for and components of our risk management strategy in staff meetings and include in Staff Handbook
- ensure Educators talk to children about the Strategy where appropriate and provide any feedback to the Nominated Supervisor
- display posters about child protection issues, including safe and supportive environments
- include child protection issues and our risk management strategy in employees' performance and training plans
- ensure Educators regularly include learning about appropriate child protection issues in the Curriculum, including how to keep themselves safe, and what to do if they feel unsafe
- make available to employees and family's relevant resources

## **Sources**

**Children, Youth and Families Act 2005**

**The Child Wellbeing and Safety Act 2005**

**Crimes Act 1958**

**Education and Training Reform Act 2006**

**Dept of Human Services Child Protection, Dept of Education and Early Childhood Development, Licensed Children's services and Victorian Schools "Protecting the Safety and Wellbeing of Children and Young People"**

**Education and Care Services National Law and Regulations**

## **Review**

The policy will be reviewed annually and will be conducted by:

- Management
- Employees
- Families
- Interested Parties



**Reviewed: August 2020**

**Date for next review: August 2021**



## Child Protection Reporting Overview VIC

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### NOTIFICATIONS OF ABUSE



IF ANYONE HAS SUSPICIONS OF **LOW TO MODERATE LEVEL ABUSE**, DISCUSS WITH PROGRAM MANAGER OR NOMINATED SUPERVISOR AND DOCUMENT NOTIFICATION OR OBSERVATION. NOTIFICATION TO BE MADE TO:

**CONTACT CHILD FIRST 5PM-9AM AFTER HOURS SUPPORT LINE 131278**

**ORANGE DOOR CONTACTS FOR EACH REGION**

**BARWON – 18000312820**

**BAYSIDE PENINSULA – 1800319353**

**INNER GIPPSLAND – 1800319354**

**MALLEE – 1800290943**

**MELBOURNE - 1800319355**



IF ANYONE HAS **SUSPICIONS OF SERIOUS ABUSE**, DISCUSS WITH PROGRAM MANAGER OR NOMINATED SUPERVISOR AND DOCUMENT NOTIFICATION OR OBSERVATION. NOTIFICATION TO BE MADE TO:

**CHILD PROTECTION SERVICE  
ON 131 278 (24 HOURS, 7 DAYS)**



WHEN CHILDREN ARE IN IMMEDIATE DANGER OR THERE IS SEXUAL ABUSE **INVOLVED** CONTACT THE **POLICE ON 000**

CONSULT OUR CHILD PROTECTION POLICY FOR MORE INFORMATION.

<b>Additional Child Protection Contacts</b>	
<b>DHS Regions</b>	<b>Telephone</b>
Eastern	1300 360 391
Southern	1300 655 795
Northern & Western	1300 664 977
South Western Rural and Regional	1800 075 599
Eastern and South Eastern Rural and Regional	1800 020 202
Western Rural and Regional	1800 000 551
North Eastern Rural and Regional	1800 650 227
North Western Rural and Regional	1800 675 598

If you are unsure which regional office to call, please see the website below -

<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/child-protection/child-protection-contacts>

## **Child FIRST contacts**

<http://www.dhs.vic.gov.au/for-individuals/children,-families-and-young-people/family-and-parenting-support/family-services/child-first-child-and-family-information,-referral-and-support-teams>.

# Child Safe Policy

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## NQS

QA2	2.2.3	Child Protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
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## National Regulations

Regs	84	Awareness of child protection law
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## Aim

It is important that children are able to learn and develop in a safe and supportive environment. The safety, health and wellbeing of children is our number one priority. We have zero tolerance for child abuse and are committed to acting in children's best interests. We will ensure our environment and practices are always safe, consistent with best practice and legislative requirements including the Child Safe Standards.

## Related Policies

Additional Needs Policy

Child Protection Policy

Educator and Management Policy

Incident, Injury, Trauma and Illness Policy

Social media Policy

Staffing Arrangements Policy

Technology Usage Policy

## Implementation

Our Service commits to an environment and practices which are consistent with the Child Safe Standards as follows:

1. Strategies to embed an organisational culture of child safety, including through effective leadership arrangements
2. A child safe policy

3. A code of conduct that establishes clear expectations for appropriate behaviour with children
  4. Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel
  5. Processes for responding to and reporting suspected child abuse
  6. Strategies to identify and reduce or remove the risk of abuse
  7. Strategies to promote the participation and empowerment of children
8. Many of the practices and procedures which support these standards are embedded in our existing policies which are referenced below with additional comment where relevant.
- 1. Strategies to embed an organisational culture of child safety, including through effective leadership arrangements**

Under our Educator and Management Policy, the Nominated Supervisor embeds a culture of child safety in several ways including:

- ensuring staff are appropriately qualified and ratios are met
- ensuring all staff understand their responsibilities under the National Law and Regulations, National Quality Standard (NQS) and the My Time Our Place Learning Framework (MTOP)
- ensuring all staff, visitors and volunteers are aware of and comply with our Code of Conduct
- organising appropriate information, instruction, training or supervision to staff

Our Child Protection Policy outlines our Child Protection Risk Management Strategy:

- a) Code of Conduct
- b) Recruitment, Selection and Training Procedures which include child protection principles (also Standard 4)
- c) Procedures for Reporting and Documenting Abuse or Neglect (also Standard 5)
- d) Procedures for Managing Breaches
- e) Risk Management for High Risk Activity
- f) Information for Families

Under the NQS, children's culture and heritage must be regularly embedded in our learning programs. For example:

**NQS 1.1.1** Approved learning framework - Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.

**NQS 1.1.2** Child-centred - Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.

Additionally, educators integrate MTOP Principles and Practices like 'respect for diversity', 'cultural competence' and 'high expectations and equity' into the curriculum to ensure children achieve the learning outcomes related to their identity, connection to their world and sense of wellbeing. Educators do this in numerous ways including:

- providing resources and information that promote Indigenous and other cultures
- establishing links with local Indigenous and cultural groups

- inviting families and community members to visit the service and complete activities and experiences with the children
- through intentional teaching strategies promoting Indigenous customs, stories, traditions, history and that of other cultures
- through an “Acknowledgement of Country” at public meetings and events
- working with other professionals to assist children with additional needs
- ensuring all children can participate in learning activities

Records which enable staff to monitor and review incidents, and implement continuous improvement practices, are maintained as required under the National Law and our *Incident, Injury, Trauma and Illness Policy*.

## **2. A child safe policy**

This policy is available to all families on our website, as part of our regular policy review program.

## **3. A code of conduct that establishes clear expectations for appropriate behaviour with children**

*The Code of Conduct in our Educator and Management Policy* sets out clear expectations for appropriate behaviour with children. For example, all staff and volunteers will:

- implement activities and experiences that are age appropriate, culturally sensitive and inclusive
- comply with all service policies, including those which protect children from harm, abuse and neglect
- refrain from developing close personal relationships with children outside work
- refrain from using abusive, derogatory or offensive language
- not favour any particular child.

The Code also provides the following examples of appropriate interactions with children

- use of YouTube, social media and technology to support age appropriate curriculum
- physical contact to soothe children, build trusting relationships, demonstrate learning and skills and assist children with additional needs
- families and visitors will not have physical contact with children at the service that are not their own unless a staff member is present.

We will also display the United Nations Convention on the Rights of the Child.

Our Relationships with Children Policy also contains clear guidelines on appropriate behaviour with children as discussed under Standard 6.

All families must declare they have read and understand our policies and Code of Conduct and will comply with them when signing our enrolment form.

## **4. Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel**

*Our Educator and Management Policy* details our commitment to the professional development and performance management of all staff. It explains, for example, that the Nominated Supervisor will complete an annual performance appraisal for all staff, as well as for new staff after 3 months service. Appraisals are used to ensure staff are aware of their duties and responsibilities and to identify training needs which include child safety practices. The Nominated Supervisor will ensure funds are set aside for training in the annual budget.

Child protection training may cover the definition of abuse, how to identify abuse and reduce risks, including for children with disabilities, inappropriate behaviour between children and inappropriate behaviour between children and adults. Training may occur through a recognised face to face or on-line training course, mentoring and at staff meetings.

This Policy also outlines orientation practices to ensure new or returning staff are aware of current service policies and procedures, and relevant legislative requirements including their child protection obligations. Training is undertaken where required.

*Our Child Protection Policy* contains recruitment and selection procedures which reduce the risk of child abuse by staff. The procedures cover position descriptions, advertising, interviews, and selection of candidates. For example:

- position descriptions will clearly describe the expectations for staff to provide a safe and supportive environment for children (also Standard 1)
- job advertisements will state applicants need to have a clear Working With Children Check
- applicants will be questioned on their understanding of child safety and child protection, and permission is obtained to contact referees

*Our Staffing Arrangements Policy* sets out the required ratios of staff to children, staff qualifications and the requirement for the Nominated Supervisor to read a person's Working With Children Check before the person is employed or works as a volunteer at the service (unless exemptions apply).

Other procedures in this Policy that reduce the risk of abuse include:

- more than one staff member being present when children attend
- always supervising students and volunteers
- educators positioning themselves (outdoors), so they see as much as possible

## **5. Processes for responding to and reporting suspected child abuse**

*Our Child Protection Policy* contains clear procedures for responding to and reporting suspected abuse and neglect, including allegations of abuse made against staff members. Where staff members are involved, the Approved Provider or Nominated Supervisor must review the person's duties, and if they continue to interact with children while the allegation is investigated, ensure they are appropriately supervised at all times.

The Policy outlines appropriate interactions and behaviour if staff receive a disclosure of abuse from a child or adult and contains information for families about the way staff teach children about protective behaviour.

Our response to cases of abuse will be culturally sensitive. For example, we will engage with families and/or community members to improve our understanding of cultural behaviours and inform our responses.

*Our Educator and Management Policy* outlines our commitment to training, including training in child safe practices to meet staff needs and obligations (see Standard 4).

## **6. Strategies to identify and reduce or remove the risk of abuse**

Our *Relationships with Children Policy* contains extensive guidelines and examples about positive interactions with children to promote their self-esteem, and positive behaviour guidance. The Policy also clearly states that staff will not isolate, intimidate or subject children to corporal punishment to guide behaviour. Instead staff may take actions which include:

- ignoring negative behaviour and praising positive behaviour
- using key words with signing and visuals to help children with communication difficulties
- using minimal steps in directions and allowing time for children to understand
- using terminology that children understand
- providing opportunities for exercise which can calm anxious or agitated children
- intentionally teaching behaviours
- putting themselves in the child's position to try and understand where the behaviour came from

Our *Educator and Management Policy* sets out the practices which will be followed for visitors to the service:

- visitors will never be left alone with children and will always supervised by staff
- visitors must have or obtain a child protection clearance (unless exempt) before being allowed into the service
- specialists or professionals engaged to support a child will only be allowed to visit and engage with the child if written authorisation has first been obtained from the child's parents

This policy also outlines our commitment to training, including in child safe practices, to meet staff needs and obligations (see Standard 4).

Our *Technology Usage Policy* requires technology only be used to support children's learning, that only age appropriate websites will be accessed, and that staff will directly supervise children when they are on-line. Children will view 'G' rated videos only.

Our *Social Media Policy* contains a number of measures designed to ensure children's privacy and wellbeing. For example:

- staff will not post any information or photos from the service on personal social media accounts
- staff will not use their personal camera or phones to take photos or video while at the service
- the Nominated Supervisor must obtain authorisation from a child's parents before posting any photos of their child on a service social media account or website

Comments made under Standard 4 also apply.

## 7. Strategies to promote the participation and empowerment of children

The National Quality Standard (NQS) promotes children's agency and participation in many ways. We are required to meet the following NQS Elements for example:

**1.1.2** Child-centred - Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program

**1.1.3** Program learning opportunities - All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning

**1.2.3** Child directed learning - Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world

**3.2.1** Inclusive environment - Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments

**5.1.1** Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

Together with MTOP, the NQS requires educators be responsive to children's ideas, interests and needs. For example, MTOP principle 'Partnerships with Families' and MTOP Practice 'Responsiveness to Children' promote respectful and reciprocal relationships with children based on deep understanding of their interests, community and culture. Educators view children as active participants and decision makers. These types of relationships empower children to voice their views, ideas and concerns.

Staff will regularly discuss children's rights with children, including their right to make decisions about their body and privacy, that they have a right to feel safe at all times, to recognise signs that they do not feel safe, and that staff are available for them if they have any concerns (discussed further in our *Child Protection Policy*)

Our *Relationships with Children Policy* contains extensive guidelines on the inclusion and agency of all children. For example, staff will:

- allow children to be as independent as possible, try things for themselves and experience the consequences of their choices while considering the risk and benefit to others
- ensure curriculum is generated mainly from children's ideas and interests
- promote and value cultural diversity and equity for all children, families and colleagues



Our *Additional Needs Policy* indicates we welcome children with additional needs (including children from diverse cultural backgrounds) and will design or adapt the environment to ensure every child can participate and achieve meaningful learning outcomes. We will work with professionals, families and children to ensure that learning environments are suitable and implement plans or instructions.

Any questions about child safety or this Policy may be directed to the Approved Provider, Nominated Supervisor or Certified Supervisor in day to day charge of the service. If you have any concerns about the way these managers address or respond to child safety issues, you may contact the Child Protection Hotline on 131 278, the Department of Education and Training (Children's Services) on 1300 307 415 or the Police on 000.

## Source

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**My Time Our Place**

**Victorian Child Safe Standards**

**UN Convention on the Rights of the Child**

**An overview of the Victorian child safe standards Department of Health and Human Services**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Continuity of Education and Care Policy

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## NQS

QA6	6.3.2	Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.
QA7	7.1.3	Every effort is made to promote continuity of Educators and co-ordinators at the service.

## My Time, Our Place

LO1	Children feel safe, secure, and supported
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## Aim

We aim to ensure continuity of education and care during transitions and routines, so that each child has the opportunity to feel safe, secure and supported and can engage in rich learning and development experiences.

## Related Policies

Additional Needs Policy

Educator and Management Policy

Relationships with Children Policy

Rest, Relaxation and Clothing

Staffing Arrangements Policy

## Implementation

To support effective continuity of education and care between settings, the Nominated Supervisor will:

- ensure casual or relief Educators, volunteers and work experience students complete an induction process similar to that for permanent staff (see *Educator and Management Policy*) so they can become familiar with:
  - the service environment, staff and needs of children
  - and receive copies or access to service policies and procedures, relevant legislation, Staff Handbook, Code of Conduct, Service philosophy and their position description.
- draw on the same casual staff and volunteers, and on the same day each week where possible, so they can develop positive and meaningful relationships with the children and their families.
- implement rosters and staffing arrangements which provide children and families with familiar Educators with whom they can develop supportive and trusting relationships during their time at the Service.

- inform families and children of any changes to staffing before they occur where possible. Notification may be via the Service newsletter, email, note or on the Service noticeboard.
- encourage casual Educators, volunteers and work experience students, as well as permanent staff, to display a photo of themselves with an introductory paragraph to help children and their families identify and get to know them.
- regularly remind Educators about the importance of maintaining continuity of education and care practices between settings, for example between the home and service setting.
- ensure where possible that routines and transitions have the flexibility to accommodate each child's needs.

Educators will:

- communicate with each other during the day about the children's experiences and information shared by families, especially where they are rostered on different shifts. This may be verbal or through the use of Educator diary and will include information on the attendance or non-attendance of children at the service.
- supervise children when transitioning to and from the service, for example to and from excursions and arriving and leaving the Service.
- provide responsive, one- on- one support to children who return to the service after an absence (e.g. by considering groupings and groups sizes and using family information about the child's absence to inform the curriculum).
- support children during transitions between settings (e.g. through open, meaningful interactions and communication, comfort and positive behaviour guidance).
- tell children what is happening next and when.
- allow children to use familiar and favourite items if appropriate.
- meet each child's individual needs where possible during transitions and routines.
- encourage families to share information about their child's strengths, interests and needs through direct conversations (e.g. daily on arrival and departure) or written requests (e.g. through our Family Input 'What You Did on the Weekend Sheets').
- support children with additional needs in their transition to and from specialist services.

## Sources

**Education and Care Services National Regulations 2011**  
**National Quality Standard**  
**My Time Our Place**

## Review

The policy will be reviewed annually by:

- Management

- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Coronavirus Policy

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## NQS

QA2	2.1.2	Health practices and procedures Effective illness and injury management and hygiene practices are promoted and implemented.
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## National Law

Section	167	Offence relating to protection of children from harm and hazards
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## National Regulations

Reg	77	Health, hygiene, and safe food practices
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## Aim

To ensure all employees and families implement appropriate risk management procedures to prevent the spread of coronavirus or reduce the potential for the illness to spread.

## Related Policies

Excursion Policy

Fees Policy

Food, Nutrition and Beverage Policy

Health Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases Policy

Medical Conditions Policy

Relationships with Children Policy

Sleep, Rest, Relaxation and Clothing Policy

Work, Health and Safety Policy

## Implementation

Coronavirus (COVID-19) can cause illnesses similar to the common cold, but it can also cause more serious respiratory diseases. Most people displaying symptoms such as fever, cough, sore throat, tiredness, or shortness of breath are likely suffering with a cold or other respiratory illness—not coronavirus. People at higher risk of catching the virus include older people, those with underlying medical problems and Indigenous Australians. The threats posed by the virus mean serious steps must be taken to stop the spread of the disease.

As outlined in our Infectious Disease and Health, Hygiene and Safe Food Policies, the Approved Provider, Nominated Supervisor, educators, and staff implement strict hygiene and infection control procedures at all times to prevent or minimise the spread of contagious illnesses. Hygiene measures and exclusion principles outlined in these policies continue to apply, and will be informed by current guidance on coronavirus issued by relevant Commonwealth and State/Territory Governments including:

- [Federal Department of Health coronavirus health alerts](#) which are updated daily
- [State/Territory Education Departments](#) which may issue coronavirus updates directly to service providers. Latest updates and resources can also be reviewed online
- [Federal Department of Education, Skills and Employment Information](#) including [Frequently Asked Questions](#) and email updates [Federal Department of Education, Skills and Employment](#)
- [Federal Department of Health](#) coronavirus Information Sheets which include:
  1. [Use of masks by the public in the community](#)
  2. [Environmental Cleaning and Disinfection Principles for COVID-19](#)
  3. [COVID-19-Frequently Asked Questions](#)
  4. ['Information for employers'](#) which covers when staff cannot go to work, what to tell staff, cleaning precautions and how to help prevent spread of Coronavirus.

If in doubt about current coronavirus guidance, the Approved Provider or Nominated Supervisor will contact the **Federal coronavirus hotline on 1800 020 080** or their State/Territory health Department.

### What must employees and families do?

#### Comply with government guidance

The Approved Provider, employees and volunteers and families must:

- **comply with guidance issued by Government agencies, including in relation to attendance, quarantine, and self-isolation.** This includes ensuring they/a child/a family member comply with isolation requirements and stay home for 14 days where required e.g. arriving in Australia from overseas, or another state which is in lockdown (Victoria from 8/7/20) or close contact with someone who has the virus i.e. face to face for at least 15 minutes or in the same closed space for at least 2 hours
- **seek medical attention** if they develop symptoms of coronavirus including fever, cough, sore throat, or shortness of breath. Call ahead before visiting the doctor/hospital to advise them of your symptoms and wear a surgical mask when visiting the medical facility. Employees/families must advise the Approved Provider or

Nominated Supervisor immediately if they are being tested for coronavirus. They and their close contacts including enrolled children must not come to the service until they are cleared by medical authorities and return a negative coronavirus test

- **comply with all service policies including *Infectious Diseases Policy*** which requires ill children and adults to remain at home and comply with relevant Exclusion periods. Note employees, volunteers and families must comply with any isolation/exclusion periods in relation to coronavirus implemented by the Approved Provider or Nominated Supervisor including periods which exceed government requirements
- **agree to have their temperature tested** before entry to the service if the Nominated Supervisor or staff reasonably believe a child or adult may have a fever
- **advise the service** if they develop symptoms of the virus or are confirmed to have the virus. This is particularly important if they have been at the service before a positive test
- **provide written clearance** from a doctor after a period of isolation or quarantine related to coronavirus confirming they/child/family member are not contagious and may return to the service
- **complete a Health Declaration** if requested by staff declaring they are healthy and do not have any symptoms of coronavirus before entering the service.

### **Implement effective hygiene process**

The coronavirus is most likely to spread from person-to-person through droplets of saliva produced when a person coughs or sneezes. Droplets cannot go through skin and people can only be infected if they touch their mouth, nose, or eyes once their skin (i.e. hands) is contaminated. Droplets usually travel no farther than 1 metre through the air. This means the transmission of droplets can occur when people:

- have direct close contact with a person while they are infectious
- have close contact with an infected person who coughs or sneezes
- touch objects or surfaces like door handles or tables contaminated from a cough or sneeze from a person with a confirmed infection, and then touch their mouth or face.

The Approved Provider will ensure all staff complete the online [COVID-19 Infection Control Training](#) made available by the Federal Department of Health. Certificates of completion will be displayed. Employees and volunteers will ensure they continue to implement hygiene processes outlined in the Health, Hygiene and Safe Food Policy to ensure high standards of hygiene and infection control at all times. This includes ensuring they and where relevant children:

- wash hands frequently with soap and water including before and after eating or handling food, going to the toilet, changing a nappy, handling play dough, using gloves, and after wiping or touching nose and cleaning up spills of body fluids
- wash hands in ways that meet the principles recommended by the World Health Organisation in the following videos [wash hands with soap and water](#) and [wash hands with alcohol based sanitiser](#)
- cough and sneeze into their inner elbow, or use a tissue to cover their mouth and nose and placing tissues in the bin immediately after use

- If using alcohol-based hand sanitiser in place of soap it will contain 60-80% alcohol and antibacterial soap/gel will never be used.

In addition, the Approved Provider and Nominated Supervisor will ensure educators engage in regular handwashing with children and cleaning requirements are documented and completed more frequently than usual. This includes regularly cleaning and disinfecting frequently touched surfaces like doorknobs, bathrooms (e.g. taps, toilets), tables and chairs, phones, tablets, keyboards. Cleaning staff, including contracted cleaning staff, will implement the procedures outlined in the ['Information for employers'](#) and [Environmental Cleaning and Disinfection Principles for COVID-19](#)

#### **Information Sheets including:**

- wearing gloves and using alcohol-based hand sanitiser before and after wearing gloves
- wearing surgical masks and eye protection if person with the virus or in isolation has been in the area being cleaned or there are spills of body fluids which could be infected with the virus
- disinfecting surfaces with an anti-viral disinfectant after cleaning with detergent and water.

The Approved Provider and Nominated Supervisor will ensure hand hygiene posters are displayed in areas which can easily be seen by families, including the front entrance, and require all employees and families to use hand sanitiser provided at service entrances.

#### **Social distancing**

We are also implementing the following social distancing strategies where possible to limit the potential spread of the infection:

- avoiding situations where children are required to queue, assemble in large groups, or hold hands
- serving food to children rather than providing sharing plates
- opening windows and adjusting air-conditioning for more fresh air
- conducting more learning and activities outside

#### **Information and notification requirements**

The Approved Provider or Nominated Supervisor will:

- report instances of (suspected) coronavirus to the local state/territory health department immediately and follow all guidance
- comply with notification requirements for serious incidents which include:
  - any emergency where emergency services attended i.e. there was an imminent or severe risk to the health, safety, or wellbeing of a person at the service
- comply with other notification requirements including:
  - notifying the Regulatory Authority within 24 hours if directed to close or closing voluntarily because of coronavirus. Note where possible the Approved Provider or Nominated Supervisor will contact the Authority before making decision to close because of low numbers. (If closing voluntarily, children cannot be reported



- as absent and CCS will not be paid unless the closure is determined as a local emergency by State/Territory Education Departments)
- notifying the Regulatory Authority within 7 days about any changes to service days or operating hours
- apply for waivers from ratio and qualification requirements if required where staff are required to self-isolate
- provide families with current information about the coronavirus including relevant information and Fact Sheets from Federal or State Health and Education Departments.

### **Interactions with Children**

Where appropriate, educators will speak with children about the coronavirus in ways that do not alarm them or cause unnecessary fear or distress. Educators may, for example, discuss with children their feelings in relation to the virus, remind children that the risk of catching the illness is very low, review hygiene measures they can take to reduce the risk of infection, discuss some of the good things happening in the world, or implement other strategies outlined in our Relationships with Children Policy. Educators will be careful not to speak to others in an alarmist way about the coronavirus if children are present or within hearing.

### **What else should families do?**

Asthma Australia has advised doctors to ensure all patients with asthma have a current Asthma Action plan and to update it if needed via a phone consultation, with any new plan delivered electronically. If their child has an Asthma Plan, families must consult their doctor and provide the Nominated Supervisor with an updated Plan or written confirmation from the doctor that the current Plan can continue. The Nominated Supervisor will distribute any updated Plans to relevant educators.

### **Fees**

The Federal Government's ECEC Relief Package ('free childcare') ends on 12 July 2020. From 13 July 2020 families at services approved for Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS) are again required to pay fees and CCS and ACCS will recommence. These services are eligible to receive 'Transition Payments' until 28 September 2020. If receiving these payments services must comply with various Grant conditions which include that fees may not be increased during this period, or new fees introduced.

### **Response to COVID-19 in Victoria**

From 13 July until 31 December 2020, services open and located in an area of Stage 3 or higher – 'stay at home' restrictions in Victoria are permitted to waive families' out of pocket fees where a child is not attending due to COVID-19, and an absence is recorded. Areas subject to Stage 3 or higher – 'stay at home' restrictions are listed at [vic.gov.au](http://vic.gov.au)

### **Please read following in conjunction with JobKeeper Payments section below Staff Entitlements - Employees are ill or need to care for family member**

Permanent employees are entitled to paid sick leave if they are ill with coronavirus. Employees must provide a medical certificate confirming they have the virus. Permanent employees who need to look after a family member or someone in their household who's sick with the virus are also entitled to paid carer's leave, or unpaid carer's leave if they have

no paid sick or carer's leave left. Casual employees are entitled to 2 days unpaid carer's leave per occasion. Employees must provide evidence supporting an application to take carer's leave if requested. Permanent employees who want to stay at home as a precaution against exposure to coronavirus must apply for paid or unpaid leave.

### **Staff Entitlements - Employees required to self-isolate or wish to stay home as precaution**

The Approved Provider or Nominated Supervisor will discuss available employment options with permanent employees who cannot return from overseas or are required to enter quarantine or isolation but are not sick. Options include taking annual leave or other leave e.g. long service leave and taking unpaid leave.

### **Staff Entitlements - Employees directed not to work**

Permanent employees will be paid if they are directed not to work to prevent the spread of the illness, cannot work because numbers of children have declined, or the centre is voluntarily closed by the Approved Provider.

In cases where service viability is threatened, for example because enrolments have significantly reduced, the Approved Provider will discuss the situation with all permanent and seek their views on possible changes to staffing arrangements e.g. reductions in hours. Employees' written consent to any new arrangements will be obtained.

### **Staff Entitlements - Stand downs**

Under the Fair Work Act, an employee can only be stood down without pay if:

- there is a stoppage of work
- the employees cannot be usefully employed (not limited to an employee's usual work)
- the cause of the stoppage is one the employer cannot reasonably be held responsible for (e.g. service is directed to close by Government).

Note employees may use paid leave entitlements if the Approved Provider agrees. During stand down periods there is no interruption to continuity of service and leave accruals continue. The Approved Provider may seek legal advice to confirm payment of salaries is not required under the 'stand down' provision of the Fair Work Act if directed to close by the Government.

During this time employees may engage in activities which do not involve children, for example, training, deep cleaning, or administration.

### **JobKeeper Payments**

JobKeeper payments will cease from 20 July 2020 for employees of a CCS approved provider and for sole traders operating a childcare service. The Transition Payments mentioned under the heading 'Fees' will be paid instead of JobKeeper except for the week starting 13 July 2020 when both will be paid.

## **Source**

**Education and Care Services National Law and Regulations**

**Fair Work Act 2009**

**Fair Work Ombudsman 'Coronavirus and Australian Workplace laws'**

**Federal Department of Health coronavirus information sheets**

**Federal Department of Education, Skills and Employment coronavirus information sheets**  
**National Quality Standard**  
**Work, Health and Safety Laws and Regulations**

## **Review**

The policy will be reviewed annually.  
The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: 27/07/2020**

**Date for next review: 27/07/2021**

# Cystic Fibrosis Policy

## NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

## National Regulations

Regs	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement—anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

## My Time, Our Place

LO3	Children become strong in their social and emotional wellbeing
	Children take increasing responsibility for their own health and physical wellbeing

## Aim

The service and all Educators will effectively provide care for children with Cystic Fibrosis. The service and all Educators will ensure the safety and wellbeing of all children and will adopt inclusive practices to cater for the additional requirements of children with Cystic Fibrosis in a respectful and confidential manner.

## Related Policies

Additional Needs Policy  
 Administration of Authorised Medication Policy  
 Continuity of Education and Care Policy  
 Emergency Service Contact Policy  
 Enrolment Policy  
 Food Nutrition and Beverage Policy  
 Health, Hygiene and Safe Food Policy  
 Immunisation and Disease Prevention Policy  
 Infectious Diseases Policy  
 Medical Conditions Policy  
 Privacy and Confidentiality Policy  
 Relationships with Children Policy

## Implementation

The service will ensure all Educators are aware of the enrolment of a child with Cystic Fibrosis (CF) and have an understanding of the condition and the additional requirements of the individual child. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

### **Confidentiality, privacy, dignity and safety**

Young children often enjoy sharing the news and their experiences of living with CF with their classmates. The degree and nature of this sharing should be discussed with parents so that they can support their child in this process.

Information exchange between the family and health professionals and the service is essential to support the child's learning and enhance peer support. The sharing of information needs to be assessed and negotiated for each child with CF, with due consideration to their needs. Educators need information about routine and predictable emergency care as it affects the child's access to the curriculum, and their safety.

### **Health Support Plan**

For each individual child enrolled in the service with CF, a Health Support Plan will be developed by the Nominated Supervisor in conjunction with the child's family. It will be based on the child's health support needs as identified in their CF care plan and other care information (for example if the child also has asthma or diabetes).

A Health Support Plan for a child with cystic fibrosis should address the following components:

- overall wellness
- diet
- therapy and care
- internal body temperature control
- curriculum participation issues and
- potential emergency/first aid situations.

The information should focus on what Educators need to know to provide routine and emergency care. It will be used by Educators in planning support for the child.

In addition, a health support plan documents individualised support which Educators have agreed to provide in the areas of:

- first aid
- supervision for safety
- personal care, including infection control
- behaviour support and
- additional curriculum support to enable continuity of education and care.

## Overall Wellness

- The service and Educators need to know if recent/frequent hospitalisation and/or general un-wellness means additional care and consideration. They also need to know of any infection control issues in addition to standard precautions.
- It is important to the future health of a child with CF, as with all children, to minimise the risk of cross infection of bacteria and viruses from others. This must be balanced with efforts to encourage children with CF to lead as normal lives as possible.
- Educators will alert the family of a child with CF when a particularly virulent strain of virus is present in the service, as parents may wish to keep their child with CF at home.
- All children in the service should be encouraged maintain hygienic practices. If possible, a child with CF should, discretely, not be partnered or sit next to another child with an obvious cold or cough.

## Diet

- Children with CF have difficulty maintaining their weight and growth patterns as they cannot absorb essential vitamins, minerals, fat and proteins. For this reason, Educators need to be aware of each individual child's dietary requirements as prescribed by a medical professional.
- Children who need additional food supplements may receive them through a gastrostomy button located in their stomach. There are no routine care issues associated with a gastrostomy button for Educators however if the area becomes red or inflamed, parents should be informed as soon as possible
- Children with CF will often have non-prescription medication such as enzyme tablets, as well as prescription medication such as antibiotics, which the service and Educators need to be aware of.

## Therapy and Care

- Some children with CF may require complex/invasive health support, such as physiotherapy, while attending the service. This support should be provided by a visiting nurse or therapist.
- Some children with CF require nebulised medication prior to physiotherapy. While Educators can supervise nebulised medication, this will generally be managed by a visiting health worker. Educators need training before supervising administration of medication via a nebuliser.

## Body Temperature Control

- Children may need to be reminded to adjust their clothing to help maintain their internal body temperature control.
- A child with CF will have problems with internal temperature control and should be kept at a steady temperature in winter and summer. It is beneficial to place the child with CF in rooms that have heating and cooling where practical.
- Salt tablets may be required during warm weather. Educators should be informed about the required timing and amount of salt tablets and ensure the child has access to fluids at all times. Medical advice will be considered.

## Participation in Education and Care Experiences

- An increase in fatigue or feeling tired is common for a child with CF. A lot of effort is required of a person with CF, on top of normal childhood activities, to maintain their health. Educators will be aware of this and provide adequate opportunities for rest.
- During the onset of infections, children with CF may experience difficulty breathing or catching breath. Educators should be aware that, as with other children, breathing difficulties also can be asthma related.
- Children with CF are continually battling infections or recovering from them, thus resulting in low energy levels and reduced concentration. Educators will be mindful of this when planning daily activities.
- A regular exercise program is very beneficial to children with CF as it helps loosen mucus, stimulates coughing and helps build up strength and endurance of the breathing muscles. Children with CF will be encouraged to take part in physical activity and exercise, following guidelines from the child's medical practitioner.
- Children with CF can become dehydrated much more quickly than other children. In relation to this, Educators will:
  - encourage frequent drinks during and after exercise, and on warm days
  - ensure salt tablets are taken either before or after exercise on warm days with consideration of medical advice
  - avoid scheduling physical activity during temperature extremes
  - ensure children with CF remain, as far as is practical, in a fairly constant temperature, neither too hot nor too cold.

## Potential Emergency Situations

Emergency situations associated with CF are rare.

If children have an intravenous line for medication, there are specific standard first aid responses which may be anticipated:

Child reports discomfort, nausea, rashes or generally unwell.

- Call family emergency contact. If they cannot be reached, call the nominated cystic fibrosis nurse for advice.

Child reports redness, pain, inflammation or swelling at site.

- Call nominated cystic fibrosis nurse for advice, and then advise family emergency contact.

There is a leakage of some sort from the site.

- Call nominated cystic fibrosis nurse for advice, and then advise family emergency contact.

A needle or line falls out.

- Use standard first aid and apply pressure to stop any bleeding, call nominated cystic fibrosis nurse for advice, then advise family emergency contact.

## **Supervision for Safety**

The child's Health Support Plan may include a range of routine accommodations so they can continue to access learning programs while effectively managing their health care.

Accommodations could include:

- provision of additional time to support children managing their dietary requirements
- access to fluids and food, and the toilet, as needed
- rescheduling of physical activity to support body temperature control
- supportive and sensitive encouragement to participate in physical activity
- targeted social skills programs: frequent absences mean that some children with cystic fibrosis have difficulty making and retaining friends
- modification of the program and activities in response to the demands of therapy and treatment

## **Infection Control Consideration**

Educators should be aware that, where there is more than one family in the service with CF, cross-infection is a serious health risk. For this reason, our service will only accept the enrolment of one child with CF at any given time. This is based on guidelines developed under the Cystic Fibrosis in Education and Children's Services Planning and Support Guide for Education and Children's Services 2008.

## **Behaviour Support**

As for all children, behaviour expectations for children with CF should be consistent and predictable, and also sufficiently flexible to accommodate periods of stress and other potential mental health issues.

## **Sources**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Cystic Fibrosis in Education and Children's Services Planning and Support Guide for Education and Children's Services 2008**

**My Time, Our Place Framework for School Age Care**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families



- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Death of a Child Policy

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## NQS

QA2	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
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## National Regulations

Regs	85	Incident, injury, trauma and illness policies and procedures
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## Aim

The Approved Provider, educators or the Nominated Supervisor will ensure that immediate and appropriate action is taken to notify any relevant authorities in the event of the death of a child whilst at the Service.

## Related Policies

Emergency Service Contact Policy  
 Emergency Management and Evacuation Policy  
 Incident, Injury, Trauma and Illness Policy  
 Medical Conditions Policy

## Who is affected by this policy?

- Child
- Staff
- Families
- Management

## Implementation

**Staff members will follow and implement this procedure:**

- Attempt CPR pursuant to current guidelines.
- Call an Ambulance immediately on 000.
- The Nominated Supervisor will call the parents/guardians of the child and arrange to meet at the Hospital or medical facility.
- Medical staff will advise parents.

- Contact Insurance Company.
- Notify state Police Department.
- Notify the Regulatory Authority.

### **Notification of a Serious Incident**

- The death of a child being educated and cared for at the service or following an incident while being educated and cared for at the service, is a “serious incident” under the national law. The Approved Provider will notify the regulatory authority as soon as practicable and within 24 hours of the death through the online NQA ITS.

The documentation will be kept until the end of 7 years after the death.

### **Work Health and Safety (OHS) requirements**

Victoria is in the process of considering new national WHS laws. These have already commenced in 6 States/territories. Services should contact WorkCover to determine requirements under current legislation. *Under the new laws:*

- the death of a person is a “notifiable incident”.
- The approved provider or nominated supervisor must notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the death.
- Records of the incident must be kept for at least 5 years from the date that the incident is notified.
- The approved provider/nominated supervisor must ensure the site where the death occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

## **Sources**

**Education and Care Services National Regulations  
National Quality Standard  
Occupational Health and Safety Act 2004  
Occupational Health and Safety Regulations 2007**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Death of an Educator Policy

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## NQS

QA2	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
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## National Regulations

Regs	35	Notice of change to Nominated Supervisor
	85	Incident, injury, trauma and illness policies and procedures

## Aim

The Nominated Supervisor will ensure that immediate and appropriate action is taken to notify relevant authorities in the event of the death of an educator at the Service and take steps to ensure the safety and wellbeing of children and other staff members who may be affected by the death.

## Related Policies

Emergency Service Contact Policy  
 Emergency Management and Evacuation Policy  
 Incident, Injury, Trauma and Illness Policy  
 Medical Conditions Policy

## Implementation

Where an educator or staff member requires urgent medical attention while at the service:

- the Nominated Supervisor will immediately call an ambulance on 000
- a first aid trained educator will immediately commence appropriate first aid which may include CPR. The educator will be guided by advice from ambulance personnel once contact with emergency services has been made
- the Nominated Supervisor will call the educator or staff member's next of kin and advise to which hospital or medical facility the ambulance is heading.

In the tragic event the educator or staff member passes away at the service or as a result of an incident at the service, the Nominated Supervisor will:

- call triple 000 for advice if this has not already occurred (and the death occurs at the service)
- notify the local police station of the death and follow any advice given

- notify the WHS Regulator by telephone immediately they become aware of the death and then complete and submit a written report of the incident on the approved form. A report of a work-related injury or illness must also be recorded in the Register of Injuries, which must be kept at every workplace.
- ensure the site where the death occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkSafe
- keep records of the incident for the timeframe stipulated by WorkSafe. (Note we advise keeping records for 7 years for ECEC Regulatory purposes).
- notify the ECEC Regulatory Authority within 24 hours of the death through the online NQA ITS
- if the Nominated Supervisor has passed away, advise the regulatory authority in writing about the new Nominated Supervisor within 14 days of the death through the online NQA ITS
- provide all reasonable assistance to the family of the deceased educator or staff member.

To ensure the safety and wellbeing of children and educators at the service, the Nominated Supervisor will:

- implement service emergency procedures (e.g. service lockdown) if there is a risk of harm to children or educators/staff members
- offer counselling/ support services for children, families and staff if any are traumatised by the death. Authorisation will be obtained from parents before children receive any support services
- take steps to ensure children continue to be adequately supervised e.g. calling in relief staff to maintain ratios or where necessary requiring families to collect children
- allow employees to attend the deceased person's funeral if they wish and consider the necessity and practicality of closing the service on the day of the funeral.

## Sources

**Education and Care Services National Law and Regulations**

**National Quality Standard**

**Occupational Health and Safety Act 2004**

**Occupational Health and Safety Regulations 2007**

**Victorian WorkCover Authority**

**WorkSafe Victoria Guide to Incident Notification**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Delivery and Collection of Children Policy

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## NQS

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
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## National Regulations

Regs	99	Children leaving the education and care service premises
	158	Children's attendance record to be kept by approved provider

## Aim

To ensure the safety and wellbeing of children at all times.

## Related Policies

Acceptance and Refusal of Authorisations Policy  
 Child protection Policy  
 Enrolment Policy  
 Family Law and Access Policy  
 Incident, Injury, Trauma and Illness Policy

## Implementation

The Nominated Supervisor, Educators, staff and volunteers will adhere to the following procedure at all times to ensure the safety of children.

Children and families will not be allowed to enter our building for education and care prior to the advertised operating hours of the service as we are not licensed or insured to accept children before this time.

### Arrival:

- All children must be signed in by their parent or person who delivers the child to our service. If the parent or other person forgets to sign the child in, they will be signed in by the nominated supervisor or an Educator.
- An Educator will greet and receive each child to ensure the child is cared for at all times.

### Departure:

- All children must be signed out by their parent or person who collects the child from our service. If the parent or other person forgets to sign the child out, they will be signed out by the nominated supervisor or an Educator.

- Children can only be collected by a parent, an authorised nominee named on their enrolment record, or a person authorised by a parent or authorised nominee to collect the child. Authorisations from parents or authorised nominees must be made in writing unless parents or authorised nominees are unable to collect the child before the service closes (e.g. in an emergency). In this case Educators may accept verbal authorisation for an alternate person who can be adequately identified to collect the child
- Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises, including authorisation to go on an excursion (please refer Excursion Policy).
- No child will be released into the care of an unauthorised person. If the person becomes aggressive or violent and will not leave the premises the Nominated Supervisor or Educator will:
  - ensure the safety of all children and adults at the service, and implement lockdown procedures if required
  - ring the police on 000.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 16 to collect children.
- No child will be released into the care of anyone not known to Educators. Parents must give prior notice where:
  - the person collecting the child is someone other than those mentioned on the enrolment form (e.g. in an emergency) or
  - there is a variation in the persons picking up the child, including where the child is collected by an authorised nominee who is unknown to Educators.

If Educators do not know the person by appearance, the person must be able to produce some photo identification. If staff cannot verify the person's identity, they will be unable to release the child into that person's care
- If a parent appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to collect their child, they will:
  - discuss their concerns with the parent, if possible without the child being present
  - suggest they contact another parent or authorised nominee to collect the child
  - inform the police of the circumstances, the person's name and vehicle registration number if the parent insists on taking the child. Educators cannot prevent an incapacitated parent from collecting a child, but must consider their obligations under the relevant child protection laws
- If an authorised nominee, or person authorised by a parent or authorised nominee, appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to take responsibility for the child, they will not let the child leave with the person. They will contact the parent and advise that another person needs to collect the child
- If a child has not been collected by the time we are due to close the service, the Nominated Supervisor will:
  - (again) attempt to contact the parents or other authorised nominees
  - leave a voicemail or SMS message on the parent's phone if they do not answer advising he or she will wait up to 30 minutes before ringing the police or Child Protection Hotline

- wait for 30 minutes and, if the parents or authorised nominee has not arrived, ring the police or Child Protection Hotline for guidance on the appropriate action to take.
- At the end of each day Educators will check all beds/rest areas and the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes (refer Lock Up Policy).
- Children may leave the premises in the event of an emergency, including medical emergencies.
- Details of absences during the day will be recorded.

### **Delivering children to and from school**

Educators will deliver children to or collect children from school if parents authorise the child to leave the premises for this purpose. When delivering or collecting children from school Educators will:

- ensure ratios continue to be maintained at the service at all times
- ensure children moving between the service and school are adequately supervised at all times
- deliver children inside the school premises (e.g. ensure children are inside the school fence before leaving)
- collect children from an agreed area inside the school premises.

## **Sources**

**Education and Care Services National Regulations 2011**  
**My Time Our Place**  
**National Quality Standard**  
**Occupational Health & Safety Act 2004**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**



# Dress Code Policy

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## NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
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QA4	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.
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## National Regulations

Regs	77	Health, hygiene and safe food practices
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## Aim

All employees present a professional appearance which reflects the quality of education and care we provide.

## Related Policies

Educator and Management Policy

Health Hygiene and Safe Food Policy

## Implementation

Employee appearance contributes to the service reputation as a professional business providing high quality education and care. All employees must present a professional image with high standards of personal hygiene and grooming. Clothing must neat, clean and in good repair, and of a standard acceptable to the Approved Provider and Nominated Supervisor. Religious or cultural head covers are allowed. Hair and fingernails must be neat and tidy. Fingernails should be kept short enough so educators and staff do not unintentionally scratch children, and there are no adverse hygiene issues. Where acceptable fingernail length is disputed, employees must comply with the views of the Approved Provider or Nominated Supervisor.

Employees will ensure they comply with service policies and Government recommendations on relevant matters including sun safety, and work, health and safety, and will for example wear:

- sun safe hats when outside in high UV periods
- sun safe clothing which covers as much of the skin as possible when outside
- safe, secure footwear and not thongs or backless shoes.

The Approved Provider or Nominated Supervisor may direct that certain items of clothing do not meet an acceptable standard of professional attire. These may include things like tracksuits, joggers, midriff tops, ripped jeans etc. Employees will not wear clothing that has words, terms or pictures that may be offensive to other employees, families or children, or clothing that is overly revealing or sexually provocative.

Jewellery, makeup, perfume and cologne will be in good taste, with limited body piercing. Employees will limit the use of these substances if any other employees are allergic to the chemicals in the products.

If unsure whether clothing is appropriate, employees should check with the Nominated Supervisor before wearing the item.

## Breach of Dress Code

Employees who do not meet a professional standard may be sent home to change. The Nominated Supervisor has the discretion to pay permanent employees for the time they are absent. He or she will consider the number of previous breaches of the policy. Casual employees will not be paid for this time.

Persistent breaches of the policy may be subject to a disciplinary or performance review where the Approved Provider or Nominated Supervisor will:

- discuss the standard of dress required, give the employee an opportunity to respond, and provide a clear written statement outlining the reason/s for the disciplinary review and outcome
- file records of interviews and outcomes on the employee's file and store securely.

Outcomes will take into consideration whether:

- the dress code is reasonable
- the manager/employee's clothing impacted the safety and welfare of other employees, families and children
- the clothing contravened service policies or Government guidelines
- this is a first offence
- the employee has been given a reasonable opportunity to adhere to the dress code.

Outcomes may include termination of employment.

## Sources

**Education and Care Services National Law and Regulations**  
**National Quality Standard**

## Review

The policy will be reviewed annually by the Approved Provider, Supervisors, Employees, Families and any committee members.

**Reviewed: August 2020**

**Date for next review: August 2021**

# Education, Curriculum and Learning Policy

## NQS

QA1	1.1.1	Curriculum decision making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
	1.1.2	Each child's current knowledge, ideas, culture, abilities and interests are the foundation of the program.
	1.1.3	The program, including routines, is organised in ways that maximise opportunities for each child's learning.
	1.1.4	The documentation about each child's program and progress is available to families.
	1.1.5	Every child is supported to participate in the program.
	1.1.6	Each child's agency is promoted, enabling them to make choices and decisions and to influence events and their world.
	1.2.1	Each child's learning and development is assessed as part of an ongoing cycle of planning, documenting and evaluation.
	1.2.2	Educators respond to children's ideas and play and use intentional teaching to scaffold and extend each child's learning.
	1.2.3	Critical reflection on children's learning and development, both as individuals and in groups, is regularly used to implement the program.

## National Regulations

Regs	73	Educational programs
	74	Information about the educational program to be kept available
	75	Information about educational program to be given to parents
	76	Documenting of child assessments or evaluations for delivery of educational program
	118	Educational Leader

## My Time, Our Place

LO1 – LO5	All Learning Outcomes under the My Time, Our Place framework will be addressed through our Policy and practices.
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## Aim

To create a positive, inclusive learning environment which encourages children to engage in activities and experiences based on their interests and everyday lives and achieve the Learning Outcomes of an approved learning framework.

## Related Policies

Additional Needs Policy  
 Physical Activity Promotion Policy  
 Physical Environment (Workplace Safety, Learning and Administration) Policy  
 Record Keeping and Retention Policy

Relationships with Children Policy

## Implementation

### Role of Educational Leader

The role of the Educational Leader is to affirm and extend Educators' teaching practices, support the development of curriculum based on an approved learning framework and ensure children progress towards and achieve the outcomes of that framework.

**Our service is committed to the My Time, Our Place framework for school age care.**

*“Educators recognise the connections between children, families and communities and the importance of reciprocal relationships and partnerships. They see learning as a social activity and value collaborative activities and community participation.”*

### My Time, Our Place Learning Outcomes

1. Children have a strong sense of identity
2. Children are connected with and contribute to their world
3. Children have a strong sense of wellbeing
4. Children are confident and involved learners
5. Children are effective communicators

Educators will:

- plan a Curriculum based on each child's interests, culture, language, ideas, play and everyday lives i.e. connections between children, families, school and communities
- build connections between the service, schools and the local community
- include children in decision making, including decisions about indoor and outdoor spaces, programming, routines and documenting their achievements, and give them appropriate levels of responsibility
- work in partnerships with families and the community to achieve Learning Outcomes, and encourage families to contribute to the Curriculum by sharing information about their child or completing activities with children
- make use of spontaneous 'teachable moments' to scaffold children's learning
- engage in sustained shared conversations with children to extend their thinking
- use strategies like demonstrating, dramatic play, role play, open questioning, speculating, explaining, shared thinking and problem solving to promote and extend children's learning
- allow children to choose from resources (e.g. sports equipment and man-made and natural loose parts) that reflect the breadth of age groups, interests and capabilities and implement activities (e.g. sport, games, drama, dance, visual arts, role play) that promote learning across all Learning Outcomes

- provide access to digital technologies so children can access global resources and encourage new ways of thinking and communicating
- create outdoor learning spaces which invite open-ended interactions, spontaneity, risk-taking, exploration, discovery and connection with nature
- create both indoor and outdoor spaces that encourage children to explore, build relationships, solve problems, create and construct through a wide variety of activities, and give children the time and space to develop their own personality, curiosity and creativity
- provide spaces and opportunities for children to socialise and play with friends and to relax and have fun
- implement play and leisure opportunities that are meaningful to children and support their wellbeing, learning and development
- regularly provide opportunities for children to learn individually and as part of a group
- plan alternate activities for children who are not interested in large group activities
- regularly assess what each child knows, can do and understands through an ongoing cycle of planning, documenting and evaluating, and then implement activities to extend learning and help each child achieve all Learning Outcomes. Assessments will take into account the period of time each child spends at the service
- plan the curriculum with each child and the learning outcomes in mind, and remember that learning is not always predictable and linear
- celebrate the achievements and learning of each child
- with parents' consent, liaise with external agencies and professionals to support children with additional needs
- regularly (at least weekly) evaluate their practices and reflect on how well the Curriculum is helping each child progress towards and achieve the Learning Outcomes
- display the daily curriculum in children's rooms and encourage families to contribute, make suggestions or ask questions about children's learning at any time
- provide the following information to parents whenever requested:
  - the content and operation of the educational program
  - information about the child's participation in the program
  - evaluations of the child's wellbeing, development and learning.

### **Learning Documentation**

Learning documentation includes learning stories, photos, videos, mind maps, reflection journals and children's meetings. Educators will ensure:

- learning documentation can be easily understood by families and other Educators

- the type and format of the documentation is appropriate i.e. for the activity and meets service and Educators needs
- there is more learning documentation for children who are at the service longer than other children (this does not require a huge volume of documentation)
- the learning documentation shows how children participate in and influence the program e.g. may include critical conversations Educators have with children and actions taken as a result
- documentation includes learning outcomes
- children are involved in completing the documentation. Children may regularly add to a learning portfolio. Portfolios will be available for a child's family members to view but they remain the property of the Service for the duration of the child's enrolment
- documentation is used in an ongoing cycle of planning and evaluating children's learning

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**My Time, Our Place Framework for School Age Care**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Educator and Management Policy (Code of Conduct)

## NQS

QA4	4.2	Educators, co-ordinators and staff members are respectful and ethical.
	4.2.1	Professional standards guide practice, interactions and relationships.
	4.2.2	Educators, co-ordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.
	4.2.3	Interactions convey mutual respect, equity and recognition of each other's strengths and skills.

QA7	7.2.2	The performance of Educators, co-ordinators and staff members is evaluated and individual development plans are in place to support performance improvement.
	7.3.2	Administrative systems are established and maintained to ensure the effective operation of the service.
	7.3.4	Processes are in place to ensure that all grievances and complaints are addressed, investigated fairly and documented in a timely manner.

## National Regulations

Regs	168	Education and care service must have policies and procedures
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## Aim

Our Service aims to ensure that positive working relationships are formed between all Educators and management. Educators and management will at all times conduct themselves in an ethical manner and strive to make all interactions positive and compliant with the Service's philosophy.

## Related Policies

Incident, Injury, Trauma and Illness Policy  
Physical Environment (Workplace Safety, Learning and Administration) Policy  
Privacy and Confidentiality Policy  
Staffing Arrangements Policy

## Code of Conduct

The Approved Provider, Nominated Supervisor, Educators, volunteers and students will uphold the following **ethical conduct principles** at all times, and promote positive interactions within the Service and the local community.

1. Commitment to our Service philosophy and values, including the promotion of a meaningful connection to the NQF and best practice in early childhood education in partnership with our families

2. Effective, open and respectful two-way communication and feedback between employees, children, families and management
3. Honesty and integrity in all interactions between children, families, employees and managers
4. Consistency and reliability in all exchanges with children, families, employees and managers
5. Commitment to a workplace which values and promotes the safety, health and wellbeing of employees, volunteers, children and families.
6. Commitment to an Equal Opportunity workplace and culture which values the knowledge, experience and professionalism of all employees, team members and managers, and the diverse heritage of our families and children.

**The Approved Provider, Nominated Supervisor, Educators and volunteers will:**

- ensure their work is carried out efficiently, economically and effectively. They will act in a professional and respectful manner at all times while at work, giving their full attention to the Service responsibilities and adhering to all Service policies, procedures, laws and regulations.
- act honestly and exercise diligence in all Service operations. They will carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Approved Provider or the Ombudsman.
- consider all relevant facts and make decisions or take actions fairly, ethically, consistently and with appropriate transparency. If they are uncertain about the appropriateness of a decision or action they will consider:
  - whether the decision or conduct is lawful
  - whether the decision or conduct is consistent with our policies and objectives
  - whether there will be an actual, potential or perceived conflict of interest involving obligations that could influence the business relationship or conflict with business duties
- comply with our Privacy and Confidentiality Policy when dealing with confidential information and records
- report (suspected) breaches of the code of conduct to a manager, preferably in writing.
- include children and families in the decision-making process.
- implement activities and experiences that are age appropriate, culturally sensitive and inclusive
- refrain from developing close personal relationships with children outside work.
- refrain from using abusive, derogatory or offensive language.
- comply with all service policies, including those which ensure our activities and environment are safe for children and protect children from harm, abuse and neglect.

**Examples of Appropriate Interactions with children**

- use of YouTube, social media and technology to support age appropriate curriculum
- physical contact to soothe children, build trusting relationships, demonstrate learning and skills and assist children with additional needs



### Examples of Appropriate Educator Interactions

- positive, trustworthy and co-operative relationships with team members.
- respectful, courteous and empathetic communications and behaviours.
- complying with Service grievance procedures and resolving workplace conflicts where possible directly with the person concerned, and never through gossip or by including people who are not involved in the issue.
- valuing cultural differences, diverse viewpoints, and unique contributions.
- looking for and supporting Educators' strengths not weaknesses.
- sharing professional resources, knowledge and information.
- supporting others to meet their professional development goals and needs.
- recognising the professional achievements of others.
- sharing information, experiences and expertise about children and families at the Service with team members to enhance children's learning and development.
- actively participating in regular meetings at the Service to discuss professional issues and problems.
- updating team members about meeting outcomes or workplace issues if they have been absent.
- sharing the workload equitably with team members.
- using the Educator's Communication Diaries to communicate messages where shifts make it difficult to convey information face-to-face. These means will ensure all Educators are informed on important matters. It is the Educator's responsibility to check the Diaries.

### The Approved Provider, Nominated Supervisor, Educators and volunteers will not:

- engage in conduct that is detrimental to the professional standing of our Service, is improper or unethical, is an abuse of power, or harasses, discriminates against, victimises, humiliates, intimidates or threatens other Educators, volunteers or visitors at the Service, either directly or indirectly via information technology such as email, text or social media.
- accept gifts which exceed \$30 in value. If this occurs in circumstances where the gift cannot reasonably be refused or returned, the gift will be immediately disclosed to the Director – Operations or Nominated Supervisor. Modest gifts or benefits valued less than \$30 may be accepted if they do not create a sense of obligation, are conducted transparently and there are no conflicts of interest.
- accept an offer of money, regardless of the amount.
- seek or accept a bribe.
- acquire personal profit or advantage because of their position (e.g. through the use of Service information).
- convert any property of the Service to their own use unless properly authorised.
- approach other employees, managers or visitors directly on individual matters that don't concern them.
- engage in any action in breach of our Privacy and Confidentiality Policy, including but not limited to disclosure of confidential Service or customer information, or the improper or illegal use of that confidential information. Confidential information will only be accessed by authorised persons for the purpose intended.
- engage in or support any action in breach of our Technology Usage Policy or Social Networking Usage Policy, including the use of communication media to search for,

download, access, transmit or store any material of an offensive, obscene, pornographic, threatening or abusive nature.

- drink alcohol or use illicit substances on the Service's premises or come to the Service under their influence.
- smoke on the Service's premises including in any school car park.
- show favouritism towards any child.

**Families, visitors and children will:**

- treat all children at the service equally and respectfully.
- report any suspicious behaviour to the Nominated Supervisor or Approved Provider and encourage a safe and supportive Service environment.
- respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background.
- refrain from bullying, harassing or discriminating against any child or adult at the Service.
- respect the decisions of Educators and teach children (if adults) to do likewise.
- tell an Educator (if a child) or the Approved Provider or Nominated Supervisor if we see any instances of bullying, harassment or discrimination at the Service.
- cooperate and follow classroom rules.
- listen to Educators' instructions and follow them.
- control our emotions and talk to an Educator (if a child) if we are feeling upset.
- speak to an Educator (if a child) or the Approved Provider or Nominated Supervisor if we are worried, concerned or have a grievance about something.

**Families and visitors will not:**

- not drink alcohol or use illicit substances while on the service's premises or come to the Service under their influence.
- not smoke on the service's premises including in the car park.
- have physical contact with children at the service that are not their own unless a staff member is present

## Babysitting

To ensure private babysitting arrangements do not adversely affect the reputation of the service and to mitigate risk for the Educator so as not to affect an employee's ability to implement their responsibilities in a professional manner in line with our Code of Conduct, employees of CommunityOSH are not permitted to babysit any child that attends any CommunityOSH service.

## Management Responsibilities

In our service the Approved Provider and the Nominated Supervisor are responsible for:

- supporting the Nominated Supervisor or Approved Provider, Certified Supervisor, Educational Leader, Educators and Educators in their role.
- keeping all service families up to date with relevant issues.
- recruiting and selecting Educators
- ensuring Educators have the correct qualifications.
- ensuring Educator ratio and qualification requirements are met.

- ensuring all Educators and staff understand their responsibilities under the education and care law and regulations, the National Quality Standard, the Early Years Learning Framework.
- developing the service policies and ensuring all Educators follow our policies and procedures.
- ensuring all Educators, staff, visitors and volunteers are aware of and comply with our Code of Conduct
- investigating and managing grievances from Educators, families or volunteers (including incidents of workplace bullying) in accordance with our Grievance Guidelines.
- implementing effective communication and consultation procedures with Educators about workplace issues.
- promoting the diverse skills and achievements of Educators and staff (e.g. at Educator meetings, through regular feedback, by sharing information with families and the community through notices and newsletters.)
- providing or organising appropriate information, instruction, training or supervision to Educators and staff
- maintaining the financial viability of the Service.

## Visitors

The Approved Provider or Nominated Supervisor will ensure the safety, health and wellbeing of all children by:

- ensuring visitors are only allowed entry to the service if they can be adequately identified. Tradespeople, business representatives and early intervention specialists or professionals, or support workers provided by early childhood agencies, must carry appropriate identification. Family members and family friends who, for example, attend service events or assist with learning activities may be identified by the parents of children at the service.
- requiring all visitors to sign in and out of the service for work health and safety and child protection reasons
- ensuring visitors, including long term visitors, are never left alone with any children being educated and cared for. Visitors will be supervised by Educators at all times
- ensuring visitors have or obtain a child protection clearance if required by the child protection law before being allowed entry to the service  
<http://www.workingwithchildren.vic.gov.au/>
- ensuring specialists or professionals engaged to support a child are only allowed to visit and engage with the child if written authorisation has first been obtained from the child's parents. Authorisation may form part of an education or support plan.

## Communication Procedures

To allow effective communication and consultation to take place with Educators the Approved Provider / Nominated Supervisor will use various methods of communication including:

- direct conversations.
- phone communication including SMS messaging if appropriate.
- a communication diary.
- Educator meetings.

- other forms of written communication e.g. letters, notices, emails.
- Educator appraisals and reviews.

## **Educator Meetings**

The service will hold one Educator meeting a month at a time convenient for all Educators. This will take place after hours, so all Educators can attend and Educator to child care ratios are not jeopardised.

Meetings will follow this structure:

- they will run as required to ensure any relevant challenges and areas for action are given due process if practicable.
- the Nominated Supervisor or Approved Provider will chair the meeting and give a report.
- the format of the meeting will be made available in the Educator diary and any Educator who wishes to speak can add their name.
- in the meeting Educators may:
  - raise concerns
  - negotiate solutions for any grievances.
  - receive, share and discuss additional information.
- Regarding the decision-making process:
  - if a decision cannot be reached about an issue the Nominated Supervisor will make an informed decision or
  - if there is insufficient information an Educator will be chosen by the Nominated Supervisor to research the issue.
  - all decisions made will be made on a trial basis and their effectiveness will be discussed at the next meeting.
- minutes will be taken at all meetings.

## **Professional Development and Performance Management**

We employ caring, loyal and capable Educators who bring a high skill level, appropriate qualifications and a wide and varying amount of experiences to help implement our curriculum and philosophy. To maintain our commitment to quality education and care, we will implement a performance appraisal process.

### **Performance Management/Appraisal**

The Nominated Supervisor will complete a performance appraisal for all Educators and staff every 12 months. In addition the Nominated Supervisor will complete a performance appraisal for new Educators and staff after they have completed 3 months at the service. The Educator or staff member and the Nominated Supervisor will agree on a mutually acceptable date at least 2 weeks prior to the appraisal meeting.

The appraisal process will be used as a tool:

- to ensure Educators and staff are aware of their duties and responsibilities.
- to discuss the level of performance expected. (The appraisal process is the best way to show evidence of continued poor work performance and allows formal written warnings to occur if necessary)
- for identifying professional development and training needs.

The appraisal meeting will be linked to the Educator's job description and will include:

- an appraisal of the Educator's performance in relation to their job description.
- review and if necessary clarification of the job role and its expectations.
- self-assessment of performance by the Educator or staff member.
- two-way feedback between the Nominated Supervisor and Educator or staff member.
- discussion of future opportunities within the position.
- discussion on an action plan for further training.
- feedback about how the appraisal process could be improved.

## Training

The Director - Operations will ensure that funds are set aside for training and development needs in the annual budget. Training will be provided on an equitable basis to all Educators and staff and will include training about:

- identifying, assessing and minimising risks
- our policies, procedures, code of conduct, philosophy
- compulsory training required by industry standards or legislation
- pedagogy, the approved learning framework, the NQS, National Law and Regulations
- child protection and reporting obligations

Training may be delivered through:

- mentoring by appropriate Educators/staff
- in-house workshops run by an external trainer
- external workshops, seminars etc.
- formal TAFE, college or University courses
- on-the-job training (e.g. through changes in role or through exchange of information between Educators/staff)
- Educator and management exchanges between services
- provision of appropriate resources (books, movies, documentaries etc).

## Work, Health and Safety Issues

### Bullying, Discrimination and Harassment

**Discrimination** occurs when someone is treated less favourably than others because they have a particular characteristic or belong to a particular group of people, such as age, race or gender. **Harassment** involves unwelcome behaviour that intimidates, offends or humiliates a person because of a particular personal characteristic such as race, age, gender, disability, religion or sexuality. It is possible for a person to be bullied, harassed and discriminated against at the same time.

Various anti-discrimination, equal employment opportunity, workplace relations, and human rights laws make it illegal to discriminate or harass a person in the workplace. Work Health

and Safety laws include protections against discriminatory conduct for workers raising health and safety concerns.

**Bullying** is repeated and unreasonable behaviour towards a worker or a group of workers. Our service will not tolerate bullying in any form because it may have a detrimental effect on the psychological, emotional and/or physical wellbeing, health and safety of our Educators and staff. Amendments to the Fair Work Act 2009 make it illegal to bully a person in the workplace from 1 January 2014.

Unreasonable behaviour includes actions that victimise, humiliate, intimidate or threaten and may be intentional or unintentional. It can occur directly and by using information technology such as email, texting and social media. While one incident of unreasonable behaviour is not considered to be workplace bullying, it may escalate and it will not be ignored. Examples include:

- abusive, insulting or offensive language or comments.
- unjustified criticism or complaints.
- continuously and deliberately excluding someone from workplace activities.
- withholding information that is vital for effective work performance.
- setting unreasonable timelines or constantly changing deadlines.
- setting tasks that are unreasonably below or beyond a person's skill level.
- denying access to information, supervision, consultation or resources that adversely affects a worker.
- spreading misinformation or malicious rumours.
- changing work arrangements, such as rosters and leave, to deliberately inconvenience a particular worker or workers.
- excessive scrutiny at work.

Reasonable actions taken by the Approved Provider or Nominated Supervisor to direct or control the way work is carried out is not bullying behaviour. Examples of reasonable behaviour include:

- setting reasonable performance goals, standards and deadlines.
- rostering and allocating working hours where the requirements are reasonable.
- transferring a worker for operational reasons.
- deciding not to select a worker for promotion where a reasonable process is followed and documented.
- informing a worker about unsatisfactory work performance when undertaken in accordance with any workplace policies or agreements such as performance management guidelines.
- informing a worker about inappropriate behaviour in an objective and confidential way.
- implementing organisational changes or restructuring.
- termination of employment.

The Approved Provider or Nominated Supervisor will:

- ensure all Educators, staff, visitors and volunteers are aware of and comply with our Code of Conduct.
- investigate and manage incidents of workplace bullying, harassment and discrimination in accordance with our Grievance Guidelines.



- consult with Educators, staff and volunteers during staff meetings when:
  - identifying the risk of workplace bullying, harassment and discrimination.
  - making decisions about procedures to monitor and address workplace bullying, harassment and discrimination.
  - making decisions about information and training on workplace bullying, harassment and discrimination.
  - proposing changes to the way work is performed or rosters managed as this may give rise to the risk of workplace bullying, harassment and discrimination.
- provide appropriate information, instruction, training or supervision to Educators, staff, visitors and volunteers to minimise the risks to their health and safety from workplace bullying, harassment and discrimination.
- contact the Police if there are incidents of workplace bullying, harassment and discrimination that involve physical assault or the threat of physical assault, or a visitor engages in bullying behaviour, harassment and discrimination and refuses to leave the Service.

Educators, staff, visitors and volunteers will:

- consider whether something they do or don't do will adversely affect the health and safety of others
- comply with any reasonable instruction, policy and procedure given by the Approved Provider or Nominated Supervisor in relation to workplace bullying, harassment and discrimination.
- report all incidents of workplace bullying, harassment and discrimination using our Grievance Guidelines.
- talk to the Approved Provider or Nominated Supervisor if they have any questions about workplace bullying, harassment and discrimination.

### **Identifying Workplace Bullying, Harassment and Discrimination**

The Approved Provider or Nominated Supervisor will minimise the risk of workplace bullying, harassment and discrimination occurring by:

#### **1. Identifying the risk of workplace bullying, harassment and discrimination**

- talking to Educators, staff and volunteers (or conduct an anonymous survey) to find out if bullying is occurring or if there are unreasonable behaviours or situations likely to increase the risk of bullying, harassment and discrimination.
- monitoring patterns of absenteeism, sick leave, staff turnover, grievances, injury reports, workers compensation claims and other such records to establish any regular patterns or sudden unexplained changes.
- watching for any changes in workplace relationships between Educators, staff, volunteers, visitors and/or managers
- seeking feedback on the professionalism of workplace behaviours in exit interviews and from supervisors and where relevant families.
- monitoring issues raised by our health and safety representatives to the Director – Operations. See Work Health and Safety Policy for more information.

#### **2. Implementing measures to prevent and respond to workplace bullying, harassment and discrimination**

- implementing a Code of Conduct.

- providing Educators, staff, volunteers and visitors with information about our bullying, harassment and discrimination policy and relevant procedures at Educator meetings, via email and by displaying anti-bullying posters.
- implementing grievance procedures which deal with bullying complaints in a confidential, reliable and timely way (see Grievance Guidelines).
- implementing effective performance management processes.
- clearly defining jobs and seeking regular feedback from Educators and staff about their role and responsibilities.
- reviewing and monitoring workloads and staffing levels.
- including Educators and staff in decision making which affects their roles and responsibilities.
- consulting with Educators as early as possible about any changes that affect their roles and responsibilities.
- promoting and modelling positive leadership styles e.g. communicating effectively and providing constructive feedback both formally and informally.
- organising relevant leadership training for managers and supervisors e.g. on performance management.
- mentoring and supporting new and poor performing leaders, Educators or staff.
- facilitating teamwork and cooperation.
- ensuring supervisors act in a timely manner on any unreasonable behaviour.

### **3. Reviewing measures to prevent and respond to workplace bullying, harassment and discrimination**

The Director - People, Culture and Capability will implement a review of the bullying, harassment and discrimination policy and procedures if there is an incident of workplace bullying or when new or additional information about bullying becomes available or at the scheduled review date. Information will be obtained from confidential surveys, exit interviews and records of sick leave and workers compensation claims.

#### **Training about Workplace Bullying, Harassment and Discrimination**

The Director - People, Culture and Capability will organise relevant training, to ensure all Educators, and volunteers can recognise workplace bullying, harassment and discrimination.

Training will cover:

- our bullying, harassment and discrimination policy and procedures
- measures used to prevent bullying, harassment and discrimination from occurring
- how to report workplace bullying, harassment and discrimination
- how bullying, harassment and discrimination reports will be responded to
- where to go for more information and assistance.

## **Employee Support**

To ensure children are exposed to a safe and supportive environment at all times, the Director - People, Culture and Capability will assist Educators who are adversely affected by issues that happen at home or work to access appropriate support services. They may include internal or external mentoring, medication, conflict resolution, coaching or training and counselling services. Employees may also be offered flexibility in their working arrangements where this can be accommodated to meet service needs.



## Stress Management Guidelines

If an Educator feels stressed in any way, they should:

- approach the Nominated Supervisor and talk together to see if the situation can be remedied in any way.
- approach their team leader, the Approved Provider, or the Director - Operations if the Educator feels unable to approach the Nominated Supervisor.
- accept opportunities to have stress alleviated (including counselling if recommended).

The Approved Provider or Nominated Supervisor will:

- discuss the cause of the stress with the Educator or staff member and discuss viable options to alleviate it.
- refer Educator/staff member to counselling if required.
- monitor and review the effectiveness of Educator stress management procedures.
- monitor workloads to ensure Educator is not overloaded or overwhelmed.
- monitor overtime hours and regular working hours to ensure Educator is not overworked.
- monitor holidays to ensure Educator is taking, or at least aware of, their entitlements.
- ensure that bullying and harassment is not taking place.
- be aware that Educators may be suffering personal stress e.g. a death in the family or separation and offer additional support.
- raise any issues in a sensitive manner.
- support an Educator or staff member on stress leave.
- work with the Educator or staff member on stress leave to set up at return to work plan.
- monitor and discuss with the Educator /staff member their stress levels in the workplace after they return to work.

## New and Returning Educators

### Orientation

Before a new Educator commences their job the Nominated Supervisor and or the Director – People, Culture and Capability will:

#### Nominated Supervisor Responsibility

- Show them around the service, allow them to spend some time in their designated room, introduce them to other Educators and staff, children and families.
- Ensure they understand how to adequately supervise children at all times, including during transitions and rest times.
- Ensure they know where the First Aid Kit(s), emergency asthma kits, Epi-pens and children's medication, which Educators hold first aid qualifications, and who has undertaken asthma and anaphylaxis training.
- Highlight all policies, procedures (including those in our Child Protection Policy and Educator and Management Policy e.g. grievance procedures), our Code of Conduct and the Service philosophy, and ensure they know where the Policy and Procedures Manual is and how to access it at all times.

- Highlight relevant legislation including the Education and Care Services National Law and Regulations, Child Protection, Work Health and Safety (WHS), Anti-Discrimination, Bullying and Privacy and Confidentiality.
- Ensure they are familiar with Work Health and Safety (OHS) principles and child protection principles, particularly the procedures and safeguards that apply in the Service.
- Clarify any questions.

### **Director – People, Culture and Capability Responsibility**

- Provide them with necessary documents via Employment Hero, in regard to taxation, superannuation, contract of employment, position description and all necessary CommunityOSH policies.
- Advise them about the Service's management structure.
- Ensure they know under which industrial award they are employed and how to access it.
- Clarify any questions.

The Nominated Supervisor will meet with the new Educator at the end of their first week to clarify any questions they may have or resolve any issues that may have arisen including any training needs they have identified.

We use Employment Hero to ensure all steps of the induction process are covered.

### **Return from Extended Leave**

The Approved Provider, Nominated Supervisor or relevant CommunityOSH Director will work with both the Educator who has been on leave and Educators at the Service to ensure a smooth return to work by:

- encouraging the Educator to visit a few days before they return to work to reacquaint themselves with the environment and take in any changes.
- notifying the Educator of any policy changes.
- notifying families of the Educator's return.
- offering training and development if necessary.
- discussing any special conditions or considerations and drawing up an appropriate plan to manage these.

If the period is due to an illness the Educator must produce a medical certificate stating, they are fit to return to work.

### **Work Experience Students and Volunteers**

The Service is happy to support Work Experience Students and Volunteers in their efforts to become Early Childhood Professionals. They will be encouraged to obtain the qualifications necessary to work with children under the National Quality Framework.

**Work Experience Students and Volunteers MUST follow all policies and procedures at the service.**

Educators will:

- maintain open communication with Work Experience Students and Volunteers along with their practicum teachers.

- support all students and volunteers undertaking work experience during their placement.
- pass relevant skills and knowledge onto each student and volunteer.
- ensure all Educators are provided with relevant feedback about tasks that the student is required to complete in the service as part of their practicum.
- be aware of student and volunteer expectations.
- have the time and capabilities to support each student and volunteer in their placement.

Work Experience Students and Volunteers will:

- learn about the children through observation and practical experience.
- develop skills and abilities needed to care for and educate children.
- learn about working as part of a team in the Early Childhood Profession.
- learn strategies employed when working in a team environment.
- learn skills already acquired by qualified Educators in the Service.
- become familiar with families and children in the Service.
- keep Educators aware of all written work requirements.

#### **METHOD:**

The Nominated Supervisor or Approved Provider will appoint an Educator to be 'Student Supervisor,' arrange a pre-placement visit for the student or volunteer and inform those at the Service when this will occur. Families will also be informed when Work Experience Students and Volunteers are present at the service and about their role and hours they will be spending at the Service.

During the visit the Supervisor will:

- give the student or volunteer times/hours and dates of the placement.
- give the student a student package.
- take the student or volunteer on a tour of the Service.
- introduce the student or volunteer to Educators and their Educator.

Work Experience Students and Volunteers will:

- inform the Student Supervisor in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms. If this has not happened during the pre-placement visit it will occur on the Student's first day.
- work different shifts to gain knowledge of different aspects of Service operations.
- bring in a photo and a short statement with:
  - name
  - time they will be at the Service
  - what it is they are studying.
- discuss with the Student Supervisor any problems they may be experiencing.

The Educator will:

- discuss progress of written work and performance with the student and volunteer.
- discuss any issues raised by the student with the Student Supervisor.

Fail Procedure:

If Educators feel that the student is at risk of failing their practicum, the following steps will be taken:

- Educator will alert the Student Supervisor of any concerns with the student.

- Both the Student Supervisor and the Educator will discuss these issues with the Student.
- The Student Supervisor will arrange for the student's teacher to visit the Service and discuss issues that have arisen.
- The student's educational institution will ultimately determine the outcome of the practicum.

Termination of Practicum:

Termination of student's placement will occur if the student:

- harms or is at risk of harming a child in their care.
- is under the influence of drugs or alcohol
- has disregard for the Service and fails to notify the Service if unable to attend
- is observed using repeated inappropriate behaviour at the Service.
- does not comply with all policies and procedures addressed in the student package.
- does not provide the photo with an introduction on commencement.

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**My Time Our Place**

**Occupational Health and Safety Act 2004**

**Fair Work Act 2009**

**Bryant, L. (2009). Managing a Child Care Service: A Hands-On Guide for Service Providers. Sydney, Community Child Care Co-Operative.**

**Preventing and Responding to Workplace Bullying: Safe Work Australia Draft Code of Practice**

**Anti-bullying jurisdiction: Fair Work Commission**

## Review

The policy and our code of conduct will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Emergency Management and Evacuation Policy

## NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

QA6	6.2.3	Community engagement - The service builds relationships and engages with its local community.
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## National Regulations

Regs	168(2)(e)	Policies and procedures in relation to emergency and evacuation
	97	Emergency and evacuation procedures
	98	Telephone or other communication equipment

## EYLF

LO3	Children become strong in their social and emotional wellbeing.
-----	---

## Aim

In the event that the service needs to be evacuated, we aim to conduct this in a rehearsed, timely, calm and safe manner to secure the safety of each person using the service. The safety and wellbeing of each child, educator and person using the service is paramount above any other consideration in the time of an emergency or evacuation. Any other procedures will be carried out only if it is safe to do so.

## Related Policies

Bushfire Policy  
 Emergency Service Contact Policy  
 Lockdown Policy  
 Incident, Injury and Trauma and Illness Policy  
 Administration of Authorised Medication Policy  
 Death of a Child Policy  
 Medical Conditions Policy

## Implementation

The Approved Provider or Nominated Supervisor is responsible for:

- conducting a risk assessment to identify potential emergencies that could affect the service and use this to prepare emergency and evacuation procedures. e.g. an evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc. (Optional template at Appendix C).
- implementing measures to reduce the risk of injury during potential emergencies. For example, storing heavy items on the floor or bottom shelves, ensuring hazardous material is stored in a stable and secure way
- developing and implementing an Emergency Management Plan based on all identified risks and which includes appropriate responses including evacuation, lockdown, lockout and shelter-in-place, and drill and training schedules. If appropriate, local emergency services (e.g. fire, police, ambulance), local government, community leaders and other relevant agencies will be consulted for advice about issues like evacuation routes, assembly points and accessibility for adults or children with special needs.

Our **Emergency Management Plan** will be developed by the Approved Provider or Nominated Supervisor and will include:

- Emergency contact details for people who have specific roles or responsibilities
- Contact details for the nominate Fire Warden at corporate Holiday Programs in multi-level buildings
- Contact details for local emergency services
- A description of how we will alert people to an emergency e.g. siren/bell
- Evacuation procedures (see Appendix A)
- How we will assist any child or person with special needs
- An evacuation diagram based on the floor plans of the principal office or venue showing the location of fire equipment, emergency exits and assembly points
- Processes to ensure staff are trained in our emergency procedures
- Processes we will follow after an incident
- Procedures we will follow to test the Plan and familiarise children and staff with the Plan.

The **Evacuation Diagram** will include:

- an A3 size diagram of the floor or area
- a title e.g. Evacuation Plan
- the “You are here” location
- designated exits in green
- communication equipment and where installed in red
- hose reels, hydrants, extinguishers in red.
- designated shelter-in-place location and assembly area.
- date plan validated.

- location of assembly areas
- a legend
- Ensuring relevant information from the Emergency Management Plan is displayed prominently at our principal office and at each venue to ensure it can be easily identified and is accessible to all Educators, staff, visitors, volunteers and families. Relevant information includes:
  - Emergency service telephone numbers which will be displayed near telephones and service exits
- evacuation procedures and diagrams which will be displayed near each exit
- Fire Warden contact details for services located in multi-level building
- Establishing an Incident Management Team (IMT)
- Ensuring that visitors and relief staff are aware of the emergency response procedures
- Implementing the Emergency Management Plan including:
  - **Disseminating information** about the Plan and the procedures relating to emergency management and evacuation to staff, children, visitors and families. Families will receive written notification from the service. We will use informal games and discussions to familiarise children with our evacuation and emergency procedures as well as regular rehearsals
  - **Scheduling training** for the IMT and all educators, staff and volunteers e.g. how to use fire extinguishers, fire blankets and other emergency equipment. Training may include evacuation drills, identifying assembly points and the location of emergency equipment, first aid arrangements and how to turn off the electricity and gas supplies. All new educators and staff will receive training during their induction and refresher training for all educators and staff will take place at least annually.
  - **Testing** the Plan every quarter
  - **Reviewing** the Plan annually
- Keeping records of all emergencies
- Keeping records of meetings and emergency drills.

## Communication during Emergency

The Nominated Supervisor will ensure there is access to reliable communication channels in the event of an emergency by maintaining access to a telephone (such as fixed-line telephone, mobile phone, satellite phone, 2-way radio, video conferencing equipment) at all times.

The mobile phone is available at each service. If there is a complete loss of electricity and the telephones are not available, a mobile phone will be available and ready to use at all times to ensure educators can make emergency contact.

The Nominated Supervisor will listen to local radio stations (e.g. local ABC station) during emergencies to access current information about the situation.

## Emergency Communication Plan

The Nominated Supervisor will regularly remind families via conversations, email and newsletters that the Service maintains a Register of emergency telephone numbers for families and we must have current contact information. The Register is located in the following location at each service.

## Emergency Kit

The Nominated Supervisor will ensure an Emergency Kit includes:

- current emergency contact details for each child
- employee and next of kin contact details
- emergency service telephone numbers (see sa.gov.au)
- working torch and spare batteries
- fully stocked first aid kit
- administration of medication records and medical management plans
- mobile phone and charger
- drinking water
- gloves
- smoke mask/goggles
- whistle
- pen and paper
- insurance policy
- alcohol based hand sanitiser
- sunscreen
- insect repellent

The Nominated Supervisor will ensure the Kit contains a list of items that must be added at the last minute in an emergency. Items will include:

- attendance registers for children, staff and volunteers
- medications for staff and children

The Nominated Supervisor will diarise to replace batteries, food, water, sunscreen and insect repellent every 12 months if necessary.

## Emergency and Evacuation Procedures and Drills

The service will add to each child's sense of security, predictability and safety, and ensure all educators and staff are familiar with our emergency evacuation procedures, by conducting rehearsal evacuation drills **every three months**. The Nominated Supervisor will develop a schedule for conducting drills for the different types of emergencies identified in the Emergency Management Plan. The drills will:

- take place at various times of the day and week (rather than always on a Tuesday at 10 am for example) to ensure all children and staff members get the opportunity to rehearse. All persons present at the service during the evacuation drill must participate



- be documented and assessed against specific outcomes using the Checklist at Appendix B. We will appoint an observer to evaluate our drills using the checklist at Appendix B
- be immediately followed by a debriefing session if possible to identify any improvements that may be made. Any training needs will be identified and action taken to implement the relevant training.

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Occupational Health and Safety Act 2004**

**Emergency Management Act 1986**

**Fact Sheet Emergency Plans – Safe Work Australia**

**Guide to Developing an Emergency Management Plan VIC**

## Review

The policy will be reviewed annually or when there are changes to the service which may affect the EMP such as renovations or changes to the number of staff or children. The review will be conducted by:

- Management
- Employees
- Families
- Corporate Holiday Program representative
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

## Appendix A

### Emergency Procedures

#### Evacuation procedures: on-site and offsite

If it is unsafe for children, Educators and visitors to remain inside the building, the children's service will be evacuated. The Approved Provider or Nominated Supervisor will take charge and activate the emergency evacuation procedures (or activate the Incident Management Team) by.

- sounding the alarm. Any Educators on breaks will return to their group of children to assist with the evacuation.
- Calling 000.
- Informing emergency services of the nature of the emergency (e.g. "There is smoke in the building").
- Determining which on-site or off-site evacuation assembly point will be used.
- evacuating staff, children and visitors out of the building in accordance with the evacuation plan, checking toilet, kitchen, playrooms and cot rooms to the assembly area.
- Taking the children's attendance list (sign in/sign out roll), staff roster and the Emergency Kit/First Aid kit.
- liaising with Educators to ensure all children, staff and visitors are accounted for once at assembly area. Educators will ensure children in their groups are accounted for.
- Supervising and reassuring children assisted by Educators.
- Waiting for emergency services to arrive or provide further information.

#### Lockdown procedures

Refer *Lockdown Policy*

#### Lockout Procedure

The following lockout procedure will be used when an internal immediate danger is identified and it is determined that children should be excluded from buildings for their safety. The Approved Provider or Nominated Supervisor (or the Incident Management Team):

- Activates lockout procedures.
- Announces lockout with instructions about what is required. Instructions may include nominating staff to:
  - lock doors to prevent entry
  - check the premises for anyone left inside
  - obtain Emergency Kit.

- Contacts emergency services on 000.
- Goes to the designated assembly area.
- Checks that children, staff and visitors are all accounted for.

#### **Actions after lockout**

- Determine if there is any specific information staff, children, parents and visitors need to know (e.g. areas of the facility to avoid).
- Ensure any children, staff or visitors with medical or other needs are supported.
- Follow up with any children, staff or visitors who need support.
- Prepare and maintain records and documentation.
- Undertake operational debrief to review the lockout and procedural changes that may be required.
- Notify the Regulatory Authority of incident as set out in our Incident, Injury, Trauma and Illness Policy.

## Shelter-in-place procedures

The following shelter-in-place procedure will be considered when an event takes place outside of the children's service and emergency services determine the safest course of action is to keep children and staff inside a designated building in the children's service until the external event is handled.

If a shelter-in-place action is determined the Approved Provider or Nominated Supervisor (or the Incident Management Team):

- activates shelter-in-place procedures.
- Moves all children, staff and visitors to the pre-determined shelter-in-place area.
- Obtains emergency kit.
- Notifies parents/families if the shelter-in-place is going to extend beyond the services hours of operation.
- Notifies the Regulatory Authority of incident as set out in our Incident, Injury, Trauma and Illness Policy.

## Emergency response procedures (specific emergencies)

### **FIRE**

All Educators will remain calm and report the outbreak of fire immediately to the Approved Provider or Nominated Supervisor who will:

- activate the fire alarm.
- Phone **000** to notify the fire brigade.
- Extinguish the fire (**if safe to do so**).
- Implement evacuation procedures if threat exists and close all doors and windows.
- Check that all areas have been cleared.
- Check children, staff and visitors are accounted for.
- Notify the Regulatory Authority of incident as set out in our Incident, Injury, Trauma and Illness Policy.

## BUSHFIRES/GRASS FIRES

Refer Bushfire Policy

## SEVERE WEATHER /STORMS AND FLOODING

The Approved Provider or Nominated Supervisor will direct Educators and staff to:

- Store or secure loose items external to the building, such as outdoor furniture.
- Secure windows (close curtains & blinds) and external doors. If necessary, tape windows and glass entrances. Utilise boards and sandbags if required.
- Protect valuables and disconnect electrical equipment – cover and/or move this equipment away from windows.
- (During a severe storm) remain in the building and ensure they and children keep away from windows. Restrict the use of telephone landlines to emergency calls only.
- Tune in to ABC radio if possible to follow any emergency instructions.
- Report to the Approved Provider or Nominated Supervisor regarding the status of children, and visitor's safety.

After the storm passes, the Approved Provider or Nominated Supervisor will evaluate the need to evacuate if uncontrolled fires, gas leaks, or structural damage has occurred as a result of the storm.

## PANDEMIC

The Approved Provider or Nominated Supervisor will:

- Ensure basic hygiene measures are in place including the display of hygiene information.
- Provide convenient access to water and liquid soap and/or alcohol-based sanitiser.
- Educate staff and children about covering their cough to prevent the spread of germs.
- Stay alert and follow any instructions issued by Health authorities.
- Be prepared for multiple waves.
- Notify the Regulatory Authority of incident as set out in our Incident, Injury, Trauma and Illness Policy.

## BOMB/CHEMICAL THREAT

The Approved Provider or Nominated Supervisor will implement the following procedures:

- If a bomb/chemical threat is received by telephone:
  - **stay calm**
  - **do not** hang up
  - refer to the bomb threat checklist.
- If a bomb/chemical threat is received by mail:
  - avoid handling of the letter or envelope
  - place the letter in a clear bag or sleeve
  - inform the Police immediately.
- If a bomb/chemical threat is received electronically or through the service's website:
  - do not delete the message

- contact police immediately.
- Ensure doors are left open.
- **Do not** touch any suspicious objects found.
- If a suspicious object is found or if the threat specifically identified a given area, then evacuation may be considered.
- Notify the Regulatory Authority of incident as set out in our Incident, Injury, Trauma and Illness Policy.

## Bomb/substance Threat Checklist

*Checklist should be held by the Educator regularly who accepts incoming phone calls*

**KEEP CALM**

CALL TAKER		CALL TAKEN	
Name		Date/Time:	
Telephone #		Duration of call	
Signature		Number of	

**Complete the following for a BOMB THREAT**

QUESTIONS	RESPONSES
When is the bomb going to explode?	
Where did you put the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What will make the bomb explode?	
Did you place the bomb?	
What is your name?	
Where are you going?	
What is your address?	

**Complete the following for a SUBSTANCE THREAT**

QUESTIONS	RESPONSES
When will the substance be released?	
Where is it?	
What does it look like?	
When did you put it there?	
How will the substance be released?	
Is the substance a liquid, powder or gas?	
Did you put it there?	
CHARACTERISTICS OF THE CALLER	WRITE DOWN
Sex of caller	
Estimated age	
Accent if any	
Speech impediments	
Voice (loud, soft, etc)	
Speech (fast, slow etc)	
Dictation (clear, muffled, etc)	
Manner (calm, emotional, etc)	
Did you recognise the voice?	
If so, who do you think it was?	
Was the caller familiar with the area?	

LANGUAGE	
<input type="checkbox"/> Abusive	<input type="checkbox"/> Taped
<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Irrational
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Message read by caller
<input type="checkbox"/> Other (Specify)	

BACKGROUND NOISE	
<input type="checkbox"/> Music	<input type="checkbox"/> Local call
<input type="checkbox"/> Machinery	<input type="checkbox"/> Long Distance Call
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Other (specify)

**EXACT WORDING OF THREAT**

**ACTIONS**

REPORT CALL TO:	
ACTIONS:	

## **MAJOR EXTERNAL EMISSIONS/SPILL (includes gas leaks)**

The Approved Provider or Nominated Supervisor will:

- Call the Fire Brigade on 000.
- Turn off gas supply.
- If it's a gas leak onsite, notify the gas provider (number can be found on the emergency numbers and key contacts page).
- Implement evacuation procedures.
- Check staff, children and visitors are accounted for.
- Await 'all clear' or further advice before resuming normal children's services activities.
- Notify the Regulatory Authority of incident as set out in our Incident, Injury, Trauma and Illness Policy.
- Notify WorkSafe ACT if required.

## **INTERNAL EMISSION/SPILL (e.g. cleaner's storeroom)**

The Approved Provider or Nominated Supervisor will:

- Move staff/children away from the spill to a safe area.
- If safe to do so, direct staff to clean the spill. Personal Protective Equipment should be worn as per the requirements of the Material Safety Data Sheet.
- Contact the Fire Brigade if the nature of the emission/spill is unknown or it is unsafe to manage.
- Notify WorkSafe ACT if required.

## **EARTHQUAKE**

- Don't panic.

If outside

The Approved Provider or Nominated Supervisor will instruct staff and children to:

- Stay outside and move away from buildings, streetlights and utility wires.
- DROP, COVER and HOLD
  - DROP to the ground
  - Take COVER by covering their head and neck with your arms and hands
  - HOLD on until the shaking stops.

If inside

The Approved Provider or Nominated Supervisor will instruct staff and children to:

- Move away from windows, heavy objects, shelves etc.
- DROP, COVER and HOLD
  - DROP to the ground
  - Take COVER by getting under a sturdy table or other piece of furniture or go into the corner of the building covering their faces and head in their arms
  - HOLD on until the shaking stops.

After the earthquake the Approved Provider or Nominated Supervisor will:



- Evaluate the need to evacuate if there are uncontrolled fires, gas leaks or structural damage to the building.
- Instruct Educators, staff and children to watch out for fallen trees, power lines, and stay clear of any structures that may collapse.
- Ask Educators and staff about the status of staff, children and visitor safety.
- Arrange medical assistance where required.
- Instruct Educators and staff to help others if possible.
- Tune in to ABC radio if possible to follow any emergency instructions.

If there is damage to the facility and it is OK to do so, you may take notes and photographs for insurance purposes.

## **MEDICAL EMERGENCY**

- Check for any threatening situation and remove or control it (if safe to do so).
- Remain with the casualty and provide appropriate support.
- Notify First Aid Officer and the Approved Provider or Nominated Supervisor.
- Notify the ambulance by dialling '000'.
- The Approved Provider or Nominated Supervisor will designate someone to meet and direct the ambulance to the location of the casualty.
- Do not leave the casualty alone unless emergency help arrives.
- Do not move the casualty unless exposed to a life-threatening situation.

Refer "Administration of First Aid" in our Incident, Injury, Trauma and Illness Policy.

## **INTRUDER/PERSONAL THREAT**

- Notify the Approved Provider or Nominated Supervisor who will request assistance from the police by dialling '000'.
- Do not do or say anything to the person to encourage irrational behaviour.
- Initiate action to restrict entry to the building if possible and confine or isolate the threat from building occupants.
- The Approved Provider or Nominated Supervisor will determine if evacuation or lockdown is required. Evacuation only should be considered if safe to do so.

## Appendix B

### Emergency Drill/Exercise 'Observer' Record

Item	Yes	No
	✓	✓
Were emergency services briefed on exercise prior to exercise being started?		
Did the person discovering the emergency alert the other occupants?		
Was the alarm activated?		
Was the emergency service notified promptly?		
Did staff direct persons from the building/site per the evacuation procedures?		
Were isolated areas searched?		
Was the evacuation logical and methodical?		
Did someone take charge? If yes, who?		
Did occupants act as per instructions?		
Was a roll call conducted for?		
Children		
Staff		
Visitors (including contractors and volunteers)		
Was someone appointed to liaise with the emergency service/s?		
Was someone appointed to liaise with the parents/community?		
Was the emergency service given the correct information?		
Did anyone re-enter the premises before the "all clear" was given?		
Did anyone refuse to leave the building/site?		
Area of Emergency plan tested by current exercise:		

## Appendix C

### Risk assessment template for emergencies

This is an example taken from the Victorian [Guide to Developing an Emergency Management Plan](#) - refer for further information and written example

1. Identified Hazard	2. Description of Risk	3. Current control measures implemented at our early childhood service	4. Risk Rating			5. Treatments to be Implemented	6. Revised Risk Rating after implementing Treatments		
			A Consequence	B Likelihood	C Risk Level		A Consequence	B Likelihood	C Risk Level
<p><i>Only include in your EMP those hazards that are applicable to your childhood service</i></p> <p><i>The examples provided below are not intended to be exhaustive.</i></p>		<p><i>Only include in this column those controls that have actually been implemented in your childhood service.</i></p> <p><i>If you choose to use any of the examples below, make sure the wording describes the situation in your workplace.</i></p>				<p><i>Measures to be taken by our childhood service to eliminate or reduce impact of the risk</i></p>			

# Emergency Service Contact Policy

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## NQS

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

Reg	97	Emergency and evacuation procedures
	98	Telephone or other communication equipment

## My Time, Our Place

LO3	Children become strong in their social and emotional wellbeing.
-----	---

## Aim

In the event that the service needs to be evacuated, we aim to conduct this in a rehearsed, timely, calm and safe manner to secure the safety of each person using the service. The safety and wellbeing of each child, Educator and person using the service is paramount above any other consideration in the time of an emergency or evacuation. Any other procedures will be carried out only if it is safe to do so.

An evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc.

## Related Policies

Emergency Management and Evacuation Policy

Lockdown Policy

Incident, Injury and Trauma and Illness Policy

Administration of Authorised Medication Policy

Death of a Child Policy

Medical Conditions Policy

# Implementation



## When you call Triple Zero (000)

- Do you want Police, Fire or Ambulance?
- Stay calm, don't shout, speak slowly and clearly
- Tell us exactly where to come. Give an address or location.



## If you are deaf or have a speech or hearing impairment call 106

- This is a Text Emergency Call, not SMS
- You can call from teletypewriters
- Tell us which service you need and where to come

## How to call Triple Zero (000)

- Stay focused, stay relevant, stay on the line
- The Triple Zero (000) service is the quickest way to get the right emergency service to help you. You can contact Police, Fire or Ambulance in life threatening or emergency situations.

## Assess the situation

- Is someone seriously injured or in need of urgent medical help?
- Is your life or property being threatened?
- Have you just witnessed a serious accident or crime?
- If you answered YES call Triple Zero (000).

## Make your call

- Stay calm and call Triple Zero from a safe place
- When your call is answered you will be asked if you need Police, Fire or Ambulance
- If requested by the operator, state your town and location
- Your call will be directed to the service you asked for
- When connected to the emergency service, stay on the line, speak clearly and answer the questions
- Do not hang up until the operator tells you to do so.

## Providing location information

- You will be asked where you are
- Try to provide street number, street name, nearest cross street and the area
- In rural areas give the full address and distances from landmarks and roads as well as the property name
- If calling from a mobile or satellite phone, the operator may ask you for other location information
- If you make a call while travelling, state the direction you are travelling and the last motorway exit or town you passed.

## Instructions from the operator

- The operator may ask you to wait at a pre-arranged meeting point to assist emergency services to locate the incident

## Other languages and text-based services

- People with a speech or hearing impairment can use the One Zero Six (106) text-based service
- If you can't speak English you can call Triple Zero (000) from a fixed line and ask for 'Police', 'Fire', or 'Ambulance'. Once connected you need to stay on the line and a translator will be organised
- Further information in several community languages can be found on the Emergency information in other languages page.

## Other things you can do

- Keep the Triple Zero (000) number beside telephones
- Teach children and visitors that the emergency number to call in Australia is Triple Zero (000)
- Teach children when and how to use Triple Zero (000).

## Sources

Education and Care Services National Regulations 2011

National Quality Standard

Emergency Management Australia [www.em.gov.au](http://www.em.gov.au)

My Time, Our Place Framework for School Age Care

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families



- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Enrolment Policy

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## NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.

## National Regulations

Regs	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu
	88	Infectious diseases
	90	Medical conditions policy
	91	Medical Conditions Policy to be Provided to Parents
	92	Medication record
	93	Administration of medication
	96	Self-administration of medication
	97	Emergency and evacuation procedures
	99	Children leaving the education and care service premises
	100	Risk assessment must be conducted before excursion
	101	Conduct of risk assessment for excursion
	102	Authorisation for excursions
	157	Access for parents
	160	Child enrolment records to be kept by approved provider and family day care educator
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record
	168	Education and care service must have policies and procedures
	173	Prescribed information is to be displayed
	177	Prescribed enrolment and other documents to be kept by approved provider
	181	Confidentiality of records kept by approved provider
183	Storage of records and other documents	



# My Time, Our Place

LO1	Children feel safe, secure, and supported
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## Aim

To ensure that each child's enrolment is completed as per our legal requirements. Additionally, we aim to ensure that each child and family receives an enrolment and orientation process that meets their needs, allowing the family and child to feel safe and secure in the level of care that we provide.

## Related Policies

Additional Needs Policy  
Administration of Authorised Medication Policy  
Child Protection Policy  
Excursion Policy  
Food, Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy  
HIV AIDS Policy  
Immunisation and Disease Prevention Policy  
Infectious Diseases Policy  
Medical Conditions Policy  
Orientation for Children Policy  
Privacy and Confidentiality Policy  
Record Keeping and Retention Policy  
Relationships with Children Policy  
Rest, Relaxation and Clothing Policy  
Unenrolled Children Policy

## Who is affected by this policy?

- Children
- Families
- Educators

## Implementation

CommunityOSH accepts enrolments of children who attend primary school and up to year 7.

### Enrolments will be accepted providing:

- The maximum daily attendance does not exceed the approved number of places of the service.
- Child-educator ratios are maintained across the service.

- A vacancy is available. (Please see Priority of Access Guidelines below.)

### **Priority of Access Guidelines:**

Children who are enrolled at the service or whose families are seeking a place at the service will be given Priority of Access in accordance with the guidelines that have been established by the Federal Government.

Below are the Priority of Access levels which the Service must follow when filling vacancies.

1. A child at risk of serious abuse of neglect.
2. A child of a single parent/guardian who satisfies, or of parents/guardians who both satisfy the work/training/study test under Section 14 of the A New Tax System (Family Assistance) Act 1999.
3. Any other child.

Within these three categories priority is also given to the following children:

- Children in Aboriginal and Torres Strait Islander families.
- Children in families which include a disabled person.
- Children in families on low income
- Children in families from culturally and linguistically diverse backgrounds.
- Children in socially isolated families.
- Children of single parents/guardian.

Upon enrolment families will be notified of their priority and advised that if the service has no vacancies and their child's position is a priority 3 under the Priority of Access Guidelines, it may be required that their child leave or reduce their days in order to make a place for a higher priority child.

Outside school hours care is primarily for school children.

### **Enrolment:**

When a family has indicated their interest in enrolling their child in our service, the following will occur:

- A tour of our service. During this tour, the educator conducting the tour will give the family information about the service including, but not limited to, programming methods, meals, incursions, excursions, inclusion, fees, policies, procedures, our status as a Sun Smart service, regulations for our state and the licensing and assessment process, signing in and out procedure, the National Quality Framework, educator qualifications, introduction of educators and educator and parent communication. Families are also invited to ask any questions they may have.

- Families are given a copy of the Parent Handbook to read and are invited to ask questions.
- Discussions are held between office staff and families regarding availability of days, a start date and tailoring an orientation process to suit the needs of the family and child. Families are informed of the Priority of Access Policy, and have their position assessed as to how they place within this system. Any matters that are sensitive of nature, such as discussing a child's medical needs, Court Orders, parenting plans or parenting orders, will be discussed privately with the Nominated Supervisor or Program Manager. We request that parents begin to fill out enrolment forms at that time and discuss their child with us so we can accommodate their needs in the service from the first day they start with us. Should a child use English as a second language, or speak another language at home, we request that families provide us with some key words in the languages the child speaks at this time so that educators can learn the words.
- Families can claim Child Care Subsidy online by signing into their Centrelink online account through my Gov and completing a Child Care Subsidy claim. If eligible, the Subsidy will be paid directly to the service on families' behalf and will reduce the fees owed. This can only occur after our service enters families' enrolment information online, and families confirm their enrolment information through their MyGov account. Until Child Care Subsidy details are available, families will need to pay full fees.
- As per our Orientation for Children Policy, families will be invited to bring their child into the service at the time the program is open, so the child and family can familiarise themselves with the environment.
- Before the child begins their first day with us, the service must have all required documentation for the child. The child will not be accepted into the service without this being completed.

**On the child's first day:**

- The child and their family are welcomed.
- The Nominated Supervisor will ensure all details are finalised and complete and sign the Enrolment Checklist.

**Other information about our service's enrolment includes:**

- We will try and accommodate families so that children from the same family can attend our service. This will be carried out in line with our obligations under the Priority of Access Policy.
- We encourage all families to consider immunising their children. Please see our Immunisation Policy for further information.
- Enrolment of educator's children at the service is supported.
- In accordance with the National Law and Regulations, our educators will support each child to manage their own behaviour, respond appropriately to the behaviour of other

children and communicate effectively to resolve conflicts. We will also work with each child's family to support any children with diagnosed behaviour and social difficulties. However, a child's enrolment at our service may be terminated if the nominated supervisor decides the child's behaviour threatens the safety, health or wellbeing of any other child at the service.

### **Information and Authorisations to be kept in the Enrolment Record**

Our Record Keeping and Retention Policy outlines the information and authorisations that we will include in all child enrolment records.

## **Sources**

**Public Health and Wellbeing Act 2008**

**The Child Wellbeing and Safety Act 2005**

**Children, Youth and Families Act 2005**

**Occupational Health & Safety Act 2004**

**Occupational Health & Safety Regulations 2007**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**A New Tax System (Family Assistance) Act 1999**

**My Time, Our Place Framework for School Age Care**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Environmental Sustainability Policy

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## NQS

QA3	3.3.	The service takes an active role in caring for its environment and contributes to a sustainable future.
	3.3.1	Sustainable practices are embedded in service operations
	3.3.2	Children are supported to become environmentally responsible and show respect for the environment.

QA6	6.1.2	Families have opportunities to be involved in the service and to contribute to service decisions.
	6.3	The service collaborates with other organisations and service providers to enhance children's learning and wellbeing.
	6.3.1	Links with relevant community and support agencies are established and maintained
	6.3.4	The service builds relationships and engages with their local community.

## My Time, Our Place

LO2	Children become socially responsible and show respect for the environment
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## Aim

Our service aims to help children learn about and implement sustainable practices and foster respect and care for the living and non-living environment.

## Implementation

Children develop positive attitudes and values about sustainable practices by engaging in learning experiences, joining in discussions that explore solutions to environmental issues, and watching adults' model sustainable practices. Children learn to live interdependently with the environment.

### Environmental Sustainability and our Curriculum

- Our Educators will promote a holistic, open ended curriculum which explores ideas and practices for environmental sustainability and helps children understand the interdependence between people and the environment by:

- connecting children to nature through art and play and allowing children to experience the natural environment through natural materials like wood, stone sand and recycled materials, plants including native vegetation, trickle streams or ponds, nesting boxes, a potting bench with gardening tools and watering cans.
- developing education programs for water conservation, energy efficiency and waste reduction.
- celebrating children’s environmental knowledge and sustainable activities.
- involving children in nature walks, education about plants and gardening and growing plants and flowers from seed.
- engaging children in learning about the food cycle by growing, harvesting, and cooking food for our service kitchen.
- using resource kits and information on environmental issues from the Better Business Partnership or resources targeted at early childhood services such as “The Little Green Steps” Resource kits on Water, Waste and Wildlife.
- enlisting the help of groups with expertise in environmental issues, for example bush care groups, wildlife rescue groups, Clean Up Australia, to deliver elements of our sustainability program
- acknowledging and celebrating environmental awareness events like Clean Up Australia Day and Walk to School Day.

### **The Role of Educators**

- Our Educators will model sustainable practices by embedding sustainability into all aspects of the daily running of our service operations including:
  - recycling materials for curriculum and learning activities
  - minimising waste and effectively using service resources
  - turning off equipment and lights when not in use
  - using the least hazardous cleaning substance appropriate for the situation, for example, ordinary detergent for cleaning dirt from tables and other surfaces.
  - composting
  - maintaining a worm farm
  - maintaining a no dig vegetable/herb garden
  - incorporating water wise strategies such as drip irrigation and ensuring taps are turned off and leaks fixed.
  - using food that we have grown in meals on our weekly menu
  - implementing environmentally friendly pest management

### **Partnerships with Families and the Community**

- Our Educators will facilitate collaborative partnerships with local community groups, government agencies and private companies to enhance and support children’s’ learning about sustainable practices. We will share their brochures and fact sheets on sustainable practices like recycling, saving water and power and green cleaning with our children and their families. Families will be encouraged to participate in decision making and information sharing about environmental sustainability through our newsletters, parent input forms, wall displays, meetings.

The NSW Early Childhood Environmental Education Network has resources which may assist Early Childhood Services to identify and work towards an Environmentally Sustainable Service. The Network's website also has links to many organisations and Government agencies that provide information on sustainable practices at <http://www.eceen.org.au/links.htm>

## Source

**National Quality Standard**

**My Time Our Place**

**Climbing the little green steps 2007: Gosford and Wyong Councils**

**Environmental Education in Early Childhood (Victoria) Inc**

**NSW Early Childhood Environmental Education Network**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Epilepsy Policy

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## NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

## National Regulations

Regs	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement—anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

## My Time, Our Place

LO3	Children are happy, healthy, safe and connected to others.
	Children negotiate environments to ensure the safety and wellbeing of themselves and others
	Educators engage children in experiences, conversations and routines that promote safety, healthy lifestyles and nutrition.
	Educators adjust transition and routines to take into account children's needs and interests

## Aim

Our service and Educators welcome children with epilepsy. We ensure the safety and wellbeing of all children and will adopt inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

## Related Policies

Additional Needs Policy  
 Administration of Authorised Medication Policy  
 Continuity of Education and Care Policy  
 Emergency Service Contact Policy  
 Enrolment Policy  
 Medical Conditions Policy  
 Privacy and Confidentiality Policy  
 Relationships with Children Policy



## Implementation

Our service will ensure all Educators are aware of the enrolment of a child with epilepsy and have an understanding of the condition and the additional requirements of the individual child.

### **Epilepsy and Learning**

Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements.

The effects of epilepsy can vary. Some children will suffer no adverse effects while epilepsy may impact others by affecting, for example, their comprehension, expressive language, visual perception, concentration and memory. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Educators will ensure they go over any learning or activity a child may have missed during a seizure.

The level of expectation for each child has a significant influence on performance. Our Educators will facilitate a positive environment of encouragement, stimulation and reassurance.

### **Behaviour Support**

Our Educators will ensure that any routine management of a child's epilepsy, including the administration of any medication, occurs with minimal disruption to their education and care.

As for all children, behaviour expectations for children with epilepsy should be consistent and predictable, and sufficiently flexible to accommodate periods of stress and any emotional difficulties a child with epilepsy may be experiencing.

Our Educators will nurture the self-esteem of all children, including those with epilepsy, and create a positive environment of inclusiveness and acceptance for all children.

### **Information Sharing: Confidentiality and privacy**

Our service will adhere to privacy and confidentiality principles when dealing with each child's health and safety needs.

The sharing of information, including the amount and type of information, will be assessed and negotiated for each child with epilepsy. Educators need information about routine and predictable emergency care because it affects the child's learning, access to the curriculum and their safety. Information exchange between the family, health professionals and the service are also essential to support the child emotional health and enhance their peer support. Young children, for example often enjoy sharing the news and their experiences of living with epilepsy with their classmates. This should be discussed with parents so that they can support their child in this process.

## Medical Management Plan

Children with epilepsy will have a Medical Management Plan provided by their doctor and /or parents. This Plan should include information about:

- the type of seizures the child has
- their severity and timing
- whether there are any warning signs before a seizure
- any first aid requirements in addition to standard first aid
- known triggers
- emotional needs of the child
- the level of participation, supervision and protection required for the child during activities, whether the child's safety may be compromised during an activity.

## Medical Conditions Risk Minimisation Plan

Our service will prepare a Medical Conditions Risk Minimisation Plan outlining procedure we will implement to minimise the incidence and effect of a child's epilepsy. The Plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure. These include:

- missing medication for non-epileptic conditions
- suddenly stopping anti-convulsant medication or missing a dose
- infection or illness, especially if associated with a temperature
- lack of sleep
- extreme emotions, such as excitement about an excursion, stress or boredom
- hyperventilation/over-breathing
- head injury
- flickering lights (computers are not usually a problem)—only with certain kinds of epilepsy
- missing meals
- dehydration
- significant changes in temperature or extreme temperatures, e.g. on a hot day sitting on the sunny side of a bus with no air conditioning.

Our service will encourage children with epilepsy to participate in all activities at our service unless any are specifically excluded by the child's doctor or parents. Independence and social acceptance are important to all children. The Risk Minimisation Plan will cover whether any adjustments need to be made to an activity to ensure the child can participate. These may include the child wearing protective gear and providing increased supervision of the activity.

## First Aid

Our service will ensure our qualified first aid Educator maintains up to date training in epilepsy, and where required, training in the administration of epileptic medication. If a child is having an epileptic seizure, our first aid trained Educator will:

- Protect the child from injury
- Not restrain the child or put anything in their mouth
- Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair safe and airway is clear)

- Monitor the airway.
- Call an ambulance if necessary. This may include when:
  - a seizure continues for more than three minutes
  - another seizure quickly follows the first
  - it is the child's first seizure
  - the child is having more seizures than is usual for them
  - certain medication has been administered
  - they suspect breathing difficulty or injury
- complete the Incident, Injury, Illness and Trauma Record, including the time the seizure started and stopped and observations of the seizure, as soon as possible but within 24 hours of the seizure
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

The first aid trained Educator may not call an ambulance when the seizure stops within three minutes and there are no complications (i.e. injury). The child will be kept in the recovery position until conscious. Educators will always call an ambulance if required under the Medical Management Plan.

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Epilepsy planning and support guide for education and children's services DECS SA 2007**

**Epilepsy Foundation of Victoria**

**Epilepsy Action Australia**

**My Time Our Place**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Excursion Policy

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## NQS

QA2	2.3.1	Children are adequately supervised at all times.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

## National Regulations

Reg	100	Risk assessment must be conducted before excursion.
	101	Conduct of risk assessment for excursion.
	102	Authorisation for excursion.

## Aim

The service acknowledges the value of relevant excursions in allowing children to gain a greater insight of the society in which they live and learn from these experiences. Our service will actively seek to minimise any risks associated with excursions and respond promptly and appropriately to any emergency whilst on an excursion. Educators will educate children and families regarding safe road (or other transport) and play practices.

## Related Policies

Acceptance and Refusal of Authorisations Policy

Staffing Arrangements Policy

Transportation Policy

## Implementation

### Excursion Risk Assessment and Planning Process

We will conduct a risk assessment prior to any excursion (we may use the attached Excursion Risk Assessment Form.) Risk assessments are required for excursions that are regular outings if a risk assessment has not been conducted within the last 12 months of the excursion date. Regular outings are walks, drives or trips to places that we visit regularly, and which always have the same risks. We will consider the following as part of the risk assessment:

- Any risk that the excursion may pose to the safety, health and wellbeing of any child and identify how these risks will be managed and minimised
- Proposed route and destination
- Any water hazards
- Any risks associated with water-based activities

- Transportation (to and from)
- The ratio of Educators and children which must comply as a minimum with the ratios in the Staffing Arrangements Policy
- Whether extra adults are required for supervision and safety
- Specialised skills required (such as life-saving skills)
- Proposed activities
- Proposed duration
- Any medical conditions that need to be considered and managed for each child with specific health needs
- Items that should be taken

A parent or authorised person must provide written authorisation for the excursion (see Authorisation for Excursion Form attached). This authorisation only needs to be obtained once every 12 months for regular excursions. The authorisation will include:

- Child's name
- Date of excursion (unless regular outing)
- Destination and proposed activities
- Mode of transport
- How long the child will be away from the centre
- Expected number of children attending
- Expected ratio of Educators to children
- Expected number of additional adults who will be attending
- Advice risk assessment available at service and it can be viewed prior to excursion

We will request current emergency contact numbers when obtaining the authorisation.

We will provide at least 24 hours' notice of the excursion to parents. This notice period will generally be at least two weeks.

The Excursion Checklist will be implemented prior to any excursion.

### **Transport Considerations**

The means of transport must be stated on the permission note.

**Buses** – ensure that the seating capacity as displayed on the compliance plate is not exceeded. All children must sit on seats, preferably with, or close to, an adult. Seat belt guidelines must be followed depending on the bus. If the bus has seat belts, they must be worn at all times.

**Trains** – contact the station prior to the excursion to inform them of the time you will be travelling, the destination and the number of children and adults who will be travelling. Arrangements should be made to arrive at the station with an adequate amount of time to allow for safe boarding. This will allow the station to inform the train guard so that he / she can hold the train for the period of time for safe boarding and alighting. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage, if possible.

**Cars** – Any motor vehicle that is used to transport children on an excursion (other than a motor vehicle seating more than nine persons) is fitted with child restraints and/or seatbelts that are appropriate for the age and weight of each child, that conform to the Australian Standards.







**Insurance**

Any excursion planned must be consistent with the requirements / exclusions of the Public Liability Cover held by the service.

# Excursion Risk Assessment Form

## Step 1. What is the hazard?

## Step 2. What is the risk?

	++ very likely	+ likely	- unlikely rare	-- very unlikely	
Kill, Permanent Disability 	1	1	2	3	The numbers show how important it is to do something: 1 - it is extremely important to do something about this hazard as soon as possible 6 - this hazard may not need your immediate attention.
Long term illness Serious Injury 	1	2	3	4	
Medical Attention Several Days Off 	2	3	4	5	
First Aid Needed 	3	4	5	6	

## Step 3. What can we do to protect everybody?

Substitute for a lesser risk	Yes	No
Isolate the hazard from the person at risk	Yes	No
Minimise the risk through engineering means	Yes	No
Implement change through administrative means	Yes	No
Use personal protection PPE	Yes	No

## Step 4. List the step by step procedure we need to make it safe.

**As a part of the Excursion Risk Assessment we will consider the following details:**

**Time and Date of Proposed Excursion**

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**Destination (s)**

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**Proposed Route (to and from)**

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**Water hazards**

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**Transportation Details (to and from)**

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**Number of Educators Attending**

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**Number of Children Attending**

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**Ratio of Educators to children**

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**Number of Additional Adults Required**

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**Specialised skills needed to ensure children are adequately and safely supervised at all times (e.g. life-saving)**

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**Proposed Activities**

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**Availability of shade**

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**Proposed Duration**

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**Specific health care needs or medical conditions that need to be managed**

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**Items to Be Taken by the Service (mobile phone, emergency contact details, etc)**

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**Items to Be Taken by the Children**

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# Authorisation for Excursion Form

Our service has organised an excursion for your child to attend. All of the relevant details are provided below for your convenience. The service has conducted an Excursion Risk Assessment which is available for your review upon request. For your child to attend, you are required to read this information and complete the Authority for Excursion Form. To complete this Form, you must be the child's parent or authorised on the child's enrolment record to authorise this excursion.

This excursion is a regular outing and this authorisation will cover the regular outing for 12 months. Please note that the Authority can be cancelled at any time.

**Child's Full Name**

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**Time and Date of Proposed Excursion**

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**Destination (s)**

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**Reason for Excursion**

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**Proposed Activities**

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**Route (to and from)**

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**Transportation Details (to and from)**

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**The Period Children will be Away from the Service**

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**Number of Educators Attending**

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**Number of Children Attending**

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**Ratio of Educators to children**

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**Number of Additional Adults Attending**

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**Items to Be Taken by the Child and Provided by the Parents**

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**Authority for my Child to Attend the Excursion**

**Full Name**

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**Relationship to Child**

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**Current Emergency Contact Details (home or mobile phone number, email )**

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**Interested in Volunteering to the Attend the Excursion? Please circle**      **Yes**      **No**

**By signing the Authorisation for Excursion Form, I agree to and understand the following –**



- My child has my permission to attend the excursion listed. If the excursion is a regular outing, my child has permission to attend for 12 months after the date listed below
- I am listed on the child's Enrolment Form as a Parent or authorised on the child's enrolment record to authorise this excursion
- I have read all the details provided by the service and understand that I can access the Excursion Risk Assessment at the service

**Signature**

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**Date**

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# Excursion Checklist

Please circle

Yes	No	N/A	A risk assessment has been completed and steps taken to minimise any identified risks
Yes	No	N/A	A signed authorisation for the specific excursion and any specific activity which is to take place during the excursion has been received. Regular outings can be covered by one form for a period of 12 months
Yes	No	N/A	A list of children attending the excursion will be left at the service prior to departure and a copy carried by the Supervisor who will cross check against the children at regular intervals during the excursion
Yes	No	N/A	All children are equipped with appropriate clothing for the excursion. For example - jumpers, sun hats, appropriate footwear, sunscreen
Yes	No	N/A	Children will have access to shaded areas
Yes	No	N/A	The excursion is consistent with the requirements/exclusions of the Public Liability Insurance Cover held by the service
Yes	No	N/A	Educators are taking a fully stocked first aid kit
Yes	No	N/A	Educators are taking each child's current emergency contact details
Yes	No	N/A	A mobile phone or change for a phone will be taken. Office staff know the mobile number
Yes	No	N/A	A designated educator has been assigned to directly supervise any child with a chronic illness/allergic condition, and will carry the child's medication and current medical management plan throughout the excursion

## Sources

Education and Care Services National Law and Regulations  
National Quality Standard

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Family Law and Access Policy

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## NQF

QA2	2.3.4	Educators, co-ordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect
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## National Regulations

Regs	84	Awareness of child protection law
	157	Access for parents

## Aim

To ensure that the service is upholding any responsibilities or obligations in relation to family law and access at the service.

## Related Policies

Child Protection Policy

Enrolment Policy

Privacy and Confidentiality Policy

## Implementation

Both parents have full responsibility for their children until they reach 18 unless a Court orders otherwise. This is not changed in any way as a result of a change in the parents' relationship, for example, separation or remarriage. If the relationship breaks down parental responsibility may be documented to clarify responsibilities in relation to the child.

**Parenting Orders** – are orders that the Family Court (or the Federal Circuit Court) will make when parents' relationships break down and they cannot agree on the arrangements for their child. They change parenting responsibilities and stipulate which parent has what responsibilities. Parenting Orders may cover:

1. a child's residence – who the child will live with (who has custody of the child). This person is responsible for day-to-day matters like discipline, going out, clothes and pocket money. Residency can be a shared arrangement.
2. A child's contact arrangements - when a child may have contact with a non-custodial parent or anyone else who plays an important part in their life e.g. grandparent s (contact can either be face to face, or by phone, letters)
3. Child Maintenance – who provides financial support for a child
4. Specific Issues –any other aspect of parental responsibility (this may include the day-to-day care, welfare and development of a child, issues relating to religion, education, sport, or other specific issue)

**Parenting Orders by Consent/Parenting Plans** – Where parents agree on the arrangements for their child despite their relationship breaking down, they can apply to the

Court for a “parenting order by consent” or they can enter into a written Parenting Plan which records the agreed arrangement.

The Approved Provider or Nominated Supervisor will:

- ensure parents provide copies of any parenting orders or plans during the child’s enrolment
- request/remind parents to provide copies of any new or revised orders or plans
- ensure Educators, and volunteers understand and comply with any parenting orders or parenting plans, know with whom the child lives, who they may have contact with and any other specific legal rights and responsibilities set out in the documents. Services have a legal responsibility to ensure children only leave the Service with the permission of the custodial parent (or in accordance with the orders/plans)
- contact the custodial parent and if necessary the Police if a person who is not authorised to collect the child wishes to take the child and will not leave. The child will remain at the Service

The Approved Provider, Nominated Supervisor and Educators will not allow a parent to enter the service premises if they reasonably believe this would contravene a court order.

## Sources

[www.familycourt.gov.au](http://www.familycourt.gov.au)

[www.familylawcourts.gov.au](http://www.familylawcourts.gov.au)

Law Council of Australia [www.familylawsection.org.au](http://www.familylawsection.org.au)

Family Law Act 1975

Education and Care National Regulations 2011

National Quality Standard

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**



# Fees Policy

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## NQF

QA7	7.3.2	Administrative systems are established and maintained to ensure the effective operation of the service.
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## Aim

Parents fully understand fee payment procedures and requirements, in order to pay their fees on time.

## Related Policies

Orientation for Children Policy  
Privacy and Confidentiality Policy

## Who is affected by this policy?

Parents  
Management

## Implementation

### Communicate Changes

- CommunityOSH will notify families of enrolled children at least 14 calendar days before making any changes to any policy or procedure or any other related changes that will affect fees charged and or collected.

### Enrolment

- There are no Enrolment or Registration fees.

### Fees must be paid:

- During the online enrolment process, you will be asked for your Credit Card details (we only accept Visa and MasterCard) or your Bank Account details. These details are held by our Financial transaction contractor (Ezidebit), who will charge your bank Account or Credit Card on our behalf. A dishonour fee may be applied to payments that have failed due to insufficient or unavailable funds.

### **Child Care Subsidy (CCS)**

Child Care Subsidy is available to all families who are Australian Residents if the child attending the service is fully immunised, on an immunisation catch-up schedule or exempt from immunisation requirements. The Child Care Subsidy (CCS) is a government subsidy that offers different levels of financial assistance to help cover the cost of childcare for **Australian** families to families at the end of the financial year in which the Service is used.

### **Child Care Subsidy entitlement**

There are three factors that determine a family's level of Child Care Subsidy. These are:

- Combined annual family income
- Activity test – the activity level of both parents
- Service type – type of child care service and whether the child attends school

The Child Care Subsidy is generally paid directly to service providers to be passed on to families as a fee reduction. Families make a co-contribution to their child care fees and pay to the provider the difference between the fee charged and the subsidy amount.

### **Statement of Account**

A statement will be issued for all fees, and will include the child/children's full name/s, date of care, date of payment, amount etc. During the Term families will be sent an email, fortnightly on every 2<sup>nd</sup> Wednesday, with a link to their statement. Payments will be processed by Ezidebit on the Thursday for all outstanding's detailed on the statement received on Wednesday.

### **Receipts**

Receipts for payment will be notified to you on the issued Statements.

### **Late Fees**

Families who do not collect their child before we normally close for the day may be charged a late fee of \$1 per minute after the first five minutes they arrive past our closing time. This fee covers the cost of employing the staff required to supervise a child outside our operating hours. It may be waived at the discretion of the Nominated Supervisor.

### **Termination**

There are no Termination requirements

### **Cancellations**

#### **Before and After School Care:**

Cancellations can be made at no charge up to 24 hours prior to the session. Any cancellations made within 24 hours from the start of the session will incur the full fee.

#### **Holiday Program:**

Cancellations can be made at no charge up to 5 days prior to the session. Any Cancellations made within 5 days from the start of the session will incur the full fee.

## **Overdue Fees**

The Customer Care Team will issue a Friendly Fee Reminder letter to any family who is one week late paying their fees. If families are having difficulty making fee payments, they should immediately speak with the Customer Care Manager to discuss fee payment arrangements. Information provided by families will be treated as strictly private and confidentially.

In cases of non-payment of fees, where the service is unable to contact families about the debt, or families do not meet agreed arrangements for repayment of the debt and ongoing payment of fees:

- the Director, Operations may suspend or terminate the child's place at the service. Families will be advised of this action in writing.

## **Sources**

**Bryant, L. (2009). Managing a Child Care Service : A Hands-On Guide for Service Providers. Sydney: Community Child Care Co-Operative.**

**Education and Care Services National Law and Regulations  
Family Assistance Law**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Family Members
- Interested parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Food, Nutrition and Beverage Policy

## NQS

NQS	2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.
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## National Regulations

Regs	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu
	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	162	Health information to be kept in enrolment record
	168	Education and care service must have policies and procedures

## My Time, Our Place

LO3	Children become strong in their social and emotional wellbeing.
	Children take increasing responsibility for their own health and physical wellbeing.

## Aim

Our service aims to promote good nutrition and healthy food habits and attitudes to all children and families at the service. We also aim to support and provide for children with food allergies, dietary requirements or restrictions, and specific cultural or religious practices.

## Related Policies

Additional Needs Policy  
 Enrolment Policy  
 Health, Hygiene and Safe Food Policy  
 Medical Conditions Policy

## Implementation

Educators will ensure they provide adequate and sufficient food and beverages to each child, and that they are nutritious, healthy and meet each child's individual dietary needs.

They will also promote healthy food options and resources based on Australian dietary guidelines to families, so they have the information necessary to provide healthy food options at home. Information will be provided at enrolment, on an ongoing basis by Educators and as a resource in our parent library.

The Nominated Supervisor, Educators, volunteers and students will:

- ensure children have access to water and offer them water regularly during the day.
- ensure children are offered foods and beverages throughout the day that meet their nutritional and developmental needs and any specific dietary requirements. These requirements may be based on written advice from families (e.g. in the enrolment form) or as part of a child's medical management plan.
- provide foods that take into account each child's likes, dislikes, culture and religion. Families will be reminded to update this information regularly or when necessary.
- ensure routines are flexible enough so that children who do not eat during routine meal or snack times, or who are hungry, are provided with food. Educators will not force children to eat food they do not like or more than they want.
- ensure food is consistent with the Government's -
  - Australian Dietary Guidelines 2013  
<http://www.nhmrc.gov.au/guidelines/publications/n55>

A Summary of the Guidelines is available at  
[http://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/n55a\\_australian\\_dietary\\_guidelines\\_summary\\_book\\_0.pdf](http://www.nhmrc.gov.au/files_nhmrc/publications/attachments/n55a_australian_dietary_guidelines_summary_book_0.pdf)
- follow the guidelines for serving different types of food and the serving sizes in the Guidelines and may use the Australian Government "eat for health" calculator  
<http://www.eatforhealth.gov.au/eat-health-calculators>
- encourage families to provide healthy food for their children at home which is consistent with the Australian Dietary Guidelines
- provide food that is safe and prepared hygienically by following the relevant procedures set out in the Health, Hygiene and Safe Food Policy.
- provide food and beverages that minimise the risk of children choking.
- provide a weekly menu of food and beverages based on the Australian Dietary Guidelines that accurately describes the food and beverages provided every day.
- display the weekly menu in a prominent area where it can be easily viewed by parents. We will also display nutritional information for families and keep them regularly updated.
- ensure meal times are relaxed, pleasant and timed to meet most children's needs.
- integrate learning about food and nutrition into the Curriculum.
- never use food as a punishment, reward or as a bribe.
- model and reinforce healthy eating habits and food options with children during eating times.

The Nominated Supervisor will ensure staff receive training in nutrition, food safety and other cultures' food customs if professional development in these areas is required.

## **Sources**

**Education and Care Services National Regulations 2011**

**My Time, Our Place Framework for School Age Care**

**National Quality Standard**

**Safe Food Australia, 2nd Edition. January 2001**

**Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood**

**Australian Dietary Guidelines 2013**

**Eat for health: Dept Health and Ageing and NHMRC**

**Food Standards Code**

**Food Safety Standards [www.foodstandards.gov.au](http://www.foodstandards.gov.au)**

**Food Safety Standards for Australia 2001**

**Food Standards Australia and New Zealand Act 1991**

**Food Standards Australia New Zealand Regulations 1994**

**Food Act 1984**

**Department of Health Vic: Food Safety**

**Occupational Health and Safety Act 2004**

**Occupational Health and Safety Regulations 2007**

**Australian Breast Feeding Association Guidelines**

**Staying Healthy: preventing infectious diseases in early childhood education and care services**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Governance Policy

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## NQS

QA6	6.1.2	Families have opportunities to be involved in the service and contribute to service decisions.
	6.2.1	The expertise of families is recognised, and they share in decision making about their child's learning and wellbeing.

QA7	7.1.1	Appropriate governance arrangements are in place to manage the service.
	7.3.1	Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.
	7.3.2	Administrative systems are established and maintained to ensure the effective operation of the service.
	7.3.3	The Regulatory Authority is notified of any relevant changes to the operation of the service, of serious incidents and any complaints

## National Regulations

Reg	168	Education and care services must have policies and procedures
	177	Prescribed enrolment and other documents to be kept by approved provider
	181	Confidentiality of records kept by approved provider
	181-184	Confidentiality and storage of records

## Aim

Our service will meet its legal and financial obligations by implementing appropriate governance practices that support our aim to provide high quality child care that meets the objectives and principles of the National Quality Framework, the National Quality Standard and the Early Years Learning Framework.

## Related Policies

Privacy and Confidentiality Policy  
 National Quality Framework Policy  
 Record Keeping and Retention Policy  
 Fees Policy  
 Staffing Arrangements Policy

# Implementation

## Company Structure

Our service has the following organisational structure.

The Approved Provider is: CommunityOSH Pty Ltd

Approved Provider No: PR-40011323

The Approved Provider is a company, the Directors listed below are responsible for the management or control of all services.

- Belinda Gai Cooke
- Michelle Deen
- Meldrum John Jeffries

The approved provider has a range of responsibilities prescribed in the Education and Care Services National Law and Regulations, including keeping accurate records and retaining them for specified timeframes.

Our approved provider is also responsible for:

- ensuring the financial viability of the service
- overseeing control and accountability systems
- supporting the Nominated Supervisor / responsible person/Certified Supervisors in their role and providing resources as appropriate for the effective running of services.

Nominated Supervisors/responsible persons/Certified Supervisors in their role and providing resources as appropriate for the effective running of the services

Nominated Supervisors, Certified Supervisors and Educational Leaders are nominated on a service by service basis. The names of these Supervisors and Educational Leaders are displayed at individual services.

All services will have a dedicated log in to FullyBooked System with the appropriate service and data specific to the service.

All Management team who have a role to manage the financial aspects and reporting to CCS will undertake a Police Check.

## Commitment to good governance

Our service has adopted the following eight ASX Corporate Governance Principles and Recommendations, which we recognise as suitable for our business (services may wish to amend this section as the ASX Corporate Governance Principles and Recommendations are a guideline only – they are not in the NQS/Regs, etc) -

1. Lay solid foundations for management and oversight.

### *Management Principles*

To ensure our working relationships are characterised by open and respectful communication, accountability and trust our service adheres to the following management principles.



#### A. Management by Agreement

Nominated Supervisors and Educators agree to produce outcomes together. Educators agree on their accountabilities and to work according to existing procedures and policies. Nominated Supervisors agree to provide Educators with training, resources and support.

#### B. Management by Exception

Once a system is in place or the Nominated Supervisor and Educators have agreed upon a course of action, the Educator is accountable for identifying and reporting whenever something significant occurs that isn't part of the plan.

#### C. Clearly Defined Reporting Relationships

Everyone in the Service has only one primary manager. This reduces confusion and increase accountability and transparency.

Information, requests, or delegations that would cause our Educators/staff to take action or change the course of their actions will only come from the person to whom they report.

Our reporting relationships are:

- Owners who work in the Service will act according to the reporting relationships applicable to those positions.
- The Nominated Supervisor reports to the Approved Provider.
- The Certified Supervisor in day to day charge of the service reports to the Nominated Supervisor.
- Each Educator reports to the Nominated Supervisor.
  - The Nominated Supervisor has the authority to communicate information about the work and to direct the activities of the Educator.
- Educators in the room(s) report to the Program Manager
- INCLUDE ANY COMMITTEES AND THEIR REPORTING RELATIONSHIP

#### D. Guidelines for Effective Delegation

Our service will:

- identify the work/result to delegate and to whom  
Educators/staff will not delegate responsibilities for which they are accountable or work/results that have been delegated to them with their agreement or work/results attached to someone else's position (unless that person has agreed).
- put the delegation in writing with a clear due date
- discuss the delegation with the Educator/staff member whenever possible
- get the Educator/staff member's agreement  
for example, through signed job descriptions, signed delegation agreements.

The person who delegates remains accountable for making sure the right result is achieved.

#### E. Guidelines for Effective Regulation

Regulating work means monitoring, reviewing, and adjusting it to get the right result.

Our service will:

- regularly review the work process
- give quick, clear, and direct feedback and instruction that is timely and specific
- communicate in writing
- avoid under-regulating, over-regulating and unnecessary meetings.

#### 2. Structure the board/partnership/association/management team to add value

To comply with these principles to the best of our ability and to ensure we can discuss issues and (potential) changes to policies, procedures or the regulatory environment, we will schedule regular communication between all members of our management team through meetings, phone communication including SMS messaging, a communication book, written communication such as letters, notices, and electronic communication including email, Skype.

#### 3. Promote ethical and responsible decision-making

Our service will make decisions which are consistent with our policies, our obligations and requirements under the national education and care law and regulations, our approved learning framework, and the ethical standards in our code of conduct.

#### 4. Safeguard integrity in financial reporting

Our financial records will be completed/reviewed by an independent accountant /auditor.

#### 5. Make timely and balanced disclosure

Unless there is a risk to the health, safety or wellbeing of a child enrolled at the service, our service will provide at least 14 days' notice before making any change to a policy/procedure that may have a significant impact on our provision of education and care or a family's ability to utilise our service, including making any change that will affect the fees charged or the way fees are collected.

Our service will also:

- advise the regulatory authority of any required notifications including any change to the person designated as the Nominated Supervisor no later than 14 days after the change
- develop a Quality Improvement Plan that is completed regularly, available on request and ready for submission to the Regulatory Authority when requested.

#### 6. Respect the rights of shareholders, parents and children.

Our service will support and encourage the involvement of parents and families by:

- developing and implementing plans to ensure regular communication with families including advice about events, activities and policy updates
- enabling them to have access and provide input to reviews of policies and procedures

- providing space for private consultations
- providing and displaying a range of information about relevant issues
- ensuring we follow all policies and procedures including the Parental interaction and Involvement Policy and Privacy and Confidentiality Policy.

Our service will respect the rights of children by ensuring:

- the Nominated Supervisor complies with their responsibilities under the national law and regulations
- we follow our policies and procedures including the Relationships with Children Policy, Child Protection Policy and Privacy and Confidentiality Policy.
- our children are provided with the experiences and learning which allows them to develop their identities, wellbeing and social connection.

#### 7. Recognise and manage risk

Our service will take every reasonable precaution to protect children from harm and any hazard likely to cause injury. We will follow service policies including those covering Workplace Health and Safety, Child Protection, Excursions and the Delivery and Collection of Children and complete regular risk assessments and safety checks.

8. Remunerate fairly and responsibly as per the Children's Services Award 2010
  - Systems access and training for childcare subsidy data reports will be provided to those in management and control. Through our system FullyBooked we can limit access to these reports for our service teams.
  - Procedures and processes relating to fraud and detection in relation to CCS data
  - Who administers CCS/ACCS and monitors attendance records.

#### Assurances – Fraud/Risk/Audit

At all times Community OSH Pty Ltd will ensure that it undertakes due diligence when it comes to the prevention of fraud, identifying risks and conducting regular audits.

- We hold and protect personal information in electronic form and in hard copies. We take care to appropriately protect the security of personal information from unauthorised accesses, modification and disclosure as well as misuse, interference and loss.
- We ensure that appropriate precautions are taken to protect the security of personal information from unauthorised access, modification, disclosure as well as misuse interference and loss.
- Some of the data security measures we employ include password protection, secure premises for hard copy data and appropriate data access restrictions.
- Prior to the OSH Manager commencing they complete their training on our CCS System – FullyBooked to expectations when it comes to maintaining the privacy of data.
- OSH Managers also only get log ins for the service in which they are employed and are supplied with a personalised account so we can retrieve data if information was accessed which shouldn't have been.
- OSH Managers also have restricted access to all the functions of FullyBooked depending on what level of access is required.

- Any enrolments and reports which are printed for use by the service are safely secured and destroyed at the conclusion of the task responsibility.
- Our CFO and Finance Manager are responsible for ensuring that the data reports to the department are accurate, complete and valid.
- The Approved Provider will complete regular audits on data being supplied to the department by our OSH Managers. These will be done on a quarterly basis.
- More information in regards to CommunityOSH record keeping processes that demonstrate understanding of requirements under family assistance law (section 7 of the Child Care Provider Handbook <https://www.education.gov.au/child-care-provider-handbook/record-keeping> ) can also be found under CommunityOSH Policy Record Keeping and Retention.

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Early Years Learning Framework**

**Corporate Governance Principles and Recommendations ASX Corporate Governance Council**

## Review

The policy will be reviewed annually.

The review will be conducted by:

- CommunityOSH Management Team
- Employees
- Families and Guardians
- Interested Parties: for example Education CCS Assessments provided feedback September 2019

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Grievance Policy

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## NQS

7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
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## National Law

Section	174	Offence to fail to notify certain information to Regulatory Authority
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## National Regulations

Regs	12	Meaning of serious incident
	168	Education and care service must have policies and procedures
	175	Prescribed information to be notified to Regulatory Authority
	176	Time to notify certain information to Regulatory Authority

## Aim

To ensure that all grievances (complaints) are investigated in a timely, transparent, thorough and impartial manner, and that affected parties are advised of the outcome and their rights of appeal.

## Related Policies

Educator and Management Policy  
 Incident, Injury, Trauma and Illness Policy  
 Privacy and Confidentiality Policy

## Managing Breaches and Complaints/Grievances

All breaches of our Code of Conduct (including corruption, maladministration and waste of resources) and complaints or grievances from educators, staff members, families, visitors and volunteers associated with the workplace will be managed in line with our Grievance Guidelines.

This includes incidents of bullying, discrimination and harassment at the Service. Our Service takes any incident of (alleged) bullying, discrimination or harassment very seriously because it can cause significant health and wellbeing issues for employees.

Grievances can occur in all workplaces and handling them properly is important for maintaining a safe, healthy, harmonious and productive work environment. Documented grievance procedures are important because:

- staff and visitors need to know a process exists for receiving and managing grievances and complaints fairly, impartially, promptly and thoroughly.
- they help to ensure small issues or problems do not escalate.
- supervisors and managers need to be aware of issues causing conflict.
- documentation provides evidence and a record of the grievance and the outcome.
- complaints facilitate continuous improvement of Service operations.

## Grievance Guidelines

These guidelines explain the procedure for reporting and managing grievances, the roles and responsibilities of educators, staff and managers and the potential consequences of breaching our policies, procedures and Code of Conduct.

### **Educators, staff, volunteers, families and visitors will:**

- raise the grievance/complaint directly with the person concerned. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should remain private, confidential, respectful and open-minded, will not involve other educators, staff, volunteers or visitors (e.g. parents) and will take place away from children
- raise the grievance/complaint with the Approved Provider or Nominated Supervisor (or another manager/supervisor if the Approved Provider or Nominated Supervisor is involved) if they are unable to resolve the concern, or feel unable to raise the matter directly with the person concerned. The Approved Provider or Nominated Supervisor (or supervisor) may request the issue be put in writing. Employees should provide all relevant information, including what the problem is, any other person involved in the problem and any suggested solution. Educators are encouraged to communicate openly about the issue.
- raise any grievance involving suspected or actual unlawful activity (including discrimination against or bullying of employees, and alleged/suspected child abuse) with the Approved Provider or Nominated Supervisor immediately and privately
- be confident that their concerns will be thoroughly investigated, but aware that the outcome may not result in the action requested.

Union members may seek assistance or support from their trade union at any time.

### **Educators, staff, volunteers, families and visitors will not:**

- get involved in complaints/ grievances that don't concern them. This is not ethical or helpful in managing the complaint
- raise complaints with an external complaints body, such as a court or Tribunal, without using our grievance procedures and appeal process first.

The Approved Provider or Nominated Supervisor will:

- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- properly, fairly, confidentially and impartially investigate the issue including:

- may be discussed at an educator meeting if the privacy of the people involved thoroughly investigating the circumstances and facts and inviting all affected parties to provide information or respond where appropriate. To encourage teamwork and respect, the issue can be protected.
- inviting the complainant to have a support person present during an interview (e.g. health and safety representative, but not a lawyer acting in a professional capacity)
- provide all affected parties with a clear written statement (letter, email or SMS) of the outcome of the investigation within seven working days of receiving the verbal or written complaint.
  - If the resolution of the complaint involves a written agreement, all parties must agree with the wording etc.
  - If the Approved Provider or Nominated Supervisor decides not to proceed with the investigation after initial enquiries, he or she will give the complainant the reason/s in writing.
- keep appropriate records of the investigation and outcome and store those records in accordance with our Privacy and Confidentiality Policy and Record Keeping and Retention Policy. Unsubstantiated complaints against educators/staff may be retained on file if the person has been given the opportunity to record a comment on the documentation
- monitor ongoing behaviour and provide support as required
- ensure the parties are protected from victimisation
- offer external review by a Tribunal or alternate organisation where employees, visitors and volunteers are unhappy with the outcome of the grievance procedure. Workplace bullying matters may be referred to the Fair Work Commission which can direct employers to take specific actions against workplace bullies or the Work Health and Safety (WHS) Regulator which may investigate whether WHS duties have been contravened
- request feedback on the grievance process using a questionnaire
- track complaints to identify recurring issues within the Service
- notify the regulatory authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Refer Incident, Injury, Trauma and Illness Policy.

**Outcomes may include:**

- an apology and a commitment that certain behaviour will not be repeated (monitoring this over time)
- education and training in relevant laws, policies or procedures (e.g. bullying awareness, leadership skills)
- assistance in locating relevant counselling services
- disciplinary procedures including a verbal or written warning, termination of employment or transfer to a different position at the Service
- ensuring any inequality or inequity is remedied
- providing closer supervision
- modifying Service policies and procedures
- developing new policies and procedures.

Outcomes will take into consideration relevant industrial relations principles and guidelines and make provision for procedural fairness. The Approved Provider or Nominated Supervisor will consider:

- the number of complaints (or breaches)
- the opportunities given to adhere to a policy or procedure and/or change behaviour.
- the opportunities given to respond to the allegations.
- the seriousness of the complaint (or breach), and whether it impacted the safety and welfare of other employees, volunteers or visitors.
- whether a policy, procedure or complaint is reasonable.

## **Complaints that must be notified to Regulatory Authority**

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS:

- within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
- within 24 hours of any complaints that the National Law has been breached
- within 7 days of any allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service.

## **Sources**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**My Time Our Place**

**Dealing with Employee Work-related Concerns and Grievances Policy and Guidelines: NSW DPC**

## **Review**

The policy and our code of conduct will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**



# Grievance Policy

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## NQS

7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
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## National Regulations

Regs	168	Education and care service must have policies and procedures
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## Aim

To ensure that all grievances (complaints) are investigated in a timely, transparent, thorough and impartial manner, and that affected parties are advised of the outcome and their rights of appeal.

## Related Policies

Educator and Management Policy  
 Incident, Injury, Trauma and Illness Policy  
 Privacy and Confidentiality Policy

## Managing Breaches and Complaints/Grievances

All breaches of our Code of Conduct (including corruption, maladministration and waste of resources) and complaints or grievances from educators, staff members, families, visitors and volunteers associated with the workplace will be managed in line with our Grievance Guidelines.

This includes incidents of bullying, discrimination and harassment at the Service. Our Service takes any incident of (alleged) bullying, discrimination or harassment very seriously because it can cause significant health and wellbeing issues for employees.

Grievances can occur in all workplaces and handling them properly is important for maintaining a safe, healthy, harmonious and productive work environment. Documented grievance procedures are important because:

- staff and visitors need to know a process exists for receiving and managing grievances and complaints fairly, impartially, promptly and thoroughly.
- they help to ensure small issues or problems do not escalate.
- supervisors and managers need to be aware of issues causing conflict.
- documentation provides evidence and a record of the grievance and the outcome.
- complaints facilitate continuous improvement of Service operations.

## Grievance Guidelines

These guidelines explain the procedure for reporting and managing grievances, the roles and responsibilities of educators, staff and managers and the potential consequences of breaching our policies, procedures and Code of Conduct.

### **Educators, staff, volunteers, families and visitors will:**

- raise the grievance/complaint directly with the person concerned. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should remain private, confidential, respectful and open-minded, will not involve other educators, staff, volunteers or visitors (e.g. parents) and will take place away from children
- raise the grievance/complaint with the Approved Provider or Nominated Supervisor (or another manager/supervisor if the Approved Provider or Nominated Supervisor is involved) if they are unable to resolve the concern, or feel unable to raise the matter directly with the person concerned. The Approved Provider or Nominated Supervisor (or supervisor) may request the issue be put in writing. Employees should provide all relevant information, including what the problem is, any other person involved in the problem and any suggested solution. Educators are encouraged to communicate openly about the issue.
- raise any grievance involving suspected or actual unlawful activity (including bullying) with the Approved Provider or Nominated Supervisor immediately and privately
- be confident that their concerns will be thoroughly investigated, but aware that the outcome may not result in the action requested.

Union members may seek assistance or support from their trade union at any time.

### **Educators, staff, volunteers, families and visitors will not:**

- get involved in complaints/ grievances that don't concern them. This is not ethical or helpful in managing the complaint
- raise complaints with an external complaints body, such as a court or Tribunal, without using our grievance procedures and appeal process first.

The Approved Provider or Nominated Supervisor will:

- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- properly, fairly, confidentially and impartially investigate the issue including:
  - thoroughly investigating the circumstances and facts and inviting all affected parties to provide information or respond where appropriate. To encourage teamwork and respect, the issue may be discussed at an educator meeting if the privacy of the people involved can be protected.
  - inviting the complainant to have a support person present during an interview (e.g. health and safety representative, but not a lawyer acting in a professional capacity)
- provide all affected parties with a clear written statement (letter, email or SMS) of the outcome of the investigation within seven working days of receiving the verbal or written complaint.
  - If the resolution of the complaint involves a written agreement, all parties must agree with the wording etc.

- If the Approved Provider or Nominated Supervisor decides not to proceed with the investigation after initial enquiries, he or she will give the complainant the reason/s in writing.
- keep appropriate records of the investigation and outcome and store those records in accordance with our Privacy and Confidentiality Policy and Record Keeping and Retention Policy. Unsubstantiated complaints against educators/staff may be retained on file if the person has been given the opportunity to record a comment on the documentation
- monitor ongoing behaviour and provide support as required
- ensure the parties are protected from victimisation
- offer external review by a Tribunal or alternate organisation where employees, visitors and volunteers are unhappy with the outcome of the grievance procedure. Workplace bullying matters may be referred to the Fair Work Commission which can direct employers to take specific actions against workplace bullies or the Work Health and Safety (WHS) Regulator which may investigate whether WHS duties have been contravened
- request feedback on the grievance process using a questionnaire
- track complaints to identify recurring issues within the Service
- notify the regulatory authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Refer Incident, Injury, Trauma and Illness Policy.

**Outcomes may include:**

- an apology and a commitment that certain behaviour will not be repeated (monitoring this over time)
- education and training in relevant laws, policies or procedures (e.g. bullying awareness, leadership skills)
- assistance in locating relevant counselling services
- disciplinary procedures including a verbal or written warning, termination of employment or transfer to a different position at the Service
- ensuring any inequality or inequity is remedied
- providing closer supervision
- modifying Service policies and procedures
- developing new policies and procedures.

Outcomes will take into consideration relevant industrial relations principles and guidelines and make provision for procedural fairness. The Approved Provider or Nominated Supervisor will consider:

- the number of complaints (or breaches)
- the opportunities given to adhere to a policy or procedure and/or change behaviour.
- the opportunities given to respond to the allegations.
- the seriousness of the complaint (or breach), and whether it impacted the safety and welfare of other employees, volunteers or visitors.
- whether a policy, procedure or complaint is reasonable.

## **Complaints that must be notified to Regulatory Authority**

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS:

- within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service
- within 24 hours of any complaints that the National Law has been breached

## **Sources**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Early Years Learning Framework**

**Dealing with Employee Work-related Concerns and Grievances Policy and Guidelines: NSW DPC**

## **Review**

The policy and our code of conduct will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Head Lice Policy

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## NQS

QA2	2.1.1	Each child's health needs are supported
	2.1.3	Effective hygiene practices are promoted and implemented.
QA6	6.2.2	Current information is available to families about community services and resources to support parenting and family wellbeing.

## National Regulations

Regs	168	Policies and procedures
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## Aim

To ensure the health and comfort of all children and adults at the service and prevent an outbreak of head lice.

## Related Policies

Incident, Injury, Illness or Trauma Policy  
 Privacy and Confidentiality Policy  
 Work, Health and Safety Policy

## Implementation

Head lice live in hair and bite the scalp to feed on blood. This can cause the itching that some people experience when they have lice. Anyone can get head lice - they are spread by direct head to head contact with an infected person because they cannot jump or fly. Head lice do not carry or transmit disease. They die from dehydration within 24 hours if they are not on a human head. Nits (lice eggs) hatch after 7-10 days and mature over 6 – 10 days, so the lice on a person's head can be at various stages of their life cycle. Eggs can be laid and hatch continuously.

To ensure the health and comfort of all children and adults at our service, an Educator may discreetly and respectfully examine a child's head if they suspect the child has head lice. This will be done in a way which does not embarrass the child or infringe their right to privacy and confidentiality.

If head lice are identified:

- Educators will advise the child's parents or authorised nominees as soon as possible and complete an incident, injury, trauma, and illness record

- Educators will monitor the child during all activities and routines to ensure there is no head to head contact with other children e.g. through cuddling. Educators will not isolate the child. If Educators believe it will be difficult to prevent head to head contact, for example because of the child's age or behaviour, parents or authorised nominees will be contacted to collect the child
- the child must be treated at home with the 'condition and comb' method, chemical lice treatment or a combination of both methods. Please see attachment A for further detail. Information about the treatment options will be provided to families. Educators will also advise parents to check all family members for head lice
- the child may return to the service the following day if effective head lice treatment has commenced and there are no live lice on the child's head. If live lice are detected either on arrival or during the day, parents will be asked to take the child home
- the Nominated Supervisor will ensure all service families are aware there has been an incidence of head lice at the service by placing a notice near the service entrance or sign on/off book

If a family discovers their child has head lice and we are not yet aware of this situation, families must advise the Nominated Supervisor as soon as possible. This will allow us to check all children at the service if appropriate.

Educators and volunteers who have head lice will not attend the service while live lice are present, and will treat the lice using one or both of the methods in Attachment A.

## Sources

Education and Care Services National Regulations 2011  
National Quality Standard  
Staying Healthy 5<sup>th</sup> edition NHMRC  
Better Health Victoria

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Health, Hygiene and Safe Food Policy

## NQS

QA2	2.1	Each child's health is promoted.
	2.1.1	Each child's health needs are supported.
	2.1.3	Effective hygiene practices are promoted and implemented.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.2.1	Healthy eating is promoted, and food and drinks provided by the service are nutritious and appropriate for each child.

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
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## National Regulations

Regs	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu
	109	Toilet and hygiene facilities

## My Time, Our Place

LO3	Children become strong in their social and emotional wellbeing.
	Children take increasing responsibility for their own health and physical wellbeing.

## Aim

Our service aims to promote and protect the health, safety, and wellbeing of all of children, Educators and families using procedures and policies to maintain high standards of hygiene and provide safe food to children. We also aim to reduce the risk of infectious diseases and illnesses spreading and following appropriate OHS/WHS standards. A holistic and consistent approach to health, hygiene and safe food across the service will help to effectively meet this aim.

## Related Policies

Additional Needs Policy

Enrolment Policy

Food, Nutrition and Beverage Policy

Immunisation and Disease Prevention Policy  
Incident, Injury, Trauma, Illness Policy  
Medical Conditions Policy  
Physical Activity Promotion Policy  
Relationships with Children Policy

## Implementation

The Approved Provider will ensure that the Nominated Supervisor (who is responsible for ensuring all Educators and volunteers) must implement adequate health and hygiene practices and safe practices for handling, preparing and storing food. This policy, and related policies and procedures at the service will be followed by nominated supervisors, Educators, and volunteers at the service in relation to -

**(a) Hygiene practices.**

**(b) Safe and hygienic storage, handling and preparation of all food and drinks, including foods and drinks provided by the child's home.**

**(c) Working with children to support the promotion of hygiene practices, including hand washing, coughing, dental hygiene and ear care.**

**(d) Toileting and cleaning of equipment.**

Children will be grouped in a way that allows Educators to maintain a hygienic environment for individuals at the service.

In any instances where children display any signs of illness or injury, Educators will refer to the Incident, Injury, Trauma and Illness Policy and Incident, Injury, Trauma and Illness Record.

Importantly, we will work with each child to promote health and safety issues, encourage effective hygiene, food safety and dental care, and maintain a healthy environment that is safe for each child. Regular discussions between Educators and children will be integrated throughout the program at appropriate intervals.

Information on health, hygiene, safe food and dental care principles and practices will be displayed in the reception area and drawn to the attention of all parents on a regular basis.

To uphold the general health and safety of all children using the service, all Educators and visitors will follow the Tobacco, Drug and Alcohol Policy.

### Equipment and Environment

The service will implement regular schedules for washing children's toys and equipment using warm water and soap and drying in the sun. We will rotate toys to allow for washing, clean books by wiping with moist cloth and drying, and clean storage areas weekly.

Surfaces will be cleaned with detergent after each activity and all surfaces cleaned thoroughly daily. Areas contaminated with body fluids will be disinfected after washing.



## Hand Washing Procedure

Our service will provide the appropriate height basins for children to wash their hands in as well as basins height appropriate for adults. Liquid soap will be provided by all individuals to wash their hands and we will ensure any allergies to soap are identified using the Enrolment Form and catered for appropriately. Along with this, the service will provide either/and/or individual towels, paper towel or an automatic dryer for people to dry their hands.

### All individuals should wash their hands:

- Upon arrival to reduce the introduction of germs.
- Before handling food.
- After handling food.
- After doing any dirty tasks such as cleaning.
- After removing gloves.
- After going to the toilet.
- After giving first aid.
- Before and after giving each child medication. If giving medication to more than one child between each child.
- Before going home to prevent taking germs home.

**Below are instructions on how to effectively wash hands. All individuals are to follow this procedure and it should be displayed above every sink.**

- Wash hands using running water and soap.
- Rub hands vigorously.
- Wash hands all over ensuring that the back of the hands, wrists, between fingers and under the fingernails are cleaned.
- Rinse hands thoroughly.
- Turn off the tap using a clean piece of paper towel.
- Dry hands thoroughly with clean towel/paper towel or an automatic dryer.
- This should take about as long as singing "Happy Birthday" twice.

## Hygienic Toileting Procedure

**Additionally, the service will follow hygienic toileting practices at all times using the following procedure -**

- The service will ensure that toilets and hand washing facilities are easily accessible to children and meet the children's needs for privacy.
- Children will be encouraged to flush toilets and wash hands after use.

**Disposable gloves should be used for any of these stages in the toileting procedure:**

- Help child to remove clothing if needed.
- Help child onto toilet if needed.
- Help the child to wipe themselves, encouraging them to wipe front to back.
- Encourage the child to flush the toilet themselves.
- Encourage the child to wash and dry hands on single sheet of paper towel, and then to leave the bathroom.

**If the child has soiled or wet their clothing:**

- Remove any wet/soiled clothing and seal in a bag for washing. It must be double bagged.
- Clean and dry the child.
- Remove your gloves and wash hands, do not touch the child's clean clothing.
- Put on new gloves and dress the child, wash and dry the child's hands. Have them leave the bathroom.
- Clean any spills following procedure for cleaning spills of body fluids.
- Remove and dispose of gloves, wash and dry your hands.

**The procedure for toileting will be displayed in the toileting area.**

- The laundering of soiled clothes or linen is laundered away from the service; soiled laundry is hygienically stored in a sealed container, until such a time as it is removed from the premises. Soiled clothing is returned to a child's home. It will have any solid soiling removed and will be stored securely and not placed in the child's bag in contact with personal items.

## Spills

Educators will use a spill kit to immediately clean up spills of blood, urine, vomit and faeces.

Spill kits will contain:

- disposable gloves
- paper towel
- disposable cloths or sponge
- detergent
- disposable scraper and pan to scoop
- bleach solutions which will be prepared to manufacturer's instructions daily. Any bleach solution which is not used after 24 hours will be discarded.

## Blood

To clean up a spot of blood Educators will:

- wear gloves
- wipe up blood immediately with a damp cloth, tissue or paper towel
- place the cloth, tissue or paper towel in a plastic bag, seal and put in the rubbish bin
- remove gloves and put them in the rubbish bin
- wash surface with detergent and warm water
- disinfect the surface after cleaning it with detergent and warm water if the spill is known or suspected to be infectious
- wash hands with soap and water

To clean up a small blood spill Educators will:

- wear gloves
- place paper towel over the spill and allow the blood to soak in
- carefully lift the paper towel and place it in a plastic bag, seal and put in the rubbish bin
- remove gloves and put them in the rubbish bin
- clean the area with warm water and detergent using a disposable cloth or sponge and place the cloth in the rubbish bin
- wipe the area with diluted bleach and allow to dry
- wash hands with soap and water

To clean up a large blood spill Educators will:

- wear gloves
- cover the area with an absorbent agent (e.g. sand) and allow the blood to soak in
- use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids
- place the absorbent agent, the scraper and the pan into a plastic bag or alternative, seal and put in the rubbish bin
- remove gloves and put them in the rubbish bin
- mop the area with warm water and detergent and wash the mop after use
- wipe the area with diluted bleach and allow to dry
- wash hands with soap and water

## **Faeces, vomit and urine**

To clean up faeces, vomit and urine, Educators will:

- wear gloves
- place paper towel over the spill and allow the spill to soak in
- carefully remove the paper towel and any solid matter, place in a plastic bag, seal and put in the rubbish bin
- clean the surface with warm water and detergent, and allow to dry
- disinfect the surface after cleaning it with detergent and warm water if the spill is known or suspected to be infectious (e.g. diarrhoea or vomit from a child with gastroenteritis)
- wash hands thoroughly with soap and warm running water.

## **Nasal discharge**

When cleaning children's noses, Educator will:

- wash hands after every nose wipe or use an alcohol base hand sanitiser to clean hands. If wearing gloves, Educators will dispose of dirty tissues immediately.

## **Dental Hygiene and Care**

- Educators should actively seek to be positive role models for children and families in attendance at the service.
- Educators form positive relationships with family members and children to discuss and encourage good dental health practices and ensure the continuity of care of each child. Information should be made available to family members and Educators in their home language.
- The service integrates educative information and guidelines on good dental health practices into the daily routine. This should include information on tooth brushing,

tooth friendly snacks and drinks and going to the dentist and/or dental health professionals.

- The service will actively encourage good dental health practices including eating and drinking habits, tooth brushing and going to the dentist and/or dental health professionals.
- Children will be encouraged to drink water to quench their thirst and remain hydrated.
- Children will be encouraged to rinse their mouths with water to remove food debris after every meal or snack.
- Family members should be informed without undue delay any incident or suspected injury or issue with their child's dental health which may include teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing food or drink.
- Educators will be aware of dental first aid and receive appropriate professional development opportunities where appropriate.

## Dental Accidents

If a dental accident occurs at the service, the following will occur:

For younger children:

- The accident will be managed as an emergency. Injury forms will be completed.
- The tooth will not be reinserted into the socket, but gently rinsed in clean water or clean milk to remove any blood and will be placed in a clean container or wrapped in cling wrap to give to the child's parent or dentist.
- Seek dental advice as soon as possible and ensure Educator or the parent takes the tooth/tooth fragment to the dentist with the child.

For older children or adults:

- The accident will be managed as an emergency. Injury forms will be completed.
- Gently rinse the tooth fragments in clean milk or clean water for a few seconds to remove excess dirt and blood.
- Handle the tooth by its crown (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take if replaced by the dentist.
- In an adult or older child who can be relied on not to swallow their tooth, it is preferable to replace the tooth back into the socket. (Be certain that the tooth is placed into the socket the correct way around, in its original position, using the other teeth next to it as a guide).
- Hold the tooth in place by gently biting on a clean handkerchief or gauze pad.
- If unable to reinsert the tooth, get the casualty to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline, or clean water. Place a firm pad of gauze over the socket and have the casualty bite gently on the gauze.
- Seek dental advice as soon as possible and ensure you or the family takes the child to the dentist with the tooth/tooth fragments within 30 minutes, as the root endothelial layer begins to deteriorate after 30 minutes.

- If the tooth has been in contact with dirt or soil, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor.

## Food Preparation and Food Hygiene Procedure

Our service will follow appropriate food preparation hygiene techniques to meet the requirements of the *Food Standards Australia New Zealand* such as:

- Wash hands before food preparation.
- Cleaning food preparation area before, during and after use.
- Using colour-coded chopping boards in order to prevent cross contamination of raw food.
- Ensuring that individuals preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
  - Washing their hands
  - Keeping their personal hygiene at a high level. For example, tying their hair back or keeping it under a net
  - Not wearing jewellery (wedding band excluded)
  - Covering cuts with a blue band aid and gloves
  - Always wearing gloves if they are wearing nail policy, nail decorations or artificial nails or have long fingernails
- Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example gloves and scourers) for a specific area.
- Avoiding the contamination of one work area to another by using the colour-coded wash cloths system and restricting the movement of contaminated items (such as gloves and cleaning implements) from one area to another.
- Clean children's dining tables with soap and water and dry before serving food and after meal times.
- Ensuring food is always served in a hygienic way using tongs and gloves.
- Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children, so they do not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- Providing families with current and relevant information about food preparation and hygiene.
- Showing and discussing with children the need for food hygiene in both planned and spontaneous experiences.

### Cooking with Children

We sometimes include cooking experiences in our service's programming for the children. When these experiences are carried out, Educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience. The relevant points from the above food preparation procedure will be followed during the children's cooking experiences.

Examples of the type of activities children will participate in during cooking experiences include:

- Helping choose what to cook.
- Measuring and weighing ingredients.

- Stirring or mixing ingredients.
- Washing salad, vegetables or fruit.
- Setting the tables.

## **Food Safety, Temperature Control and Transport Procedure**

**We will, to the best of our ability, educate and promote safe food handling and hygiene in the children and families by:**

- Provide food safety information from Safe Food Australia and NSW Food Authority.
- Encouraging parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.
- Encouraging Educators to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.
- Providing nutrition and food safety training opportunities for all Educators including an awareness of other cultures food habits.

**The bacteria that commonly cause food poisoning grow rapidly between 5°C and 60°C, this is commonly referred to as the “temperature danger zone”.**

**To keep food safe:**

- Children are not to bring food to the program that requires refrigeration or heating.
- Don't leave perishable foods in the temperature danger zone for longer than 2 hours.
- Keep cold food in a fridge, freezer, below 5°C until you are ready to cook or serve, e.g. if you are serving salads keep them in the fridge until ready to serve.
- Keep hot food in an oven or on a stove, above 60°C until you are ready to serve.
- Refrigerate leftovers as soon as possible, within 2 hours. If reheating leftovers, reheat to steaming hot. Heating food is not always recommended, however.
- Never defrost foods on the bench top. Foods should be defrosted overnight in the fridge or in the microwave.
- Use a thermometer to make sure your fridge is below 5°C. Don't overload refrigerators, as this reduces cooling efficiency.
- All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- Store dry foods in sealed, air-tight containers.

- Store food on shelving.
- Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.
- Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.
- All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
- Store foods on shelves, never on the floor including play dough material.
- Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
- Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- Fridges and freezers need to be cleaned regularly and fridge door seals checked to be in good repair.
- The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.

### **Food Transport**

- When transporting food, all factors relating to food hygiene and safety will be considered, and precautions will be taken to prevent contamination and ensuring that food is maintained at appropriate temperatures to prevent the food being spoiled.

### **Protecting food from contamination will be achieved by:**

- Using containers with lids or by applying plastic film over each container. These materials will be suitable for food contact to ensure that they do not contain any chemicals that could leach into the food.
- Aluminium foil, plastic film and clean paper may be used, and food will be completely covered.
- Food already in packaging may not need additional coverage. However, if additional coverage is required the above will apply.
- Previously used materials and newspaper will not be used.

### **Temperature Control**

- When potentially hazardous foods are being transported they will be kept at or below 5 degrees Celsius for cold food, or above 60 degrees Celsius for hot food.

- If the journey is short, insulated containers may be used to keep the food cold/hot. If the journey is longer, ice bricks or heat packs will be used to maintain temperature requirements.
- Only pre-heated or pre-cooled food will be placed in insulated containers, which will have a lid to maintain temperatures.
- Insulated containers will be kept clean and in good working conditions at all times, will only be used for food and will be kept away from other items such as chemicals or fuel.
- Insulated containers will be filled as quickly as possible and closed as soon as they have been filled and kept closed until immediately before the food is needed or is placed in other temperature-controlled equipment at the destination.

**The following will be considered when transporting food:**

- Containers of cool food will be placed in the coolest part of the vehicle.
- If the inside of the vehicle is air-conditioned, cold food may be transported better here rather than in the boot.
- Vehicle will be kept clean and maintained at hygienic standards.
- When food is being packed in the vehicle, cold foods will be collected last and immediately placed in insulated containers for transporting.
- Upon arrival at the destination, Educators will immediately unload any hot or cold food and place it in an appropriate temperature-controlled environment.
- All food will be served within two hours of it being cooked.

## Food Storage Procedure

In order to implement safe food storage practices to the highest possible standard, Educators will access and amend their practices to the latest known information. This information will be passed onto families.

Educators will then implement these standards in the Service by inspecting food items when first brought into the Service to ensure they are in good order, for example, not in damaged packing, within their used by date period and at a correct temperature. Educators will then see that they are appropriately stored as per the following:

- All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- Store dry foods in sealed, air-tight containers.
- Store food on shelving.
- Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.



- Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.

**For cold storage, the following applies:**

- All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
- Foods are stored at the correct temperature depending on the product. Cold foods need to be stored at less than 5 degrees (C) and frozen foods at minus 18 degrees (C).
- Store foods on shelves.
- Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
- Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- Fridges and freezers need to be cleaned regularly.
- The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.
- Services in Victoria that prepare and serve food need to contact their local council for food business registration.

## **Birthday Cakes**

To prevent germs spreading when a child blows out birthday candles, birthday cakes must be:

- separate cupcakes for all children including one with candles for the birthday child or
- a separate cupcake with candles for the birthday child and a large cake that can be cut and shared

## **Play Dough**

To reduce the risk of spreading infections, Educators will:

- make a new batch of play dough each day or make a new batch each week and take out enough play dough for each day
- store the remaining play dough in an airtight container away from children
- ensure children and Educators wash their hands before and after using play dough

## Job Description for Cooks

**Responsible to:** Owner/Operator and Nominated Supervisor

### AIMS OF THE POSITION

- Provide and prepare a variety of well-balanced nutritional meals.
- Ensure a high standard of cleanliness of the kitchen and equipment.
- To be an active team member of the service.

### DUTIES OF THE POSITION

- Plan a weekly menu.
- Provide a diet for the children which has reduced sugar, no added salt, low fat, high fibre, and is free from artificial colours and preservatives.
- Ensure any special diets are adequately catered for e.g. vegetarian, diabetic, dairy intolerance etc. An alternative must be prepared.
- Make a shopping list from weekly menu.
- Rotate stock each week.
- To prepare fresh fruit and vegetables that are not already prepared.
- To follow the menu.
- Prepare lunch and afternoon tea for both rooms.
- To prepare breakfast and afternoon tea.
- Wash and wipe dishes.
- Assist with social functions e.g. Easter, Christmas, Eid al-Adha, etc.
- Reduce wastage of food.
- Ensure kitchen, sink, walls, cupboards are thoroughly clean at all times
- Clean fridge weekly.
- Clean oven monthly.
- Clean cupboard interiors bi-monthly or more frequently if necessary.
- Cover all food with cling wrap or foil when needed.
- Ensure all foods are stored in the correct manner.

### Personal

- Maintain personal hygiene in the food preparation.
- Wear disposable gloves or use tongs when handling food.
- Attend all Educators meetings as an engaged and active Community OSH Educator.
- To interact positively with children, Educators and visitors.
- Sign attendance book daily.
- WORK AT ALL TIMES TOWARDS THE SERVICE PHILOSOPHY AND ABIDE BY THE POLICIES OF THE SERVICE.

***I undertake to fulfil the specification of this job description, abide by the policies of this service and to follow the instructions of the Nominated Supervisor and Owner/Operator.***



**Full Name** \_\_\_\_\_  
**Signed** \_\_\_\_\_  
**Date** \_\_\_\_\_

## **Sources**

**Education and Care Services National Regulations 2011**  
**My Time, Our Place Framework for School Age Care**  
**National Quality Standard**  
**Food Standards Australia New Zealand**  
**Safe Food Australia, 2nd Edition. January 2001**  
**Caring for Children- Food, Nutrition and Learning Experiences 2014**  
**Australian Guide to Healthy Eating**  
**Australian Dietary Guidelines 2013**  
**Infant Feeding Guidelines 2012**  
**Staying Healthy Preventing Infectious Diseases in ECEC services (5th Edition)**  
**NHMRC**  
**Food Safety Standards for Australia 2001**  
**Food Standards Australia and New Zealand Act 1991**  
**Food Standards Australia New Zealand Regulations 1994**  
**Food Act 1984**  
**Department of Health Vic: Food Safety**  
**Occupational Health and Safety Act 2004**  
**Occupational Health and Safety Regulations 2007**  
**Dental Association Australia**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# HIV AIDS Policy

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## NQS

QA2	2.1	Each child's health is promoted.
	2.1.1	Each child's health needs are supported.
	2.1.3	Effective hygiene practices are promoted and implemented.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

## National Regulations

Regs	77	Health, hygiene and safe food practices
	88	Infectious diseases
	90	Medical conditions policy

## Aim

The service aims to effectively care for any child that may be infected with Human Immunodeficiency Virus Infection, AIDS Virus and also minimise the risk of exposure to HIV through effective hygiene practices.

## Related Policies

Enrolment Policy  
 Food Nutrition and Beverage Policy  
 Health, Hygiene and Safe Food Policy  
 Incident, Injury, Trauma and Illness Policy  
 Infectious Diseases Policy  
 Medical Conditions Policy  
 Privacy and Confidentiality Policy

## Who is affected by this policy?

Child  
 Educators  
 Families  
 Community  
 Visitors  
 Management

## Implementation

It is the Nominated Supervisor's responsibility to educate and inform Educators and parents about HIV/AIDS. One of the main problems surrounding HIV/AIDS is a lack of understanding which leads to an unfounded fear to the virus.

The following provides basic information on HIV/AIDS -

- AIDS is a medical condition which can damage a bodies' immune system.
- It is caused by a virus which is transmitted through the exchange of bodily fluid and is primarily passed on through sexual contact.
- The AIDS virus can be transmitted through blood products. However, the risk of contracting AIDS from a blood transfusion is minimal and said to be about one in 1,000,000.
- There is no evidence of the spread of the virus to children through other means at this time.

The confidentiality of medical information must be adhered to regarding an infected child. Any information disclosed to the Nominated Supervisor regarding a child from family members must not be passed on to any other Educator unless the child's caregivers provide written authorisation.

Children with the HIV virus will be accepted into the service.

Educators will carry out routine hygiene precautions to Australian standards at all times to prevent the spread of any infections following the service's relevant policies and procedures.

Educators will exercise care in regard to the exposure of bodily fluids and blood and the service's hygiene practices will be used to prevent the spread of infection. Similarly, if the need arises to perform CPR on a child infected with HIV a disposable mouth to mouth mask will be used.

If there is an outbreak of an infectious disease at the service, children who are infected with HIV will be assessed by their Doctor before they are excluded from the service. Children who have abrasions or open wounds will cover them while at the service. If these abrasions cannot be covered for any reason unfortunately the child will have to be excluded from the service until the wound has healed or can be covered.

Educators who have been infected by HIV are not obliged to inform their employer but are expected to act in a safe and responsible manner at all times to minimise the risk of infection.

No child, Educator, parent or other visitor to the service will be denied First Aid at any time.

## Sources

**Education and Care Services National Regulations 2011**  
**My Time, Our Place Framework for School Age Care**  
**National Quality Standard**  
**Disability Discrimination Act 1992 Cwth**  
**Public Health and Wellbeing Act 2008**  
**Public Health and Wellbeing Regulations 2009**  
**Equal Opportunity Act 1995 Vic**  
**National Health and Medical Research Council. (2005). Staying Healthy in Child Care – Preventing infectious diseases in child care**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: August 2020**

**Date for next review: August 2021**

# Immunisation – No Jab No Play Policy

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## NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

## National Regulations

Reg	77	Health, hygiene and safe food practices
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

## Aim

Immunisation is a simple, safe and effective way of protecting individuals against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

The benefits of immunisation are overwhelming, preventing death and disability, particularly amongst young children, and protecting not only the individual but others in the community who cannot be vaccinated.

That the Public health risks of failing to vaccinate are so great, which is why the Government is committed to implementing the 'No Jab, No Play' law to boost immunisation rates in the community.

The 'No Jab, No Play' law aims to improve vaccination rates and reduce the prevalence and spread of disease.

## Related Policies

Enrolment Policy  
 Food Nutrition and Beverage Policy  
 Health, Hygiene and Safe Food Policy  
 Incident, Injury, Trauma and Illness Policy  
 Infectious Diseases Policy  
 Medical Conditions Policy  
 Privacy and Confidentiality Policy

## Implementation



To ensure CommunityOSH is compliant against the government legislation, CommunityOSH policy is detailed below.

Vaccination is one of the most effective interventions to prevent disease worldwide. Modern vaccines provide high levels of protection against an increasing number of diseases which, in some cases, can be fatal. Worldwide, it is estimated that immunisation programs prevent approximately 2.5 million deaths each year.

The current immunisation rate in Victoria for children under 5 years of age is around 92 per cent; however, immunisation coverage of 95 per cent is necessary to halt the spread of particularly virulent diseases such as measles.

Immunisation not only protects those people who have been vaccinated, it also protects those in our community who may be unable to receive vaccines themselves, by reducing the prevalence and spread of disease.

Under the new 'No Jab, No Play' legislation, before enrolling a child, CommunityOSH will have to first obtain evidence from the parent/carers that their child is:

- Fully immunised for their age OR
- On a vaccination catch-up program OR
- Has a medical condition preventing them from being fully vaccinated?

An immunisation status certificate is a statement showing the vaccines a child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian Childhood Immunisation Register (ACIR).

Immunisation History Statements can be requested at any time by contacting Medicare: ph: 1800 653 809, email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au), visit the Medicare website, or visit your local Medicare Office.

Parents and carers are able to obtain documentation from immunisation providers that meet the requirements for enrolment. This must show:

- What vaccines the child has had
- What date the next vaccine is due, if applicable
- Any medical conditions.

**If a child's vaccinations are not up to date** the parents/carers should consult their doctor or immunisation nurse about bringing the child's vaccinations up to date.

**If a child has missed the last due vaccine** their doctor or immunisation nurse needs to give the overdue vaccine and inform the Australian Childhood Immunisation Register (ACIR). The parent/carer then needs to request an updated Immunisation History Statement.

**If a child has missed all or several vaccines** their doctor or immunisation nurse needs to develop an approved vaccination catch-up schedule. The child has to start the catch-up schedule and be on track with their vaccinations according to that schedule. They do not need to have completed the schedule before enrolment could be confirmed.

**Vulnerable and disadvantaged children** will be eligible to enrol in a service under a grace period, without having provided proof of up to date immunisation. These children include:

- Children evacuated from their place of residence due to an emergency such as a flood or bushfire.
- Children in emergency care within the meaning of section 3(1) of the Children, Youth and Families Act 2005
- Children in the care of an adult who are not the child's parent due to exceptional circumstances such as illness or incapacity
- Children identified as Aboriginal or Torres Strait Islander
- Children from a multiple birth of triplets or more
- Any other circumstance specified in the guidelines made by the Secretary to the Department of Health and Human Services

**The grace period** is for 16 weeks commencing from the date of that child's first attendance with CommunityOSH. During this time, CommunityOSH must take reasonable steps to obtain the required immunisation documentation. The parents/carers should endeavour to have their child vaccinated if required, and /or obtain the necessary documentation and provide it to the service.

**Children who were vaccinated overseas** must have their vaccine records assessed and be offered vaccination as required. Record overseas vaccines to ACIR by submitting the ACIR Immunisation History form. The ACIR updates the child's records and the parents can request from ACIR an Immunisation History Statement that indicates the due date for future vaccinations if required. This statement can be provided to the service as proof of immunisation status for the purposes of enrolment.

**“Conscientious objection”** is not an exemption under the ‘No Jab, No Play’ legislation.

**‘Homeopathic immunisation’** is not a recognised form of immunisation. For more information view the Homeopathy and Vaccination fact sheet produced by the National Centre for Immunisation Research.

If parents/carers have questions or concerns about immunisation or vaccines, they should seek answers from a qualified source, such as a GP or immunisation nurse.

## Source

Australian Childhood Immunisation Register (ACIR) can provide an Immunisation History Statement. Ph 1800 653 809. [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au),

Commonwealth Department of Human Services website provides an Immunisation Medical Exempt Form

<http://www.humanservices.gov.au/spw/health-professionals/forms>

Victoria State Government Health and Human Services – all related information

## Review

This policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2020

Date for next review: August 2021

# Incident, Injury, Trauma and Illness Policy

## NQS

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

## National Regulations

Regs	12	Meaning of serious incident
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	89	First aid kits
	97	Emergency and evacuation procedures
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record
	168	Education and care service must have policies and procedures
	174	Prescribed information to be notified to Regulatory Authority
	176	Time to notify certain information to Regulatory Authority

## Aim

The service and all educators can effectively respond to and manage accidents, illness and emergencies which occur at the service to ensure the safety and wellbeing of children, educators and visitors.

## Related Policies

Death of a Child Policy  
 Emergency Service Contact Policy  
 Emergency Management and Evacuation Policy  
 Enrolment Policy  
 Grievance Policy  
 Infectious Diseases Policy  
 Medical Conditions Policy

## Implementation

This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child -

- (a) is injured or
- (b) becomes ill or
- (c) suffers a trauma or
- (d) is involved in an incident at the service

The Approved Provider/Nominated Supervisor will ensure that:

- a parent of a child is notified as soon as possible, preferably on the same day, and no later than 24 hours of the injury, illness, trauma or incident
- an Incident, Injury, Trauma and Illness Record is completed without delay
- the regulatory authority is notified within 24 hours of any serious incident (see heading 'Notification of serious incidents')
- the regulatory authority is notified within 24 hours of any serious complaint about the health, safety and welfare of a child, that regulations have been breached, children are being cared for in an emergency or incidents that require service to close or reduce attendance
- the regulatory authority is notified within 7 days of circumstances that pose a risk to the health, safety and wellbeing of a child
- at least one first aid qualified educator (with asthma and anaphylaxis training) is present at all times at the service
- first aid qualifications (including anaphylaxis and asthma management training) are current and updated at least every 3 years
- all components of first aid qualifications are current if some require an earlier revision (e.g. CPR)
- first aid qualified employees receive CPR refresher training annually
- first aid qualified educators never exceed their qualifications and competence when administering first aid

The Nominated Supervisor will also diarise to ensure the contents of first aid kits and their location are reviewed at least annually and after every use. Audits will ensure each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. Consideration will also be given to whether the contents suit the injuries that have occurred, based on our incident, injury, trauma and illness records and action taken to obtain additional resources if required.

During our induction process for new educators and staff the Nominated Supervisor or delegated staff member will:

- advise which (other) educators and staff have first aid qualifications
- the location of the first aid kit(s)
- obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will

only be shared with the employee's consent or in order to meet our duty of care to the employee.

The Nominated Supervisor will review the following matters in consultation with employees (e.g. at staff meetings) where appropriate, at least annually or when there are staff changes:

- our first aid procedure
- the location of our first aid kit(s)
- the nature of incidents occurring at the service

If children are injured or become ill at the service, educators will request parents or authorised nominees to collect children within one hour of the request.

Where possible we will display photos of all educators, in a prominent position where they can be easily viewed by families and team members.

We will also display appropriate first aid signage (e.g. CPR posters) in prominent locations. Our service will use the Incident, Injury, Trauma and Illness Record template published by ACECQA at

OR

Our service will use the following Incident, Injury, Trauma and Illness Record at Tab A

## **Administration of First Aid**

If there is an accident, illness or injury requiring first aid an educator with a current first aid qualification will:

- assess any further danger to the child, other children and any adults present and take steps to remove or mitigate the danger
- respond to the injury, illness or trauma needs of the child or adult in accordance with their current first aid, asthma and anaphylaxis training, and in accordance with the child's medical management plan and risk minimisation plan if relevant. As part of first aid response educator may if required:
  - call an ambulance (or ask another staff member to call and co-ordinate the ambulance)
  - notify a parent or authorised nominee that the child requires medical attention from a medical practitioner
  - contact a parent or authorised nominee to collect the child from the service if required within 60 minutes
- notify the nominated supervisor and parents of the incident, illness or injury the same day that it occurs
- complete an Incident, Injury, Trauma and Illness Record without delay

The Nominated Supervisor and educators will supervise and care for children in the vicinity of the incident, illness or injury as appropriate.

## First Aid Kit Guidelines

First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

We will use the checklist in the VIC First Aid in the Workplace Compliance Code or Safe Work Australia First Aid in the Workplace Code of Practice as a guide on what to include in our first aid kits, and tailor the contents as necessary to meet our service needs (Tab B).

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

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

- not be locked
- not contain paracetamol (Panadol)
- have sufficient first aid resources for the number of employees and children
- have appropriate first aid resources for the immediate treatment of injuries at the service (including asthma and anaphylaxis)
- be accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury occurring if relevant
- be provided on each floor of a multi-level workplace
- be provided in each work vehicle
- be taken on excursions
- be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
- preferably be fitted with a carrying handle as well as internal compartments
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- contain a list of contents
- display emergency telephone numbers, and the phone number and location of the nearest first aid trained educators (including appropriate information for those employees who have mobile workplaces)
- display a photograph of the first aid trained educators along with contact details to assist in the identification process
- be maintained in proper condition and the contents replenished as necessary

## Notification of serious incidents

The Nominated Supervisor will notify the regulatory authority through the online NQA ITS within 24 hours of any serious incident at our service (s. 174). If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Serious incidents include:

- the death of a child at the service or following an incident at the Service
- any incident involving a serious injury or trauma to a child at the service which a reasonable person would say required urgent attention from a medical practitioner, or the child attended or should have attended a hospital e.g. broken limb
- any incident involving serious illness of a child at the service where the child attended, or should have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis.
- This does not include treatment at a hospital for non-serious injury, illness or trauma in cases where a General Practitioner consults from a hospital eg in rural and remote areas
- any emergency where emergency services attended i.e. there was an imminent or severe risk to the health, safety or wellbeing of a person at the service. It does not include incidents where emergency services attended as a precaution
- a child is missing or cannot be accounted for at the service
- a child has been taken from the service by someone not authorised to do this
- a child is mistakenly locked in or locked out of the service.

A serious injury, illness or trauma includes:

- |  |  |
|--|--|
| • amputation                                 | • epileptic seizures                         |
| • anaphylactic reaction requiring urgent     | • head injuries                              |
| • asthma requiring urgent hospitalisation    | • measles                                    |
| • Broken bone/fractures                      | • meningococcal infection                    |
| • bronchiolitis                              | • sexual assault                             |
| • burns                                      | • witnessing violence or a frightening event |
| • diarrhoea requiring urgent hospitalisation |  |

## Notification of serious complaints and circumstances

The Nominated Supervisor will notify the regulatory authority through the online NQA ITS:

- within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
- within 24 hours of any complaints that the National Law or Regulations have been breached
- within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child
- within 7 days of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
- within 24 hours of any children being educated and care for in an emergency, including where there is a child protection order or the parent needs urgent health care.

Emergency care can be no longer than two consecutive days of operation. The Nominated Supervisor will consider the safety, health and wellbeing of all children at the



service before accepting the additional child/children, and will advise the regulatory authority about the emergency

- within 24 hours of any incidents that require the Service to close or reduce attendance.

## Notification of Work Health and Safety incidents

The following is taken from National WHS laws. Services should contact WorkSafe VIC to determine State notification requirements.

*Under the national laws* serious injury or illness is a “notifiable incident” under the work, health and safety legislation. Serious injury or illness means a person requires:

- immediate treatment as an in-patient in a hospital or
- immediate treatment for:
  - the amputation of any part of the body
  - a serious head injury
  - a serious eye injury
  - a serious burn
  - the separation of skin from an underlying tissue (such as degloving or scalping)
  - a spinal injury
  - the loss of a bodily function
  - serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness includes any infection which the carrying out of work contributed to significantly, example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.

A dangerous incident is also notifiable under the legislation and includes:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel.

The Nominated Supervisor will notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The

Nominated Supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

## **Sources**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Occupational Health and Safety Act 2004**

**Occupational Health and Safety Regulations 2007**

**Your Health and Safety Guide to Workplace amenities and first Aid June 2007:**

**Worksafe Victoria**

**First Aid for low risk Micro Businesses May 2009: WorkSafe Victoria**

**Children's services occupational health and safety compliance kit: WorkSafe Victoria**

**Compliance Code First Aid in the Workplace 2008: Worksafe Victoria Safe Work**

**Australia Legislative Fact Sheets First Aiders**

**Safe Work Australia First Aid in the Workplace Code of Practice**

**Work Health and Safety Act and Regulations 2011 (national)**


## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

<h2 style="margin: 0;">Incident, Injury, Trauma and Illness Record</h2>	 Team
Nominated Supervisor's Name:	Date:
Nominated Supervisor's Signature:	

**FORM DECLARATION**

By signing this form, I declare that this Record has been completed as soon as practicably possible and no later than 24 hours after any incident, injury, trauma or illness has occurred while the child is being educated and cared for by the service.

Name of Person Completing Form \_\_\_\_\_  
 Signature of Person Completing Form \_\_\_\_\_  
 Time and Date Form Completed \_\_\_\_\_

**PLEASE TRACK ANY ADDITIONAL CHANGES TO THE FORM BY WRITING THE TIME AND DATE NEXT TO ANY AREAS THAT ARE DIFFERENT FROM THE TIME AND DATE LISTED ABOVE. THE SIGNATURE OF THE PARENT AND SIGNATURE OF PERSON MAKING THE CHANGES IS ALSO REQUIRED NEXT TO EACH CHANGE.**

Child's full name \_\_\_\_\_  
 DOB and Age in Years/Months \_\_\_\_\_

Time and Date child subjected to **Trauma or Incident** Occurred or Injury Received  
 \_\_\_\_\_

Time and Date of Apparent Onset of **Illness**  
 \_\_\_\_\_

Circumstances leading to the **Incident, Injury or Trauma**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Regulatory Authority officer (if applicable)			
Person who made contact			

**Details of any action taken** by the service in relation to any accident, injury, trauma or illness  
Include the names of any individuals taking action

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**Details of any medication administered** or first aid provided by the service  
Include the names of any individuals administering medication or providing first aid

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Time and Date that any Medical Personnel contacted

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Name(s) and contact number of any Medical Personnel or Service contacted

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Was the child transported by ambulance?

Yes                      No

If known, details of any medication administered or first aid provided by any Medical Personnel or Service

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Did the illness/incident require notification of Health Dept./other recognised authorities?

Yes                      No

If Yes, Please provide details of notification:

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Does the illness/incident require the child to be excluded from care?

Yes                      No

If Yes, please outline the recommended minimum exclusion period: \_\_\_\_\_

*Please note that children requiring an exclusion period will not be allowed to resume their place at the service until a medical certificate is produced stating the child is fit to return.*

Were all appropriate and relating policies and procedures followed when dealing with the illness/injury?

Yes                      No

Name and details of policies and procedures followed

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**Parent's acknowledgement and comments**

Parent's Name(s):	
I acknowledge I have been notified of my child's incident/injury/trauma/illness.  (Please circle)	
<b>Parent's Signature(s):</b>	
<b>Date:</b>	

Were you satisfied with our treatment of your child's Incident, Injury, Trauma and Illness?

Yes                      No

Are you satisfied that all policies and procedures at the service have been appropriately followed?

Yes                      No

Is there any additional information or support you need?

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If you feel our practices could be improved, please outline any suggestions below/any further comments

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## First Aid Kit Checklist

### Safe Work Australia First Aid in the Workplace Code of Practice

Item	Quantity	QUANTITY AND EXPIRY DATE MET Yes / No
Instructions for providing first aid – including Cardio-Pulmonary Resuscitation (CPR) flow chart	<b>1</b>	
Notebook and pen	<b>1</b>	
Resuscitation face mask or face shield	<b>1</b>	
Disposable nitrile examination gloves	<b>5 pairs</b>	
Gauze pieces 7.5 x 7.5 cm, sterile (3 per pack)	<b>5 packs</b>	
Saline (15 ml) <b>8</b>	<b>8</b>	
Wound cleaning wipe (single 1% Cetrimide BP)	<b>10</b>	
Adhesive dressing strips – plastic or fabric (packet of 50)	<b>1</b>	
Splinter probes (single use, disposable)	<b>10</b>	
Tweezers/forceps	<b>1</b>	
Antiseptic liquid/spray (50 ml)	<b>1</b>	
Non-adherent wound dressing/pad 5 x 5 cm (small)	<b>6</b>	
Non-adherent wound dressing/pad 7.5 x 10 cm (medium)	<b>3</b>	
Non-adherent wound dressing/pad 10 x 10 cm (large)	<b>1</b>	
Conforming cotton bandage, 5 cm width	<b>3</b>	
Conforming cotton bandage, 7.5 cm width	<b>3</b>	
Crepe bandage 10 cm (for serious bleeding and pressure application)	<b>1</b>	
Scissors	<b>1</b>	
Non-stretch, hypoallergenic adhesive tape – 2.5 cm wide roll	<b>1</b>	
Safety pins (packet of 6)	<b>1</b>	
BPC wound dressings No. 14, medium <b>1</b>	<b>1</b>	
BPC wound dressings No. 15, large <b>1</b>	<b>1</b>	
Dressing – Combine Pad 9 x 20 cm	<b>1</b>	
Plastic bags - clip seal	<b>1</b>	
Triangular bandage (calico or cotton minimum width 90 cm)	<b>2</b>	
Emergency rescue blanket (for shock or hypothermia)	<b>1</b>	
Eye pad (single use)	<b>4</b>	



Access to 20 minutes of clean running water or (if this is not available) hydro gel (3.5 gm sachets)	<b>5</b>	
Instant ice pack (e.g. for treatment of soft tissue injuries and some stings).	<b>1</b>	

### VIC First Aid in the Workplace Compliance Code

<b>Product Name</b>	<b>Qty</b>	<b>QUANTITY AND EXPIRY DATE MET Yes / No</b>
basic first aid notes		
disposable gloves		
resuscitation mask		
individually wrapped sterile adhesive dressings		
sterile eye pads (packet)		
Sterile coverings for serious wounds		
triangular bandages		
safety pins		
small sterile unmedicated wound dressings		
medium sterile unmedicated wound dressings		
large sterile unmedicated wound dressings		
non-allergenic tape		
rubber thread or crepe bandage		
scissors		
tweezers		
suitable book for recording details of first aid provided		
sterile saline solution		
plastic bags for disposal.		
basic first aid notes		

disposable gloves		
resuscitation mask		
individually wrapped sterile adhesive dressings		
sterile eye pads (packet)		
sterile coverings for serious wounds		
triangular bandages		
safety pins		
small sterile unmedicated wound dressings		
medium sterile unmedicated wound dressings		
large sterile unmedicated wound dressings		
non-allergenic tape		
rubber thread or crepe bandage		
scissors		
tweezers		
suitable book for recording details of first aid provided		
sterile saline solution		
plastic bags for disposal.		
basic first aid notes		
disposable gloves		
resuscitation mask		
individually wrapped sterile adhesive dressings		
sterile eye pads (packet)		
sterile coverings for serious wounds		
triangular bandages		

# Infectious Diseases Policy

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To be read with -  
Immunisation and Disease Prevention Policy

## NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
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## National Regulations

Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

## Aim

Immunisation is a simple, safe and effective way of protecting individuals against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

## Related Policies

Educator and Management Policy  
Enrolment Policy  
Food Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy  
Incident, Injury, Trauma and Illness Policy  
Immunisation Policy  
Medical Conditions Policy  
Privacy and Confidentiality Policy

## Who is affected by this policy?

Child  
Parents  
Family  
Educators  
Management  
Visitors  
Volunteers

## Implementation

Educators and the Nominated Supervisor must:

- minimise the spread of potential infectious diseases between children by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children
- comply with the minimum Exclusion Periods outlined in ***Schedule 7 of the Public Health and Wellbeing Regulations 2019 (2019 Regulations)*** if they've been advised a child has a disease listed in the Schedule, or come into contact with a person who has a listed disease
- comply the minimum Exclusion periods outlined in the NHMRC '**Staying Healthy**' publication if a child is ill with a disease not listed in Schedule 7 of the 2019 Regulations
- inform parents of minimum exclusion periods, noting the Nominated Supervisor may ultimately determine when a child can return after illness and absence for the minimum exclusion period.

Educators will also advise the Nominated Supervisor as soon as they believe they have an infectious disease and are unable to care for children

Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for educators to decide whether to accept or exclude the child. **If educators suspect a child may have an infectious disease, they will exclude the child until they receive a medical certificate stating the child is not contagious and is okay to attend the Service.**

Parents must advise educators on arrival verbally or in writing of any symptoms requiring administration of medication to their child in the past **48 hours** and the cause of the symptoms if known. This advice must be provided the first time the child attends after the medication has been administered.

Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are

unwell should not attend the Service and educators will ask parents of children who are unwell to collect the child from the residence/venue **within one hour** or to make alternative arrangements for their child's care.

The Nominated Supervisor will:

- assist educators in making notification to public health authorities
- organise a pool of regular relief educators to cover educators who are ill and unable to care for children
- request a medical certificate from educators who have been ill stating they are not contagious and are okay to return to work
- comply with any directions from public health officials.

**If an infectious disease arises at a residence/venue educator will respond to any symptoms in the following manner -**

- Isolate the child from other children
- Ensure the child is comfortable and appropriately supervised
- Contact the child's parents or nominated emergency contact (if the child's parents are unavailable, we will contact authorised nominees) and ask them to pick the child up as quickly as possible (**and within one hour**). Educators will provide information in the child's home language if possible
- Any person picking the child up from the service must be able to show identification if unknown to the educator
- Ensure all linen, towels and clothing which has been used by the child are washed separately and if possible air dried in the sun
- Ensure all toys used by the child are disinfected
- Ensure all eating utensils used by the child are separated and sterilised.
- Inform all families of the presence of an infectious disease verbally and by placing a notice near the front door. The child's name will not be revealed
- Ensure confidentiality of any personal or health-related information related to any child or family

## Fevers

Unwell children include those with fevers. Fevers refer to temperatures above 38°C and are usually a sign of infection (e.g. virus). When children develop a fever at the service, educators and staff will:

- contact parents and ask them to collect the child unless we have written advice from a medical practitioner that the fever is not caused by an infectious disease (e.g. teething). Babies less than 3 months old with fevers must always be collected by parents /authorised nominees who will be advised to take the child to a doctor
- administer first aid if required in line with service procedures. This may include calling an ambulance.
- if the child is distressed, bathe their face in lukewarm water
- offer water to the child and ensure they are not overdressed, and their clothing is comfortable

- monitor the child's behaviour, alertness and any other symptoms that could indicate serious infection including rash, stiffness, vomiting, coughing or convulsions

## Notifications and exclusion periods

As outlined in the Public Health and Wellbeing Regulations 2019 (Vic):

- parents must advise educators as soon as possible if a child has an infectious disease or the child has been in contact with a person infected with an infectious disease listed in Schedule 7 of the 2019 Regulations (Reg 110). These diseases are listed in Schedule 7 (extract from Fact Sheet 'Immunisation and exclusions (schools and children's services)' Dept Health and Human Services attached)
- Approved providers or nominated supervisors must not allow a child who has been infected or had contact with the diseases outlined in Schedule 7 to the Regulations to attend the service for the exclusion periods outlined in Schedule 7 (Reg 111).
- The Chief Health Officer may direct the person in charge to exclude a child the Officer believes is at substantial risk of contracting a vaccine-preventable disease after considering, for example their immunisation status.

## Public Health Units - Advice and Notifications

Public Health Units are an important source of information and advice about many contagious/notifiable diseases including measles, meningococcal disease, Haemophilus influenzae type b (Hib), hepatitis A, and pertussis (whooping cough). Nominated Supervisors will telephone these Units as soon as possible when needed/appropriate for advice about an illness and how to control the spread of the illness and follow any advice. In particular, the nominated supervisor will always phone the Public Health Unit as soon as possible (and within 24 hours) when there are:

- two or more cases (children or staff) of gastroenteritis in the centre (including norovirus, rotavirus, salmonellosis which are types of gastroenteritis) within 48 hours of each other. Symptoms include diarrhoea, vomiting, fever, abdominal cramps
- two or more cases (children or staff) of Shigellosis which is a severe intestinal infection. Symptoms include diarrhoea, fever, vomiting and cramps.

Contact the Department of Health and Human Services, Communicable Disease Prevention and Control Branch on **1300 651 160**.

## **Sources**

**Education and Care Services National Law and Regulations  
National Quality Standard**

**A guide to the management and control of gastroenteritis outbreaks in children's centres: VIC Health**

**NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood  
Education and Care Services 5th edition**

**Public Health and Wellbeing Act 2008**

**Public Health and Wellbeing Regulations 2019**

**'Immunisation and exclusions (schools and children's services) Fact Sheet' Health  
and Human Services**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Lock Up Policy

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## NQS

### National Regulations

12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
168(2)(f)	Education and care service must have policies and procedures providing a child safe environment

### Aim

We aim to minimise the potential for any incidents to occur at our service as we close up each day by adhering to the following “lock-up” procedures. This will ensure the safety and wellbeing of all children at the service.

### Related Policies

Delivery and Collection of Children Policy  
 Incident, Injury, Trauma and Illness Policy

### Who is affected by this policy?

Children  
 Families  
 Educators  
 Management

### Implementation

At the end of our service operations each day, the Responsible Person present at the Service will:

- check all resting areas to ensure no child is asleep.
- check the premises outdoors and indoors to ensure that no child remains on the premises after the service closes.
- review the children’s attendance records to ensure all children who were signed in that day have been signed out.
- If a child has not been signed out the Responsible Person will:
  - if possible ask educators if the child was collected.
  - immediately conduct a search of the premises, indoors and outdoors to locate the unaccounted for child if educators are unsure whether the child has been collected.
  - contact the child’s parents if the child is not located to see if the child was collected without being signed out
  - contact the police if the child is missing



- immediately document a missing child incident using the Incident, Injury, Trauma and Illness Record template published by the national authority ACECQA at [www.acecqa.gov.au](http://www.acecqa.gov.au)
- notify the regulatory authority within 24 hours of the serious incident involving missing child through the online NQA ITS
- Turn off lights and air-conditioning
- Shut blinds
- Ensure taps and any outdoor sprinklers, hoses etc are turned off
- Ensure any animals kept at the premises are secured appropriately
- Turn on alarm
- Lock premises

## Sources

**Education and Care Services National Law and Regulations  
National Quality Standard**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Lockdown Policy

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## NQS

QA2	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
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## National Regulations

Reg	168(2)(e)	Policies and procedures in relation to emergency and evacuation
	97	Emergency and evacuation procedures
	98	Telephone or other communication equipment

## Aim

The Lockdown Policy aims to ensure the safety of all children, educators, families and other visitors to the service in the event of a threat. Also, the service aims to minimise the risk of harm or the exposure to danger to anyone on the premises through the implementation of this procedure.

## Related Policies

Death of a Child Policy  
 Bushfire Policy  
 Child Protection Policy  
 Emergency Management and Evacuation Policy  
 Incident, Injury, Trauma and Illness Policy

## Implementation

Examples of such critical incidents are:

- Death of a child at the service or on an excursion.

### Initial Notification

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

- The educator who witnesses the event or issue must try to raise an alarm with the most senior individual in charge.
- 000 must be called immediately if the event or issue requires the police, ambulance or fire service to respond.

- The most senior individual in charge will determine the need for a "Lock Down" and raise the appropriate alarm.

### Alarm Procedure

- The service bell (or whistle) will sound every 5 seconds for a one-minute period.
- The most senior individual in charge will sound the bell (or whistle) and make the following announcement

- **“This is a LOCK DOWN”**
- **“This is not a fire drill”**
- **“Everyone is to stay in the room, remain seated and to keep calm and quiet.”**

### Educators Responsibilities:

The Approved Provider or Nominated Supervisor will ensure that educators:

- contact and liaise with Emergency Services and follow their instructions.
- Check that all external doors are locked.
- If available, allocate a person at locked doors to allow children and visitors to enter if locked out.
- keep main entrance as the only entry point. It must be constantly monitored, and no unauthorised people allowed access.
- get any children that are outside inside as quickly as possible.
- make effort to seal and lock all doors and windows, turn off the lights and ensure children are kept below the window level, preferably under the furniture or down low and out of sight.
- ensure all children and individuals present remain in the locked residence until they give the “All Clear Signal”.
- check the sign-in sheet and check all signed-in children are present. Any absences must be reported to the Approved Provider or Nominated Supervisor as soon as it is safe.
- divert parents from the children’s service.
- ensure a telephone line is kept free.
- if possible, have a person wait at the main entry to the children’s service to guide Emergency Services personnel.
- await advice from emergency services personnel that the emergency is over.
- When it is safe give an All Clear Signal (see below)”.

### All Clear Signal

The All Clear Signal is as follows:

- The most senior person in charge will sound the service’s bell (if applicable) or blow a whistle for 5 seconds.
- The most senior individual in charge will then say, “The Lock Down has now ended, everyone follow me and the educators in an orderly manner”.

### **Actions after lockdown**

The Approved Provider or Nominated Supervisor will:

- Advise parents the emergency is over.
- Determine if there is any specific information staff, children and visitors need to know.
- Ensure any children, staff or visitors with medical or other needs are supported.
- Email pre-prepared letters to parents.
- Follow up with any children, staff or visitors who need support.
- Seek support from the Manager, Operations and Emergency Management at the DEECD region as required.
- Notify the Department of incident as set out in our Incident, Injury, Trauma and Illness Policy.

## **Sources**

**National Quality Standard**

**Education and Care Services National Regulations**

**Occupational Health and Safety Act 2004**

**Emergency Management Act 1986**

**Guide to Developing an Emergency Management Plan by DEECD Victoria**

## **Review**

The policy will be reviewed annually. Review will be conducted by

- Management
- Employees
- Parents/Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Medical Conditions Policy

## NQS

QA2	2.1.1	Each child's health needs are supported.
	2.1.4	Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

## National Regulations

Reg	90	Medical conditions policy
	90(1)(iv)	Medical Conditions Communication Plan
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement—anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

## Early Years Learning Framework

LO3	Children are happy, healthy, safe and connected to others.
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

## Aim

The service and all Educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, Educators and visitors.

## Related Policies

Additional Needs Policy

Administration of Medication Policy

Death of a Child Policy  
Emergency Service Contact Policy  
Emergency Management and Evacuation Policy  
Enrolment Policy  
Food Nutrition and Beverage Policy  
Health, Hygiene and Safe Food Policy  
HIV AIDS Policy  
Immunisation and Disease Prevention Policy  
Incident, Injury, Trauma and Illness Policy  
Infectious Diseases Policy  
Privacy and Confidentiality Policy  
Staffing Arrangements Policy

## Implementation

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

A copy of the Medical Conditions Policy will be provided to all Educators and volunteers at the service. The Policy will also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child's parents about any medical condition/suspected medical condition or known allergens that pose a risk to the child.

No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about these things, including any new medication, ceasing of medication, or changes to their child's prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans are required as discussed below.

The Nominated Supervisor and Educators will provide support and information to families about resources and support for managing specific health care needs and medical conditions, including allergies, anaphylaxis asthma and diabetes.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.

The Nominated Supervisor will ensure all Educators receive refresher training in the administration of adrenaline auto-injection devices and cardio-pulmonary resuscitation every 12 months, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the Nominated Supervisor will ensure first aid trained Educators receive regular training in the use of relevant devices e.g. insulin injection device (syringes, pens, pumps) used by children

### **Medical Information that must be provided in Enrolment Record Medical Management Plan**

The Enrolment Form provides an opportunity for parents to help the service effectively meet their child's health and medical needs. All Educators and volunteers at the service follow a child's medical management plan, including in the event of an incident related to the child's specific health care needs or medical condition.

Families must:

- advise details of specific health care needs or medical conditions including asthma, diabetes and allergies, and whether the child has been diagnosed at risk of anaphylaxis
- provide a Medical Management Plan prepared by the child's doctor in respect of any specific health care needs or medical conditions. The Plan should:
  - include a photo of the child
  - state what triggers the allergy or medical condition if relevant
  - state first aid needed
  - contact details of the doctor who signed the plan
  - state when the Plan should be reviewed
  - have supporting documentation if appropriate

### **Medical Conditions Risk Minimisation Plan**

The Nominated Supervisor and relevant Educators will prepare and implement a medical conditions risk minimisation plan in consultation with families which is informed by the child's Medical Management Plan. The Plan will include measures to ensure:

- any risks are assessed and minimised
- practices and procedures for the safe handling of food, preparation, consumption, and service of food for the child are developed and implemented if relevant (we will follow all health, hygiene and safe food policies and procedures)
- all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
- a child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

This plan will be signed by parents, the Nominated Supervisor and relevant Educators. We have a template resource for this purpose titled 'Medical Conditions Risk Minimisation Plan'.

The Medical Management and Risk Minimisation plans will be kept in the child's file and a copy of the plans stored securely with the child's medication, emergency evacuation kit and first aid kit. A copy of the plans will also be displayed in a prominent position near a telephone (e.g. kitchen) to ensure all procedures are followed. If parents have not authorised display of the plans in public areas, the plans will be displayed in areas which are not accessed by families and visitors to protect the child's privacy. We will explain to families why the prominent display of their child's plans is preferable.

The medical plans will also be taken on any excursions.

### **Medical Conditions Communication Plan**

The Nominated Supervisor will implement a medical conditions communication plan to ensure that relevant Educators and volunteers:

- understand the Medical Conditions Policy
- can easily identify a child with health care needs or medical conditions
- understand the child's health care needs and medical conditions and their medical management and risk minimisation plans
- know where each child's medication is stored
- are updated about the child's needs and conditions

The Nominated Supervisor will also ensure the medical conditions communication plan sets out how parents may advise changes to their child's medical management and risk minimisation plans. The Nominated Supervisor will regularly remind families to update their child health and medical information as outlined in the Plan.

The plan will be signed by parents, the Nominated Supervisor and relevant Educators. We have a template resource for this purpose titled *'Medical Conditions Communication Plan.'*

The Nominated Supervisor will ensure:

- any new information is attached to the child's Enrolment Form and medical plans where relevant and shared with relevant Educators and volunteers
- displays about a child's health care needs or medical conditions are updated.

### **Anaphylaxis/Allergy Management**

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, Educators will:

- ensure children do not trade food, utensils or food containers
- prepare food in line with a child's medical management plan and family recommendations
- use non-food rewards with children, for example, stickers for appropriate behaviour
- request families to label all bottles, drinks and lunchboxes etc with their child's name
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate
- sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so the child does not feel excluded. If a child is very young, the



family may be asked to provide their own high chair to further minimise the risk of cross infection

- hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

The Nominated Supervisor will also:

- instruct Educators on the need to prevent cross contamination
- consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy e.g. by placing a sign near the front door reminding families about this. In the case of a nut allergy this may prevent, for example, parents or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
  - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
  - any other type of tree or ground nuts, peanut oil or other nut-based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
  - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
  - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
  - cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material

In relation to nuts and nut products, commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service e.g. there will be traces of nuts in many products. **For this reason, we are a nut aware service rather than a nut free service.**

- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence
- consider requesting parents of children with (severe) food allergies to prepare food for the child at home where possible
- instruct food preparation Educators and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required e.g. careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children
- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate
- ensure food preparation Educators consult risk minimisation plans when making food purchases and planning menus
- provide information about anaphylaxis and organise training for all Educators on how to administer adrenaline auto injector devices e.g. EpiPen's
- encourage all Educators to undertake anaphylaxis management training
- ensure all Educators administer medication in accordance with our "Administration of Medication Policy"

- ensure Educators regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

Allergic reactions and anaphylaxis are also commonly caused by:

- animals, insects, spiders and reptiles
- drugs and medications, especially antibiotics and vaccines
- many homeopathic, naturopathic and vitamin preparations
- many species of plants, especially those with thorns and stings
- latex and rubber products
- Band-Aids, Elastoplast and products containing rubber-based adhesives.

Educators will ensure body lotions, shampoos and creams used on allergic children are approved by their parent.

The service will display an Australasian Society of Clinical Immunology and Allergy (ASICA) Action Plan poster for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see [www.allergy.org.au](http://www.allergy.org.au))

Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained Educator with approved anaphylaxis training administers first aid in line with the child's medical management plan. This may include use of an adrenaline autoinjector device e.g. EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see [www.allergy.org.au](http://www.allergy.org.au))
- call an ambulance immediately by dialling 000

The Nominated Supervisor will ensure that an emergency auto-injection device kit is stored in a location that is known to all Educators, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.

### **Asthma Management**

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. Educators will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

To minimise exposure of susceptible children to triggers which may cause asthma, Educators will ensure children's exposure to asthma triggers are minimised. This may for example,

- implement wet dusting to ensure dust is not stirred up
- plan different activities so children are not exposed to extremes of temperature e.g. cold outdoors and warm insides
- restrict certain natural elements from inside environments

- supervise children's activity and exercise at all times
- keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc

The Nominated Supervisor will also:

- consider banning certain plants and vegetation from the outdoor and indoor environments
- consider children's asthma triggers before purchasing service animals or allowing children's pets to visit
- ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately
- assist Educators to monitor pollution levels and adverse weather events
- ensure Educators regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack, and implement improvements if possible

The service will display a National Asthma Council Australia Action Plan Poster in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see [www.nationalasthma.org.au](http://www.nationalasthma.org.au) )

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

- ensure a first aid trained Educator with approved asthma training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the Educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:
  1. Sit the child upright - Stay with the child and be calm and reassuring
  2. Give 4 separate puffs of a reliever inhaler (blue/grey)
    - Use a spacer if there is one
    - Shake puffer
    - Give 1 puff at a time with 4-6 breaths after each puff
    - Repeat until 4 puffs have been taken
  3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above
  4. If there is still no improvement call an ambulance on 000
    - Keep giving 4 puffs every 4 minutes until the ambulance arrives

The service will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all Educators, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer
- At least 2 face masks compatible with the spacer for use by children under 5

Spacers and masks can only be used by one person. That person can re-use the spacer or mask, but it cannot be used by anyone else. Educators will ensure the child's name is written on the spacer and mask when it is used.

## Diabetes Management

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a "hypo") if their blood sugar levels are too low.

Things that can cause a "hypo" include:

- a delayed or missed meal, or a meal with too little carbohydrate
- extra strenuous or unplanned physical activity
- too much insulin or medication for diabetes
- vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

Educators will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- ensuring medication is administered as outlined in the medical management plan
- ensuring children eat at regular intervals and have appropriate levels of carbohydrate

The Nominated Supervisor will also ensure information about the child's diet including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan is considered when preparing service menus.

If a child is displaying symptoms of a "hypo" a first aid trained Educator will:

- immediately administer first aid in accordance with the child's medical management plan. This may include giving the child some quick acting and easily consumed carbohydrate e.g. several jellybeans, 2-3 teaspoons of honey or some fruit juice. Once blood glucose is at regular levels the child may be given some slow acting carbohydrate to stabilise blood sugar e.g. slice of bread, glass of milk, piece of fruit

If a child is displaying severe hypoglycaemia (e.g. they're unconscious, drowsy, or unable to swallow) a first aid trained Educator will:

- immediately administer first aid in accordance with the child's medical management plan
- call an ambulance by dialling 000
- administer CPR if the child stops breathing before the ambulance arrives.

We will refer to [as1diabetes \(as1diabetes.com.au\)](http://as1diabetes.com.au) for more information and resources, including child friendly resources, on diabetes.



## Sources

Education and Care Services National Law and Regulations

National Quality Standard

Asthma Australia

National Asthma Organisation

Allergy and Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Australasian Society of Clinical Immunology and Allergy [www.allergy.org.au](http://www.allergy.org.au)

Australian Diabetes Council

Better Health Vic

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

## Medical Management Plan

Insert Photo of Child



Child's Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Plan Date \_\_\_\_\_ Review date \_\_\_\_\_

**Triggers for allergy or medical condition**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**First Aid/Medication Required**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor**

Name of doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent**

I have read, understood and agreed with this care plan and any attachments listed. I approve the release of this information to staff and emergency medical personnel. I will notify the staff in writing if there are any changes to these instructions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

# National Quality Framework Policy

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## Aim

Our service participates in the National Quality Framework (NQF). The service aims is to provide the highest quality education and care available across all areas.

## Related Policies

Enrolment Policy

Educators Orientation Policy

## Who is affected by this policy?

Educators

Families

Child

Management

Visitors

## Implementation

Our Service participates in and values the National Quality Framework (NQF), including the National Quality Standard (NQS), the My Time Our Place Framework for School Age Care and the National Regulations – an Australian Government initiative linked to the funding of the Child Care Subsidy for parents. This is conducted through the Australian Children’s Education and Care Quality Authority (ACECQA) and the state licensing department through scheduled site assessment visits and where appropriate, spontaneous visits.

The NQS provides standards of quality practices for care provided in our Service as well as guidance and support from the Service’s self evaluation through our Quality Improvement Plan (QIP). The system also allows educators to continually improve practices by identifying the quality aspects of care the Service is already providing and assisting the Service in developing goals for further improvement through our QIP. The Service is required to review the QIP at least annually and submit the most recent QIP to the regulatory authority on request.

The QIP will be kept on the premises at all times and made available on request to the parents of any child who is enrolled at our Service or seeking to be enrolled.

The Service will ensure that all educators and management are informed about current practices and requirements in the NQF process by attending appropriate in-service/training, accessing any other publications and information about the accreditation process that may be of benefit – including those published by ACECQA.

Educators will involve parents, families and management in each stage to seek their input and views into practices and care in our Service – this includes having parent input into

policy reviews, parent meetings and providing updates in newsletters about the Service's current stage in the process.

### **The seven Standards under the NQS are –**

1. Educational program and practice
2. Children's health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Governance and Leadership

### **The Rating System**

The NQS is accompanied by a national quality rating and assessment process that promotes transparency and accountability and assists parents to make informed choices about the quality of education and care at a service. Our service will display the rating received for each quality area and the overall rating.

### **The Ratings are as follows –**

- Excellent
- Exceeding National Quality Standard
- Meeting National Quality Standard
- Working towards National Quality Standard
- Significant improvement required.
- We will access regular updates on the ACECQA website – [www.acecqa.gov.au](http://www.acecqa.gov.au)

## **Sources**

### **National Quality Standard**

### **My Time, Our Place Framework for School Age Care**

### **Education and Care Services National Law and Regulations**

- Review





The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

## **Orientation for Children Policy**

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## NQF

QA6	6.1.1	There is an effective enrolment and orientation process for families.
	6.3.2	Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities

## National Regulations

Regs	177	Prescribed enrolment and other documents to be kept by approved provider
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## Aim

To provide children and families with an orientation procedure that allows the family to transition to their child being in care, transition to a new room within the service or transition between school and the service.

## Related Policies

Enrolment Policy

Family Law and Access Policy

Parental Interaction and Involvement in the Service Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Relationships with Children Policy

Staffing Arrangements Policy

Unenrolled Children Policy

## Implementation

We believe orientation is an important process where Educators are able to get important information about the new child's needs and those of the family.

The Nominated Supervisor will arrange for the new child to attend the service (together with parents/s) to visit and meet the Educators and familiarise with the environment. The children may participate in the activities if they so desire. A number of young children prefer to just watch, rather than do. Positive interactions at this time (between parents, Educators, and the child) are important for the children to build positive attitudes to the service environment. Educators are aware that some children respond to new experiences faster than others and will adapt to the situation.

At this time, the daily timetable and program will be discussed, as well as routines and any special requirements for the child that may need to be accommodated. Parents will be asked to provide their insights of the child's strengths, interests and abilities. Parents will also be invited to ring and check on their child at any time if there are any concerns.

Part of this orientation visit is also to explain/collect the required documentation for the child (enrolment form, birth certificate, immunisation record and Medicare number etc). Educators

will also explain methods of fee payment and communication (newsletters, pockets, communication box etc), what the child will need and the importance of labelling personal items. Families will be provided with easy to read information about how the service operates and what it can provide and also shown the parent library where they can access the service's policies and other resources.

Parents will be kept informed about how their child is settling in on collection and are welcome to discuss any aspects with the Nominated Supervisor at a convenient time.

Information on the service's child orientation policy will be available in different languages when required.

### **Transition between Educators or from school to outside school hours care**

Change is harder for some children than others; however, by making this transition as smooth as possible for children and families, we are helping build the child's success.

### **Implementation**

So as to minimise any distress that a transition may cause:

- Involve enrolled children in the orientation of new children and their families
  - Develop procedures (for example a communication book) to ensure information is shared between Educators working in the before-school and after-school components of the service.
  - Ensure at least one Educator is responsible for transitioning children between the service and school. Develop documented procedures to ensure children at the service arrive safely at school and at the service, including a procedure that addresses enrolled children who have not arrived at the service. Ensure information from families about their child's attendance or non-attendance at the service is communicated to Educators responsible for transitioning children between school and the service.
  - Develop processes to manage children's attendance at extracurricular activities or sporting events.
  - Share information and insights you have gained about a child with new Educators.
  - Introduce new Educators to children and provide the children with some background information about the Educators.
  - Talk to families about how their child handles change and the strategies they use to help their child cope with change
- 
- Plan to have the child and family visit the service more than once if necessary.
  - Talk about the transition in a positive way

## **Sources**

**Education and Care Services National Regulations  
National Quality Standard**

## **Review**

The policy will be reviewed annually.



Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

**Reviewed: August 2020**

**Date for next review: August 2021**

# Parental Interaction and Involvement in the Service Policy

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## NQF

QA6	6.1.2	Families have opportunities to be involved in the service and contribute to service decisions.
	6.1.3	Current information about the service is available to families
	6.2.1	The expertise of families is recognised and they share in decision making about their child's learning and wellbeing.
	6.2.2	Current information is available to families about community services and resources to support parenting and family wellbeing.
	6.3.4	The services builds relationships and engages with their local community
QA7	7.3.4	Processes are in place to ensure that all grievances and complaints are addressed, investigated fairly and documented in a timely manner.

## National Regulations

Regs	157	Access For Parents
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## Aim

Communications between family members and the Service are considered crucial for a child to reach their full development. Therefore, we aim to provide an environment where there is a strong emphasis on family/Service communication to allow consistency and continuity between the home and the Service environment. By encouraging family members to be involved in the service, we aim to provide a service that best meets the needs of our community.

## Related Policies

Educator and Management Policy  
 Enrolment Policy  
 Family Law and Access Policy  
 Fees Policy  
 Grievance Policy  
 Orientation for Children Policy

## Implementation

## **Parent Communication**

Our Service aims to provide as many outlets as possible for family/service communication. These may include:

- Face to face.
- A monthly newsletter.
- A communications book in the service's foyer.
- A notice board displaying upcoming events and notices.
- Regular informal meetings with parents and the opportunity to plan formal meetings if necessary.
- A Suggestions Box in the foyer where parents can anonymously (or give their names if desired) make suggestions to improve the service.
- Short surveys regarding the service's philosophy and how you feel your child/ren feel about the service.
- Each family will be allocated a 'pocket' where private correspondence between Educators, the nominated supervisor or approved provider and the family can take place.

If necessary, Educators have support and access to translation services to provide this information for non-English speaking families.

## **Community Services**

Our Service will:

- Assist families to locate, contact or access community services. We will provide information brochures for families where possible where available.
- Invite community members to the service to contribute to a program
- Liaise with other children's services, schools, health services and organisation working with children and families in the local area.

## **Parental and Family Involvement**

- Families are welcome to visit at any time of the day. (The Approved Provider, Nominated Supervisor and Educators will not allow a parent to enter the service premises if they reasonably believe this would contravene a court order.)
- Families are encouraged to make suggestions and offer critique on our program, philosophy, management and food menu.
- Families are encouraged to share aspects of their culture with the Educators and children as well as appropriate experiences.
- Families are invited to participate in the service's daily routine by helping out with activities such as craft, special activities and the preparation of afternoon tea.
- A family/Educators committee will be established to set goals for the service, help write and implement policies and help to meet aims of the NQF Assessment process.

- Minutes of regular Educators/parents meetings will be kept aside for either side to make suggestions.
- Families are provided with opportunities to have private discussions with the nominated supervisor or Educators.

### Parent Support

For those families undergoing difficult situations and who seek assistance from service, the service will offer support as appropriate. Our service offers a parent library which provides resources and contact numbers for various support groups within the local community such as a baby nurse, playgroup and speech therapist.

For families who use English as a second language, translated documents can be provided.

### Parent Grievances

Our Grievance Policy outlines the steps we take to address complaints and grievances from Educators, Educators, families, visitors and volunteers.

### Open Doors

**O**

Our Service can be accessed at any time for parental inspection.

**P**

Please come and see how we help your child develop and grow.

**E**

Entry by you any time shows that we are happy for you to see our practices at any time of the day.

**N**

Never leave your child in a Service unless you feel 100% confident in their ability to provide for your child.

**D**

Don't hesitate to ask us any questions about your child, their development or our Service philosophy.

**O**

Our Service is proud of the quality of care we provide.

**O**

Our Educators are qualified, trained, experienced and talented.

**R**

Rather than take our word for this

**S**

See for yourselves!

## Sources

**National Quality Standard**

**Education and Care Services National Regulations**

**Administration, Handle with Care. (1987). Sebastian, Patricia. AE Press: Melbourne.**

## Review

The policy will be reviewed annually. Review will be conducted by

- Management
- Employees
- Parents/Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**





## Parent Survey Template

# PARENT QUESTIONNAIRE

Dear Parent

We wish to provide your child/ren with the highest level of care. In order to do this, we would like your opinion on how you feel the Service is being run and how our program and our philosophy is helping your child develop. It would help us if you provided us with your thoughts on what our Service's strengths and weaknesses are so we can work to improve these.

Attached is a questionnaire which asks your opinion of some important educational issues. It would help us if you could answer these as honestly as possible. Your responses will be kept private and confidential.

Please return completed survey by \_\_\_\_\_

Thank you for your participation.

\_\_\_\_\_

Nominated Supervisor

## Parent Survey

	Strongly Agree	Agree	Disagree	Don't Know
1. I feel welcomed in the Service.				
2. The Service takes my concerns seriously.				
3. The Service provides helpful information.				
4. I feel as though I can talk to the Educators about my child's progress.				
5. The Service values my help and interest.				
6. Educators provide a challenging and stimulating environment for my child.				
7. Educators care if my child is not doing as well as he/she can.				
8. The Service has a safe and secure environment.				
9. The Service is always looking for ways to improve				
10. The Educators regularly praise children.				
11. The children are the Service's main focus.				
12. I share in the education of my child.				
13. I receive adequate notice of Service events.				
14. Newsletters are regular and informative.				
15. The Service's aims are to improve the quality of learning and teaching.				
What do you see as the strengths of the Service?				
How do you see the Service could be improved?				
In what ways would you like to be more involved in the Service?				
What other comments would you like to make (if any)				

Thank you for taking the time to respond to these questions.

# Photography Policy

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## NQS

QA4	4.2.1	Professional standards guide practice, interactions and relationships.
QA5	5.2.3	The dignity and the rights of every child are maintained at all times

## My Time Our Place

LO1	1.1	Children feel safe, secure, and supported
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## Aim

Before we take and distribute photographs of children using the Service we will obtain appropriate authorisations from parents to ensure the privacy of children and families is respected.

## Related Policies

Enrolment Policy  
Privacy and Confidentiality Policy  
Social Media Policy

## Implementation

The Approved Provider or Nominated Supervisor will ensure:

- our photography policy is discussed during a child's enrolment at our service.
- parents authorise in writing the taking of photographs of their child at the Service before any photographs are taken.
- authorisation is obtained in relation to the taking of photographs by Educators at the Service, and other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements using the attached form.
- written authorisations obtained from parents cover why the photographs will be taken and how they will be used.
- express consent is obtained from parents about the posting of any photographs on the Service's social media account or a related social media account with which the Service has a professional relationship. Service photographs of children will not be posted on any social media forum if parental consent to this has not been obtained. Refer Social Media Policy for more information.
- express consent is obtained from parents before any photographs of their child are used to publicise the Service, or to support any research projects or study placements.

Consent will be obtained for example, before any photographs are posted on the Service's website or included in brochures or media articles.

- parents/families are notified about the presence of school photographers, researchers and students on practicum placements before they take any photographs of the children.
- parents' wishes in relation to the taking of photographs of their children will be respected at all times and Educators do not photograph children where parents have not authorised the taking of photographs. This may require the child to be removed from group situations where photos will be taken.
- written authorisations obtained from parents include advice that parents may withdraw their authorisation to take photographs of their children at any time by advising the Nominated Supervisor in writing.

The Approved Provider or Nominated Supervisor will advise parents and families that:

- they may only photograph their own child at the Service unless given permission by another child's parent.
- we do not condone the display of photographs taken of children from other families on the internet.
- where parents have given permission for their child to be photographed by anyone other than an Educator, the Service does not accept responsibility for the distribution or use of any photograph taken by the individual.

## Sources

**National Quality Standard  
My Time Our Place**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Physical Activity Promotion Policy

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## NQS

QA2	2.2.2	Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child.
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## My Time, Our Place

LO3	Children become strong in their social and emotional wellbeing
	Children take increasing responsibility for their own health and physical wellbeing

## Aim

To provide children with a physically active program that is developmentally appropriate.

## Related Policies

Additional Needs Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Relationships with Children Policy

## Who is affected by this policy?

Children

Families

Educators

Management

## Implementation

The service will implement the Australian Government's physical activity guidelines for children 5-12 years as outlined in the 'Make your move – sit less and be active for life' brochure which can be found at the following web address:

[http://www.health.gov.au/internet/main/publishing.nsf/content/F01F92328EDADA5BCA257BF0001E720D/\\$File/brochure%20PA%20Guidelines\\_A5\\_5-12yrs.PDF](http://www.health.gov.au/internet/main/publishing.nsf/content/F01F92328EDADA5BCA257BF0001E720D/$File/brochure%20PA%20Guidelines_A5_5-12yrs.PDF)

In line with this, our service will implement and encourage the following recommendations for physical activity for each child in attendance:

- A combination of moderate and vigorous activities for at least 60 minutes a day, including activities that strengthen muscle and bone.  
Children who are just starting to get active should begin with a moderate level of activity, for example 30 minutes per day, and steadily increase.  
Examples of moderate activities are a brisk walk, a bike ride or any sort of active play.

More vigorous activities will make children “huff and puff” and include organised sports such as football and netball, as well as activities such as ballet, running and swimming laps. Children typically accumulate activity in intermittent bursts ranging from a few seconds to several minutes, so any sort of active play will usually include some vigorous activity.

Activities that strengthen muscle and bone include skipping, running, jumping, climbing, games like tug- of- war and structured activities like dance and gymnastics.

- A variety of aerobic activities that are fun and suit their interests, skills and abilities. Variety will also offer the child a range of health benefits, experiences and challenges.
- Limited screen time. Children shouldn't spend more than two hours a day using electronic media for entertainment (eg computer games, TV, internet), particularly during daylight hours.

#### **Educator's Will:**

- Encourage children to participate in physical activities through programming and spontaneous experiences.
- Encourage and support children to undertake and participate in new or unfamiliar physical activities.
- Participate in physical activity with the children.
- Show enthusiasm for participation in physical activity and organise play spaces to ensure the safety and wellbeing of all individuals in the environment.
- Set up and plan for physical play activities and equipment and where appropriate encourage the children to help with the set-up.
- Listen to children's suggestions on what physical activities they would like to participate in and where appropriate incorporate them into the program
- Set up indoor and outdoor areas in a manner that promotes and encourages safe physical play for all ages and abilities represented at the service.
- Actively encourage children to accept and respect each other's range of physical abilities.
- Consult with families and resource agencies on providing physical experiences that reflect diverse backgrounds and abilities.
- Role model appropriate footwear and clothing for physical activity.
- Will ensure a balance of active and sedentary activities throughout the child's day and minimize sedentary behaviours unless the child is tired or ill.

#### **The service will support the children in:**

- The development of their physical skill set by providing regular opportunities for outdoor play.
- The development of their physical skill set by talking with children about how the human body and how important physical activity is for an individual's health and wellbeing.
- The development of their physical skill set by providing experiences for the children that draw on elements of dance, dramatic play and creative movement.

## Sources

**Education and Care Services National Regulations 2011  
National Quality Standard  
Make your move – sit less be active for life: Department of Health  
My Time, Our Place Framework for School Age Care**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Physical Environment (Workplace Safety, Learning and Administration) Policy

## NQS

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
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QA3	3.1.1	Outdoor and indoor spaces, buildings, furniture, equipment, facilities and resources are suitable for their purpose
	3.1.2	Premises, furniture and equipment are safe, clean and well maintained
	3.1.3	Facilities are designed or adapted to ensure access and participation by every child in the service and to allow flexible use, and interaction between indoor and outdoor space.
	3.2.1	Outdoor and indoor spaces are designed and organised to engage every child in quality experiences in both built and natural environments.
	3.2.2	Resources, materials and equipment are sufficient in number, organised in ways that ensure appropriate and effective implementation of the program and allow for multiple uses

	6.1.2	Families have opportunities to be involved in the service and contribute to service decisions
	6.1.3	Current information about the service is available to families
	6.2.1	The expertise of families is recognised and they share in decision making about their child's learning and wellbeing

## National Regulations

Regs	82	Tobacco, drug and alcohol free environment
	99	Children leaving the education and care service premises
	103	Premises, furniture and equipment to be safe, clean and in good repair
	105	Furniture, materials and equipment
	106	Laundry and hygiene facilities
	107	Space requirements—indoor
	108	Space requirements—outdoor space
	109	Toilet and hygiene facilities
	110	Ventilation and natural light
	111	Administrative space
	112	Nappy change facilities
	113	Outdoor space—natural environment
	114	Outdoor space—shade
	115	Premises designed to facilitate supervision
	156	Relationships in groups
	249	Declared approved services (other than declared approved family day care services)
	251	Declared out of scope services

## EYLF

LO2	Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation
	Children become socially responsible and show respect for the environment



LO4	Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity
	Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating
	Children transfer and adapt what they have learned from one context to another
	Children resource their own learning through connecting with people, place, technologies and natural and processed materials

## Aim

To provide a physical environment that is safe, appealing, constructive, well-maintained and welcoming to all individuals who use it.

## Related Policies

Animal and Pet Policy  
 Chemical Spills  
 Health, Hygiene and Safe Food Policy  
 Incident, Injury, Trauma and Illness Policy  
 Relationships with Children Policy  
 Sandpit Policy  
 Tobacco, Drug and Alcohol Policy

## Implementation

The Approved Provider and Nominated Supervisor will provide a stimulating environment that continually engages children and fosters their learning and development while ensuring their safety and that of Educators, families and visitors.

### Resources and Equipment

The Approved Provider or Nominated Supervisor will:

- provide appropriately sized furniture and equipment in the indoor and outdoor settings for the age ranges at the service
- provide sufficient furniture, resources, materials, toys and equipment for the number of children and ensure they are developmentally appropriate
- check that all equipment, including resources, car seats, booster seats etc meets Australian Standards and Educators are trained in correct maintenance and assembly
- ensure non-fixed play equipment in the grounds is less than one and a half metres high and that Educators can adequately supervise children at all times
- place any outdoor climbing equipment, swings or slides on impact absorbing surfaces (soft fall materials)
- maintain an up to date inventory/registry of equipment
- select resources and equipment that reflect the cultural diversity of our families, local community and nation, including the culture and diversity of Australia's Indigenous community
- actively seek the views of parents and families about our resources and equipment

- advise Educators and families about the purchase of new equipment and ensure a risk assessment is carried out
- prepare an ongoing prioritised maintenance plan for the service at the beginning of each year, and implement the plan throughout the year, and organise maintenance systems (eg checklists, logs, building and equipment records).

#### Educators will:

- provide a list of equipment or resources which need maintenance to the Approved Provider or Nominated Supervisor every 6 months. The list will prioritise maintenance requirements
- introduce children to new resources and equipment, and teach them how to use and care for them appropriately
- store equipment that should only be used under supervision in a secure place
- allow children to use a trampoline only when they are directly supervised
- regularly check equipment and resources to ensure it is clean and safe
- ensure they comply with cleaning schedules for resources and equipment

#### Facilities

##### The Approved Provider or Nominated Supervisor will:

- provide adequate, sufficient and accessible facilities for hand-washing, toileting, eating and sleeping. Toileting and hand-washing facilities will be accessible from our indoor and outdoor environments
- provide access to clean drinking water in our indoor and outdoor environments
- providing secure and hygienic laundry facilities
- ensure that the premises and grounds comply with building regulations (Local, State and Federal Government) and the Building Code of Australia in relation to fire, ventilation, lighting and safety glass
- provide appropriate and hygienic areas for food preparation
- complete a Building Safety Checklist of the premises and grounds every 6 months and ensure any work necessary meets Australian standards
- implement management plans to ensure the safety of Educators, children, families and visitors if the service undertakes major renovations
- ensure there are at least 3.25 square metres of unencumbered indoor space for each child at the service (does not include passageways, bathrooms, food preparation areas, Educators or administrative rooms, storage areas, kitchens unless primarily used by children as part of the program and any space not suitable for children)
- ensure there are at least 7 square metres of unencumbered outdoor space for each child at the service (does not include areas like thoroughfares, car parks and storage sheds)

Indoor and outdoor space requirements do not apply to children being educated and cared for in:

- an emergency for no more than two consecutive days the Service operates, or
- exceptional circumstances where all the children are siblings in the same family, or the child is in need of protection under a child protection order.

#### Environment

The Approved Provider or Nominated Supervisor will:

- include natural elements like plants, trees, gardens, rock, mud and water
- provide adequate shading
- adequately fence the environment
- incorporate natural and artificial lighting, appropriate ventilation, heating, cooling and fresh air
- include elements that challenge children and encourage appropriate risk taking for the child's developmental level
- incorporate specific requirements for special needs children as seamlessly as possible
- incorporate sustainable practices which develop environmental responsibility
- ensure elements in the environment encourage children to explore, solve problems, create, construct and engage in critical thinking

## Layout

The Approved Provider or Nominated Supervisor will:

- organise the environment so children, Educators and visitors can move around without disrupting children's activities
- create spaces which encourage collaborative learning through group interactions and one-on-one interactions
- create areas where children can engage in quiet, restful or independent activities
- establish the environment so children can be adequately supervised at all times
- provide space for administrative functions, consultation with children's parents and private conversations
- keep plans about the arrangement of the rooms and outdoor spaces to show how our service creates inviting learning spaces, and document how the arrangement, resources and equipment contribute to children's learning.
- keep a record of any changes made to the physical environment eg rearrangement of rooms, additions/changes to outdoor environment

## Activities

The Approved Provider or Nominated Supervisor and Educators will:

- undertake regular risk assessments to ensure risk is minimised or eliminated at all times
- provide adequate and ongoing training in risk management practices for new and existing Educators and volunteers
- engage children in a wide variety of indoor and outdoor experiences
- discuss safety issues with children (eg using toys or equipment) and involving children in rule setting to minimise or eliminate safety risks.
- cover unused power points with safety caps, securing all electrical cords and ensuring all double adaptors and power-boards are inaccessible to children
- provide families with the latest child-related safety information

## Children's Groupings

It is important that children have opportunities to interact with other children and Educators in group situations. This contributes to their learning and development and helps children to develop respectful and positive relationships. The Nominated Supervisor and Educators will consider whether the size and composition of the group is appropriate by considering whether children:

- are settled

- develop secure relationships with Educators and positive relationships with peers.

## Safety Checks

To ensure the safety of all children and Educators, the Nominated Supervisor will ensure the following safety checks are carried out:

- a daily inspection of the premises before children arrive (use the Indoor and Outdoor Daily Safety Checklists attached to the policy) to ensure the service is safe, secure and hygienic, and there are no dangerous objects on the premises or service grounds, for example sharps or poisonous flora and fauna, including a check of:
  - perimeters
  - fences
  - gates
  - paths
  - buildings
  - all rooms accessible to children
  - fixed equipment

Educators will wear gloves and use tongs to pick up any sharp objects (eg syringes) and place them in the 'sharp object box'. This box will be disposed of in line with local council recommendations. Any maintenance required will be immediately reported to the Approved Provider or Nominated Supervisor who will make the appropriate arrangements to have repairs carried out.

- regular inspections of trees in the service grounds for overhanging, dead or dangerous looking branches as well as for any infestations or nests.
- regular pest inspections by an accredited pest control company. Any recommendations made by the company will be implemented if they will not compromise the health and safety of children and adults.

The Nominated Supervisor will keep records of pest inspections and findings, and records to verify completion of safety checks.

## Cleaning of Buildings, Premises, Furniture and Equipment

To ensure that cleaning is carried out regularly and thoroughly and the environment, resources and equipment are hygienic, the Nominated Supervisor will ensure Educators and other Educators:

- implement structured cleaning schedules (attached to the policy) to ensure that all cleaning is carried out regularly and thoroughly so that the service environment, resources and equipment are hygienic.
- use the least dangerous cleaning substance possible
- use colour-coded sponges (eg pink for the kitchen, yellow for the bathroom) to eliminate cross-contamination of different areas
- use different rubber gloves in each room which are then hung out to dry and air
- wash and dry hands after cleaning before returning to the children
- clean and dry cleaning equipment between uses so germs can't multiply on the equipment.

- store cleaning equipment securely
- wash dress-up and play clothes once a week in hot water and detergent
- clean the service at the end of each day and throughout the day as the need arises
- clean up accidents and spills as quickly as possible.

### **Use of Detergents**

Ordinary detergents will be used to help remove dirt from surfaces. Proper cleaning with detergent and warm water, followed by rinsing then drying and airing time kills most germs as they are unable to multiply in a clean environment.

### **Use of Disinfectants**

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, public health units may specify the use of a particular disinfectant.

Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. For disinfectants to work effectively, there still needs to be thorough cleaning using a detergent beforehand. However, it is more important to make sure surfaces have been cleaned with detergent and warm water than to use a disinfectant. To kill germs, any disinfectant needs:

- to be of the right concentrate
- a clean surface to be able to get to the germ
- enough time to kill the germs - at least 10 minutes.

Even when all of these conditions are met a disinfectant will not kill all the germs present.

### **Clothing**

Educators will:

- wash their clothing daily
- wear protective garments (eg aprons) to cover clothing that cannot be washed frequently
- have a change of clothes available in case of accidents.

### **Toys**

To avoid the spread of disease, the Approved Provider or Nominated Supervisor will:

- only buy washable toys
- discard non-washable toys that are for general use (non-washable toys may be used for one child only)

To avoid the spread of disease, Educators will:

- wash toys at the end of each day
- immediately remove a toy that has been sneezed on, mouthed, soiled or discarded after play by a child who has been unwell, so it can be washed at the end of the day
- wash toys in warm water and detergent (many can be washed in a dishwasher but not at the same time as dishes) and rinse in clean water

- use a toothbrush or other tool to clean difficult to reach areas eg corners
- take care cleaning toys that cannot be immersed in water eg wooden toys, toys with paper and cardboard and books, and wipe with a damp cloth and detergent
- thoroughly dry toys and books before returning to use. All, toys, including cloth toys and books can be dried by sunlight. Items like LEGO and construction blocks can also be left to drain on a clean tea-towel overnight
- regularly clean outdoor toys and protect from the weather to preserve their lifespan.

### Play Dough

To reduce the risk of spreading infections, Educators will:

- get children to wash their hands with soap and water before and after using play dough
- store play dough in a airtight container in the refrigerator
- make a new batch of play dough each week
- discard play dough at the end of each day if there is an outbreak of vomiting and/or diarrhoea.

### Packing Toys Away

Educators will:

- pack small pieces in bags provided and replace bags which may be deteriorating
- use elastic bands to contain similar items (like railway tracks)
- complete puzzles before packing away if possible.

## Hazardous Substances

When **purchasing** dangerous chemicals, substances, medicines or equipment, the Approved Provider or Nominated Supervisor will:

- select and use the least hazardous substance or equipment
- only select substances which have child resistant lids or caps
- ensure dangerous substances/chemicals are supplied with a Safety Data Sheet (SDS) formerly called a Material Data Safety Sheet
- ensure Educators adhere to the manufacturer's instructions for use, storage, and first aid recorded on the SDS
- keep a register of all hazardous chemicals, substances and equipment used at the Service. Information recorded will include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.

When **using** dangerous chemicals, substances, medicines or equipment, Educators will:

- ensure the child resistant lids or caps are properly closed after use
- adhere at all times to manufacturer's advice and instructions (eg follow advice for products which need to be stored in a refrigerated environment)
- wear appropriate personal protective clothing recommended on the manufacturer's instructions.

When **storing** dangerous chemicals, substances, medicines or equipment, Educators will:

- store all dangerous substances in their original containers
- keep all labels and/or use by dates intact at all times

- dispose of (without using) any dangerous substance not stored in the original container, or with destroyed labels and/or unknown use by dates. Disposal will be safe and in line with local council guidelines. Containers will not be reused under any circumstances
- lock all dangerous substances and equipment, including cleaning materials, detergents, toiletries poisons, dangerous tools and equipment with sharp and razor edges, in a place or facility which is labelled, secure and inaccessible to children.
- lock particularly dangerous and hazardous materials such as pesticides, herbicides, petroleum, kerosene, solvents and equipment which is operated by an engine or hazardous to children, in a locked facility external to the main building of the service, and separate from children's play or outdoor environments. The facility must have a bonded floor, be inaccessible to children and be clearly labelled as storing dangerous substances and/or equipment
- store any dangerous substances that need to be refrigerated in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children
- wear appropriate personal protective clothing recommended on the manufacturer's instructions.

## First Aid

The Approved Provider or Nominated Supervisor will:

- seek medical advice immediately if poisoning or potentially hazardous ingestion, inhalation, skin or eye exposure has occurred by calling the Poisons Information Line on 131126 or Ambulance service on 000
- immediately ring the emergency services on 000 if there is any major emergency involving a hazardous chemical or equipment, a gas, fire or explosion hazard
- implement the first aid procedures in the Incident, Injury, Trauma and Illness Policy, and if required the emergency procedures in the Emergency Management and Evacuation Policy, if a child or any other person is injured by a chemical, substance or equipment .

## Other requirements

The Approved Provider or Nominated Supervisor will:

- notify the appropriate Workplace Health and Safety Authority if there is any major emergency involving a hazardous chemical or equipment, a gas, fire or explosion hazard or a child or any other person is seriously injured by a chemical, substance or equipment (refer Work Health and Safety Policy).
- regularly implement the Poison Safety Checklist attached to this policy to ensure we protect the health and safety of all children and adults at the service.

## Kitchens

The Approved Provider or Nominated Supervisor will ensure:

- children cannot gain access to any harmful substance, equipment or facility
- a door, half-gate or other barrier prevents unsupervised entry by children into the kitchen.

## Laundry

- The laundry area includes a **<washing machine>** **<trough>** with hot & cold water supply for the laundering of soiled clothes and linen.



Or

- Soiled clothes and linen are laundered away from the premises; soiled laundry is hygienically stored in a sealed container until it is removed from the premises. Items returned to a child's home for laundering will have any solid soiling removed, will be stored securely and will not be placed in a child's bag in contact with personal items. Educators will advise families that there are soiled clothes in their child's bag.

## Sun Protection

### 1. Outdoor Activities

Educators will use a combination of sun protection measures for all outdoor activities from September to the end of April and whenever UV Index levels reach 3 and above. The sun protection measures include items below numbered 2-10. **UV levels will be monitored by reviewing the UV Alert information available at <http://www.cancervic.org.au/>**

### 2. Shade

The service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments will be conducted to monitor existing shade structures and assist in planning for additional shade.

Outdoor activities will be planned in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns. Children will be directed to use available areas of shade when outside.

### 3. Hats

Educators and children are required to wear sun safe hats that protect their face, neck and ears. A sun safe hat is a:

- legionnaire hat
- bucket hat with a deep crown and brim size of at least 5cm (adults 6cm)
- broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

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.

**Please note: Baseball caps or visors are not sun safe because they do not provide enough sun protection.**

### 4. Clothing

When outdoors, Educators 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
- dark coloured clothing that is made from cool, densely woven fabric

Children who are not wearing sun safe clothing can be provided with spare clothing.



*Please note: Midriff, crop or singlet tops are not sun safe because do not provide enough sun protection.*

### **5. Sunglasses**

Children who choose to wear sunglasses will be encouraged to wear close fitting, wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4), are preferably marked eye protection factor 10, cover as much of the eye area as possible and have soft elastic to keep them in place.

### **6. Sunscreen**

All Educators and children will apply SPF50+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. With written parental consent, children with naturally very dark skin are not required to wear sunscreen to help with vitamin D requirements. Sunscreen will be stored in a cool, dry place and the use by-date monitored. Authorisation to apply sunscreen will be obtained from parents. Children may not be able to play outside if we are not authorised to apply sunscreen.

### **7. Role Modelling**

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

- wearing a sun safe hat (see Hats)
- wearing sun safe clothing (see Clothing)
- applying SPF50+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapplying every 2 hours
- using and promoting shade
- wearing sunglasses that meet the Australian Standard 1067.

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

### **8. Education and Information**

Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to Educators, families and visitors. Further information is available from the Cancer Council website <http://www.cancervic.org.au/>

### **9. Policy Availability**

The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to Educators families and visitors in our Parent Handbook and through other Service communications.

### **10. Review**

The Nominated Supervisor will monitor and review the effectiveness of our sun protection policy regularly, at least once every 12 months and submit to Cancer Council Victoria every 3 years to maintain our SunSmart Membership.

## **Extreme Heat**

Extreme heat is usually defined as a period of abnormally and uncomfortably hot weather that could adversely affect people's health. The Department of Human Service and Health issues heat health alerts for each weather forecast district to subscribers. (Subscribe at <https://www2.health.vic.gov.au/public-health/environmental-health/climate-weather-and->

[public-health/heatwaves-and-extreme-heat/heat-health-alert-status](#) ) This is based on calculated heat health temperature thresholds for each region. There is also a Better Health Channel smartphone app which can be downloaded for free from [www.vic.gov.au/social-media/mobile-apps/better-health-channel-health-information-and-services.html](http://www.vic.gov.au/social-media/mobile-apps/better-health-channel-health-information-and-services.html)

Babies and young children are especially vulnerable to extreme heat. To protect the health of our children and Educators during periods of extreme heat Educators will:

- Regularly offer children water to drink
- Regularly ask children if they would like to cool their faces with wet washers or by splashing water on their faces in the bathroom sink
- Ensure children are dressed in cool clothing eg singlets, short sleeves
- Keep children indoors in a cool, comfortable environment with air conditioning or fans
- Organise water play activities inside
- Use awnings or blinds to block the sun, particularly on sides of the service facing the sun
- Cancel or postpone excursions and outdoor activities
- Check the storage instructions for medications and take appropriate action eg move medication to fridge or request new medication supply if extreme temperature likely to damage medication
- Listen for bushfire messages if in a bushfire risk area
- Review information/messages on the Better Health Channel app
- Ensure children, including siblings of children at the service, are never left in parked cars
- Make available to families the Victorian Government brochure 'How to Cope and Stay Safe in Extreme Heat'

Our cook will include cold meals and snacks on the daily menu eg salads

When the period of extreme heat has subsided, Educators will:

- Open the windows if there is a cool breeze
- Allow children outside following our sun safety procedures

If there is a complete loss of power during a heatwave, Educators will implement service procedures for emergency power (see Emergency Management and Evacuation Policy) including the use of battery operated fans to cool children. Families will be contacted to collect children if Educators believe children's health is at risk from the heat.

## Water Safety

The Approved Provider, Nominated Supervisor and Educators understand the risks that water based activities pose and will undertake measures to protect the health and safety of all children involved in water based activities.

Educators will:

- complete a risk assessment before allowing children to engage in water based activities at the service or on excursion and ensure all risks are minimised or eliminated where possible.
- ensure no child swims in any water without:
  - written permission from parents.

- appropriate Educator/child ratios in place and adequate supervision.
- closely supervise children at all times and never leave any child unattended near water.
- ensure children with diarrhoea, upset stomachs, open sores or nasal infections do not swim or play in water.
- ensure all children wear appropriate swimmers in a pool, go to the toilet before entering the pool, and follow correct toileting hygiene practices while in the pool.
- remove all children immediately if a child passes a bowel motion in the pool, advise pool managers if at a public pool, disinfect and if practical empty a home pool or trough.

To prevent accidents and illnesses related to water-based activities at the service Educators will:

- fill wading pools with less than 300 mm of water.
- ensure any swimming pool at the service complies with State government or council laws governing pools and the Building Code of Australia.
- ensure pool gate opens outward, is self-closing and self-latching on the first swing and has a latch that is more than 1.5m from the ground.
- ensure pool fence is secure, at least 1.2m high, has no vertical gaps more than 100mm apart and is no more than 100mm from the ground.
- ensure any boundary fences used as part of the child-safety barrier are at least 1.8 metres high on the side that faces the pool, with a 900mm non-climbable zone at the top inside of the fence.
- ensure that no pool pump, grate or suction device is broken or has missing parts.
- ensure pool chemicals are stored securely away from the pool area.
- remove any items or objects that could be used to climb into the fenced area of a pool, trough, or water storage unit e.g. chairs, bins, bikes, any overhanging trees.
- display a Cardiopulmonary Resuscitation guide prominently in pool area.
- ensure pool securely fenced if over 300mm deep. All pools, including inflatable or portable wading pools that are capable of being filled with more than 300 mm of water must be fenced.
- cover all water containers like ponds, spas, nappy buckets, bathtubs or ensure they are inaccessible to children
- immediately empty all wading pools/water troughs etc. after every use and store in a way that prevents water collecting in them (e.g. upright/inverted).
- ensure children's play areas are safely fenced off from water hazards like rivers, dams, creeks, lakes, irrigation channels, wells.
- check grounds after rain or watering and empty water that has collected in holes or containers.
- ensure all pools and troughs in which children play are hygienically cleaned, disinfected and chlorinated (larger pools) in accordance with the instructions on the container. For larger pools Educators will:
  - remove leaves and debris daily
  - check chlorine levels frequently

For wading pools and trough Educators will:

- remove leaves and debris daily
- hose away surface dirt
- scrub inside with disinfectant and rinse it away before refilling.

## Visitors

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting our service must sign in when they arrive at the service, and sign out when they leave.

## Inspection and testing of electrical equipment

Services must ensure that electrical equipment is regularly inspected and tested by a competent person if the electrical equipment is supplied with electricity through an electrical socket and used in conditions where it could be damaged, including exposure to moisture, heat, vibration, mechanical damage, corrosive chemicals or dust. A record of the testing, which may be a tag attached to the equipment tested, must be kept until the equipment is next tested or disposed of and must specify:

- the name of the tester
- the date and outcome of the testing
- the date on which the next testing must be carried out.

## Fire Equipment

All fire equipment at our service will comply with relevant laws and regulations, council requirements and the Building Code, and be maintained in line with the Australian Standard AS 1851-2012 (see Attachment D).

## Back Care and Manual Handling

Manual handling means any activity requiring the use of force exerted by the person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.

Manual handling injuries can be the result of incorrect manual handling techniques, overuse, or from accidents. Injuries include back strains, and sprains in other parts of the body such as the neck, arm, shoulder and knee, bruising and lacerations.

Employers and managers have a legal duty to provide safe workplaces and implement safe workplace practices.

### Principles of Preventing Manual Handling Injuries

1. Eliminate or reduce the amount of manual handling.
2. Reduce the amount of bending, forward reaching, and twisting, in all tasks.
3. Reduce worker fatigue.
4. Keep all equipment in good working order.
5. Keep the workplace environment safe.

The Nominated Supervisor will:

- provide annual training in manual handling and back care

- display written, current information regarding manual handling in the staff room if one available on premises
- ensure equipment and facilities are designed and maintained to reduce manual handling injuries
- ensure work practices are consistent with safe manual handling guidelines
- ensure Educators follow our safe manual handling procedures
- identify, assess and control all risks associated with manual handling
- clearly mark any equipment which requires more than one person to lift or move it.

To help prevent manual handling injuries Educators will:

- do warm-up exercises for three to five minutes before starting work, particularly during cold periods. Simple exercises to warm and stretch all the major muscle groups help prevent injury. Regular exercise such as walking, tennis, or aerobics will help condition muscles, but anyone with neck, back or muscular problems should see a doctor before exercising.
- kneel rather than bend down eg to help a child put their shoes on
- sit rather than bend eg to comfort a child, Educators will sit on the floor and encourage the child to sit on their lap
- sit in an appropriate sized chair (or on the floor) so their upper legs are horizontal to hips and feet flat on the floor
- sit in an appropriate sized chair and table to complete writing tasks (eg programming)
- carry children with one arm under the child's buttocks and the other arm supporting the child's back, with the child facing them as close as possible to their body
- not carry a child on their hip because this can strain the back, and only carry children when necessary
- lift safely and avoid twisting, especially with awkward loads
- use a step ladder to reach above shoulder level
- avoid extended reaching forward eg leaning into low equipment boxes
- share the load if the equipment is heavy, long or awkward
- ask for help and organise a team lift when sliding, pulling or pushing equipment that is not easy to move e.g. trestles or gym mats
- rearrange surroundings to meet the needs of both children and adults where possible
- use equipment and furniture that can be moved around as safely and easily as possible
- store seldom-used objects up high between the shoulder-to-raised arm height
- avoid storing objects between a person's knuckles and the floor
- use mechanical aids like ladders and trolleys where possible to avoid lifting and stretching
- Reduce accidents by implementing good housekeeping practices including ensuring:
  - the floors and other walking surfaces are uncluttered, even and non-slippery
  - the environment is tidy
  - there is adequate space to work
  - equipment is maintained regularly
  - lighting is adequate.

### **How to Lift Safely**

1. Place your feet in astride position
2. Keep your breastbone as elevated as possible
3. Bend your knees

4. Brace your stomach muscles.
5. Hold the object close to your centre of gravity i.e. around your navel
6. Move your feet not your spine
7. Prepare to move in a forward-facing direction
8. Ask for help when it is not possible to lift on your own

### **Avoid Twisting when Lifting**

To avoid injuries result from twisting Educators will:

- move equipment when children are not around
- rearrange storage so that it is easier and safer to replace and remove items
- lift only within the limits of their strength
- use beds and equipment that are easy to move
- ensure they can see where they are going when carrying equipment or children
- be especially careful when lifting a child with special needs.

### **Organising a Team Lift**

Educators will:

1. Ask a colleague who is willing and able to help, and ideally is fairly well matched with them in size and strength
2. Agree on a plan of action to achieve a coordinated lift
3. Appoint one person as team leader to 'call' the lift.

### **How to Assess the Correct Storage and Shelving Height**

Correct storage and shelving height is important to prevent slips, falls and strains. When standing with feet together and hands by sides:

- the best height range for handling loads is around waist level
- the acceptable height for lifting is any point between a person's knuckle and shoulder.

## **Sources**

**Education and Care Services National Regulations 2011**

**My Time Our Place**

**Dangerous Substances (National Code of Practice for the Labelling of Workplace Substances) Code of Practice Approval 2006**

**National Quality Standard**

**Occupational Health & Safety Act 2004**

**Staying Healthy –Preventing infectious diseases in early childhood education and care services 2012**

**Cancer Council VIC Sample SunSmart policy for ECEC services**

**Work Safe Victoria: Children's services – occupational health and safety compliance kit**

**Australian Standards 1851-2005 "Maintenance of Fire Protection Systems and Equipment"**

**Building Code of Australia**

**Building Act 1993**

**Building Regulations 1994**  
**Building Commission Practice Note 2013-05**  
**Royal Life Saving Society Home Pool Safety Checklist**  
**Royal Life Saving Society Wading Pools Checklist**  
**Australian Standard 1926.1 Swimming Pool Safety**  
**Kidsafensw: Playground surfacing**  
**Heat health plan for Victoria**  
**Vic Govt Better Health: How to cope and stay safe in extreme heat**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

## **Attachment A**

### **Environmental Checklists**

The following can be used as a guideline to produce Checklists for the service's individual needs.



## Checklist: Outdoor

- **Building maintenance** – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Keep records of any damages and subsequent repairs.
- **Doors** –have finger jam protectors.
- **Dust mites, pet allergens** – regular dusting and vacuuming.
- **Fence- outdoor** play areas securely on all sides of from roads, water hazards, and driveways. Maintain fences at correct height.
- **Garbage** – safely and promptly disposed of. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling.
- **Garden** and renovation debris - removed. Regularly trim branches and bushes.
- **Garages and sheds** - kept locked.
- **Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded and are kept out of reach of children.
- **Hygienic**, regularly cleaned and maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.
- **Non-slip** floors, stairs, steps, grounds and nonporous indoor floors for easy cleaning.
- **Pesticides** - dangerous chemicals should not be used to remove vermin.
- **Renovations** – reduce dangers e.g. lead, asbestos, holes and excavations.
- **Safety glass** is installed according to the Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.
- **Security** - minimise unauthorised access with appropriate fencing and locks.
- **Spills** – clean away as they occur.
- **Under Service access** (including buildings on stilts and footings) – lock or block access.
- **Window fly screens** securely fitted, maintained and permanent.

## Checklist – Indoor

- **Access for children and adults with disability** - ensure safe access into, within and out of the Service, security, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.
- **Barriers** - age appropriate, child proof, self-locking barriers to balconies, stairways, kitchen, bathroom, laundry, garage, other levels in the Service, front and back garden.
- **Children at risk** – maintain extra security and supervision of children at special risk.
- **Choking hazards** - e.g. small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags and balloons are removed.
- **Decorations and children’s artwork** – aren’t near ceiling fans, air conditioners or heaters. Avoid use of tacks, pins, and staples.
- **Emergency evacuation** –evacuation plan and emergency contact numbers displayed, families informed and evacuation procedures rehearsed.
- **Fire** – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.
- **First aid kit** with approved contents is maintained and accessible. Ensure First Aid certificates are current for relevant Educators.



- **Guard and make inaccessible to children:** heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment.
- **Hazardous indoor and outdoor plants** - identify, remove or make inaccessible to children.
- **Heaters** – ensure that children cannot come in contact with hot surfaces and ensure heaters are away from children’s cots. It is preferable to use heating where combustion products are ducted outside. If gas heating is used ensure there is adequate ventilation while the heater is operating.
- **Hot water** - ensure the hot water supply is regulated to keep it below the temperature at which a child can be scalded (Any new hot water installations in early childhood services are required to ensure water delivered from the tap does not exceed 45° C ).
- **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
- **Noise** – reduce excessive exposure.
- **Non-slip, non-porous** floors, stairs.
- **Pets and animals** – inform families of pets kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don’t have fleas, are clean and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children’s play areas. Keep children-pet interactions minimal and supervise interaction times.
- **Safe play rules and adequate play spaces:** discourage running indoors and safe furniture layout to avoid collisions.
- **Safety glass used and installed** according to Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children, **safety decals** on sliding doors and plate glass doors at child and adult eye level.
- **Security** – ensure all entry doors are locked at all times and place bells on doors.
- **Smoke free environment** in all areas.
- **Educators personal items** – ensure personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.
- **Stairways**, ramps, corridors, hallway, external balcony are enclosed to prevent a child falling.
- **Store in locked cabinet** any unsafe items, e.g. chemicals, medicines, razors, knives and electrical equipment.
- **Supervision and visibility of children** – ensure children are visible and supervised at all times. Have at least two Educators on premises at all times with vision of each other and the children.
- **Toys** – meet safety standards, age appropriate, maintained, and non-toxic.

## Attachment B

# Poison Safety Checklist

Week beginning: \_\_\_\_\_

Checklist	Yes	No	Action required
Have all chemical products been checked to determine if they need to be stored in a lockable cupboard?			
Have all chemical products been checked to determine if they require disposal (out of date or no longer required)?			
Are all chemicals labelled correctly?			
Are food and chemicals stored separately?			
Are all chemicals stored securely?			
Are Safety Data Forms available for all chemicals in the Service and placed with the chemical?			
SDS Register available?			
SDS Register Current?			
Are containers for soiled nappies securely covered and the contents inaccessible to children?			
Are low toxicity products used whenever possible?			
If any handbags contain medication, are they stored safely?			
Is the Poisons Information Centre number available at every phone? (13 11 26)			
Is there any paint flaking of the walls that may contain lead?			
Have all poisonous plants been removed from the Service's premises?			
Have families been provided with information on poison safety?			
Have chemical storage areas been labelled with chemicals stored here signs?			
Medication is stored in locked containers/cupboard?			

Educators Name: \_\_\_\_\_

Educators Signature: \_\_\_\_\_

## Attachment C

### Cleaning Schedule

	Wash DAILY plus when visibly soiled	Wash WEEKLY plus When visibly soiled
<b>Bathrooms</b> - wash tap handles, toilet seats, toilet handles and door knobs. Check the bathroom during the day and clean if visibly dirty	✓	
<b>Toys</b> and objects put in the mouth	✓	
<b>Surfaces</b> the children have frequent contact with eg bench tops, taps and tables	✓	
<b>Linen eg tea towels and hand towels</b> (if each child does not use the same mattress cover every day)	✓	
<b>Door knobs</b>	✓	
<b>Floors.</b>	✓	
<b>Low shelves</b>		✓
<b>Other surfaces</b> not often touched by children		✓

## Attachment D

### Fire Equipment and Maintenance

Key	
<b>Inspection Procedure of Fire Safety Installations (F.S.I)</b>	<ol style="list-style-type: none"> <li>1. Inspect for obvious visual faults.</li> <li>2. Inspect for faults and witness test of F.S.I by a competent person</li> <li>3. Inspect for faults where possible and accept logbook details of F.S.I</li> <li>4. Check Building file for details of any extra requirements.</li> </ol>

<b>Required Record of Keeping Fire Safety Installations (F.S.I)</b>	<b>L</b> = log book required <b>R</b> = record of maintenance required <b>T</b> = Metal tag on F.S.I or service details/service label <b>(Y)</b> = Weekly test may be omitted refer AS 1851-2005
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External agencies will be employed to assist the service with this maintenance if no currently employed staff or Educators are qualified to complete the maintenance checks.

Special Fire Service	Inspection Procedures for FSI	Required Record Keeping for FSI	Maintenance Schedule						Annual Survey of Installation	Maintenance Standard or Building Preference
			1 Wk	1 Mth	3 Mth	6 Mth	12 Mth	3 Yr		
Fire Mains	1					Y	Y	Y		1851-Section 2 & 4
Fire Hydrants (including internal & external hydrants, boosters connection/s and water storage tanks)	2	L-T				Y	Y		Y	1851- Section 4
Fire Pump sets	2	L-T	(Y)	Y		Y	Y		Y	1852 – Section 3
Fire Hose Reels	2	R-T				Y	Y		Y	1851- Section 14
Fire Extinguishers (Portable)	2	R-T				Y	Y		Y	1851- Section 15
Fire Blankets	2	R-T				Y				1851-Section 16

# Policy and Procedure Review Policy

## NQS

QA4	4.2	Educators, co-ordinators and Educators are respectful and ethical.
	4.2.1	Professional standards guide practice, interactions and relationships.
	4.2.2	Educators, co-ordinators and Educators work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships.
	4.2.3	Interactions convey mutual respect, equity and recognition of each other's strengths and skills.

QA7	7.2.3	An effective self-assessment and quality improvement process is in place.
	7.3.2	Administrative systems are established and maintained to ensure the effective operation of the service.
	7.3.5	Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

## National Regulations

Regs	31	Condition on service approval - quality improvement plan
	55-56	Quality improvement plans
	168	Education and care service must have policies and procedures
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies or procedures affecting ability of family to utilise service

## Aim

As a part of our commitment to the National Quality Framework (NQF), our service will annually review our policies and procedures to ensure excellence and compliance. Our review processes also provides an important opportunity for families to offer their valuable input into the practices at the service and how best to meet the needs of each child being educated and cared for.

## Related Policies

All Policies used by the Service

## Who is affected by this policy?

Child  
Educators  
Families  
Management

## Implementation

- All policies and procedures will be made available to families during the enrolment and orientation period for their child.
- Educators will notify families of how to access policies and procedures and where they are located in the service.
- CommunityOSH will ensure that all policies and procedures are reviewed annually or more often if required. This gives both families and Educators opportunities to suggest elements that need to be improved.
- For Educators and management this will occur:
  - At Educators meetings.
  - At the policy review points.
  - In family meeting.
- For families this will occur:
  - Via newsletters.
  - At the policy review point.
  - At parent/Educators meeting.
- However, at any time of the year Educators and family members are invited to enquire and have input into the policies and procedures.
- All policies will be signed, sourced and dated at each review and Educators will continuously seek out relevant information to provide the best possible environment.
- All stakeholders at the service must be informed of any changes to policies. This will occur in writing and be provided to families, Educators, management, the committee and any other relevant individuals.
- The service will ensure that parents of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have a significant impact on—
  - (a) the service's provision of education and care to any child enrolled at the service;
  - or
  - (b) the family's ability to utilise the service

## Sources

**Education and Care Services National Regulations 2011  
National Quality Standard**

## Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees



Families

Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

## **Privacy and Confidentiality Policy**

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## NQS

QA4	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.
QA5	5.1.2	Dignity and rights of the child - The dignity and rights of every child are maintained.
QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

## National Regulations

Regs	181	Confidentiality of records kept by approved provider
	181-184	Confidentiality and storage of records

## Aim

### Privacy Statement

Our service recognises that every individual has the right to ensure their personal information is accurate and secure, and only used or disclosed to achieve the outcomes for which it was initially collected. Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

## Related Policies

Educator and Management Policy

Record Keeping and Retention Policy

Social Media Policy

## Implementation

Our Privacy Notice and Disclosure Statement are at the end of this Policy.

Our Service practices are consistent with the Australian Privacy Principles.

### Collection of personal information

We collect personal information if it is necessary for us to carry out Service operations or to comply with our legal obligations. This includes information required to comply with the National Education and Care Law and Regulations and to promote learning under the Learning Framework for School Age Care. Information may also be collected to comply with other Laws including State or Territory Health Laws.

During the enrolment process the Approved Provider will:



- explain what personal information we need to collect, why we need to collect it, whether the information is required or authorised by Law and how it may be shared.

Personal information includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, immunisation records, medical information, medical management plans, photos of children and family members and information about children's strengths, interests, preferences and needs, including special needs. Personal information also includes "government related identifiers" like Medicare numbers and CCB references.

- advise families about our Privacy and Confidentiality Policy and how to access it.
- attach a copy of our Privacy Notice to our Enrolment Form and other forms we use to collect personal information.
- verbally advise children's emergency contacts and authorised nominees that we have some of their personal information on file and explain the advice in the Privacy Notice.
- explain the advice in the Privacy Notice to individuals who provide personal information verbally (eg by phone).

We usually collect personal information directly from a parent or guardian either in writing or verbally, for example during enrolment, when completing waiting list applications, or as we establish a partnership with families in caring for and educating a child. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses.

We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child. For example, we may request a copy of a child's immunisation records where they are transferring to us from another Service, or where we request information about a child from a special needs educator or organisation. We will not request information without obtaining the consent of the individual (or parent) concerned.

In most cases, if we are unable to collect relevant personal information, we will be unable to enrol a child at the Service.

The Approved Provider will advise individuals about any unsolicited personal information we receive from other organisations and keep because it is directly related to our functions and activities (unless we are advised not to by a Government authority). The Approved Provider will destroy any unsolicited personal information that is not directly related to our Service operations unless it adversely impacts the health, safety and wellbeing of a child or children at the service. If this happens the Approved Provider will contact the appropriate Government authorities and take action as directed while protecting the confidentiality of the individuals concerned.

## **Use or disclosure of personal information**

We will not use personal information for any purpose that is not reasonably needed for the proper or effective operation of the service. Personal information may be accessed by and exchanged with staff educating and caring for a child or by administrative staff.

We do not disclose your personal information to others unless you would have reasonably expected us to do this or we have your consent. For example, personal information may be disclosed to:

- emergency service personnel so they can provide medical treatment in an emergency
- special needs educators or inclusion support agencies
- volunteers, trainees and work experience students (with consent)
- trainers or presenters if children participate in special learning activities
- another Service to which a child is transferring where you have consented to the transfer.
- the new operator of the Service if we sell our business and you have consented to the transfer of enrolment and other documents listed in Regulation 177 of the National Education and Care Regulations.

We may disclose personal information where we are permitted or obliged to do so by an Australian law. For example, personal information may be disclosed to:

- authorised officers when our service is assessed and rated under the National Education and Care Law and Regulations
- Government employees (eg for CCB, Immunisation, Medicare purposes)
- software companies that provide child care management systems
- management companies we may engage to administer the Service
- software companies that provide tailored computer based educational tools for children
- lawyers in relation to a legal claim.
- officers carrying out an external dispute resolution process
- a debt collection company we use to recover outstanding fees
- authorities if we are taking action in relation to unlawful activity, serious misconduct, or to reduce or prevent a serious threat to life, health or safety.

We do not disclose personal information to any person or organisation overseas or for any direct marketing purposes.

## Quality of personal information

The Approved Provider will take reasonable steps to ensure the personal information we collect, use and disclose is accurate, current and complete. Educators and staff will:

- view original sources of information if practical when information is collected.
- collect and record personal information in a consistent format, for example using templates for enrolment, incident, injury, trauma and illness and administration of medication.
- record the date personal information was collected or updated.
- update information in our physical or electronic records as soon as it's provided.

In addition, the Approved Provider will:

- regularly remind families via emails or website to update their personal information including emergency contact details and their child's health information.

- ask parents to update their enrolment details annually, or whenever their circumstances change.
- verify the information is accurate, current and complete before disclosing it to any external organisation or person.
- ensure documentation about children and families is based on facts and free from prejudice.

## Security of personal information

The Approved Provider will take reasonable steps to protect personal information from misuse, interference and loss, unauthorised access, modification or disclosure. These steps include:

- taking responsibility for the security of personal information and regularly checking the practices implemented to protect it. This will include management of access privileges to ensure only people who genuinely need to see personal information can access it.
- ensuring information technology systems have appropriate security measures including password protection, anti-virus and 'malware' software, and data backup systems.
- ensuring physical repositories of personal information are secure with the Directors in a filing cabinet which is locked.
- ensuring all educators and staff are aware of their obligations in relation to the collection, use and disclosure of personal information, through activities like mentoring, staff meetings or on-line training courses.
- requiring all educators, staff, volunteers and work experience students to sign a 'Confidentiality Statement' acknowledging that personal information:
  - can only be accessed if it is necessary for them to complete their job
  - cannot be disclosed to other organisations (including colleges, RTOs) or discussed with individuals outside the service including personal family members unless they have written consent from the person (or parent) concerned.
  - must be stored in compliance with service practices which safeguard its security.
- ensuring records which we don't need to keep, including unsuccessful job applications and records which fall outside the record keeping timeframes under the National Education and Care Law and Regulations (refer to our Record Keeping and Retention Policy) are destroyed in a secure way as soon as possible by, for example, shredding, incinerating or permanently deleting electronic records including archived or back-up copies. Where possible, the destruction of records containing personal information will be overseen by two employees.
- 'de-identifying' personal information so that people (e.g. our accountant) who require the information may access it without being able to identify individuals. We will do this by providing only relevant information and details where/if required by law.
- 'de-identifying' personal information which may come into the public domain. For example, removing identifying names or details from newsletters etc.
- ensuring staff comply with our Social Media Policy (for example by obtaining authorisation from a child's parents before posting any photos of their child on the Service social media

page, and not posting personal information on any social media page which could identify children or families.)

- ensuring confidential conversations with parents or with staff are conducted in a quiet area away from other children, parents and staff.

### **Breaches of Personal Information**

The Approved Provider or Nominated Supervisor will implement the Service's Data Breach Response Plan and notify individuals and the Australian Information Commissioner (the Commissioner) if personal information is lost (hard copies or electronic), accessed or intentionally/unintentionally disclosed without authorisation, and this is likely to cause one or more persons serious harm.

### **Data Breach Response Plan**

Employees must notify the Approved Provider or Nominated Supervisor about a breach or suspected breach of personal data as soon as they suspect the breach or become aware a breach has occurred. The Approved Provider or Nominated Supervisor will:

- quickly assess the situation to decide whether or not there has been a breach. This assessment must be completed within 30 days but given the potential for serious harm to individuals, should be completed as soon as possible
- record the nature of any data breach, and the steps taken to immediately contain the breach where possible and ensure it does not happen again. If necessary they will contact external experts for advice and guidance, for example on cybercrime (hacking) and information technology security measures like access, authentication, encryption and audit logs
- notify the Commissioner and the individuals where there is a risk of serious harm after a data breach
- liaise with their insurer to determine whether the insurance policy covers data breaches and any steps they need to take
- evaluate the effectiveness of their response to the data breach and implement improvements to the Plan if required after all notifications, records and remedial action are taken.

### **Serious harm**

The Approved Provider or Nominated Supervisor will decide whether serious harm of a physical, psychological, emotional, financial or reputational nature is likely once fully informed about the type and extent of the breach. They will consider the type and sensitivity of the information, the type of security protecting the information if any (eg encryption) and how likely it is the information will be used to cause harm to individuals. Examples of the kinds of information that may increase the risk of serious harm include sensitive information like an individual's health records, documents commonly used for identity fraud eg Medicare card, birth certificates and financial information.

The Approved Provider or Nominated Supervisor will also consider how long the personal information has been accessible because serious harm is more likely the longer it has been since the data breach.

Where a data breach occurs, there may be not always be a risk of serious harm. This may be the situation, for example, if a trustworthy person or organisation who has received personal

information in error confirms they have not copied, and have permanently deleted the information, or where expert advice states it's unlikely encrypted data can be accessed.

Where they are satisfied there is no risk of serious harm, the Approved Provider or Nominated Supervisor are not required to notify individuals or the Commissioner about the breach. They may choose to advise the individuals concerned about the breach and the action taken. The Approved Provider or Nominated Supervisor will however appropriate keep records about the breach.

### **Notifying the Commissioner**

Where there is a risk of serious harm after a data breach, the Approved Provider or Nominated Supervisor will prepare a Statement for the Commissioner which includes the name and contact details of the Approved Provider or Nominated Supervisor, a description of the data breach (including date occurred and detected and who obtained information), the type of information involved (why it may cause serious harm), and the steps individuals at risk of serious harm should take in response to the breach (eg steps to request new Medicare card or credit card). The Approved Provider or Nominated Supervisor will get specialist advice about the recommended steps if required. They may use the Notifiable Data Breach Form available online from the Office of the Australian Information Commissioner to notify the Commissioner.

### **Notifying Individuals**

Where there is a risk of serious harm after a data breach, the Approved Provider or Nominated Supervisor will notify individuals about the breach as soon as possible using the most appropriate communication methods for the individuals concerned e.g. a telephone call, SMS, physical mail, social media post, or in-person conversation. The information provided is the same as that required for the Commissioner. It might also explain steps the Service has taken to reduce the risk of harm to individuals. The Approved Provider or Nominated Supervisor may notify everyone whose personal information was part of the breach or only those individuals at risk of serious harm. If this is not possible or practical, they may publish a copy of the Statement, for example on their website or Facebook page, and take steps to ensure individuals at risk of serious harm see the publication.

## **Access to personal information**

Individuals may request access to their (or their child's) personal information and may request the correction of any errors. These requests may be made to the Approved Provider by telephone on 03 9977 3000 or email ADMIN@COMMOSH.NET.AU.

Personal information will be provided as soon as possible, and no later than 30 days from a request. We will provide the information in the form requested, for example by email, phone, in person, hard copy or electronic record unless it is unreasonable or impractical to do this for example due to the volume or nature of the information.

The Approved Provider will always verify a person's identity before providing access to the information and ensure someone remains with the individual to ensure information is not changed or removed without our knowledge.

There is no charge for making a request to access the information. However, we may charge a reasonable cost for staff, postage and material expenses if the information is not readily available and retrieving the information takes a lot of time. We will advise you of the cost and get your agreement before we proceed.

There may be rare occasions when we are unable to provide access because we believe:

- giving access would be unlawful, the information relates to unlawful activity or serious misconduct, or it may prejudice the activities of a law enforcement body.
- there is a serious threat to life, health or safety.
- giving access would unreasonably affect the privacy of others.
- the request is frivolous or vexatious, for example to harass staff.
- the information relates to legal proceedings (eg unfair dismissal claim) between the Service and the individual.
- giving access would reveal sensitive information about a commercial decision.

We may, however, provide the information in an alternative way for example by:

- deleting any personal information which cannot be provided
- providing a summary of the information
- giving access to the information in an alternative format
- allowing the individual to inspect a hard copy of the information and letting them take notes.

We will advise you promptly in writing if we are unable to provide access to the information, or access in the format requested. The advice will include the reasons for the refusal to provide the information (unless it is unreasonable to do this) and information about how to access our grievance procedure.

## **Correction of personal information**

Individuals have a right to request the correction of any errors in their personal information. These requests may be made to the Approved Provider by telephone on 03 9977 3000 or email ADMIN@COMMOSH.NET.AU.

The Approved Provider will take reasonable steps to correct personal information that is inaccurate, out of date, incomplete, irrelevant or misleading as soon as it is available. The Approved Provider will:

- take reasonable steps to ensure information supplied by an individual is correct.
- verify the identity of an individual requesting the correction of personal information.
- notify other organisations about the correction if this is relevant, reasonable or practical.
- advise the individual about the correction to their information if they are not aware.
- if immediately unable to correct an individual's personal information, explain what additional information or explanation is required and/or why we cannot immediately act on the information provided.

- if unable to correct the information, include reasons for this (for example we believe it's current) and inform the individual about our grievance procedure and their right to include a statement with the information saying they believe it to be inaccurate, out-of-date, incomplete, irrelevant or misleading.
- correct the information, or include a statement if requested, as soon as possible.

We will not charge you for making a request to correct their personal information or for including a statement with your personal information.

## Complaints

If you believe we have breached Privacy Laws or our Privacy Policy may lodge a complaint with the Approved Provider by telephone on 03 9977 3000 or email ADMIN@COMMOSH.NET.AU. The Approved Provider will follow the Service's grievance procedure to investigate the complaint. Individuals who are unhappy with the outcome of the investigation may raise their complaint with the Office Australian Information Commissioner [www.oaic.gov.au](http://www.oaic.gov.au) GPO Box 5218 Sydney NSW 2001 or GPO Box 2999 Canberra ACT 2601, phone 1300 363 992 or email [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au)

## Sources

**National Quality Standard  
Education and Care Services National Regulation  
Privacy Act 1988 (includes Australian Privacy Principles)  
United Nations Convention of the Rights of a Child**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

## Record Keeping and Retention Policy

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### NQS

QA4	4.1.1	Educator-to-child ratios and qualification requirements are maintained at all times.
	4.2.1	Professional standards guide practice, interactions and relationships.



	4.2.2	Educators, co-ordinators and staff members work collaboratively and affirm, challenge, support and learn from each other to further develop their skills, to improve practice and relationships
	4.2.3	Interactions convey mutual respect, equity and recognition of each other's strengths and skills

QA7	7.3.1	Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.
	7.3.2	Administrative systems are established and maintained to ensure the effective operation of the service.
	7.3.3	The Regulatory Authority is notified of any relevant changes to the operation of the service, of serious incidents and any complaints

## National Regulations

Reqs	55	Quality improvement plans
	74	Documenting child assessments or evaluations for delivery of educational program
	87	Incident, injury, trauma and illness record
	92	Medication record
	125	Application of Division 4
	145	Staff record
	146	Nominated supervisor (records)
	147	Other staff members (records)
	148	Educational leader (records)
	149	Volunteers and students (records)
	150	Responsible person
	151	Records of Educators working directly with children
	158	Children's attendance record is to be kept by approved provider
	160	Child enrolment records to be kept by approved provider
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record
	167	Record of service's compliance
	173	Prescribed information to be displayed
	177	Prescribed enrolment and other documents to be kept by approved provider
	180	Evidence of prescribed insurance
181	Confidentiality of records kept by approved provider	
183	Storage of records and other documents	
184	Storage of records after service approval transferred	

## Aim

To ensure that our service maintains appropriate records in line with our regulatory requirements.

## Related Policies

Additional Needs Policy  
Administration of Authorised Medication Policy  
Enrolment Policy  
HIV AIDS Policy  
Immunisation and Disease Prevention Policy  
Infectious Diseases Policy  
Medical Conditions Policy



## Who is affected by this policy?

Children  
Families  
Educators

## Implementation

### Records of Staff

The Approved Provider must ensure a record is kept of staff that includes:

- The name of the person currently designated as the **educational leader** at the service. This is a suitably qualified and experienced educator, co-ordinator or other person who leads the development and implementation of educational programs in the service.
- For **nominated supervisors and other Educators**
  - The full name, address and date of birth of any nominated supervisors and each other Educators of the service.
  - Evidence of any relevant qualifications.
  - If applicable, evidence that the educator is actively working towards that qualification. If this is the case, the following must be recorded:
    - Proof of enrolment.
    - Documentary evidence that the Educator has commenced the course, is making satisfactory progress towards the completion of the course, and maintaining the enrolment requirements.
    - For Educators who are working towards the completion of a Diploma level education and care qualification, proof that they hold an approved Certificate III level education and care qualification or has completed the units of study in an approved Certificate III level education and care qualification determined by ACECQA.
    - Evidence of any approved training (including first aid training) completed by the Educator.
    - A Working with Children Check with a record of the identifying number or current teacher registration number and expiry date.
    - The details of any person in day to day charge of the service.
- For **Students and Volunteers:**
  - The full name, address and date of birth of each student or volunteer.
  - a record for each day on which the student or volunteer participates in the service, the date and hours of participation.
- For the **Responsible Person:**
  - the name of the responsible person at the centre-based service for each time that children are being educated and cared for by the service.
- For **Educators working directly with children:**
  - The name of each educator.

- The hours that each educator works directly with children. Please note that a staff roster or time sheet is sufficient record of this.

### **Records Relating to Enrolled Children**

The following records will be kept in relation to enrolled children:

- **Documentation relating to evaluations** of the child's well being, development and learning
- **An Incident, Injury, Trauma and Illness Record** (within Incident, Injury, Trauma and Illness Policy), including:
  - **Details of any incident** in relation to a child or injury receive by a child or trauma to which a child has been subject while being educated and care for by the service. The following must be included:
    - The name and age of the child.
    - The circumstances leading to the incident, injury or trauma.
    - The time and date the incident occurred, the injury that was received or the child was subjected to the trauma.
  - **Details of any illness** which becomes apparent while the child is being educated and care for by the service. The following must be included:
    - The name and age of the child.
    - The relevant circumstances surrounding the child becoming ill and any apparent symptoms.
    - The time and date of the apparent onset of the illness.
  - Details of the action taken by the service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the service. The following must be included:
    - Any medication administered or first aid provided.
    - Any medical personnel contacted.
  - Details of any person who witness the incident, injury or trauma
  - The name of any person who the education and care service notified or attempted to notify of any incident, injury trauma or illness a child has suffered at the service and the time and date of the notification and notification attempts.
  - The name and signature of the person making an entry in the record and the time and date that the entry was made.
  - This record must be recorded as soon as is practicable, but not later than 24 hours after the incident, injury, trauma or onset of illness occurred.
- **A medication record** which includes the following:
  - The name of the child
  - The authorisation to administer medication (including self-administration is applicable) signed by a parent or a person named in the child's enrolment record as authorised to content to administration of medication.
  - The name of the medication to be administered.
  - The time and date the medication was last administered.
  - The time and date or the circumstance under which the medication should be next administered.
  - The dosage of the medication to be administered.
  - The manner in which the medication is to be administered.
  - If the medication is administered to the child:
    - The dosage that was administered.

- The manner in which the medication was administered.
- The name and signature of the person who administered the medication.
- If another individual is required to check the dosage, the name and signature of that person.
- **A record of attendance for enrolled children**, including:
  - The full name of each child attending the service.
  - The date and time each child arrives and departs.
  - The signature of:
    - the person who delivers and collects the child when he or she arrives and departs or
    - the nominated supervisor or educator.
- **Child enrolment records** which include the following:
  - The full name, date of birth and address of the child.
  - The name, address and contact details of:
    - Each known parent of the child
    - Any person who is to be notified of any emergency involving the child if any parent of the child cannot be immediately contacted
    - Any person who is an authorised nominee
    - Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.
    - Any person who is authorised to authorise an educator to take the child outside the education and care service premises.
    - Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.
    - Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person.
    - Gender of the child
    - Language used in the child's home
    - Cultural background of the child and parents (if applicable)
    - Any special considerations for the child (e.g. cultural, religious, dietary requirements or additional needs)
    - Authorisations signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the or nominated supervisor to seek:
      - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
      - Transportation of the child by any ambulance service.
    - Authorisation to take the child on regular outings.
    - The name, address and telephone number or the child's registered medical practitioner or medical service.
    - The child's Medicare number if available.
    - Details of any specific healthcare needs of the child including any medication conditions or allergies including whether the child has been diagnosed as at risk of anaphylaxis, including details of any medical management plan.

- Details of any dietary restrictions for the child
- The immunisation status of the child
- A notation that states that the Educator or approved provider has sighted a child's health record.
- **A record of the services compliance with the law**, including:
  - Details of any amendments of the service approval made by the Regulatory Authority including:
    - The reason stated by the Regulatory Authority for the amendment.
    - The date on which the amendment took, or takes, effect
    - The date (if any) that the amendment ceases to have effect.
    - Details of any suspension of the service (other than a voluntary suspension) including:
      - The reason stated by the Regulatory Authority for the suspension.
      - The date on which the suspension took, or takes, effect.
      - The date that the suspension ends.
    - Details of any compliance direction or compliance notice issued to the approved provider in respect of the service, including:
      - The reason stated by the Regulatory Authority for issuing the direction or notice
      - The steps specified in the direction or notice.
      - The date by which the steps specified must be taken.
    - This information must not include any information that identifies any person other than the approved provider.
    - A record of any person in day to day charge of the education and care service.

The approved provider must ensure that the documents referred to above in relation to a child enrolled at the service are made available to a parent of the child on request. In line with this, if a parent's access to the kind of information referred to in this documentation is limited by an order of a court, the approved provider must refer to the court order in relation to the release of information concerning the child to that parent.

The record of compliance referred to above must be available for access on request by any person.

### **Insurance**

Our service will keep a record of the **current insurance**, usually a certificate of currency. This does not apply if the insurance or indemnity is provided by a state or territory government.

### **Length of Time Records must be Kept**

Our service will keep records for the following periods:

- If the record relates to an incident, illness, injury or trauma suffered by a child while being educated and cared for by the service, until the child is aged 25 years.

- If the record relates to an incident, illness, injury of trauma suffered by a child that may have occurred following an incident while being educated and cared for by the service, until the child is aged 25 years.
- If the record relates to the death of a child while being educated and cared for by the service or that may have occurred as a result of an incident while being educated and cared for, until the end of 7 years after the death.
- If the case of any other record relating to a child enrolled at the education and care service. Until 3 years after the last date on which the child was educated and cared for by the service.
- If the record relates to the Approved Provider, until the end of 3 years after the last date on which the approved provider operated the education and care service.
- If the record relates to the nominated supervisor or staff member of an education and care service, until the end of 3 years after the last date on which the nominated supervisor of Educator provided education and care on behalf of the service.
- In the case of any other record, 3 years after the date on which the record was made.

### **Storage of Records**

Records made by our service will be stored in a safe and secure location for the relevant time periods as set out above and only made accessible to relevant individuals.

This location is

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If a service is transferred under the law, documents relating to a child must not be transferred without the express consent of the child's parents.

### **Confidentiality and Storage of Records**

The approved provider will ensure that information kept in a record is not divulged or communicated through direct or indirect means to another person other than:

- The extent necessary for the education and care or medical treatment of the child to whom the information relates.
- A parent of the child to whom the information relates, except in the case of information kept in a staff record.
- The Regulatory Authority or an authorised officer.
- As expressly authorised, permitted or required to be given by or under any Act or law.
- With the written consent of the person who provided the information.

## **Sources**

**Privacy Act 1988**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

## Disclosure Statement

We will not use personal information for any purpose that is not reasonably needed for the proper or effective operation of the service. Personal information may be accessed by and exchanged with staff educating and caring for a child or by administrative staff.

We do not disclose your personal information to others unless you would have reasonably expected us to do this or we have your consent. For example, personal information may be disclosed to:

- emergency service personnel where this is necessary to provide medical treatment in an emergency
- special needs educators or inclusion support agencies
- volunteers, trainees and work experience students (with consent)
- trainers or presenters if children participate in special learning activities
- another Service to which a child is transferring where you have consented to the transfer.
- the new operator of the Service if we sell our business and you have consented to the transfer of enrolment and other documents listed in Regulation 177 of the National Education and Care Regulations.

We may disclose personal information where we are permitted or obliged to do so by an Australian law. For example, personal information may be disclosed to:

- authorised officers when our service is assessed and rated under the National Education and Care Law and Regulations
- Government employees (eg for CCB, Immunisation, Medicare purposes)
- software companies that provide child care management systems
- management companies we may engage to administer the Service
- software companies that provide computer based educational tools which use a child's personal information.
- lawyers in relation to a legal claim
- officers carrying out an external dispute resolution process
- a debt collection company we use to recover outstanding fees
- react to unlawful activity, serious misconduct, or to reduce or prevent a serious threat to life, health or safety. We are obliged to cooperate with law enforcement bodies in some circumstances.

## Privacy Notice

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website. Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the My Time Our Place educational framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, child care benefit information, Medicare number, immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent, or we are complying with an Australian law.

We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider who may be contacted by telephone on 03 9977 3000 or email [ADMIN@COMMOSH.NET.AU](mailto:ADMIN@COMMOSH.NET.AU).

We will provide a copy of any updates to our Privacy and Confidentiality Policy via our website and/or via e-mail.



## Relationships with Children Policy

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### NQS

QA5	5.1.1	Interactions with each child are warm, responsive and build trusting relationships.
	5.1.2	Each child is able to engage with Educators in meaningful, open interactions that support the acquisition of skills for life and learning.
	5.1.3	Each child is supported to feel secure, confident and included.
	5.2.1	Each child is supported to work with, learn from and help others through collaborative learning opportunities.
	5.2.2	Each child is supported to manage their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.
	5.2.3	The dignity and the rights of every child are maintained at all times.

### National Regulations

Regs	155	Interactions with children
	156	Relationships in groups

### My Time, Our Place

LO1	Children feel safe, secure, and supported.
	Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.
	Children develop knowledgeable and confident self identities.
	Children learn to interact in relation to others with care, empathy and respect.
LO2	Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.
	Children respond to diversity with respect.
	Children become aware of fairness.
	Children become socially responsible and show respect for the environment.

### Aim

Our Service aims to ensure that all Educators form positive relationships with children that make them feel safe and supported in the Service. Educators will encourage positive relationships between children and their peers as well as with Educators and volunteers at the Service.

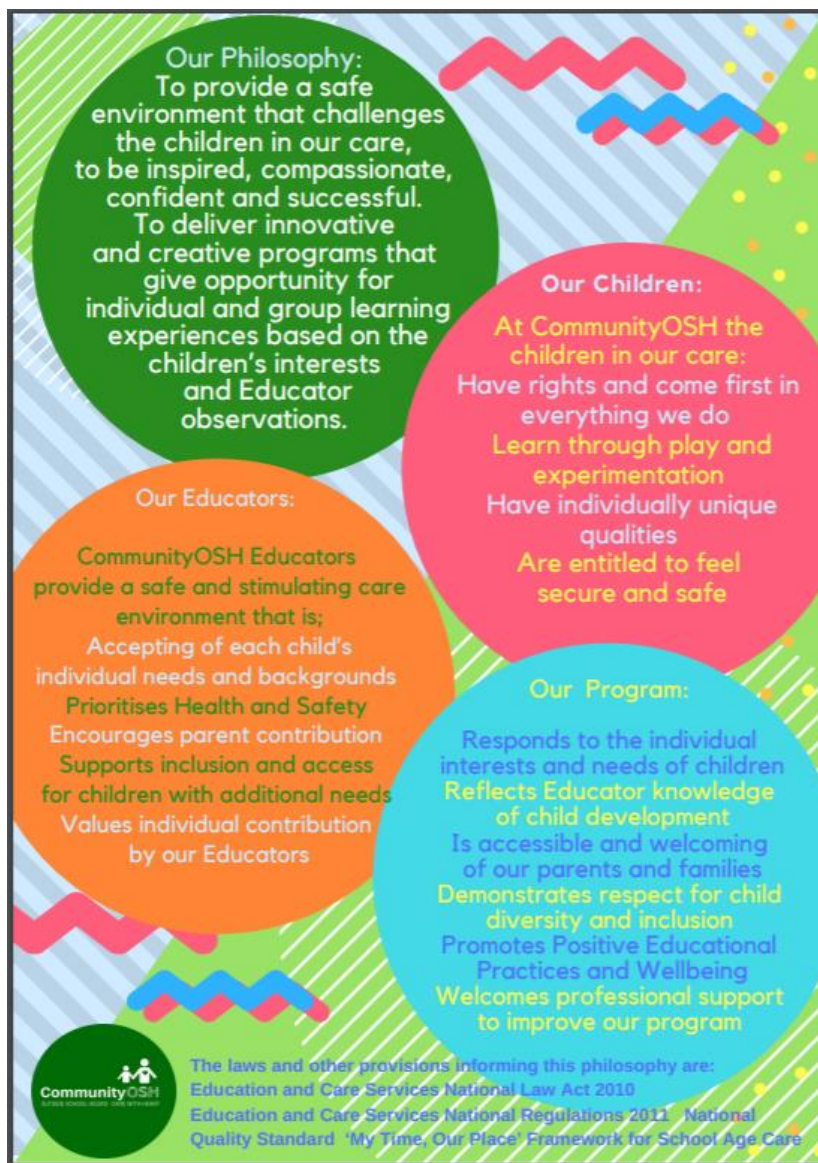
## Related Policies

Additional Needs Policy  
Continuity of Education and Care Policy  
Enrolment Policy  
Orientation for Children Policy  
Physical Activity Promotion Policy

## Implementation

### Interactions with Children

Our Service's statement of philosophy will guide our interactions with children as follows:



In order to maintain positive interactions with children our service and Educators will maintain the following:

- Our service will provide a relaxed and happy atmosphere for the children.
- Our service will ensure mealtimes are relaxed and unhurried and Educators take the time to sit and talk with children.
- Our Educators will encourage children to initiate conversations about their experiences inside and outside the service as well as what is happening around them, express their ideas and feelings, share humour with the nominated supervisor, Educators, coordinators and Educators and seek assistance as they take on new challenges and try to do things for themselves.
- Our Educators and coordinators will respond sensitively and appropriately to children's efforts to communicate and engage them in sustained conversations about their interests in a positive manner.
- Our Educators will engage in two-way communication with children. That is, encourage children to have their own opinions, ideas and comments. Educators should support children with this and let them know that their ideas are valued.
- Our routines, as well as planned and spontaneous experiences will be organised to maximise opportunity for meaningful conversations between children and Educators and the service will ensure that all children have equal opportunity to engage in one to one and small group conversations with Educators.
- Our statement of philosophy and policy on interactions with children will be visible.
- Our Educators will participate in children's play using children's cues to guide their level and type of involvement while always maintaining a positive approach when responding to children and offering assistance.
- Our Educators will take into account our children's needs for independence and will enable them to spend a large amount of time with their peers, provide leadership opportunities and allow them to be involved in decision making processes.
- Our Educators will model reasoning, prediction and reflection processes and language.
- Our Educators will collaborate with children about routines and experiences.
- Our Educators will use techniques such as sign language and other resources and tools to support children with additional needs.
- Our Educators will use their interactions with children to support the maintenance of home languages and learning English as an additional language.
- Our Educators and coordinators will use information from their observations of interactions with children to extend the children's thinking and learning.
- Our nominated supervisor and Educators will learn more about the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families using the service.
- Our Educators will allow time to talk to parents about their children. This allows Educators to gain insight into their home life.
- Our service will implement strategies to assist all children to develop a sense of belonging and confidence through positive interactions between the children and Educators.
- Our service's roster will be planned in a way that promotes continuity for children.
- Our service will gather information from families in the enrolment form in order to be able to provide support for children during the settling in process.
- When children have special needs, our service will consult with other professionals or support agencies that work with children to gather information that will guide our interactions with these children. This information will be recorded in the child's file.

- Our service’s approach to equity and inclusion will be documented in our statement of philosophy.
- Our service will ensure that Educators document the knowledge gained about children, through their interactions, in the child’s file for reference for other Educators and will continually review the experiences that are planned for children in light of this information.

## Group Relationships

In order to encourage respectful and positive relationships between children and their peers and Educators our service will adhere to the following practices:

- Our service will encourage children to participate in enjoyable interactions with their peers, respond positively to ideas, negotiate roles and relationships, contribute to shared play, and develop friendships.
- Our Educators will engage children in ongoing group projects that involve research, planning, problem solving and shared decision making.
- Our Educators will model strategies for children to initiate interactions and participate in group play and social activities and assist them when they have trouble understanding or communicating with each other.
- Our service will ensure that the children have many opportunities to learn about their responsibilities to other, connectedness and interdependence as learners, and the value of collaboration and teamwork.
- Our Educators will promote a sense of community in the service.
- Our service will coordinate the staffing and grouping arrangements to support positive relationships between children.
- Our Educators will support and promote children’s interpersonal relationships and support the inclusion of children from diverse backgrounds and capabilities in group play, projects and experiences.
- Our Educators will learn about children’s shared interests and will use this information to plan further experiences that provide collaborative learning opportunities.
- Our Educators will pre-empt potential conflicts or challenging behaviours by monitoring children’s play and supporting interactions where there is conflict.
- Our service will ensure that the program and routines of the service will include regular opportunities for children to engage in social play and group experiences.
- Our service will ensure that food is being used appropriately and not as a reward or punishment.
- Our service will ensure that corporal punishment is not used as part of behaviour guidance or any other aspect of our interactions with children. Corporal punishment is never to be used in our service.
- Our Educators will consider whether the size and composition of groups enables children to develop positive relationships with their peers and Educators. They will minimise the time children spend in very large groups by offering activities where children are able to participate in smaller groups.

## Behaviour Guidance

### Positive Behaviour

Educators, staff and volunteers will model positive behaviour and guide children's behaviour in ways that promote their self-esteem by:

- encouraging children to be cooperative and helpful, to express their feelings and responses to others' behaviour confidently and constructively, and to respectfully guide the behaviour of other children when it is disrespectful or unfair
- supporting children to explore different identities and points of view, to negotiate their rights and the rights of others in a positive, respectful way and to communicate effectively when resolving disagreements
- discussing emotions and issues of inclusion and exclusion, fairness and bias
- encouraging children to listen to other children's ideas, consider alternate behaviour and co-operate to solve problems
- using positive language, gestures, facial expressions and tone of voice when redirecting or discussing children's behaviour with them, and remaining calm, gentle, patient and reassuring even when children strongly express distress, frustration or anger
- using their knowledge of children's personalities and friendships to help them manage their own behaviour and develop empathy
- using information from families about their children's social skills and relationship preferences to engage children in experiences that support their social development
- intervening sensitively when children have difficulty resolving a disagreement, and helping them remove themselves from situations where they are experiencing frustration, anger or fear
- interacting with children and teaching them how to play in different ways: movement play, object play (understanding and solving problems), imaginative play (emotional resilience, creativity and empathy), social play (friendship and belonging, rough and tumble play, celebrations and ritual play), storytelling (my world, myself and where I fit in), creative play (new behaviours and thoughts) role play
- promoting children's agency by allowing them to be as independent as possible, to try things they see for themselves and experience the consequences of their choices while considering the risk and benefit to others. This may include teaching children how to use things
- ensuring curriculum is mainly based on children's ideas and interests rather than being led by Educators
- setting up rooms and environments to foster positive behaviour e.g. room is interesting but not cluttered, defined and obstacle free walkways, resources are attractively displayed.
- ensuring activities are of interest to children e.g. are visual, smelly, have patterns,
- supporting children with strategies to deal with their raw emotions e.g. anger, fear, panic and being patient when children revert to old behaviour if they are stressed, tired, hungry etc. This includes listening empathetically to children when they express their emotions and reassuring them that it is normal to experience positive and negative emotions
- ensuring children's basic needs are met e.g. they are not hungry or tired
- supporting children who appear to be insecurely attached by sensitively building relationships with the child and family
- allowing children to have uninterrupted play where they can continue their engagement in learning as they explore and improvise, and not interrupting a child who is actively engaged in an activity, or forcing a child to share when they are engaged with a resource. Simple strategies may include introducing progressive snack or mealtimes.



- providing explicit instruction for routines and learning
- understanding that children’s comprehension of vocabulary concepts or instructions may require support such as visuals, key word signing, two step instructions or allowing time for a child to process the instruction or information. This may be as simple as waiting three seconds after speaking to the child so they can process what has been said
- understanding that children may not be able to interpret or understand some words. For example, ‘sharing’ may not be understood as taking turns.

### **Inappropriate Behaviour**

Educators and staff understand that inappropriate behaviour is a child’s way of saying they need support. Educators will reflect on the reasons for the child’s behaviour and develop strategies or a plan with the Nominated Supervisor which can be implemented by all Educators to ensure consistent responses to the child’s behaviour at the service.

Children’s behaviour may be inappropriate for a variety of reasons. Some of these include:

- insecure attachment to Educators or families
- emotional immaturity
- insufficient language skills to express their needs and wishes
- used to gaining attention from negative behaviour
- condition or number of toys, resources and equipment
- a diagnosed or undiagnosed spectrum disorder.

Depending on the reason for the behaviour, some strategies for dealing with inappropriate behaviour may include:

- ignoring the negative behaviour and praising the positive behaviour (while ensuring the safety of all children), and ensuring all body language is consistent with actions and words
- building strong social bonds through a focus on attachment theory and Circle of Security approaches
- using key words with signing and objects or visuals to help children with communication difficulties
- using minimal steps in directions then allowing time for a child to understand e.g. 3-5 seconds
- using terminology that children understand such as ‘my turn’ ‘your turn’ rather than assuming children understand e.g. children may not understand that saying “sorry” does not mean they can repeat the behaviour
- allowing children to develop their reasoning and emotional knowledge by helping them to reflect on their actions e.g. “Tommy, what are you doing?” “I saw you ....” “What were you about to do with ...?”
- not telling a child to do something but asking the child a question e.g. “What do we have to do so we can have play outside,” rather than “put your bag away”
- talking with children about the consequences of their actions, our rules and why we have them
- adjusting the menu and the time that certain foods like fruit which are high in natural sugar are provided
- providing sufficient opportunities for exercise including running which can calm anxious or agitated children through the production of certain brain chemicals
- intentionally teaching behaviours like walking inside, never assuming children know how to do things or behave, and reaffirming those and other positive behaviours
- using empathy and putting themselves in the child’s position to try and understand where the behaviour came from (rather than yelling at the end result of the behaviour)

- documenting incidences of inappropriate behaviour and when they are occurring and developing a behaviour plan with parents, schools and if relevant other professionals
- appointing one person (e.g. Nominated Supervisor) as a contact point for parents

Educators will not isolate, intimidate or subject children to corporal punishment to guide behaviour.

Parents will:

- work in partnership with Educators where concerns are raised about the behaviour of their child
- consent in writing where Educators believe liaising with relevant professionals to support the learning and development of their child and apply for funding to do this where necessary
  - agree to work with Educators to minimise risk where the child's behaviour is a danger to children and Educators. This may include seeking professional support from, for example a paediatrician, speech pathologist or family support services, or reducing the hours of care until the child's behaviour is supported and risk to others is minimised.

If parents do not comply with these requirements, the Nominated Supervisor may suspend or terminate the child's enrolment after providing two weeks' notice. The Nominated Supervisor may, however, suspend or terminate a child's enrolment without providing two weeks' notice if he or she believes the child's behaviour poses an unacceptable risk to the welfare and safety of other children and Educators.

## Inclusion

Australia is a pluralistic society regardless of specific regional variations in cultural profiles. In order to reduce bias and ensure that no child is excluded our service will abide by the following practices:

- Our service will promote and value cultural diversity and equity for all children, families and Educators from diverse cultural and linguistic backgrounds.
- Our service will recognise that children and adults from all cultures have similar needs and that each person is unique and valuable.
- Our service will develop a positive self-concept for each child and adult in the group by exploring the cultural backgrounds of each family and child.
- Our service will endeavour to provide a foundation that instils in each child a sense of self identity, dignity and tolerance for all people.
- Our service will increase the knowledge and understanding each child has about his or her own cultural ethnic heritage in partnership with their family, Educators and community and other children in the Service.
- Our service will explore family compositions, customs and lifestyles of children and families in many cultures.
- Our service will assist, in partnership with parents, extended family and the community in exploring their own "roots" as they involve children in the culturally diverse environment of the Service.
- Our service will provide support for fostered or adopted children to develop a sense of heritage and belonging.
- Our service will avoid common stereotypes and recognise individual differences within a cultural or ethnic group.

- Our service will assist wherever possible families who are new to Australia with a transition to a new and different culture.
- Our Educators will become aware of their own beliefs, attitudes, cultural backgrounds, their relationship with the larger society and their attitudes to people.
- Our Educators will acknowledge that they too have been influenced by their own background prejudices and their points of view.
- Our Educators will accept that all children can learn and that differences in lifestyles and languages does not mean ignorance.
- Our Educators will broaden their own cultural and ethnic group awareness and help children to understand themselves in relation to their family, community and other cultures.
- Our Educators will be actively involved in the development of appropriate resources, support and implement anti bias, cross cultural program throughout the Service environment which is reflective of all families/children and the diversity present in Australian society and network with community agencies involved with cross cultural issues wherever possible;
- Our Educators will be actively involved with children, showing respect, sharing ideas and experiences and asking questions.
- Our Educators will access and make available resources and information supporting the delivery of anti-bias concepts in the program and attend regular training courses as required. Such resources will be integrated into the daily program and be made available to families.
- Our Educators will reflect on the service's philosophy and ensure that practices and attitude concur with the philosophy.
- Our Educators will work with families to encourage positive attitudes to diversity and an ant-bias ethos.
- Our Educators will ensure that casual workers or visitors to the service are aware of these practices and respect these values.
- Children will listen to music and practice singing songs in different languages.
- Children will learn words and phrases in a language not native to children in their group.
- Children will talk to other children using the words from their culture.
- Children will be encouraged to become increasingly independent wherever possible and be actively involved with their peers.
- Children will explore with foods from other cultures (e.g. have family members from different home cultures come in and cook, to have "food tasting" parties).
- Our service will encourage children to bring in real objects and artifacts used by their families that may be historical or typical of that child's/family's cultural group including food.
- Our service will help children to develop ease with and have a respect for physical, racial, religious and cultural differences.
- Our service will encourage children to develop autonomy, independence, competency, confidence and pride.
- Our service will provide all children with accurate and appropriate material that provides information about their own and other's disabilities and cultures.



- Our service will not isolate a child for any reason other than illness, accident or a prearranged appointment with parental consent.

## Supporting Children through Difficult Situations

When a child, family, Educator or the service as a whole experiences a stressful or traumatic situation such as a bushfire, car accident, sudden illness or death, crime or violent situation it is important to provide appropriate support so they can recover from the ordeal. A child's reaction to a stressful or traumatic situation will depend on factors such as their age, stage of development and impact of the event on people around them. A child may react in ways that you don't expect and sometimes will act normally at first but be wary of a delayed reaction. Some reactions include:

- Physical symptoms such as stomach aches and headaches.
- Being anxious or clingy.
- Suffering from separation anxiety.
- Having sleeping problems or nightmares.
- Re-living the experience through drawing or play.
- Losing interest in activities.
- Loss of self-confidence.
- Regressing to "babyish" activities.

Our Educators will talk with a child about the event to bring any issues out into the open. The ways our Educators will approach this are:

- Reassuring the child that they are safe, but only if they really are.
- Talking to the child about what happened in a way that they will understand and without going into frightening or graphic detail. Our Educators will not leave out important information though, as children will fill in the gaps.
- Ensuring the child hasn't jumped to conclusions. Some children will think they are to blame in a tragic event; our Educators will make sure they know this isn't so.
- Talking about the event with appropriate people (for example, all children if the event has affected the whole service or the children that have been affected) and letting everyone have their say including children.
- Talking to the children about how people react to stressful or traumatic situations and that the feelings they are feelings are normal.

### Coping Mechanisms

Some strategies that our Educators will use to help children cope in these situations are:

- Giving children a sense of control of their environment and life. Letting the child make decisions, for example, about the daily indoor or outdoor activities will make the child feel more in control.
- Allowing the children plenty of time to play and to do physical exercise; this will help the child burn off stress chemicals and allow for more sleep.
- Helping the children physically relax with quiet activities.
- Limiting stimulants like chocolate, lollies etc.

It is important to remember how you respond to the stressful or traumatic event will affect the child's response. Children look to their families and Educators to find ways to deal with a situation they probably don't understand. Children need their family members (and other adults who are close to them) to help them understand the situation and their emotions and also offer comfort and support. If adults are distressed about a situation it is important for them to seek help for themselves.

At the service, we wish to help in whatever way we can if your family has undergone a tragedy. Talk to Educators (or confidentially to the Nominated Supervisor) and we will endeavour to work with families and children to support all parties through the situation.

Should it be required, Educators will liaise with appropriate authorities, such as the Department of Education and Early Childhood Development, and follow any recommendations made by these authorities.

## Bullying

In order to overcome bullying in our service, our Educators will be aware of the following information and maintain the following practices:

### **Our Educators will be aware of the following characteristics in children who bully -**

- Children of all backgrounds can bully
- Preconceived notions of children who bully should be avoided
- The child who bullies may also be the victim of bullying
- The child who bullies will often think that they are innocent, and that the child being bullied is somehow deserving of this negative experience.

### **Our Educators will be aware of the following characteristics of victims of bullying -**

- Children of all backgrounds can fall victim to bullying
- Preconceived notions of children who fall victim to bullying should be avoided
- Boys are victims of bullying more than girls.
- Victims may have low self-esteem, lack of confidence, lack social skills or be viewed as unpopular.
- It is important to remember that victims are often sensitive and easily hurt and feel incapable of preventing such negative experiences.

### **Our Educators will implement the following strategies to overcome bullying -**

- Our Educators will practice all-encompassing and socially inclusive care.
- Programs will recognise, value and reflect the social and cultural diversity of our community.
- Our Educators will role model and actively encourage appropriate behaviours.
- Our Educators will form a close relationship with family members to work cooperatively to overcome instances of bullying.
- Our Educators will empower children by giving them responsibilities that will make them feel valued.
- Our Educators will help children deal with their anger. This includes offering alternative dispute resolution techniques that are socially acceptable.

- Our Educators will seek the support of children's services professionals when it is necessary.
- Our Educators will respond promptly to children's aggressive or bullying behaviour.

## Biting

All individuals involved in the care of a child need to recognise that at times, some children, for a variety of reasons, attempt to bite other children.

Some reasons an older child may bite are to show deliberate signs of aggression.

In the event of a biting incident, Educators will abide by the following procedure:

- Check for broken skin.
- Clean all bites, regardless of whether the skin is broken or not.
- Apply a cold compress to the bitten area
- Our Educators will contact the families of the child who has bitten and the child that has been bitten as soon as possible. Families are then responsible for any follow up medical treatment.
- If the biter is a known infectious disease carrier or can be seen to have facial herpes and the victim's skin is broken, the Nominated Supervisor or Authorised Supervisor will convey this information to the family.
- Should the behaviour continue, our Educators will work in conjunction with families and, if necessary, external agencies, to develop a Behaviour Guidance plan for the child who is biting another child.
- Our Educators will complete an incident report for any occasion where a child bites and submit to the Nominated Supervisor.
- Monitor the behaviour of the child who has bitten and use distraction techniques to prevent the child reaching the point where the child feels the need to bite.

## Sources

**National Quality Standard  
Education and Care Services National Regulations 2011  
My Time, Our Place Framework for School Aged Care**

## Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

## **Rest, Relaxation and Clothing Policy**

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### **NQS**

QA2	2.1.2	Each child's comfort is provided for and there are appropriate opportunities to each child's need for sleep, rest and relaxation.
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## National Regulations

Regs	81	Sleep and Rest
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## My Time Our Place

LO3	Children take increasing responsibility for their own health and wellbeing
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## Aim

Our Service aims to meet each child's needs for rest and relaxation in a safe and caring manner that takes into consideration the preferences and practices of each child's family.

## Related Policies

Medical Conditions Policy  
Physical Environment Policy

## Implementation

The Nominated Supervisor will ensure:

- there is a comfortable and calm environment available for children to engage in rest and quiet activities or experiences.
- resting children are adequately supervised and Educator to child ratios are maintained at all times children are resting.
- a copy of this policy or is provided to parents at enrolment.

The Nominated Supervisor will ensure Educators, staff and volunteers:

- provide a range of active and restful experiences and environments and support children to make appropriate decisions regarding participation. Educators will consider the activities that children have participated in at school.

- accommodate each child's and family's preferences for rest and clothing to the extent they are consistent with our policies and requirements. This includes preferences related to a child's social and cultural heritage.
- communicate with parents about their child's routines at the service and at home.
- monitor the temperature of the rest environment to ensure it is comfortable without becoming too hot or cold.
- work with children to develop their understanding of the benefits of rest and relaxation. Children will be encouraged to communicate their needs and to make appropriate decisions.
- negotiate the need for rest and relaxation with children. Children will be encouraged to have input into the rules and routines that facilitate the rest and relaxation requirements of all children at the service.
- group children in a way that minimises overcrowding.
- respect the privacy needs of each child during times when they are dressing, using the toilet facilities or for personal hygiene needs.

### **Children's Clothing**

Educators, staff and volunteers will discuss with parents the need for children to be dressed in clothes that:

- are suitable for the weather i.e. loose and cool in summer to prevent overheating and warm enough for cold weather including outdoor play in winter.
- protect them from the sun during outdoor play (refer Sun Protection Policy).
- allow children to explore and play freely.
- can get dirty when children play and engage in Service activities.
- include appropriate footwear so children can play comfortably and safely. i.e. thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely.
- are clearly labelled with the child's name.

Educators, and volunteers will:

- ensure children are protected from the sun during outdoor activities in accordance with the Sun Protection Policy.
- monitor children to ensure they are appropriately dressed for all weather, play experiences and rest.
- provide clean and appropriate spare clothing to children if needed.
- encourage children to use aprons for messy play and art experiences to protect their clothing.

## Sources

**Education and Care Services National Regulations 2011**  
**My Time Our Place**  
**Occupational Health & Safety Act 2004**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

## Sand Pit Policy

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## NQS



QA1	1.1.6	Each child's agency is promoted, enabling them to make choices and decisions and influence events and their world.
QA2	2.2.2	Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
QA3	3.1.2	Premises, furniture and equipment are safe, clean and well maintained.
	3.2.1	Outdoor and indoor spaces are designed and organised to engage every child in quality experiences in both built and natural environments.

## National Regulations

Regs	168	Child safe environment policies and procedures
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## Aim

Our Service recognises that sand pit play encourages children to develop their cognitive, language, physical, social and emotional skills in both planned and spontaneous activities. It assists children to develop a sense of agency whether they play independently or in collaboration with their peers while also promoting physical activity. We will ensure our sand pit is always hygienic and safe for all users.

## Related Policies

Animal and Pet Policy

Incident, Injury, Illness or Trauma Policy

Physical Activity Promotion Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

## Implementation

To ensure our sand pit is always a safe and hygienic place for children to play and learn the Nominated Supervisor will ensure:

- our sandpit has adequate drainage and can comfortably accommodate the number of children at our service. Adequate drainage includes the installation of a drainage membrane separating the sand from the gravel sub base or agriculture pipes.
- we use timber which has not been treated with Copper Chromium Arsenate (CCA).
- we use washed beach or river sand. Builders' /brick sand is not suitable.
- the sand is at least 500mm deep, and replenish the sand when it drops 100mm below the top edge of the sandpit.
- any natural elements we may incorporate into the sandpit (eg boulders) are positioned so they are stable, cannot be moved and have their sharp edges removed or rounded off. Boulders should be large enough to sit on or be used as building platforms.

- the sandpit is adequately shaded when used by children, and that our shade structures can be removed so sunshine can disinfect the sand.
- we clean the sand by regularly exposing it to sunshine and fresh air which are the most effective disinfectants.
- we rake sand pits before use and at regular intervals each day and carefully remove and dispose of any contaminated sand or dangerous/ foreign matter such as sharp objects or animal or human faeces and urine which could cause illness or infection in children or Educators.
- we turn the sand over monthly to aerate it.
- change the sand at least annually but preferably every 6 months.
- remove toys from the sandpit at the end of each day.
- cover sand pits closely when they are not in use to prevent contamination with animal faeces and sharp or dangerous objects.
- ensure children and adults wash their hands with soap and water after playing in the sandpit.

The Nominated Supervisor will prepare a roster of Educators who have responsibility for raking and turning the sand, and removing toys and covering the sand pit at the end of each day.

If sand is contaminated by animal or human faeces, blood or other body fluids an Educator who has been supervising the children will immediately remove all children from the sandpit and then:

- Use a shovel and dispose of the contaminated sand in a plastic bag. Educators will wear suitable protective clothing eg gloves.
- Rake remaining sand at regular intervals during the day and leave exposed to the sun.
- Change sand completely if it is contaminated extensively.

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**Staying Healthy Preventing infectious diseases in early childhood education and care services 5<sup>th</sup> edition 2012 NHMRC**

**Sandpits Fact Sheet 2013 Kidsafe NSW**

**Timber in Playspaces Fact Sheet 2013 Kidsafe NSW**

**Occupational Health & Safety Act 2004**

**Occupational Health and Safety Regulations 2007**

## Review

The policy will be reviewed annually by:

- Management
- Employees



- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

## **Social Media Policy**

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### **NQS**

QA4	4.2.1	Professional standards guide practice, interactions and relationships.
	4.2.3	Interactions convey mutual respect, equity and recognition of each other's strengths and skills

QA5	5.2.3	The dignity and the rights of every child are maintained at all times
QA6	6.1	Respectful supportive relationships are developed and maintained
QA7	7.1.1	Appropriate governance arrangements are in place to manage the service

## National Regulations

Regs	181	Confidentiality of records kept by approved provider
	181-	Confidentiality and storage of records
	184	

## Aim

To ensure that our service, children, Educators or families are not compromised on social media, and that social media usage complies with the principles set out in our Code of Conduct.

## Related Policies

Educator and Management Policy  
 Privacy and Confidentiality Policy  
 Technology Usage Policy

## Implementation

A social networking website can be defined as a website used to socialise or communicate. These include but are not limited to Facebook, MySpace and Twitter (including usage on any device such as the internet, mobile telephone or tablet).

### Personal Social Media Accounts

While personal social media settings can restrict those, who are able to access accounts, social networking sites are by their nature a public form of communication. There is always the potential that personal accounts can be accessed by the public or by “friends of friends” of whom we may have been previously unaware. It is therefore extremely important not to post information about the Service, children or families on personal social media accounts. In relation to their personal social media accounts, the Approved Provider, Nominated Supervisor, Educators, and volunteers will not:

- access their social media accounts on any device while educating and caring for children.
- send or accept ‘friend requests’ from parents or family members that have children at the Service.
- post any information about what happens at the Service.
- post any photos taken at the service or on an excursion. If this occurs families will be contacted immediately. If possible, the social networking website will be contacted to delete the photos.

- post any material that is offensive, defamatory, threatening, harassing, bullying, discriminatory or otherwise unlawful.
- post any material that could bring their professional standing into disrepute.
- post any material that could damage the employment relationship, the employer's/Service's reputation or commercial interests, or bring the employer/Service into disrepute.
- pose as a representative of the employer or express views on behalf of the employer.
- use the service logo or email without permission.
- list the employer's name on a Facebook page without permission.
- disclose confidential, private or sensitive information.
- publicise workplace disputes.

Educators and volunteers will not use their personal camera or phones to take photos or video while at the service.

The Approved Provider or Nominated Supervisor will:

- use our Grievance Guidelines to investigate any circumstances where an employee or volunteer brings their professional standing into disrepute by posting information on their personal social media account that is offensive, defamatory, threatening, harassing, bullying, discriminatory or otherwise unlawful. A possible outcome of the investigation for employees is termination of employment.
- use our Grievance Guidelines to investigate any circumstances where an employee or volunteer damages the reputation or commercial interests of the Service/employer through material posted on their personal social media account, including material that is confidential, private or sensitive. A possible outcome of the investigation for employees is termination of employment.
- use our Grievance Guidelines to investigate any instance where someone working at the Service is defamed, bullied or harassed on social media by a family or community member connected to the Service. Families will not defame, harass or bully any person working at the Service through social media and may face possible termination of their child's place at our service if this occurs.
- contact the police and other relevant authorities if a person working at the Service breaks the law in relation to social media e.g. through defamation or bullying.

## THE FOLLOWING APPLIES TO SERVICES WITH A SOCIAL MEDIA ACCOUNT

### **Service Social Media Account**

Our Service has a social media account to communicate and share information with our Service families and community.

The Approved Provider or Nominated Supervisor will:

- obtain authorisation from a child's parents before posting any photos of their child on-line.
- obtain families' consent to what information will be posted on-line, and how it will be shared.
- ensure personal information about families and children is not posted on-line, including information that could identify them e.g. address.

- set high privacy or security settings on the account and consider whether to restrict access e.g. through the establishment of a group account where families are invited to join.
- regularly change passwords to the account.
- activate password protected screen savers on all computers at the Service and ensure all social media users at the Service always log off before leaving.
- administer the social media page to maintain strict control of the information that is added.
- manage our Service's social media account.
- include specific conditions about social media usage in employee contracts e.g. prohibiting comments about the Service or families/children.
- regularly scan online content related to the Service.

## Sources

**National Quality Standard**

**Education and Care Services National Regulations 2011**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

## Staffing Arrangements Policy

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### NQS

QA4	4.1.1	Educator-to-child ratios and qualification requirements are maintained at all times.
QA7	7.1.1	Appropriate Governance arrangements are in place to manage the service.

### National Law

Section	5	Definitions (nominated supervisor consent in writing)
	56	Notice of change to nominated supervisor
	162	Offence to operate education and care service unless responsible person is present
	173	Offence to fail to notify certain circumstances to Regulatory Authority

### National Regulations

#### Regulations numbered 240 and higher are state or transitional regulations

Reg	54	Process for certified supervisor to be placed in day to day charge
	118	Educational Leader
	120	Educators who are under 18 to be supervised
	122	Educators must be working directly with children to be included in ratios
	123	Educator to child ratios—centre-based services
	126	Centre based services – general educator qualifications
	136	First aid qualifications
	150	Staff record must include name of responsible person at service each time children being educated and cared for by the service.
	173(2)(c)	Offence not to clearly display name of responsible person in the main entrance
	356	Qualifications for Educators – children over preschool age
	358	Working with children check to be read

### Aim

To ensure our supervision and staffing practices keep children safe at all times.

### Related Policies

Child Protection Policy  
Continuity of Education and Care Policy  
Educator and Management Policy  
Excursion Policy

## Supervision

Children's safety and wellbeing is taken very seriously at our service. All Educators will ensure that children are adequately supervised at all times, and that they can respond immediately to any child that is distressed, in need of assistance or support or in a dangerous situation. This includes during transition periods throughout the day when children may, for example, be changing rooms or groups, moving between outdoor and indoor environments, arriving or leaving the service, moving from service vehicles to the service premises, leaving or returning from excursions, moving to meal areas, washing their hands, or using the toilet or nappy change facilities.

To achieve this outcome Educators will be alert, aware and in sight and sound of all children for whom they are responsible. Educators supervising outdoors must position themselves to see as much of the play area as possible, and follow any playground supervision plans if relevant. They will also actively engage with children and not stand back and watch. Educators working directly with children must focus on the children and not other duties/activities. They will not group together in the outdoor environment except for brief, necessary discussions regarding the children.

In particular, children will be supervised:

- when resting or sleeping
- during hand washing and/or toilet times
  - while undergoing toilet training (they will not be left unsupervised in the bathroom)
  - at the table when eating
  - in any areas where risk is increased
  - during any water activity (at least one educator close at all times)

To ensure all children are accounted for during transitions between environments or rooms, Program Manager will ensure a copy of the daily sign in sheet or similar record is used to check that all children under Educators' supervision have made the transition.

There may also be times when minimum ratio requirements are not sufficient to ensure children are adequately supervised. On these occasions the Nominated Supervisor will assess the situation and when necessary ensure there are extra adults present to ensure children's health, safety and wellbeing.

Issues affecting the adequacy of supervision include:

- the number, ages and abilities of children
- the number and positioning of Educators
- each child's current activity
- areas where children are playing, in particular the visibility and accessibility of these area
- risks in the environment and experiences provided to children
- the Educators' knowledge of each child and each group of children
- the experience, knowledge and skill of each educator.

Educators will ensure team members know when they leave the room or area, or finish their shift, and are aware of any particular issues that may require additional oversight of children. They will do this verbally and there must be acknowledgement by the other educator prior to



leaving the environment. The register of Educators working with children will be completed if the educator is leaving for any length of time (see attached template).

To further ensure children are always adequately supervised the Approved Provider or Nominated Supervisor, will ensure:

- only Educators working directly with children are included in the educator to child ratio
- students, volunteers and any educator under eighteen years is supervised at all times by an educator eighteen and over
- no child is ever left alone with a visitor/ unauthorised person
- they promote continuity of care when organising rosters and a regular pool of relief Educators
- any Educators on a meal-break in the Service return to duty to supply adequate supervision In any emergency situation where adequate supervision of children is threatened. Relief staff requirements will be reviewed if Educators begin to be regularly recalled

### **Responsible Person**

Our service will have at least one “responsible person” present at all times when caring for and educating children. A responsible person is:

- an approved provider
- a nominated supervisor
- a person who is in day to day charge of the service.

The name of the responsible person will be clearly displayed in the main entrance of the Service.

If the responsible person needs to change (for example the current person needs to leave the Service), he or she will “hand over” responsibility for the role to another eligible person at the Service. Both the old and new responsible person will communicate directly and ensure the name of the responsible person displayed at the Service correctly reflects who currently holds the position.

If more than one person at our service is a “responsible person”, we may develop a roster to rotate the role.

### **Nominated Supervisors and Persons in Day to Day Charge**

The Approved Provider will make sure people appointed as a Nominated Supervisor or Person in Day to Day Charge are at least 18 and have:

- the required skills to be a nominated supervisor or person in day to day charge eg has adequate knowledge and understanding about providing education and care including understanding of child protection obligations
- can effectively supervise and manage the service

The Approved Provider will take all reasonable steps to ensure children’s safety and wellbeing is protected and ensure the person is ‘fit and proper’ person to fill the role by:

- considering their age, qualifications and experience
- checking their child protection clearance is current

- getting a statement from person about their compliance history. Use 'compliance history statement' template on ACECQA website
- getting declaration from person that they're not a 'prohibited person'. Use 'prohibition notice declaration' on ACECQA website

See 'Appointment of Nominated Supervisor' template attached.

Note a Nominated Supervisor will also make an informed decision based on these factors if they appoint a person in day to day charge.

A person who accepts a Nominated Supervisor position must consent in writing using ACECQA notification form NS01 which must be submitted with form NS02 'Notification of Change to Nominated Supervisor' to the Regulatory Authority.

A person who accepts being in day to day charge must also consent in writing (see attached template). The nominated supervisor will keep a record of all persons who may be placed in day to day charge.

The Approved Provider or Nominated Supervisor will keep a record of all information and documentation supporting a person's appointment as Nominated Supervisor or in day to day charge.

### **Notifications**

The Approved Provider will notify the Regulatory Authority:

#### **Approved Provider**

- within 14 days a change of name
- within 7 days of a change of address or contact details
- within 7 days of any adverse change in fitness and propriety
- within 14 days of the appointment or removal of a person with management or control of the service

#### **Nominated Supervisor**

- within 7 days that a Nominated Supervisor is no longer employed at the service, is removed from position or withdraws consent

### **Educator to Child Ratios**

The Approved Provider and Nominated Supervisor will ensure our educator to child ratios always meet the minimum requirements below.

- 1:15 (for children over preschool age).

In relation to ratios:

- The numbers of children do not include children being cared for in an emergency for no more than two consecutive days the service operates
- Students or volunteers will never be included in ratios
- More than one educator will be present when children are in attendance where possible

## Rostering

This section is based on the Children's Services Award. The Approved Provider and Nominated Supervisor will comply with award requirements in relation to rosters. The Nominated Supervisor will:

- post or display a roster where it can be easily accessed by all Educators
- discuss any potential changes to the roster with affected Educators first, and consider their views about the impact of changes
- only change an employee's rostered hours if:
  - the employee agrees to the change or
  - they give the employee seven days' notice

This does not apply in an emergency where there is an imminent or severe risk to people at the service or the service premises need to be locked down. An emergency does not include a parent being late to collect a child.

The Nominated Supervisor will adhere to the Service's Code of Conduct at all times while negotiating roster changes with staff.

Where the employee's roster is changed without seven days' notice, they will be paid overtime on the changed hours until seven days have passed from the date notice of the changed roster was given.

The Nominated Supervisor and the employee may agree to waive or shorten the seven-day notice period. This agreement must be recorded in writing and form part of the time and wages records.

An employee may be transferred from one location to another within their rostered hours, and will be paid for the time taken to travel from one location to the other. Where an employee is required to permanently transfer to another location (other than by mutual agreement), they must be given seven days' notice of the change or paid at the overtime rate until seven days have passed from the date notice was given.

## Qualifications for Educators:

The Approved Provider and Nominated Supervisor will ensure:

- At least 50% of Educators required to meet the ratio hold or are enrolled in and studying for, at least a qualification that is published on the national authority's website [www.acecqa.gov.au](http://www.acecqa.gov.au) in the list of approved diploma level qualifications for Educators working with children over preschool age for Victoria
- All other Educators must or, or be actively working towards, at least a qualification that is published on the national authority's website [www.acecqa.gov.au](http://www.acecqa.gov.au) in the list of approved certificate III level qualifications for Educators working with children over preschool age for Victoria or begin obtaining this qualification within 6 months of starting to educate and care for children.

## First Aid Qualifications

The Approved Provider or Nominated Supervisor will ensure that at least one educator, staff member or Nominated Supervisor present at the service:

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training.

If the service is situated within a school's grounds, the service will meet the first aid requirements if there is at least one school staff member in attendance and immediately available who holds a current first aid qualification and has completed current approved anaphylaxis and asthma management training.

An educator is taken to hold an approved first aid qualification or training if the educator holds an approved qualification or training as published on <http://www.acecqa.gov.au/qualifications/>

### **Child Protection**

The Approved Provider and Nominated Supervisor will ensure all employees understand the current child protection law and their obligations under the law.

### **Working With Children Check**

The Approved Provider or Nominated Supervisor will ensure that Educators, staff, volunteers and students have a Working With Children Check before they work or volunteer at the service unless the person is:

- under 18 and works with children at the service only under the immediate supervision of an educator who has attained the age of 18 years or
- a volunteer and works with children at the service only under the immediate supervision of an educator who has attained the age of 18 years
- registered as a teacher under the Victorian Education and Training Reform Act 2006 and the approved provider, nominated supervisor or person in day to day charge of the service has checked the relevant register to ensure the person is registered.

Further information is available at

<http://www.justice.vic.gov.au/workingwithchildren/home/about+the+check/>

## **Sources**

**Education and Care Services National Law and Regulations  
National Quality Standard  
Department of Justice Vic**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

## Appointment of Person in Day to Day Charge

I appoint <INSERT FULL NAME>

---

to be a person in day to day charge at < INSERT NAME OF SERVICE >

---

and declare that that this person:

- has the required skills to be a person in day to day charge eg has adequate knowledge and understanding about providing education and care including understanding of child protection obligations
- can effectively supervise and manage the service
- is at least 18 years
- has successfully completed a child protection course approved by the NSW Regulatory Authority (NSW ONLY)
- is a fit and proper person - they have
  - a current child protection clearance
  - declared they have never been subject to any compliance action or disciplinary proceedings under the National Law or Regulations or State/ Territory early childhood laws (Supervisor to complete ACECQA Compliance History Statement template)
  - declared they are not a 'Prohibited Person'

---

Signature

---

Print Full Name

Approved Provider /Nominated Supervisor (Delete title which does not apply)

Date

---

I accept being placed in day to day charge and will always uphold the National Law and Regulations, and the policies, procedures, philosophy and Code of Conduct of the service

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Signature

---

Print Full Name

Date

---

## Appointment of Nominated Supervisor

Note you also need to complete ACECQA forms NS01 and NS02 and forward to Department  
I appoint <INSERT FULL NAME>

---

to be a person in day to day charge at < INSERT NAME OF SERVICE >

---

and declare that that this person:

- has the required skills to be a person in day to day charge eg has adequate knowledge and understanding about providing education and care including understanding of child protection obligations
  - can effectively supervise and manage the service
  - is at least 18 years
  - has successfully completed a child protection course approved by the NSW Regulatory Authority (NSW ONLY)
  - is a fit and proper person - they have
    - a current child protection clearance
    - declared they have never been subject to any compliance action or disciplinary proceedings under the National Law or Regulations or State/ Territory early childhood laws (Supervisor to complete ACECQA Compliance History Statement template attached)
    - declared they are not a 'Prohibited Person'
- 

Signature

---

Print Full Name  
Approved Provider  
Date

---

I accept being Nominated Supervisor and will always uphold the National Law and Regulations, my obligations as Nominated Supervisor under those laws and regulations, and the policies, procedures, philosophy and Code of Conduct of the service

---

Signature

---

Print Full Name  
Date

---

## Educators Working Directly with Children Register National Regulations

Regs	13	Meaning of working directly with children.
	145	Staff records.
	151	Record of Educators working directly with children.
	152	Record of access to early childhood teachers.
	177	Prescribed enrolment and other documents to be kept by approved provider.

A person is working directly with children at a given time if at that time the person—

- (a) is physically present with the children; and
- (b) is directly engaged in providing education and care to the children.

### Instructions

- Our service will follow our Staffing Arrangements Policy regarding ratios, adequate supervision and qualification requirements at all times.  
The Register of Educators on Duty will record how we meet these requirements.
- We will follow our Record Keeping and Retention Policy. Completed Register storage location:  
\_\_\_\_\_
- We will complete a separate Register each day.
- We will complete a separate Register for each room (optional)

- *Each service must decide the system that works best. There is no right or wrong if you have a separate record for each room or not.*

Educator Full Name	Highest Qualification Completed or Studying <i>Cert III (C)</i> <i>Diploma (D)</i> <i>ECT (E)</i>	Current Qualification or Training <i>First Aid (FA)</i> <i>Asthma (AS)</i> <i>Anaphylaxis (AN)</i>	Shift Start Time	Record times when you enter and leave the room	Shift End Time	Signature
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Educator Full Name	Highest Qualification Completed or Studying			Current Qualification or Training			Shift Start Time	Record times when you enter and leave the room						Shift End Time	Signature
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT		
Alex Smith		✓		✓	✓		8.45am	9.00	12.30	1.00	4.00			4pm	Alex Smith
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT		
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT		
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT		
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT		

## Educators Working Directly with Children Register

## National Regulations

Regs	13	Meaning of working directly with children.
	145	Staff records.
	151	Record of Educators working directly with children.
	152	Record of access to early childhood teachers.
	177	Prescribed enrolment and other documents to be kept by approved provider.

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- (a) is physically present with the children; and
- (b) is directly engaged in providing education and care to the children.

## Instructions

- Our service will follow our Staffing Arrangements Policy regarding ratios, adequate supervision and qualification requirements at all times.  
The Register of Educators on Duty will record how we meet these requirements.
- We will follow our Record Keeping and Retention Policy. Completed Register storage location:  
\_\_\_\_\_
- We will complete a separate Register each day.
- We will complete a separate Register for each room (optional).  
*Each service must decide the system that works best. There is no right or wrong if you have a separate record for each room or not*

# Technology Usage Policy

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## NQS

QA1	1.1.1	1.1.1 Approved Learning Framework - Curriculum decision making contributes to each child's learning and development outcomes as communicators
	1.1.3	Program learning opportunities - All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
	1.2.1	Intentional teaching -Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
QA4	4.2.2	Professional Standards - Professional standards guide practice, interactions and relationships.

## National Regulations

Regs	73	Educational programs
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## My Time, Our Place

LO5	Children collaborate with others, express ideas and make meaning using a range of media and communication technologies
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## Aim

The Service will encourage children to engage with media and technology for fun and to enhance learning to assist in the development of social, physical, emotional, cognitive, language and creative potential of each child.

## Related Policies

Enrolment Policy  
 Education, Curriculum and Learning Policy  
 Social Networking Usage Policy

## Who is affected by this policy?

Educators  
 Children  
 Families  
 Management

## Implementation

Information technology (IT) devices include, but are not limited to, computers, laptops, iPads, tablets, Smart Boards, televisions (including smart TVs) and DVD players.

### Service IT devices

- IT devices at the service may only be used for work relevant to the operations and activities of the service. Examples of these activities include administration, research, programming and professional development
- Educators will encourage children to use information technology to express ideas, access images, information and explore diverse perspectives. Technologies will be integrated into children's play and leisure activities
- Music, videos etc may be streamed if it is relevant to the children's learning or professional development undertaken by educators. However, streaming of this kind will only take place from websites where this can legally take place such as **iTunes** or **YouTube**
- Our service will discuss the protocols we have in place for accessing the computer and other technologies with children and parents. Services may insert protocols here. We will install software that blocks inappropriate websites and ensure children are supervised when accessing the internet and other technologies
- Television, DVDs and videos etc will be used where relevant to enhance curriculum activities and never used as a substitution for interactions and collaborative learning between educators and children, or to manage children's behaviour. Educators will sit with children to monitor and discuss any aspects of the content they are viewing, and will role model appropriate screen behaviours.
- All screen content viewed by children at the service must, for example:
  - assist in expanding the content of the curriculum
  - be suitable to the needs and development levels of each child watching
  - hold the interests of the children watching
  - be carefully selected with suitable content eg content depicting violence like graphic news reports will not be shown
  - be rated 'G' or 'PG' if relevant (eg videos).
- The time children spend watching content on IT devices at the service will be consistent with the Federal Government's *'Physical Activity and Sedentary Behaviour Guidelines'* ie no more than two hours per day. Educators will take into

consideration the time children may also spend watching screen content or using electronic media for entertainment at home

### **Personal IT devices**

Educators must not access personal IT devices (eg smart phones, iPads, tablets) while interacting with children or contributing to service ratios.

Any educators or staff members found to be using IT devices inappropriately will face an enquiry by management and other relevant parties to decide a course of action based on the severity of their misconduct. Illegal conduct will be reported to the Police or appropriate authority. Outcomes of inappropriate or illegal conduct include termination of employment.

Educators will supervise children who are using personal IT devices to ensure content is appropriate and suitable for sharing with other children at the service. Educators may confiscate personal IT devices for the duration of the session if they believe content is inappropriate.

## **Sources**

**National Quality Standard**

**My Time Our Place Framework for School Age Care**

**Education and Care Services National Law and Regulations**

**Physical Activity and Sedentary Behaviour Guidelines – Federal Government**

## **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Parents
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Tobacco, Drug and Alcohol Policy

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## NQS

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
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## National Regulations

Reg	82	Tobacco, drug and alcohol-free environment
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## My Time Our Place

LO3	Children take increasing responsibility for their own health and physical wellbeing.
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## Aim

To ensure children are not subjected to the dangers associated with tobacco, drugs and alcohol and provide appropriate adult role modelling.

## Related Policies

Health, Hygiene and Safe Food Policy  
 Relationships with Children Policy

## Implementation

### **Our service is strictly tobacco, drug and alcohol free**

In order to keep children, Educators, families and visitors free from the dangers of drugs, including illegal substances, alcohol and tobacco, the following rules apply;

The consumption of tobacco, drugs and alcohol is prohibited in all areas of the service including:

- Inside
- Outside in the playground
- Outside in the car-park
- In any areas which can be viewed by our services' children and families

Smoking and the consumption of alcohol is also prohibited -

- On incursions or excursions at any point during the event
- While travelling with a child
- At Educator meetings
- At parent meetings

Please note it is illegal to smoke at our service or within four metres of any part of a pedestrian access point (entrance or exit) to the service while the service is providing education and care to children.

In relation to social events at the service involving service families:

- smoking is prohibited, whether in work hours or not
- alcohol may be consumed outside work hours if children are not present. Alcohol may only be brought into the service immediately prior to the commencement of the gathering, and only after all children have been collected. Any leftover alcohol will be removed from the premises immediately after the gathering concludes. Alcohol will not be stored for any length of time on service premises
- photos will be used to represent any alcoholic raffle prizes, and alcoholic prizes will not be stored on service premises.

Any alcoholic gifts given to Educators or staff will be removed from service premises immediately (eg placed in individual's car if this is not parked on service premises.)

Under no circumstances will any person attend the service if they are affected by alcohol or drugs, including prescription medication, if in any way the consumption of these items impairs their capacity to supervise, educate or care for children.

We will display No Smoking signs in the service and in the smoke free area, and provide families with access to relevant smoke-free resources from Health Vic.

Where relevant, our Educators will engage children in conversations or learning experiences that promote the benefits of a tobacco, drug and alcohol-free lifestyle.

## Sources

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**My Time Our Place Framework for School Age Care**

**Occupational Health and Safety Act 2004**

**Tobacco Act 1987**

## Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**



# Transportation Policy

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## NQS

QA2	2.3.1	Children are adequately supervised at all times.
	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

QA6	6.3.2	Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.
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## National Regulations

Reg	100	Risk assessment must be conducted before excursion.
	101	Conduct of risk assessment for excursion.
	102	Authorisation for excursion.
	99	Children leaving the education and care premises

## Aim

The safety of each child and all Educators is paramount at all times. This includes those children and accompanying Educators who travel on the service's bus. Proper restraint systems will be used according to current Australian Standards. The vehicle itself will be maintained according to Australian Standards.

## Related Policies

Additional Needs Policy

Excursion Policy

Parental Interaction and Involvement in the Service Policy

Staffing Arrangements Policy

Tobacco, Drug and Alcohol Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

## Implementation

The guidelines in the Transportation Policy will be used to educate children, families and the community on safely transporting children, road and pedestrian safety.

Educators will assist motor vehicle drivers and bus drivers to ensure each child is transported safely at all times. The service understands that the driver maintains ultimate responsibility for road safety and ensuring each child is properly seated and restrained. All Educators, however, have an equal responsibility to assist the driver and check that each child is seated and restrained appropriately using the following guidelines. Under no circumstances will any child be transported if all the following guidelines are not met.

## General Transport Guidelines

- Smoking of any substance, the intake of alcohol or the use of any illegal substance by any person while involved with the transportation of children is prohibited. Educators will refer to the service's Tobacco, Drug and Alcohol Policy for further guidelines.
- Children will never be left unattended in any vehicle to promote positive supervision and to prevent heat stress.
- Educators will ensure that seat belts are properly secured on each child and themselves before departing.
- Educators will assist children to fasten and release the safety restraints on their seats.
- Children will only be transported in a vehicle when the manufacturer's stated capacity is adhered to at all times.
- Children will be prohibited from eating, standing and any other dangerous activities whilst in the vehicle.
- Children will be accompanied at all times, including to and from the vehicle.
- If possible, children who have special needs will have their needs accommodated. An Educator who is familiar with these needs will travel with the child.
- Educator ratios outlined in the staffing arrangements policy apply when travelling on an excursion.

### Guidelines for Seatbelts and Restraints

- Seatbelts and restraints must meet Australian Standards (AS/NZS1754) and be marked as complying with the Australian Standard.
- Educators will ensure that each child under seven years of age must be secured in a child restraint or booster seat when travelling in a vehicle.
- From four years to under seven years of age a forward-facing restraint or booster seat must be used.
- Children from four to under seven years of age can only sit in the front row of a vehicle with two or more rows when all other seats are occupied by children of a lesser age in an approved child restraint.
- Children 7 years and over can be restrained in an adult seat belt or booster seats.
- The ages specified above are a guide for the safety of each child. If a child is too small for a restraint specified for their age, they should be kept in their current restraint for as long as necessary.
- If a child is too large for a restraint specified for their age, they may move to the next level of restraint.
- Child restraints purchased overseas do not comply with Australian Standards and they are not compatible with Australian vehicles. It is illegal to use restraints that do not meet the Australian standard.
- More information can be accessed at <http://www.vicroads.vic.gov.au/Home/SafetyAndRules/SaferVehicles/BuyingASafeCar/SeatBelts.htm> or
- <http://www.vicroads.vic.gov.au/Home/SafetyAndRules/SaferVehicles/ChildRestraints/>

### Buses

Currently there is no Victorian legislation mandating the requirement for a person operating a bus service to provide a child restraint for a passenger. Buses manufactured after 1995 are required to have at least 6 anchorage points for child restraints.

## Medical Exemptions

- Children are exempt from wearing a child restraint if they hold a medical certificate signed by a medical practitioner which certifies that the child should not, for medical reasons, be restrained while travelling in a motor vehicle.
- Generally, if a child is unrestrained within a vehicle on medical grounds, they must travel in a rear seat. However, if the medical certificate signed by a medical practitioner certifies that the child should not, or cannot, for medical reasons, travel in a rear seat, then the child may sit in the front row.

## Vehicles

- Only insured, licensed and vehicles with a high level of maintenance will be used.
- The vehicle will have a First Aid Kit inside it and emergency contact details for all children and Educators in the vehicle.
- A mobile phone will be available in case of emergencies.

## Drivers

- Drivers must be legally-licensed.
- Learners or Provisional licence (P-Plate licence) holders will not be allowed to drive the bus
- Drivers will meet staff qualifications and must be able to pass a criminal history check.
- Drivers will hold first aid certificates.
- Drivers will drive legally and follow road rules at all times.
- Drivers will not be included in the Educator ratios.
- Drivers will not be talking on a mobile phone at any time, including hands free systems, and loud music will not be played to prevent distractions.
- The Nominated Supervisor is responsible for collecting background check and driving histories of the bus drivers and updating this information annually.
- The Nominated Supervisor is responsible for ensuring the safety of the motor vehicle, insuring the motor vehicle and keeping it at a safe standard.

## Excursions

- The service will follow the Excursions Policy at all times.

# Road Safety

## Pedestrian Safety

Based on KidSafe Australia's guidelines, our service recognises and will follow the following information –

- Children are vulnerable road users.

<https://kidsafe.com.au/car-road-safety/>

Although children may think they can handle crossing a road by themselves, remember that children:

- are easily distracted and focus on only one aspect of what is happening
- are smaller and harder for drivers to see
- are less predictable than other pedestrians
- cannot accurately judge the speed and distance of moving vehicles
- cannot accurately predict the direction sounds are coming from

- are unable to cope with sudden changes in traffic conditions
- do not understand abstract ideas - such as road safety
- are unable to identify safe places to cross the road
- tend to act inconsistently in and around traffic

Children under 10 years of age need to be accompanied and closely supervised by a parent or adult carer to keep them safer.

A simple way of doing this is to hold hands.

### **Educators will use the following to guide education with families and the community –**

- Parents and caregivers have a key role in educating their children about road safety. Children learn about road safety largely by experience.
- Parents and adult carers have opportunities in day-to-day routines to discuss road safety with children, for example, on the way to school.
- Whenever crossing roads, it is an idea to talk about when and why it is safe to cross the road with your children so they can gain understanding about the broad range of factors involved.
- Anywhere where there is a potential for moving vehicles is a potentially dangerous traffic situation for children. This includes residential areas, car-parks, at traffic lights, along footpaths, zebra and other crossings, driveways, quiet streets, and busy streets.
- Children need parental/adult carer close supervision in and around traffic to make them safer.

### **Drive Way Safety**

- ENSURE YOU ARE AWARE OF WHERE CHILDREN ARE whenever a vehicle is to be moved
- ENCOURAGE CHILDREN TO PLAY IN SAFER AREAS AWAY FROM THE DRIVEWAY & CARS - the driveway is like a small road and should not be used as a play area.

## **Sources**

**Education and Care Services National Regulations 2011**

**National Quality Standard**

**VicRoads**

**KidSafe VIC**

**Bus Safety Act 2009 Vic**

**Road Safety Act 1986**

**Road Safety Road Rules 2009**

**Road Safety (Vehicles) Regulations 2009**

**Motor Vehicle Standards Act 1989 Cth**

## **Review**

The policy will be reviewed annually.

The review will be conducted by:

- Management



- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**

# Unenrolled Children Policy

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## Aim

To ensure that Educators and the service are only responsible for children who are enrolled at our service to meet our legal requirements and child/Educator ratios.

## Related Policies

Child Protection Policy  
Enrolment Policy  
Excursion Policy  
Family Law and Access Policy  
Orientation for Children Policy  
Relationships with Children Policy  
Staffing Arrangements Policy

## Who is affected by this policy?

Child  
Educators  
Families  
Management

## Implementation

- On occasion, children who are not enrolled at our service may be present at the service.
- An example of this is when families come to pick up an enrolled child and they bring their other children with them.
- At times like this, the children who are not enrolled at the service are the responsibility of the adult that brought them to the service.
- We ask these adults to keep unenrolled children off any equipment at the service, and for the child to be accompanied by the adult at all times.
- Should a child who is not enrolled at the service attend an excursion with the service, they may only attend should the adult to child ratio not be compromised for enrolled children.
- Any child that is enrolled at the service on a temporary basis will be included in the Educator/child ratios.

## Sources

Education and Care Services National Regulations  
National Quality Standard

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Reviewed: August 2020**

**Date for next review: August 2021**

# Work Health and Safety Policy

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## NQS

QA2	2.3.2	Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
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## National Regulations

Regs	168	Policies and procedures are required in relation to health and safety
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## Aim

We aim to do everything possible to protect the health, safety and welfare of all Educators and other people who may be affected by our operation including our children and their families.

## Implementation

### Duty of Care

The Approved Provider and Nominated Supervisor will ensure he or she takes all reasonable steps to ensure the health and safety of all Educators, staff, volunteers, children, their families and any other people impacted by the service operations. This includes identifying and eliminating or reducing all reasonably foreseeable hazards and providing appropriate training and instruction. Our Educators, staff and volunteers will also ensure they take reasonable care for their own health and safety and that their conduct does not adversely affect the health and safety of other people.

### Consultation, Cooperation and Coordination

Our service will share information about health and safety matters with Educators, staff, and volunteers and encourage them to express their views or raise issues. We will involve our Health and Safety Representative in the consultations where applicable.

Our service will consult with Educators, staff, and volunteers when:

- identifying hazards and assessing risks arising from work
- proposing changes that may affect the health and safety of workers
- carrying out activities prescribed by the Work Health and Safety Regulation.

Our service will also consult with Educators, and volunteers when making decisions about:

- ways to eliminate or minimise risks
- the adequacy of their facilities
- consultation procedures
- resolving health and safety issues



- monitoring their health and safety or the safety of workplace conditions
- how to provide health and safety information and training.

Consultation with our Educators, volunteers and health and safety representatives (if applicable see below) means:

- relevant work health and safety information is shared
- they have a reasonable chance to express their views
- they are given a reasonable opportunity to contribute to the decision-making process
- their views are taken into account
- they are advised of the outcome of the consultation in a timely manner.

Our Educators and volunteers are entitled to:

- elect a health and safety representative
- request the formation of a health and safety committee
- cease unsafe work
- have health and safety issues resolved in accordance with an agreed issue resolution procedure
- not be discriminated against for raising health and safety issues.

### **Health and safety representatives**

Our Educators and staff can elect Health and Safety Representatives (HSRs). If a request is made for a HSR, our Approved Provider/Nominated Supervisor will:

- commence negotiations with workers about the number of HSRs and any deputy HSRs, and which workers will be represented by the HSRs (in groups called work groups) within 14 days. Workers from multiple services can be part of the same work group.
- give all Educators and staff the chance to nominate as a HSR and to vote in an election if there is more than 1 candidate.
- notify workers of the outcome of the negotiations as soon as possible.

The Approved Provider/Nominated Supervisor must keep a current list of all HSRs and deputy HSRs and display a copy at the workplace. The list must also be given to the Workplace Health and Safety Regulator.

A HSR can:

- inspect the workplace of their work group
- accompany a workplace health and safety inspector during an inspection
- be present at an interview with a worker that the HSR represents (with their consent) and the Approved Provider/Nominated Supervisor or an inspector about health and safety issues
- request a health and safety committee be established
- monitor compliance measures by the Approved Provider/Nominated Supervisor
- represent the work group in health and safety matters
- investigate complaints from members of the work group
- inquire into any risk to the health or safety of workers in the work group
- request the assistance of any person, including a union, whenever necessary.
- issue Provisional Improvement Notices in the form and manner prescribed in the legislation (these Notices must be adhered to and displayed)

- direct workers to cease unsafe work where the HSR considers there is a serious health and safety risk if consultations the Approved Provider/Nominated Supervisor do not resolve the issue.

Our service will ensure HSRs and deputy HSRs:

- are never prevented from carrying out any of their duties
- are able to give people assisting them access to the workplace
- can take paid leave to attend to their health and safety duties
- can take paid leave to attend an initial work health and safety course or annual refresher training approved by the regulator within 3 months of their request to attend. We will pay the course costs and reasonable expenses
- can access any resources, facilities and assistance that they reasonable require to undertake their duties.

HSRs or Deputy HSRs are elected for 3 years unless they leave the work group, are disqualified, resign or the majority of workers they represent agree they should not represent them. They are not personally liable for anything done, or not done, in good faith while carrying out their role.

### **Health and Safety Committees**

A Health and Safety Committee (HSC) can facilitate cooperation between the Approved Provider and Educators, staff and volunteers in developing and implementing measures to ensure health and safety at our service.

At least 5 of our Educators, staff, and volunteers, or our HSR, can request the establishment of a HSC. We will establish a HSC within 2 months of a request. We can also establish a HSC without a request. At least half the members of a HSC won't have been nominated by the Approved Provider /Nominated Supervisor. A HSR can consent to be a member of the committee.

Our service will ensure:

- a HSC has access to any information related to workplace hazards and the health and safety of workers, except for personal or medical information which would identify individual workers.
- a HSC meets at least once every three months or at any reasonable time at the request of at least half of the committee members
- HSC members are able to take paid leave to comply with their health and safety duties.

### **Notification of Death, Serious Injury or Illness**

The Approved Provider/Nominated Supervisor must notify the Workplace Health and Safety Regulator as soon as they become aware of a death, or a serious injury or illness that results in:

- immediate treatment as an in-patient in a hospital, or

- immediate treatment for:
  - the amputation of any part of the body
  - a serious head injury
  - a serious eye injury
  - a serious burn
  - the separation of skin from an underlying tissue (such as degloving or scalping)
  - a spinal injury
  - the loss of a bodily function
  - serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness is:

- any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work:
  - with micro-organisms
  - that involves providing treatment to a person
  - that involves contact with human blood or body substances, or
  - involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

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

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel

The approved provider or nominated supervisor must notify the regulator by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. If notified by telephone, the regulator may require a written notice of the incident within 48 hours. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by the regulator.

## Source

Education and Care Services National Regulations 2011  
National Quality Standard  
Work Health and Safety Act 2011  
Work Health and Safety Regulation 2011

## Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2020**

**Date for next review: August 2021**