

Boddington



POLICY AND PROCEDURE MANUAL (Updated MARCH 2015)

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1. ACCEPTANCE AND REFUSAL OF AUTHORISATIONS POLICY

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

Reg	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

Physical Safety (Workplace, Learning and Administration) Policy

Implementation

Where activities require authorisation, either to comply with national regulations, or to comply with our service policies, our service requires that the authorisation is provided in writing and is dated.

These activities include

- Administration of medication.
- Administration of medical treatment, general first aid products and ambulance transportation.
- Excursions including regular outings.
- Incursions.
- Taking & publishing of photographs.
- Enrolment of children including naming of authorised nominees and persons authorised to consent to medical treatment or trips outside the service premises.
- The format of written authorisations required under the national law must comply with the regulations. Please see specific policies for more information.

Our service does not accept verbal authorisations in any circumstances except in situations requiring Emergency administration of medication, including emergencies involving anaphylaxis or asthma.

Source

Education and Care Services National Regulations 2012

National Quality Standard



Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



2. ADDITIONAL NEEDS POLICY

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.
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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

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

EYLF

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 each child to fully participate in their education and care at the service. Educators will remain positive, open-minded and honest at all times when working with families and external support professionals to most positively meet the additional needs of each child being educated and cared for at the service.

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

As per the National Quality Standard, our service positively responds to and welcomes children with additional needs who

- Are Aboriginals or Torres Strait Islanders.
- Are recent arrivals in Australia.
- Have a culturally and linguistically diverse background.
- Live in isolated geographic locations.



- 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 arise from different causes, and that causes require different responses. Any child may have additional needs from time to time. We recognise that additional needs may be temporary or for a lifetime.

Learning Environments

The service environment and equipment will be designed or adapted to ensure access and participation by every child in the service to support the inclusion of children with additional needs.

The indoor and the outdoor environment will be suitable for children with additional needs.

The service will ensure the program and curriculum meets the needs of children with additional needs. Learning materials and equipment such as books and games will reflect positive inclusion and children with additional needs in the community.

The service will work with external professionals and families to ensure that learning environments are most suited to each child with additional needs and children and families from culturally diverse backgrounds. We will also involve children in this process and where appropriate, the service will keep a copy of any specific plans or instructions provided by external resource providers and professionals for children with additional needs.

Children may have sensory sensitivities to pressure, texture, smell, noise, visual expectation of the environment or colour which may need to be considered in the environment.

Children will be encouraged to feel safe and secure during their education and care at the service by developing trusting relationships with educators, other children and the community.

Positively Promoting Each Child's Personal Ability

Our service wants children to develop to the best of their personal ability. Our philosophy highlights our commitment to equity and fairness for all children. Every child in our service is an individual and we aim to promote and encourage this by

- Our commitment to ensuring each child is able to fully participate in their education and care at the service.
- Helping children to develop ease with and have a respect for physical, racial, religious and cultural differences.
- Enabling children to develop autonomy, independence, competency, confidence and pride.
- To provide all children with accurate and appropriate material that provides information about the additional needs of others.
- Providing educators of a high calibre who encourage children to experience active and energetic play in order to develop their physical potential.
- Presenting children with a wide range of male and female work roles, both within the home and the workplace, including nurturing roles.
- Encouraging children to develop friendships with each other based on mutual trust and respect.



- Including in our program and curriculum, and the physical environment, an awareness of cross-cultural and non-discriminatory practices.
- Using a program that is based on a child's development and that is also relevant to the children's life experiences, interests and social skills.
- Encouraging parents from non-English speaking backgrounds to contribute their knowledge and culture to the service to enhance the program.

Making it clear to children through all educators that it is not acceptable for a child to say or do unfair thing to another individual and that if this does occur an educator will firmly step in. Educators will familiarise themselves with, and share knowledge about, the specific communication needs of each child. This will include verbal and non-verbal communication skills and cues. Where applicable, this may include things such as sign language and or learning key words in the child's home language.

Professional Support Services for Children

Our service will not hesitate to access external professional support services for children with additional needs.

Educators will liaise with the Nominated Supervisor to ensure the needs of each child are met throughout their education and care at the service.

The service will use the Enrolment Form to gather information about children with additional needs. Educators will encourage families to update this information throughout the year and families are responsible for passing on information from any professional support services accessed outside of the service. This will promote the continuity of learning for each child.

Information gathered about children with additional needs may be used to develop an individual support plan that will kept on file at the service and shared with families, the child's medical practitioners and/or professional support services and where appropriate the child's local school if known by the family.

The service will work with local schools to help children with additional needs transition. We are open to sharing information about the additional needs of children to promote continuity of learning.

Educators will remain positive, open-minded and honest at all times.

The Inclusion Support Agency (ISA) is funded by the Australian Government. The service can lodge an application for Special Needs Subsidy Support (SNSS) funding for additional support workers through the ISA. Funding will be granted when the child meets specific criteria. SNSS workers will help the service with the integration of children with additional needs and will assist educators in putting together an individual program for each child. Australian government funding is necessary in continuing the availability of support through ISA's and SNSS Workers.

Information is available from DEEWR at the following website –

<http://www.deewr.gov.au/Earlychildhood/Programs/ChildCareforServices/SupportFamilyCCS/Pages/InclusionSupportProgram.aspx>

Professional Development for Educators

Our service will access professional development for educators to help the service meet the needs of each child with additional needs.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Early Years Learning Framework



Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



3. 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

Reg	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

EYLF

LO3	Children take increasing responsibility for their own health and physical wellbeing. Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
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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 and nappy cream.
- The Nominated Supervisor will ensure a copy of this policy is provided to parents when they enrol their child.
- Administration of Medication (non-emergency).



Educators will administer medication to a child

- If the medication is authorised in writing by a parent or another authorised person.
- Is the original container and 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.
- 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.

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.

Children over pre-school 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 (refer our Medical Conditions Policy). Educators will

- Advise child to take their medication or child will get permission from educator that they may take their medication.
- Supervise children administering the medication.
- Complete the medication record.

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 and there is a letter from the doctor explaining the purpose of the medication. The only exception to this is Panadol, if a child is displaying a fever (of 38-39 degrees) with no other signs of illness parents will be rung and asked if they would like educators to administer a dose of Panadol (if written permission has been given on the enrolment form), the child's temperature will then be monitored every 10minutes and recorded. If the fever continues to rise or fails to drop the parent/guardian will be rung and asked to collect their child, if however the fever falls and no other signs of illness are displayed the child will be continued to be monitored through-out the day and parent/guardian will need to sign medication form on pick-up. Please remember medication may mask the symptoms of other, more serious illnesses and our educators are not qualified medical professionals. If a child again has a fever in the same week the parent/guardian will be rung and asked to collect their child.

We will administer nappy cream and sunscreen without prescription by a doctor if a parent or authorised person gives written authorisation.

Administration of Medication in emergencies other than anaphylaxis or asthma emergencies

Educators will administer medication to a child in an emergency

- If a parent or another authorised person verbally authorises the administration of the medication.
- They receive verbal authorisation from a registered medical practitioner or emergency service if the parent or authorised person cannot be contacted.

The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

The Nominated Supervisor will contact the child's parent, and provide written notice to the parent, as soon as possible.

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

Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.

The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

The Nominated Supervisor will contact the emergency services, and the child's parent, or if the parent can't be immediately contacted, an authorised emergency contact as soon as possible.

An authorised emergency contact is a person named in the enrolment record to be notified of an emergency if the child's parents can't be contacted.

The Nominated Supervisor will advise the child's parent in writing as soon as possible.

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, what the medication is treating, 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.

Medication Record template

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 Regulations 2012

National Quality Standard

Early Years Learning Framework

Review

The policy will be reviewed annually by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



Medication Record

Childs name: Date of birth:

TO BE COMPLETED BY PARENT/GUARDIAN								TO BE COMPLETED BY THE EDUCATOR WHEN ADMINISERED							
Name of Medication	What Condition is Medication Treating	Last Administered		To be Administered (or circumstances to be administered)		Dosage to be Administered	Method of Administration	Signature of Parent/Guardian	Medication Administered	Dosage Administration	Method of Administration	Name of Educator Administering	Signature of Educator Administering	Name of Witness	Signature of Witness
		Time	Date	Time	Date										



4. ANIMAL AND PET POLICY

NQS

QA2	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.
	3.3	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

Reg	168	Policies and procedures are required in relation to health and safety
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EYLF

LO	Children become socially responsible and show respect for the environment
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Aim

Our service aims to provide a safe and hygienic environment that minimises the risk of a child being harmed by an animal. We also aim to educate children in the proper care of animals.

Implementation

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 power applied to them and be regularly checked for fleas and wormed. Any animal in a cage will have its cage cleaned daily.

Animal or pets will not be allowed in the sandpit or any other play area that cannot be easily cleaned. 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 into the 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.

It will be included in the program how to properly care for animals and how to treat them appropriately.

Source

Education and Care Services National Regulations 2012
National Quality Standard

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees



Families
Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



5. BIKE SAFETY POLICY

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

EYLF

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.
- 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.
- Provide helmets

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.

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: <March 2015>

Date for next review: <March 2016>



6. BOOKING POLICY

NQF

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

Families are to elect to book either a permanent full-time or part-time place, rotating roster booking or choose to use the service on a casual basis. Places are always subject to availability and to Commonwealth guidelines regarding Priority of Access.

Parents that make use of the rotating roster booking are required to supply the Centre with their roster one month in advance.

Permanent Bookings

Permanent Full-Time or Part-Time Bookings are defined as

- When a child is booked in for care weekly on the same day and time.

Families who elect to book a Permanent Full-Time or Part-Time place are guaranteed their child's place is secure and are required to pay fees for their normal weekly booking regardless of when their child is sick or absent for any reason including, non-working days in a work roster.

Any changes to, or cancellation of, permanent bookings are to be communicated to the centre Manager via written notification. A minimum of two weeks' notice is required for the cancellation of a place. Where the minimum notice is not given and the child does not attend the service the child will be marked as absent and the parent will be charged.

Parents/Guardians should contact the centre to advise of their child's inability to attend as soon as this is known. Parents/Guardians will still be required to pay for booked places.

Casual Bookings

Casual Bookings are defined as

- When a child is booked in for care but has not opted for a weekly Permanent Full-Time or Part-Time position.

Families who elect to book a Casual place for their child cannot be guaranteed their child's place will be available on an ongoing basis if a Permanent Full-Time or Part-Time booking is required by another parent.

Casual care clients cannot be guaranteed a place.

Casual attendances are to be communicated to the centre Director via written notice. Cancellation of Casual Bookings must be made a minimum of 2 days prior to the day booked; otherwise the parent will still be charged.

Casual booking will not be accepted if there are outstanding fees.

Rotating Roster Bookings

Parents subject to rotating work rosters can choose to enrol their child as a permanent booking and are subject to the conditions associated with their booking. Bookings may be made on a casual basis; however casual places are not secure.



Preference will be given to parents who commit to a Full Time or Part Time permanent booking

Absences

Eligibility for CCB may be maintained on fees paid when the child is absent. Families are entitled to claim 42 absences every financial year for any reason.

Ceasing Care

At the ceasing of care children are required to attend their last day of care, if not CCB and CCR entitlements will not be applied to their final two weeks.

Review

The policy will be reviewed annually by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



7. BUSHFIRE POLICY

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

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 resource their own learning through connecting with people, place, technologies and natural and processed materials

Aim

Our service aims to keep all children and educator's 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.

Who is affected by this policy?

Children
Families
Educators
Community
Visitors

Implementation

As per the Royal Bushfire Commission Report, the 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 to be undertaken by the educators, children, families and visitors in the following circumstances

- On days of Total Fire Ban.
- 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. Should the Rating be above High, educators will monitor the situation in line with the process in our region, such as via the internet or radio, to keep aware of the situation.

Trees will be trimmed to a distance of 2m from the buildings. Educators will inspect the ground at the beginning of Spring and the Owner/Nominated Supervisor will arrange for any lopping of branches if necessary. In line with this, gutters and roofs will regularly be cleaned and kept free of leaves. Also, paintwork on buildings will be kept well maintained. Please see Maintenance of Building and Equipment Policy for further details.

A Safe Refuge Kit 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.
- Nappies.
- Blankets.
- Towels.
- Change Mat.
- Gloves.
- Nappy Wipes.

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

Very High, Severe or Extreme Fire Danger Ratings

On days where the Fire Danger Rating is Very High, Severe or Extreme, the service will inform families by posting a warning in the entrance/noticeboard.

Children will be transitioned throughout the day as per our usual practice. Any educators who are planned to attend off-site training will stay at the service, and have their training cancelled/rescheduled. The OHS/WHS Officer or Fire Warden will ensure that all gates have access keys and ensure the locks are in working order.

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

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

The Nominated Supervisor/nominated educators will ensure that all outdoor taps are in working order with hoses attached and buckets placed beside each exterior tap. One nominated educator will ensure the mobile phone in the Kit is in full working order with a fully charged battery, and that the charger is put in the Kit. This kit will then be moved to the Educators Room for easy access. The Emergency Contact register and Daily Roll will be added to the Kit. The medical register for the day will also be added to the kit.

The Fire Warden will ensure all hazards are removed from passages and walkways and nothing is blocking emergency exits.



Fire Reported in Local Area

- The Nominated Supervisor will inform families and educators via a notice posted on the front door/foyer/noticeboard. All nominated educators will be called together to discuss the situation and perform their duties.
- The children will continue to be transitioned through their day with our usual transition method.
- Any educators who are planned to attend off-site training will stay at the service, and have their training cancelled/rescheduled. The OHS/WHs Officer or Fire Warden will ensure that all gates have access keys and ensure the locks are in working order.
- 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. Families will be required to provide a reliable contact number for the day and provide asthma medication if their child suffers from asthma.
- The Nominated Supervisor/nominated educators will ensure that all outdoor taps are in working order with hoses attached and buckets placed beside each exterior tap. The Nominated Supervisor/nominated educators will ensure that the outdoor industrial dumpster is closed at all times.
- One nominated educator will ensure the mobile phone in the Kit is in full working order with a fully charged battery, and that the charger is put in the Kit. This kit will then be moved to the Educators Room for easy access. The Emergency Contact register and Daily Roll will be added to the Kit. The medical register for the day will also be added to the kit.
- The Fire Warden will ensure all hazards are removed from passages and walkways and nothing is blocking emergency exits. The Nominated Supervisor will turn off any gas cylinders.
- The Fire Warden will ensure that whistles are in place beside each portable fire extinguisher. These are to 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 procedure above will be followed immediately.
- Educators will move all hoses inside building.
- Educators will close all doors and windows.
- Educators will access the roof space every 10-20 minutes to check for spot fires.
- The Nominated Supervisor will inform the owner/licensee of the situation and regularly keep them updated of the situation.
- The Licensee will inform the appropriate service about the situation, advising the Licensing officer of 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 member, child or visitor associated with the service leaves the building until the situation is deemed safe by members of the emergency services.

The Emergency Response Team, made up of members of educators, will assess the situation and if necessary make arrangements for the care of children for an extended period of time.

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.

The Nominated Supervisor will, at all times, work to keep the licensee abreast of the situation. The licensee will then advise the Licensing Unit/Officer of the number of children



affected, emergency educator ratios in place, any issues that arose and if possible the projected impact to the service.

The Emergency Response Team of nominated educators will continue to check the building and surrounds for 2-4 hours after the front has passed.

Relevant educators will undertake a debriefing of the fire emergency situation 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.

Nominated educators will arrange to have firefighting equipment, warning system and Emergency Kits checked and readied for use again.

If necessary, the owner/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. Should family member be unable to collect, or arrange collection of their children within one hour of the usual operation hours of the service, fees will apply as per our Arrival and Departure Policy.

CCB payments are available for up to 42 days in this circumstance. For further information on this please read:

<http://www.deewr.gov.au/Earlychildhood/Resources/Documents/FactSheets/CCFactSheet.pdf>

Sources

National Quality Standard

Education and Care Services National Regulations 2012

The Bushfire Royal Commission Report
Review

The policy will be reviewed annually.

Review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 106>



8. CHEMICAL SPILLS POLICY

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

Reg	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 2012
National Quality Standard
Occupational Health & Safety Act 2004

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



9. CHILD PROTECTION POLICY

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

Reg	84	Awareness of child protection law
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Aim

All educators and staff at our service take seriously their responsibility to protect children from any type of abuse, and are aware of their roles and responsibilities regarding child protection. While we understand there are legislative obligations we must follow, we believe it is also our responsibility as educators to ensure the safety and wellbeing of all children, and to provide the children at our service with the opportunity to develop to their full potential free from any form of harm and abuse. We will implement a child protection risk management strategy to ensure the safety of children is paramount and the service will always act quickly in the best interests of a child.

Related Policies

Educator and Management Policy
Privacy and Confidentiality Policy
Record Keeping and Retention Policy
Family Law and Access Policy
Relationships with Children Policy
Tobacco Drug and Alcohol 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

The Approved Provider, Nominated Supervisor, educators, staff members and volunteers will implement a Child Protection Risk Management Strategy to ensure the health, wellbeing and safety of all children at the service.

Child Protection Risk Management Strategy

Code of Conduct

The service upholds a Code of Conduct in relation to employers, educators, volunteers, students, families and children to ensure the safety and wellbeing of children (See Educator and Management Policy).

Recruitment, Selection and Training Procedures include child protection principles.



The Approved Provider or Nominated Supervisor is responsible for developing recruitment and professional development procedures that ensure all people working at the service do not pose a risk to children and understand how to respond to disclosures or suspicions of harm and abuse. (See Appendix A and Educator and Management Policy “Professional Development Requirements”).

Procedures for Reporting and Documenting Abuse or Neglect

What is Abuse?

Under the *Children and Community Services Act 2004* a child is considered to be in need of protection in circumstances including

- The child has suffered, or is likely to suffer, harm as a result of physical, sexual, emotional or psychological abuse or neglect, and the child's parents have not protected, or are unlikely to protect, the child from that harm.
- The child has suffered or is likely to suffer harm as the result of the child's parents being unable to provide or arrange adequate care or effective medical, therapeutic or other remedial care.

Harm means any detrimental effect of a significant nature on the child's wellbeing.

Neglect means failure by a child's parents to provide or arrange adequate care for the child or provide effective medical, therapeutic or remedial treatment.

Any person who has the care or control of a child is required under the legislation to take steps to prevent a child suffering harm as a result of physical, sexual, emotional or psychological abuse.

Teachers must report child sexual abuse. There is an online system for mandatory reporters called MRWeb at <http://www.mandatoryreporting.dcp.wa.gov.au/Pages/Home.aspx> and they may make a verbal report on 1800 708 704.

Educators and staff members who are concerned that a child is suffering any other form of abuse or neglect, or require further assistance in child protection matters should report the concern to the local District Office of the Department of Child Protection. The link is http://mandatoryreporting.dcp.wa.gov.au/Pages/DCP_District_Offices.aspx

Educators and staff members must have a reasonable belief (objective basis) that a child is, is at risk of or has been harmed based on

- First hand observation of the child or family.
- What the child, parent or other person has disclosed.
- What can reasonably be inferred based on observation, professional training and/ or experience.

Responsibilities

The Approved Provider, Nominated Supervisor, educators, staff members and volunteers must

- Be able to recognise indicators of abuse (see Appendix B).
- Take anything a child says seriously and follow up their concerns.
- Allow children to be part of decision-making processes where appropriate.
- Understand they must report to Child Protection on 1800 708 704 (available 24 hours/7 days a week) if they believe on reasonable grounds a child has, is or is likely to suffer sexual abuse. Written reports must also be provided and these can be submitted online at <http://www.mandatoryreporting.dcp.wa.gov.au/Pages/Home.aspx>
- Understand they must report any other form of abuse or neglect to the local District Office of the Department of Child Protection.



- Educators, staff members and volunteers should make the report with the assistance or support of the Nominated Supervisor.
- Contact the police on 000 if there is an immediate danger to a child and intervene immediately if it is safe to do so.
- Connect families with referral agencies where concerns of abuse or neglect do not require reports to Child Protection. Refer to the local District Office of the Department of Child Protection for advice. Family consent will be sought before making referrals.
- Promote the welfare, safety and wellbeing of children at the service.
- Prepare accurate records to assist investigations of abuse or suspected abuse by Child Protection or the Police or dealings with referral agencies. Accurate records record exactly what happened was thought to have happened or potentially could happen.
- Understand that allegations of harm against them are treated in the same way as allegations of harm against other people (see “Allegations against Service Personnel”).

The Approved Provider and Nominated Supervisor must also ensure that all employees and volunteers are

- Clear about their roles and responsibilities regarding child protection.
- aware of their obligations to immediately report cases where they believe on reasonable grounds a child has or is experiencing abuse and neglect including sexual abuse.
- Aware of the indicators showing a child may be at risk of abuse or neglect.
- Provide training and development for all educators, staff and volunteers in the recognition and reporting of harm.
- Provide reporting procedures and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
- Inform all stakeholders of the actions or inactions that form a breach of the child protection risk management strategy and the potential outcomes of breaching the strategy.
- Manage any breaches of the child protection risk management strategy.
- Conduct a Working With Children Check for all educators, staff and volunteers unless the person meets the criteria for exemption from a WWCC. Further information is available at <http://www.checkwwc.wa.gov.au/checkwwc>
- Provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.
- Ensure records of harm or suspected harm are kept in line with our Privacy and Confidentiality Policy.

Allegations against Service Personnel

Allegations of abuse or suspected abuse against educators, staff members, volunteers, the Nominated Supervisor or Approved Provider are treated in the same way as allegations against other people. Reports will be made to Child Protection where a child is being harmed by a person at the Service. Educators will make the report with the assistance or support of the Nominated Supervisor. If the Supervisor is involved in the harm then the Approved Provider or most senior educator will assist in notifying Child Protection.

The Nominated Supervisor

- Will complete an Incident, Injury, Trauma and Illness Record and notify the Regulatory Authority within 24 hours of making the report to Child Protection.
- Will provide appropriate support for any educator or staff member who has an allegation made against them.
- Will protect the identity of educators/staff members against whom unsubstantiated complaints have been made will be protected.



- Will review the person's duties, and if they continue to interact with children, ensure they are appropriately supervised at all times.
- May seek legal advice about restricting that person's work activities.

Documentation

Documenting a *suspicion* of harm

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

- Record their concerns in a non-judgmental and accurate manner as soon as possible.
- Record their own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child).
- Not attempt to conduct their own investigation.

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

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

Documenting a *disclosure* of harm

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened or is likely to happen. 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

When receiving a disclosure of harm educators, staff members, the Nominated Supervisor or Approved Provider will

- Remain calm and find a private place to talk.
- Not promise to keep a secret.
- Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe.
- Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries.
- Not attempt to conduct their own investigation or mediate an outcome between the parties involved.
- document as soon as possible so the details are accurately captured including:
- Time, date and place of the disclosure.
- 'Word for word' what happened and what was said, including anything they said and any actions that have been taken.
- Date of report and signature.
- Notifications of harm.

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

- Name of person they spoke to.
- What the next step in the process is.
- What advice will be sent to confirm the report has been made.
- If there is any further action they need to take.

Confidentiality

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The



individual who makes the complaint should not inform the person they have made the complaint about. This ensures the matter can be investigated without prior knowledge and contamination of evidence.

Safeguards for reporters

Reports made to Child Protection are kept confidential. Under the *Children and Community Services Act 2004* if the report is made in good faith

- The report will not breach confidence or standards of professional conduct.
- The report can't incur civil or criminal liability.
- The identity of the person making the report is protected. (However the Court may grant leave to reveal the person's identity.)

Procedures for Managing Breaches

This plan outlines the steps to be taken following a breach of the child protection risk management strategy in order to address the breach in a fair and supportive manner.

Definition

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

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

A breach is also any action or inaction by any member of the service, including children and young people, that fails to comply with any part of the strategy including any breach of

- A statement of commitment to the safety of children and their protection from harm.
- A code of conduct for interacting with children.
- Procedures for recruiting, selecting, training and managing paid employees and volunteers.
- Policies and procedures for handling disclosures or suspicions of harm, including reporting guidelines.
- Policies and procedures for implementing and reviewing the child protection risk management strategy.
- Risk management plans for high risk activities and special events.
- Strategies for communication and support.
- Processes to manage a breach of the child protection risk management strategy.

The Nominated Supervisor or Approved Provider will manage breaches in a fair, unbiased and supportive manner

- All people concerned will be advised of the process.
- All people concerned will be able to provide their version of events.
- The details of the breach, including the versions of all parties and the outcome will be recorded.
- Matters discussed in relation to the breach will be kept confidential.
- An appropriate outcome will be decided.

Suitable outcomes for breaches

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.
- Further education 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.

Risk Management Plan for High Risk Activity

In addition to workplace health and safety concerns, a child risk management strategy should analyse the risk of 'harm' to children. See Appendix C for a risk Management template.

Information for Families

Our Child Protection Risk Management Strategy

Creating safe and supportive service environments for children is everyone's business. Our service is committed to ensuring children are kept safe from harm. We will initiate and maintain ongoing planning and commitment to a safe and supportive environment so children

- Feel safe and protected from harm.
- Help plan activities and make decisions.
- Are consulted and respected.
- Have their best interests considered and upheld.
- We have a written child protection risk management strategy to protect the children in our service from harm, and to ensure we have a safe and supportive environment for children by identifying and minimising risks.

The child protection risk management strategy consists of

- A code of conduct for interacting with children.
- Procedures for recruiting, selecting, training and managing paid employees and volunteers, including screening procedures through working with children checks.
- Procedures for handling disclosures or suspicions of harm, including reporting guidelines.
- Procedures for managing breaches of the strategy.
- Risk management plans for high-risk activities and special events.
- Strategies for communication and support.

As a parent/carer it is important for you to understand the policies and procedures that form the child protection risk management strategy. A copy of the strategy is attached for your information and comment.

Educating Children about Protective Behaviour

We aim to teach children

- About acceptable and unacceptable behaviour, and appropriate and inappropriate contact in a manner suitable to their age and level of understanding.
- That they have a right to feel safe at all times.
- To say 'no' to anything that makes them feel unsafe.
- The difference between 'fun' scared that is appropriate risk taking and dangerous scared that is not ok.
- To use their own skills to feel safe.
- To recognise signs that they do not feel safe and need to be alert and think clearly.
- That there is no secret too awful, no story too terrible, that they can't share with someone they trust.
- That educators are available for them if they have any concerns.



- To tell educators of any suspicious activities or people.
- To recognise and express their feelings verbally and non-verbally.
- That they can choose to change the way they are feeling.

Beliefs

Our service believes that

- Children are capable of the same range of emotions as adults.
- Children's emotions are real and need to be accepted by adults.
- A response given to a child from an adult in a child's early stages of emotional development can be hugely positive or detrimental depending on the adult's reaction.
- Children are very in touch with their bodies' reactions to their emotions.
- Children who retain, enhance and better understand their body's response to an emotion are more able to foresee the outcome out a situation and avoid them or ask for help.

Sources

Community and Disability Services Ministers' Conference (2005). *Creating safe environments for children: Organisations, employees and volunteers: National framework.*

Community and Disability Services Ministers' Conference (2005). Schedule: Guidelines for building the capacity of child-safe organisations. *Creating safe environments for children: Organisations, employees and volunteers: National framework.*

Children and Community Services Act 2004

Dept. for Child Protection: How Do I Recognise When a Child is at Risk of Abuse or Neglect
Education and Care Services National Regulations 2012

Early Years Learning Framework

Working with Children Screening Unit WA

Review

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

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



Child Protection Reporting Overview
Notifications of Abuse



If anyone at the service has REASONABLE suspicions of SEXUAL abuse contact Child Protection ON
1800 708 704 (24 hours, 7 days)



If anyone at the service has REASONABLE suspicions of ANY OTHER FORM OF ABUSE OR NEGELCT contact THE LOCAL DISTRICT OFFICE OF THE DEPARTMENT OF CHILD PROTECTION (SEE NEXT PAGE).



When children are in immediate danger of abuse contact the police on 000



Consult the Service's Child Protection Policy for more information.

Additional Child Protection Resources	
Information Poster What to Do	Link to Download and Print http://www.dcp.wa.gov.au/ChildProtection/Documents/WhatToDo.pdf
Information Booklet Abuse and Neglect Indicators	Link to Download and Print http://www.dcp.wa.gov.au/ChildProtection/Documents/HowDoIRecogniseWhenAChildIsAtRiskOfAbuseOrNeglect.pdf
Department of Child Protection Contact Numbers District Offices	Link to View Contact Numbers For Issues that are NOT related to Mandatory Reporting http://mandatoryreporting.dcp.wa.gov.au/Pages/DCP_District_Offices.aspx

Appendix A



Educator Recruitment Procedures

Name:

Date:

Service Name:

Recruitment Process

The Approved Provider/Nominated Supervisor will oversee and approve the recruitment process

- Ensuring there is a documented position description for the vacant position that is accurate and current.
- Arranging for the position to be advertised.
- Ensuring there is a standard list of interview questions for all applicants.
- Reviewing the applications that have been received and making a short list of applicants.
- arranging suitable interview times with the shortlisted applicants
- Contacting referees for the most suitable candidate(s). A Telephone reference Check Template is attached.
- Making an offer of employment in writing which the applicant must sign as an acceptance of the offer. The applicant must sign a contract of employment containing the specific terms and conditions of employment. A base Employment Contract is attached.
- Notifying unsuccessful applicants by letter, telephone or email.
- Recruitment and selection decisions will be made by the Approved Provider/Nominated Supervisor.

Job Description

Every position must have a position description which

- Summarises the job and describes the tasks.
- Details the skills, qualifications and experience required to perform the job and whether these are essential or desirable criteria.
- Clearly describes the expectations for educators/staff members to provide a safe and supportive environment for children.

Advertising

Positions may, at the discretion of the Approved Provider/Nominated Supervisor and where relevant, be initially advertised internally via email. This process gives current employees the chance to be considered for a transfer or nominate a suitable contact as a potential candidate.

External advertising will occur when a suitable internal candidate (including employee contact) is unavailable, or may occur concurrently with the internal advertising where the Approved Provider/Nominated Supervisor believes it is in the service's best interests to source additional candidates.

The Job Advertisement

The job advertisement will be written in clear, concise and non-discriminatory language and will contain

- The title of the position.
- A summary of the role and conditions of employment.
- The essential and desirable criteria for candidates.
- Information about what applicants should provide with their applications.
- Clear, concise details about our Service and our safe, supportive work practices.



- Advice that the successful applicant will need to undergo a successful Working With Children Check and Police Clearance.
- The name of a contact person.
- The closing date for receipt of applications.
- A statement that the Service is an Equal Opportunity Employer.

Interviews

The Approved Provider/Nominated Supervisor will conduct the interview. The format of the interview will be

- Advise the applicant about the position and the Service.
- Discuss the applicant's skills and experience as they relate to the position.
- Answer any questions the applicant may have.
- Advise the applicant about the next steps in the selection process.
- Obtain permission to contact the applicant's nominated referees.

Selection of Candidates and Offer of Employment

Following the interviews, we will check the work histories and references of the most suitable candidates(s) after obtaining their permission. If a decision is made to employ the most suitable candidate, we will make a written offer of employment.

The successful applicant must sign a contract of employment containing the specific terms and conditions of their employment.

Exit Interviews

If an employee resigns, management will undertake an exit interview with the person to

- Gather information about the effectiveness of the recruitment process.
- Identify possible areas for improvement in organisational processes, management, job design, remuneration or career planning and development.
- Receive positive feedback on what is working well.

Appendix B



Indicators of Harm

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

Physical abuse

Physical abuse occurs when a child is severely and/or persistently hurt or injured by an adult or a child's caregiver. It may also be the result of putting a child at risk of being injured. Some examples are

- Hitting, shaking, and punching.
- Burning and scolding.
- Excessive physical punishment or discipline.
- Attempted suffocation.
- Shaking a baby.

Possible signs of physical abuse are

- Broken bones or unexplained bruises, burns, welts.
- The child is unable to explain an injury or the explanation is vague.
- Dehydration or poisoning.
- The child is unusually frightened of a parent or caregiver.
- Arms and legs are covered by clothing in warm weather.
- When parents delay getting medical assistance for their child's injury.
- Brain damage through shaking or hitting.

Sexual abuse

Sexual abuse occurs when a child is exposed to, or involved in, sexual activity that is inappropriate to the child's age and developmental level. It includes circumstances where the child has less power than another individual involved, is exploited or where the child has been bribed, threatened, or coerced. It also includes situations where there is a significant difference between the developmental or maturity level of the child and another individual involved.

Some examples are

- Letting a child watch or read pornography.
- Allowing a child to watch sexual acts.
- Fondling the child's genitals.
- Having oral sex with a child.
- Vaginal or anal penetration.
- Using the internet to find a child for sexual exploitation.

Possible signs of sexual abuse include when a child

- Acts in a sexualised way that is inappropriate to his/her age.
- Creates stories, poems or artwork about abuse.
- Has pain, bleeding or swelling in his/her genital area.
- Starts doing things they have grown out of such as crying a lot, bed wetting or soiling, clinging to caregiver.
- Has nightmares or sudden unexplained fears.
- Has a sexually transmitted infection or is pregnant.

Emotional abuse



Emotional abuse occurs when an adult harms a child's development by repeatedly treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. Some examples are

- Constantly putting a child down.
- Humiliating or shaming a child.
- Not showing love, support or guidance.
- Continually ignoring or rejecting the child.
- Exposing the child to family and domestic violence.
- Threatening abuse or bullying a child.
- Threats to harm loved ones, property or pets.

Possible signs of emotional abuse include when a child

- Is very shy, fearful or afraid of doing something wrong.
- Displays extremes of behaviour for example from being very aggressive to very passive.
- Is not able to feel joy or happiness.
- Is often anxious or distressed.
- Feels worthless about life and themselves.
- Has delayed emotional development.

Psychological abuse

Psychological abuse is repeatedly treating and speaking to a child in ways that damage the child's perceptions, memory, self-esteem, moral development and intelligence. Some examples are

- Constantly belittling, shaming and humiliating a child.
- Calling the child names to minimise their self-worth.
- Threatening a child.
- Keeping a child isolated from other individuals or friends.
- Constantly ignoring a child.
- Encouraging a child to act inappropriately.

Possible signs of psychological abuse include when a child

- Feels worthless, unloved, unwanted.
- Feels dumb.
- Has difficulties remembering or recognising information.
- Has difficulties paying attention.
- Has difficulty knowing what actions are right or wrong.
- Is highly anxious.

Child neglect

Neglect is when children do not receive adequate food or shelter, medical treatment, supervision, care or nurturance to such an extent that their development is damaged or they are injured. Neglect may be acute, episodic or chronic. Some examples are

- Leaving a child alone without appropriate supervision.
- Not ensuring the child attends school, or not enrolling the child at school.
- Infection because of poor hygiene or lack of medication.
- Not giving a child affection or emotional support.
- Not getting medical help when required.

Signs of neglect in children include

- Untreated sores, severe nappy rash.
- Bad body odour, matted hair, dirty skin.
- Being involved in serious accidents.
- Being hungry and stealing food.
- Often being tired, late for school or not attending school.
- Feeling bad about themselves.



- When a baby does not meet physical and development milestones without there being underlying medical reasons.

Appendix C





In addition to occupational health and safety concerns, a child and youth risk management strategy should analyse the risk of 'harm' to children and young people.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
Describe the activity <i>Identify all elements of the event from beginning to end</i>	Identify Risks <i>Something that could happen that results in harm to a child or young person</i>	Analyse the Risk <i>(Likelihood/Consequences)</i>	Evaluate the Risk <i>The level of risk</i>	Manage the Risk <i>Assess the options</i>	Review <i>Nominate who will review after the event/activity</i>

10. CONTINUITY OF EDUCATION AND CARE POLICY

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.

EYLF

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
 Sleep, 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.
- 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, and 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.
- Assist educators to develop and implement plans which support children in the transition to primary school. These plans may include visits to local primary schools, appropriate documentation detailing each child's strengths and needs, liaising with primary schools about specialist support services for children with additional needs and processes to ensure each child will feel safe and secure during the transition.
- 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 to help provide continuity of education and care, especially where they are rostered on "split shifts". This may be verbal or through the use of a room 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 (e.g. excursions and arriving and leaving) and within the service.
- Provide responsive, one- on- one support to children who return to the service after an absence.
- Support children during transitions between rooms and 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').

Sources

Education and Care Services National Regulations 2011
National Quality Standard
Early Years Learning Framework

Review

The policy will be reviewed annually by:
Management
Employees
Families
Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>

11. CYSTIC FIBROSIS POLICY

NQS

QA2	2.1.1	Each child's health needs are supported.
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	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
	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

EYLF

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 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 unwellness mean 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 general unwellness.
- *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 2012

National Quality Standard

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

Early Years Learning Framework

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>

12. DEATH OF A CHILD POLICY

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	12	Meaning of serious incident
	85	Incident, injury, trauma and illness policies and procedures
	176	Time to notify certain information to Regulatory Authority

Aim

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

Educators 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 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 using form [SI01 Notification of Serious Incident](#).

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

Work Health and Safety (OHS) requirements

Western Australia is in the process of considering new national WHS laws. These have already commenced in 4 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 2012
National Quality Standard
Occupational Safety and Health Act 1984
Occupational Safety and Health Regulations 1996
Work Health and Safety Act

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>

13. DEATH OF AN EDUCATOR POLICY

NQS

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

Reg	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 (or Certified Supervisor if Nominated Supervisor absent) 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 (or Certified 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 (or Certified 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 or in writing on the approved form immediately they become aware of the death.
- 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 the WHS Regulator. (It is advisable to keep records for 7 years after the death for ECEC Regulatory purposes).
- Notify the ECEC Regulatory Authority within 24 hours of the death using form [N101 Notification of complaints, incidents and additional children in an emergency](#).
- If the Nominated Supervisor has passed away, advise the regulatory authority in writing about the new Nominated Supervisor within 14 days of the death using form [SA12 Notification of change to information about an approved service](#).
- Provide all reasonable assistance to the family of the deceased educator or staff member.

To ensure the safety and wellbeing of children and educators/ staff members at the service, the Nominated Supervisor (or Certified 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 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.

Sources

Education and Care Services National Regulations 2012
 National Quality Standard
 Occupational Safety and Health Act 1984
 Occupational Safety and Health Regulations 1996
 WorkSafe WA

Review

The policy will be reviewed annually by:
 Management
 Employees
 Families
 Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>

14. DELIVER AND COLLECTION OF CHILDREN

NQS

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

Reg	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

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.

A locker /shelf space will be made available to children and their families. 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 in writing by a parent or authorised nominee 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 educators cannot verify the person's identity they will be unable to release the child into that person's care.

If the person collecting the child appears to be intoxicated, or under the influence of drugs, and educators feel that the person is unfit to take responsibility for the child, educators will

- Discuss their concerns with the person, if possible without the child being present.
- Suggest they contact another parent or authorised nominee to collect the child.
- Educators will inform the police of the circumstances, the person's name and vehicle registration number if the person 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 a child has not been collected by the time we are due to close the service, the Nominated Supervisor will

- Attempt to contact the parents or other authorised nominees. (Earlier attempts may have also been made to contact the parents and 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 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.

Review

The policy will be reviewed annually by:

Management

Employees

Families

Interested Parties

Sources

Education and Care Services National Regulations 2012

Early Years Learning Framework

National Quality Standard

Occupational Health & Safety Act 2004

Reviewed: <March 2015>

Date for next review: <March 2016>

15. EDUCATION, CURRICULUM AND LEARNING POLICY

NQS

QA1	1.1.1	Curriculum decision making contributes to each child's learning and
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		development outcomes in relation to their identity, connection with community, wellbeing, and 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

Reg	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

EYLF

LO1 – LO5	All Learning Outcomes under the Early Years Learning Framework will be addressed through our Policy and practices.
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Aim

Educators aim to create positive learning environments and guide experiences for each child in conjunction with their family. Educators will observe children and facilitate their learning to provide each child with an individualised portfolio by documenting their learning throughout the year. Children and their families will be encouraged to participate in the ongoing process to promote engaged learning.

Related Policies

Additional Needs Policy
 Child Protection Policy
 Continuity of Education and Care Policy
 Educator and Management Policy
 Enrolment Policy
 Excursion Policy
 Food, Nutrition and Beverage Policy
 Health, Hygiene and Safe Food Policy
 Immunisation and Disease Prevention Policy
 Infectious Diseases Policy
 Medical Conditions Policy
 Orientation for Children Policy



Physical Activity Promotion Policy
Physical Environment (Workplace Safety, Learning and Administration) Policy
Record Keeping and Retention Policy
Relationships with Children Policy
Technology Usage Policy

Implementation

Our Educational Leader is Katrina Dyson.

The role of the educational leader is to work with educators to provide curriculum direction and to ensure children achieve the outcomes of the approved learning framework.

Our service is committed to the Early Years Learning Framework (EYLF).

Observations of all children enrolled in our service will be documented and kept for future reference and reflection, through use of portfolios. Children's portfolios will be available for a child's family members to look at but remains the property of the Service for the duration of the child's enrolment. Portfolios will be added to regularly by educators, families and children and reflected upon by educators to ensure programming for each child remains relevant to their interests and developmental stage.

Other Approved Learning Frameworks (current as of December 8, 2011)

Western Australia

The Curriculum Framework for Kindergarten to Year 12 Education in Western Australia.

Early Years Learning Framework

Each child's learning will be based on their interests and strengths and guided by our educators.

Educators must work in collaboration with families to provide relevant learning experiences for each child, based on their interests and family experiences.

Every child will be equally valued and their achievements and learning celebrated.

Educators will observe and record the strengths and learning of each child.

Educators will work closely with children and families to generate ideas for the curriculum.

Learning Outcomes will be linked to the curriculum during and after each child's learning has occurred. The curriculum must not be pre-programmed to match specific Learning Outcomes.

The curriculum will be based on the children's interests, educators extending children's interests, spontaneous experiences and family input.

Where appropriate, the service will liaise with external agencies and support individuals to best educate and care for children with additional needs.

Where appropriate, the curriculum (play and learning experiences) will build and develop each child's Learning Stories, Portfolio and Observations of each child's strengths and achievements.

The curriculum will be evaluated and reflected upon each week by educators.

Learning and Play

Children are encouraged to express themselves creatively through a wide variety of indoor and outdoor activities.

Children's fine and gross motor skills are strengthened and developed through a wide variety of both indoor and outdoor activities including manipulative play, block play, sensory play, dramatic play, drawing and other physical activities such as running and skipping.

Mathematics and science concepts along with exploration of natural aspects of our environment are encouraged through block play, building, cooking, water play, sensory play, collecting natural materials such as leaves and rocks and gardening.

Language development is encouraged through educators modelling language, show and tell, story time, games, poems and dramatic play experiences.

Social/emotional and independence skills are strengthened through activities such as role-play, dramatic play, group games and self-help tasks.



Music and movement activities encourage physical, social and creative areas of a child's development.

Road safety, hygiene, dental care and nutrition will all be built into the weekly program. These activities will be supervised and guided by educators to find out how child responds as an individual and also as part of a group. Educators will work in conjunction with families to provide learning experiences that are relevant to each child and tailored to their specific needs. A child's home language, culture and religious practices will be accepted and included in the program.

From this, educators will assess the child's needs and plan ways to meet these needs. We evaluate this program every week in order to make sure we stay on target and help each child to reach their full potential. The weekly program will be displayed in the room it takes place in. We welcome any suggestions and are happy to answer questions from family members at any time.

EYLF Learning Outcomes

Children have a strong sense of identity.

Children are connected with and contribute to their world.

Children have a strong sense of wellbeing.

Children are confident and involved learners.

Children are effective communicators.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Early Years Learning Framework

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015 >

Date for next review: <March 2016>

16. EDUCATOR AND MANAGEMENT POLICY

NQS

QA4	4.2	Educators, co-ordinators and educators are respectful and ethical.
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	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.

National Regulations

QA7	7.2.2	The performance of educators, co-ordinators and educators 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.

Reg	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 FOLLOWING CODE OF CONDUCT MUST BE NEGOTIATED AND AGREED UPON BY THE SERVICE. PLEASE REVIEW ACCORDINGLY.

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

- 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
- Effective, open and respectful two-way communication and feedback between employees, children, families and management
- Honesty and integrity in all interactions between children, families, employees and managers
- Consistency and reliability in all exchanges with children, families, employees and managers
- Commitment to a workplace which values and promotes the safety, health and wellbeing of employees, volunteers, children and families.
- 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, staff members 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.
- Refrain from developing close personal relationships with children outside work.
- Refrain from using abusive, derogatory or offensive language.

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 work load 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, staff members 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, staff members, volunteers or visitors at the Service, either directly or indirectly via information technology such as email, text or social media. Additionally they will not support those who do this.

- 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 Approved provider or Nominated Supervisor. Modest gifts or benefits valued less than \$50 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 the 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 staff members 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.

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, Room Leaders and educators in their role.
- Keeping all service families up to date with relevant issues.
- Recruiting and selecting educators and other staff members.
- Ensuring educators and staff members 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, staff members, families or volunteers (including incidents of workplace bullying) in accordance with our Grievance Guidelines.
- Implementing effective communication and consultation procedures with educators and staff members 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.
- Ensuring visitors, including long term visitors, are never left alone with any children being educated and cared for. Visitors will be supervised by educators or staff members 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.checkwwc.wa.gov.au/checkwwc>
- 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/staff the Approved Provider / Nominated Supervisor will use various methods of communication including

- Direct conversations.
- Phone communication including SMS messaging if appropriate.



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

Educator Meetings

(EDUCATOR MEETINGS NEEDS TO BE ADAPTED TO SUIT EACH INDIVIDUAL SERVICE, HOWEVER WE HAVE PROVIDED A GUIDE THAT IS REFLECTIVE OF BEST PRACTICE)

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 for approximately 1.5 hours but can run longer if more issues need to be discussed.
- 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 new information.

In regard to the decision making process

- If a decision cannot be reached about an issue the Nominated Supervisor will make an informed decision.
- 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 Nominated Supervisor 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 may include

- 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 located in this Policy.

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

- 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 and health and safety committee.

See Work Health and Safety Policy for more information.

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 staff 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 and staff 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.

Reviewing measures to prevent and respond to workplace bullying, harassment and discrimination

The Approved Provider or Nominated Supervisor will implement a review of the bullying, harassment and discrimination policy and procedures if there is an incident of workplace bullying, at the request of a health and safety representative or committee, 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 Approved Provider or Nominated Supervisor will organise face-to-face training, role plays and group work to ensure all educators, staff 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.

The Approved Provider or Nominated Supervisor, and other educators and staff who may be involved in resolving workplace bullying, harassment and discrimination will be familiar with conflict resolution skills and undertake training in that area if required.

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 if relevant a Union official 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.

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 procedures 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 and procedures and Code of Conduct.

Educators, staff, volunteers and visitors will

- Raise the grievance or complaint directly with the person they have grievance with. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should be based on the principles of privacy, confidentiality, respect and open-mindedness will not involve other educators, staff, volunteers or visitors (e.g. parents) and will take place away from children.
- Raise the grievance or complaint with the Approved Provider or Nominated Supervisor (or another manager/supervisor if the grievance involves the Approved Provider or Nominated Supervisor) if they are unable to resolve the concern, or feel uncomfortable raising the matter directly with the person concerned. The Approved Provider or Nominated Supervisor (or other manager) may ask for the issue to 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 and visitors will not

- Become involved in complaints or grievances that do not concern them. This is neither ethical nor likely to advance the grievance process or outcome.
- Raise complaints with an external complaints body, such as a court or Tribunal, without exhausting our grievance procedures.

The Approved Provider or Nominated Supervisor will

- Treat the complaint seriously and deal with it as a matter of priority in a confidential and impartial manner.
- Discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint.

Properly investigate and fairly and impartially consider the issue. This will include

- Reviewing the circumstances and facts of the complaint (or breach) and inviting all affected parties to provide information where appropriate and relevant.
- Discussing the nature of the complaint (or breach) and giving an educator, staff member, volunteer or visitor an opportunity to respond. To encourage teamwork and respect, the issue may be discussed at an educator meeting if the privacy of the people involved can be protected.
- Allowing them to have a support person present during an interview (e.g. health and safety representative, however this does not include a lawyer acting in a professional capacity).
- Providing the manager or employee with a clear written statement outlining the outcome of the investigation.



- Advise the complainant and all affected parties of the outcome within 7 working days of receiving the verbal or written complaint.
- If the complaint has been put in writing, or the parties involved request a written response, the Approved Provider or Nominated Supervisor will provide a written response outlining the outcome. If a written agreement about the resolution of the complaint is prepared, all parties must agree it accurately reflects the resolution.
- 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.
- 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 rectify 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. Please refer to our Incident, Injury, Trauma and Illness Policy.

Outcomes may include

- Gaining an apology and a commitment that certain behaviour will not be repeated and 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.
- Redressing any inequality which occurred to the complainant.
- 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.

New and Returning/Staff Orientation



Before a new educator or staff member commences their job the Nominated Supervisor will

- 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/sleep times.
- Ensure they know where we store 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.
- Give them a copy of the Staff Handbook.
- Highlight all policies, 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 know under which industrial award/ agreement they are employed and how to access it.
- 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.
- Provide them with necessary forms in regards to taxation, superannuation and payment of salary.
- Advise them about the Service's management structure.
- Provide them with a copy of their Job Description and go through it with them.
- Clarify any questions they have.

The Nominated Supervisor will meet with the new educator or staff member 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.

Return from Extended Leave

The Approved Provider or Nominated Supervisor 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 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 needs 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 Room Leader.

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 Room Leader 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:
- Room Leader will alert the Student Supervisor of any concerns with the student.
- Both the Student Supervisor and the Room Leader will discuss these issues with the Student.



- The Student Supervisor will arrange for the students 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 2012

National Quality Standard

Early Years Learning Framework

Occupational Safety and Health Act 1984

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.

Dealing with Employee Work-related Concerns and Grievances Policy and Guidelines: NSW DPC

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

Anti-bullying jurisdiction: FairWork Commission

Review

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

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>

17. EMERGENCY MANAGEMENT AND EVACUATION POLICY

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	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.
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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

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 ensuring our service has an Emergency Management Plan (EMP) in place that has considered all relevant risks, includes procedures for evacuation, lockdown, lockout and “shelter-in-place,” emergency response procedures and drills and training schedules.

Our EMP will be developed by the Approved Provider or Nominated Supervisor, in conjunction with our insurance provider LGIS, who will lead an EMP planning team.

We will refer to the Victorian [Guide to Developing an Emergency Management Plan](#) as a best practice model and tailor the procedures to our Service operations.

The Approved Provider or Nominated Supervisor is responsible for identifying the risks and threats that could produce an emergency situation.

They will conduct a risk assessment to identify potential emergencies that could affect our service and use this to prepare emergency and evacuation procedures. An evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc. Local emergency services will be consulted for advice including local fire services, police, ambulance, local government, community leaders and other relevant agencies. The advice will include information about evacuation routes and assembly points, and take into account accessibility for adults or children with special needs.

Developing the EMP which will include

- Emergency contact details for people who have specific roles or responsibilities under the EMP.
- Contact details for local emergency services.
- A description of how we will alert people to an emergency by siren or bell.
- Evacuation procedures including how we will assist any child or person with special needs.



- A map of the service showing the location of fire equipment, emergency exits and assembly points.
- Processes for advising neighbouring businesses about emergencies.
- Processes to ensure staff are trained in our emergency procedures.
- Processes we will follow after an incident.
- Procedures we will follow to test our EMP and familiarise our children and staff with the EMP.
- Ensuring the EMP can be easily identified and is accessible.
- The EMP or a summary of the EMP will be displayed in every play area and the entrance to the building.
- Establishing an Incident Management Team (IMT).
- Ensuring that visitors and relief staff are aware of the emergency response procedures.

Implementing the EMP including

- Disseminating information about the EMP 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.

Scheduling training for the IMT and all educators, staff and volunteers. This will include ensuring educators are provided with training on 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 EMP every quarter.

Reviewing the EMP annually.

Keeping records of all emergencies.

Keeping records of meetings and emergency drills.

Emergency Management Plan Procedures

The Approved Provider or Nominated Supervisor is responsible for implementing the attached procedures when an emergency situation arises (Appendix A).

Communication

We will ensure we have 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, and video conferencing equipment) at all times.

Our main telephone is located in the office.

If there is a loss of electricity, a backup telephone is available and always ready for use in the evacuation bag.

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

Emergency Communication Plan

We will ensure all educators, staff, visitors, volunteers and families are aware of our emergency evacuation procedures through the display of emergency telephone numbers prominently throughout the service in the following locations, including near telephones or available near mobile phones

- Office.
- Babies' room.



- Toddlers' room.
- The display of evacuation diagrams based on our floor plans prominently near each exit.
- In the play areas and at the entrance of the building.

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.

Regular reminders to families via email and newsletters that we maintain a Register of emergency telephone numbers for families and we must have current contact information.

The Register is located in the following location

- On each room file.
- Booking file.
- Emergency bags.
- In office on enrolment forms.

Emergency and Evacuation Procedures and Drills

Rehearsal Evacuation Drill (Every Three Months)

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. We will develop a schedule for conducting drills for the different types of emergencies identified in our EMP.

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 accordingly.
- Will be documented and assessed against specific outcomes. We will appoint an observer to evaluate our drills using the checklist at Appendix B.
- Will be immediately followed by a debriefing session to identify any improvements that may be made to the procedures. Any staff 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 Safety and Health Act 1984

Occupational Health and Safety Regulations 1996

Fact Sheet Emergency Plans – Safe Work Australia

Guide to Developing an Emergency Management Plan - DEECD Victoria

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
Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>

Appendix A

Emergency Procedures

Evacuation procedures: on-site and offsite

If it is unsafe for children, staff 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.
- Contact 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 staff 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, staff and visitors 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.

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 1 Bomb/substance threat checklist

This checklist should be held by persons who regularly accept incoming telephone calls.

KEEP CALM

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



		caller	
--	--	--------	--

Complete the following for a BOMB THREAT

QUESTIONS	RESPONSES
When is the bomb going to explode?	
Where did you put the bomb?	

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)

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

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.)	

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)	

Did you recognise the voice?	
If so, who do you think it was?	
Was the caller familiar with the area?	

EXACT WORDING OF THREAT

--



ACTIONS	
REPORT CALL TO:	
ACTIONS:	

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:		

18. EMERGENCY SERVICE CONTACT POLICY

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

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 individual using the service. The safety and wellbeing of each child, educator and individual 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, and 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
- Don't 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.
- Individuals 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.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Australian Government, Attorney General's Department, Australian Emergency Management

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>

19. ENROLMENT 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.
	2.2.1	Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.
	2.3.1	Children are adequately supervised at all times.
	2.3	Each child is protected.
	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	6.1	Respectful supportive relationships with families are developed and
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		maintained.
	6.1.1	There is an effective enrolment and orientation process for families.
	6.2	Families are supported in their parenting role and their values and beliefs about child rearing are respected.

National Regulations

Reg	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
	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
	165	Offence to inadequately supervise children
	167	Offence relating to protection of children from harm and hazards
	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

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
Sleep, Rest, Relaxation and Clothing Policy
Unenrolled Children Policy

Who is affected by this policy?

Children
Families
Educators
Implementation

Our service accepts enrolments of children aged between 0-12 years.

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 Department of Family and Community Services and Indigenous Affairs.

Below is 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 individual.
- 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 there are 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.

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, room routines, educator qualifications, introduction of educator in the room the child will be starting in 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 at this time. 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 also need to contact the Family Assistance Office (Centrelink) to have their eligibility for Child Care Benefit assessed. If these details are available, we will complete the child's formal enrolment. Should a family still need to access this information, we will complete an informal enrolment until these details are finalised.
- As per our Orientation for Children Policy, families will be invited to bring their child into the service at a time that suits them 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 into their room for the first day.
- The Nominated Supervisor and parents will ensure all details are finalised and complete and sign the Orientation 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.
- 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

Children and Community Services Act 2004
 The Occupational Safety and Health Regulations 1996
 Education and Care Services National Regulations 2012
 National Quality Standard
 A New Tax System (Family Assistance) Act 1999



Review

The policy will be reviewed annually.

Review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>

20. ENVIROMENTAL SUSTAINABILITY POLICY

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.

NQS

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.
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EYLF

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 adult's 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

Early Years Learning Framework

Climbing the little green steps 2007: Gosford and Wyong Councils

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: <March 2015>

Date for next review: <March 2016>

21. EPILEPSY 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
	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

EYLF

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

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 also 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 is 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 procedures 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-convulsion 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 h 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 2012

National Quality Standard

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

Epilepsy Foundation of Victoria

Epilepsy Action Australia

Early Years Learning Framework

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: < March 2016>

22. EXCURSION POLICY

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

Staffing Arrangements Policy

Transportation Policy

Implementation

Excursion Risk Assessment and Planning Process

The service must conduct a risk assessment prior to an excursion taking place.

Risk assessments are only required once if the excursion is a regular outing. Regular outings are walks, drives or trips to places that we visit regularly and which always have the same risks.

The risk assessment must be recorded using the Excursion Risk Assessment Form. Parents will be notified on the Authorisation for Excursion Form that they can access the Excursion Risk Assessments prior to the excursion upon their request. The service must comply with these requests and make all information available to parents if requested.

Using the Excursion Risk Assessment Form attached to this policy, the service must take into consideration the following

- 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.
- Any water hazards.
- Any risks associated with water-based activities.
- Transportation (to and from).
- The ratio of adults and children which must comply with the ratios in the Staffing Arrangements Policy.
- 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.

The Risk Assessment Checklist must also be conducted prior any excursion.

A parent or authorised nominee must provide a written authority for each child who is attending the excursion using the Authorisation for Excursion Form.

Using the Authorisation for Excursion Form, the service will ensure that the emergency contact details for each child are up-to-date.

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 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 excursion (other than a motor vehicle with seating more than nine individuals) is fitted child restraints and/or seatbelts that



are appropriate for the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter.

Insurance

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

Sources

Education and Care Services National Regulations 2012
National Quality Standard

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <insert date here>

Date for next review: <insert date here>



Excursion Risk Assessment Form

Step 1. What is the hazard?



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



As a part of the Excursion Risk Assessment Form, the service must complete the following details when planning an excursion -

Time and Date of Proposed Excursion

Reason for Excursion

Proposed Route (to and from)

Destination (s)

Transportation Details (to and from)

Number of Adults Involved

Given the risks posted and outlined using the Excursion Risk Assessment, are there any specialised skills to ensure children are adequately and safely supervised at all times during the excursion? Specialised skills could include life-saving skills.

Number of Children Involved

Proposed Activities

Proposed Duration



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

Items to Be Taken by the Children

Risk Assessment Checklist

Please circle.

Yes	No		Risk Assessment
yes	no	N/A	The service has a timetable for the excursion and an itinerary.
yes	no	N/A	At least 24 hours' notice of the excursion has been given to parents, with an itinerary for the excursion. It is preferable for longer notice to be given where possible
yes	no	N/A	A signed permission for the specific excursion and any specific activity which is to take place during the excursion has been received from the parents. 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 is left at the service prior to departure and a copy carried by the Supervisor for the purpose of checking at regular intervals during the course of the excursion.
yes	no	N/A	The Supervisor has ensured that all children are equipped with clothing appropriate for the excursion. For example - jumpers, sun hats, appropriate footwear, sunscreen.
yes	no	N/A	Educators are able to ensure children have accesses to of shaded areas.
yes	no	N/A	Any excursion planned is consistent with the requirements/exclusions of the Public Liability Insurance Cover held by the service.
yes	no	N/A	A fully stocked first aid kit is taken.
yes	no	N/A	Each child's emergency contact details are updated and taken.
yes	no	N/A	A mobile phone or change for a phone is organised to take on the excursion.
yes	no	N/A	Medication and a management plan for any children attending the excursion are available and updated.
yes	no	N/A	A designated educator must be assigned to directly supervise any child with a chronic illness/allergic condition. The educator is to hold the child's medication and management plan throughout the excursion.



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 listed on the child's enrolment record as either their parent or an Authorised Nominee.

Child's Full Name

Time and Date of Proposed Excursion

Is the Excursion a Regular Outing?

If yes, the Authorisation for Excursion Form will cover the child for 12 months.

Please note that the Authority can be cancelled at any time.

Reason for Excursion

Route (to and from)

Destination (s)

Transportation Details (to and from)

The Period the Child will be Away from the Service Premises

Number of Adults Involved and the Anticipated Ratio of Adults-Children

Number of Children Involved



Proposed Activities

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

Authority for my Child to Attend the Excursion
Full Name

Relationship to Child

Updated Emergency Contact Details (if different from the child's Enrolment Form)

Interested in Volunteering to the Attend the Excursion?

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 Nominee.
I have read all of the details provided by the service and understand that I can access the Excursion Risk Assessment at the service.
The contact details, including all emergency contact details, listed on my child's Enrolment Form are up-to-date. If not, I have provided the updated contact details above.

Signature

Date



23. FAMILY LAW AND ACCESS POLICY

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

Reg	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

- 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.
- A child's contact arrangements - when a child may have contact with a non-custodial parent or anyone else that plays an important part in their life e.g. grandparents (contact can either be face to face, or by phone, letters).
- Child Maintenance – who provides financial support for a child?
- 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, staff and volunteers understand and comply with any parenting orders or parenting plans, in particular 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

www.familylawcourts.gov.au

Law Council of Australia 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: <March 2015>

Date for next review: <March 2016>



24. FEES POLICY

NQF

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

Boddington Early Learning Centre aims to provide a quality education and care service at an affordable price to families eligible to attend under the Australian Government Priority of Access Guidelines. Fee levels will be set by the approved provider each year on completion of the annual budget and according to the service's required income in order to provide a quality education and care service.

Related Policies

Orientation for Children Policy

Privacy and Confidentiality Policy

Who is affected by this policy?

Parents

Management

Implementation

The approved provider will determine the required fee level to meet budget prediction for the next year. The fee schedule and fees payment policy will be fully explained to families during the enrolment process.

Families will be given a minimum of 14 days' notice of any fee increase. The same fee will be charged to all families for equivalent care arrangements. A dated receipt, in accordance with Australian Government Guidelines, will be provided for each payment.

Families pay for a place and may elect to book a full-time, part-time or occasional place. Fee payment will be recorded according to Australian Government Guidelines.

Details of an individual's accounts and all completed forms kept by the service will be confidential and stored appropriately. Individual families may access their own account records at any time. Particulars of fees will be available in writing to parents upon request. Families may also view details about their child care usage and total fees charged and the fee reductions calculated by the Department of Human Services on the View Childcare Attendance online statement available through the Departments website.

Parents/guardians should contact the service to advise of their child's inability to attend as soon as this is known. Fees will still be required on the days the child would normally attend.

CCB and CCMS Information

The service will comply with the Australian Government requirements to be an approved education and care service for the purposes of the Child Care Benefit (CCB). The on-line Child Care Management System (CCMS) reporting requirements and any other requirements for claiming and administering CCB will be maintained by the service.

It is the parent/guardian's responsibility to complete and lodge their CCB application with the Department of Human Services. Families need to apply for each type of care they will use i.e.: Long Day Care, Before School Care, After School Care, Vacation Care, Family Day Care. CCB will be deducted from a family's fees within 14 days of the service being notified of the amount via CCMS.

Families with children under 7 years seeking CCB for the first time will be required to meet the Australian Government's immunisation requirements. The service will provide information to these families in regard to this requirement.



Families will only be eligible for CCB if child care attendance records are accurately completed and signed by the parent/guardian or other responsible adult, and the eligibility requirements are met.

Families are entitled to 42 absence days for each registered child in each financial year. CCB is paid for these days provided that the child would normally have attended on that day, and that fees have been charged. Additional absences can be claimed when the first 42 days have been used. Supporting documentation may be required for approval of additional absences.

All documentation pertaining to CCB will be kept for the specified period of time and made available to Australian Government Officers on request.

The nominated supervisor/ Manager /administration officer will be trained in the implementation of CCMS reporting CCB fee payment procedures.

Payment of Fees

The procedure for collecting unpaid accounts shall be as follows

- An invoice shall be posted within 28 days of debt being incurred and payment is due within 21 days of invoice date. Normal practise is for invoices to be posted every 14 days.
- Once the 21 days' notice has been exceeded with no payments being made and no arrangements being made to make a payment care may be cancelled at the end of 14 days. At the expiration of the 90 day period outstanding debtors may be referred to Council's Debt Collectors for the collection of their total outstanding debt and any debt collection costs associated with the debt collection process.
- Parents are encouraged to discuss payment difficulties and make suitable arrangements to pay by contacting the Shire.
- If no arrangement is made within 14 days of exceeding the 21 days of invoice date then care may be cancelled.

Cancelling of booked care

Should parents wish to end their child's place at the service, 2 weeks written notice is required. If this does not occur, 2 weeks fees minus CCB and CCR rebate will be billed to the parent.

Should Management choose to terminate a child's care they will give two weeks written notice to the parent.

Late Fees

The Centre operates from 7am til 5:30pm Monday to Friday. Each day consists of two sessions an AM and PM session. Late fees apply to both half day and full day bookings. When parents fail to collect their child at the end of the session late fees will be applied to their account. They will be charged \$1 per minute for the first 15 minutes, and then \$10 per 5 minutes thereafter. In the instance when a parent is late for a Morning Session and there is a vacancy in the afternoon the child will be booked in and the parent will be charged a full day rate.

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 Regulations 2012

Family Assistance Legislation Amendment (Child Care) Act 2009

Review

The policy will be reviewed annually.

Review will be conducted by:



Management
Employees
Family Members
Interested parties.

Reviewed: <March 2015>

Date for next review: <March 2016>



25. FOOD, NUTRITION AND BEVERAGE POLICY

NQS

QA2	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

Reg	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

EYLF

LO3	Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).
	Children are happy, healthy, safe and connected to others.
	Children show an increasing awareness of healthy lifestyles and good nutrition.
	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.
	Educators engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition.
	Educators model and reinforce health, nutrition and personal hygiene practices with children.

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

The Nominated Supervisor, educators, staff, 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 and/or Infant Feeding Guidelines 2012 http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/n56_infant_feeding_guidelines.pdf
- A summary of the Infant Feeding Guidelines is available at <http://www.nhmrc.gov.au/guidelines/publications/n56>
- 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, talk to families about their child's food intake and voice any concerns about their child's eating.
- 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 families with daily information about their child's food and beverage intake and related experiences.
- Feed babies individually.
- Provide age and developmentally appropriately utensils and furniture for each child.
- 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.
- Encourage toddlers and young children to develop their sense of agency by feeding themselves independently and developing their social skills at meal times.
- 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.

Breastfeeding, Breast Milk and Bottle Warming

Healthy lifestyles and good nutrition for each child is paramount. We encourage all families to continue breast feeding their child until at least 12 months in line with recommendations by recognised authorities, and will feed children breast milk supplied by their families.

Educators and mothers who breastfeed at the Service

We support mothers who wish to breastfeed at the service by providing a quiet, relaxing place with a comfortable chair for mothers to breastfeed or express milk. Educators will take into account mothers' preferences for privacy. A sign will also be placed on the door when a mother is using the facilities.

All reasonable efforts will also be made to support educators who continue breastfeeding their child when they (return to) work at the service. For example, an educator returning from maternity leave may have a meeting with the Nominated Supervisor to discuss

- More flexible work arrangements.



- The provision of lactation breaks for the educator to express milk or breastfeed her child. Educator to child ratios will not be compromised during these breaks.

Breast milk procedure

Breast milk that has been expressed should be brought to the service in a clean sterile container labelled with the date of expression and the child's name. We encourage families to transport milk to the service in cooler bags and eskies. Educators will

- Put the breastmilk in the fridge as soon as families arrive at the Service.
- Refrigerate the milk at 4° Celsius until it is required.
- Warm and/or thaw breastmilk by standing the container/bottle in a container of warm water.
- Test the temperature of the milk before giving it to the child.
- Consult individual families for instructions if they do not have enough breast milk to meet the child's needs that day.
- Return any unused breastmilk to families when they collect their child. Educators will not store unused milk at the service.

Safe Storage and Heating of Babies Bottles (Please display)

Our service uses microwaves to heat Infant Formula/Cow's Milk making sure that the bottle is thoroughly shaken afterwards to ensure that the heat is evenly distributed.

Microwave Instructions (Please display)

We recognise that microwaves are an efficient and safe way to heat infant formula and cow's milk. We will not heat breast milk in the microwave as it may destroy some of the breast milk's properties.

For infant formula or cow's milk the service will always

- Use microwave safe bottles.
- Heat a minimum of 120mls of water for formula/cow's milk in the bottle to ensure it does not overheat.
- Only heat formula/cow's milk that has been adequately refrigerated.
- Stand the bottle up straight.
- Always take off the teat/bottle top and leave outside the microwave.
- Not use microwave ovens with wattage over 700W (or if ovens with a higher wattage are used, heat for less than the following times and take extra care when checking temperature).
- For a 120ml size bottle – use high setting and heat for less than 30 seconds.
- For a 240ml size bottle – use high setting and heat for less than 45 seconds.
- Follow specific manufacturer instructions provided with the microwave.
- Minimise the risk of uneven heating by adequately rotating and shaking the bottle directly after microwaving. After the teat/bottle top is replaced, invert the bottle at least 10 times and let the bottle sit for 1-2 minutes before testing the temperature.
- Check the temperature of the formula/milk on the inside of the wrist before giving to the child to ensure contents are at a safe temperature.

Bottle Warmers

Our service will use bottle warmers that have a thermostat control to heat Infant Formula/Cow's Milk/Breast Milk.

The service will use the bottle warmer as per the manufacturer's instructions. Educators will ensure that bottle warmers are inaccessible to children at all times. Bottles will be warmed for less than 10 minutes.

Sources

Education and Care Services National Regulations 2012
Early Years Learning Framework



National Quality Standard
Food Standards Australia New Zealand
Safe Food Australia, 2nd Edition. January 2001
Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood
Infant Feeding Guidelines 2012
Australian Dietary Guidelines 2013
Eat for health: Dept. Health and Ageing and NHMRC
Food Safety Standards for Australia 2001
Food Standards Australia and New Zealand Act 1991
Food Standards Australia New Zealand Regulations 1994
Food Act 2008
Food Regulation 2009
Department of Health: Food Regulation
Occupational Health and Safety Act 1984
Occupational Health and Safety Regulations 1996
Dental Association Australia
Australian Breast Feeding Association Guidelines
Start Right Eat Right Dept. Health SA

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



26. GOVERNANCE POLICY

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

Implementation

Service Structure

Our service has the following organisational structure.

The Approved Provider is: **Shire of Boddington**

Nominated Providers include Chris Littlemore CEO, Grant Bartle DCEO, and Anthea Patten MCS.

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 the service.

Commitment to good governance

Our service has adopted the following eight ASX Corporate Governance Principles and Recommendations, which we recognise as suitable for our 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.

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.

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.

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

- 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 Room Leader reports to the Nominated Supervisor

The Nominated Supervisor has the authority to communicate information about the work and to direct the activities of the Room Leader.

Educators in the room(s) report to the Room Leader

Parent committee meetings are attended by the nominated supervisor who then reports back to the approved provider

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.

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.

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, written communication such as letters, notices, and electronic communication including email, Skype, video conferencing.
- 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 (EYLF) and the ethical standards in our code of conduct.
- Safeguard integrity in financial reporting.
- Our financial records will be completed/reviewed by an independent accountant/auditor and recognise that this is all undertaken as part of the Shire of Boddingtons Budget process.

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.
- 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.
- 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.
- Remunerate fairly and responsibly

Sources

Education and Care Services National Regulations 2012

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:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



27. 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.

National Regulations

Reg	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu

EYLF

LO3	Actively support children to learn hygiene practices.
	Promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.
	Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.
	Model and reinforce health, nutrition and personal hygiene practices with children.

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 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 staff members, 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 and staff members of, and volunteers at, the service in relation to

- Hygiene practices.
- Safe and hygienic storage, handling and preparation of all food and drinks, including foods and drinks provided by the child's home.
- Working with children to support the promotion of hygiene practices, including hand washing, coughing, dental hygiene and ear care.
- Toileting, nappy changing and cleaning of equipment.
- The provision of fresh linen and sheeting for cots and mattresses.

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 wash mouthed toys daily using warm water and soap, and dry in the sun, rotate toys to allow for washing and use individual toy bags for babies, clean books by wiping with moist cloth and drying, clean storage areas weekly.

Surfaces will be cleaned with detergent after each activity and all surfaces cleaned thoroughly daily. Floor in the babies and toddlers rooms will be washed each day. Areas contaminated with body fluids will be disinfected after washing.

Sterilisation of Dummies/Pacifiers

Where a baby does not have a clean spare dummy educators will sterilise a dirty dummy before use by simmering it in boiling water for at least 5 minutes. Dummies will not be sterilised using a microwave. Educators will ensure the dummy is cool before use. The dummy will be air-dried and stored in a sealed container if it is not being used immediately. Educators will advise parents to discard the dummy if the baby has an infection. For children over 12 months old dummies can be cleaned by washing with warm, soapy water and rinsing well.

Sterilisation of Bottles

Educators will sterilise all bottle-feeding equipment for babies up to 12 months old. The bottles, teats etc. will be washed in warm, soapy water using a clean bottlebrush to thoroughly remove all traces of milk. The bottles will be rinsed and then sterilised by one of the following methods (boiling is the preferred option recommended by the Vic Govt Better Health).

Boiling

Educators will

- Place all equipment in a large pot and cover with tap water (make sure your water meets the Australian Drinking Water Guidelines if you are not using town water).
- Make sure there are no air bubbles trapped inside the bottles.



- Put the saucepan lid on and bring to the boil.
- Allow five minutes of rapid boiling.
- Turn off heat and allow to cool.
- Make sure they wash their hands thoroughly with soap and water before handling the equipment.
- Store the sterilised equipment in a clean container in the fridge and re-boil after 24 hours if it has not been used before then.
- Sterilising chemicals

Educators will carefully follow the manufacturer's instructions to ensure correct strength and

- Mix the chemicals with water in a big plastic or glass bowl.
- Place all equipment in the solution ensuring all surfaces are covered– for example, by squirting solution through teats and getting rid of any air bubbles.
- Soak the equipment for at least one hour and change the solution every 24 hours.
- Scrub the container with warm soapy water and rinse thoroughly before refilling with new solution.
- Remove the equipment and shake off excess solution, but do not rinse.
- Use only glass or plastic, as metal will rust when left in the solution.

Steam steriliser appliances

Educators will use a steam steriliser appliance to the manufacturer's directions and

- Place the equipment in the steriliser and add the recommended amount of water.
- Put the lid on and steam the equipment for the recommended period of time.
- Keep the lid on until the bottles are needed.
- Wipe and dry the inside of the container once a day to keep it clean.
- Microwave steam sterilisers.

Educators will

- Read the instructions carefully.
- Check the microwave power needed to sterilise the equipment properly because not all microwave ovens are the same.
- Do not use metal inside these sterilisers.

Bedding

Each child will have their own bedding. When used by one child it will be washed before it is used by another child.

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 individuals 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 or changing nappies.
- After removing gloves.
- After going to the toilet.
- Before and after nappy change procedures.
- 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 of an automatic dryer.

This should take about as long as singing “Happy Birthday” twice.

Hygienic Nappy Change Procedure

The service accepts enrolments of children who have not yet been toilet trained. Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents to develop consistency with their child’s toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs. Children who are in nappies will have this detail recorded in the register kept by the educators. This is located on the whiteboard in each room, for parents to check.

Nappy changing and toileting will only be carried out by educators following the nappy changing procedure. At times it may be necessary for a student to carry out the nappy change procedure as part of practical education requirements, and a trained educator must always be present to monitor this situation and ensure the procedure is being followed adequately. If a parent is present and helping their child (toileting in the bathroom), it is required that an educator accompany any other children needing to use the bathroom at the same time.

Additionally, the service will follow hygienic nappy change practices at all times using the following procedure

- Nappy changing will be done only in the nappy change area which will be properly stocked with paper towels or towels, plastic bags, fresh nappies, clean clothes, rubbish bin with sealed lid lined with plastic. Always prepare change area first: put on gloves, place paper towel, wipes and bag to dispose of nappy.
- Nappy changes occur frequently and as needed throughout the day. At all times one hand must be kept on the child to prevent them falling from the change table.
- Assist the child up to the nappy change table.
- Remove the dirty nappy, remove excess faeces with paper towel and place in toilet. Flush toilet. Clean and dry the child’s bottom using wipes, wiping from front to back. Remove paper towel from the change table.
- Seal the soiled nappy, paper towel and wipes into plastic bag (use two if soiled) and place into lined pedal bin. Place any soiled clothing into a bag and seal for washing. Remove gloves before touching any clean clothing or the clean nappy. Remove gloves by peeling them back from your wrists, turning them inside out as you go. Place gloves in bin.
- Dress the child and wash and dry the child’s hands, take the child away from change area.
- Wash your hands.
- Clean the nappy change surface after each use. Put on clean gloves and clean surface with neutral detergent and warm water. Wipe dry with paper towel. Dispose of gloves and paper towel in bin. Wash your hands. Disinfect after the last nappy change in a series of nappy changes.
- After each nappy change the child’s and educator’s hands will be washed and the change table cleaned.



- At the end of each day the nappy change area will be disinfected.
- The procedure for nappy changing will be displayed in the nappy change area.
- The service only uses disposable nappies.

The laundry area includes a washing machine, trough with hot and cold water supply for the laundering of soiled cloths, linen and nappies.

Items returned to a child's home for laundering will have soiling removed and will be placed in a securely tied plastic bag and returned to the child's bag.

Hygienic Toileting Procedure

The service accepts enrolments of children who have not yet been toilet trained. Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents/guardians to develop consistency with their child's toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs.

At times it may be necessary for a student to assist children in the area of toileting as part of practical education requirements, and a trained educator must always be present to monitor this situation and ensure the procedure is being followed adequately. If a parent is present and helping their child (toileting in the bathroom), it is required that an educator accompany any other children needing to use the bathroom at the same time.

Additionally, the service will follow hygienic toileting practices at all times using the following procedure

- Staff will at all times encourage the child to be independent in their toileting habits and provide assistance as and when needed.
- It is better to use the toilet when toilet training for effective hygiene and infection control factors.
- The service will ensure that toilets and hand washing facilities are easily accessible to children.
- 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.

Dental Hygiene and Care

The service will arrange for dental health professionals to attend the service to discuss good dental health practices and guidelines with educators, children and family members.



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 staff 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 friend 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. Educators will supervise such practices. For babies, their gums should be cleaned gently with a damp cloth to remove plaque and milk.

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 educators 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 round, 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 and not changing nappies before preparing food.
- 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.
- Ensuring food is always served in a hygienic way using tongs and gloves.
- Clean children's dining tables with soap and water and dry after meal times.
- 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.

Example 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 staff 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

- All food for children brought from home will be immediately placed in the refrigerator provided in the centre. Children’s food will be removed from insulated containers before placing in the refrigerator.
- 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 Centre) 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.

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, staff 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.

Staff will then implement these standards in the Centre by inspecting food items when first brought into the Centre to ensure they are in good order, for example, not in damaged packing, within their used by date period and at a correct temperature. Staff 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 Centre) 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.

Sources

Education and Care Services National Regulations 2012
 Early Years Learning Framework
 National Quality Standard
 Food Standards Australia New Zealand
 Safe Food Australia, 2nd Edition. January 2001
 NSW Health
 Caring for Children- Food, Nutrition and Fun Activities, 4th Edition 2006
 Australian Guide for Healthy Eating
 Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers Endorsed 10 April 2003
 National Health and Medical Research Council. (2005).
 Staying Healthy in Child Care Preventing Infectious Diseases in Child Care (4th Edition)
 Food Safety Standards for Australia 2001
 Food Standards Australia and New Zealand Act 1991
 Food Standards Australia New Zealand Regulations 1994
 Food Act 2003
 Food Regulation 2004
 Occupational Health and Safety Act 2000
 Occupational Health and Safety Regulations 2001
 Dental Association Australia
 Use and care of dummies (pacifiers) SESI Health Service NSW
 Sterilising bottles, teats and dummies Qld Health
 Bottle feeding with formula: Better Health Vic Govt
 Bottle Feeding (cleaning and sterilising bottles and equipment): Health Direct Australia

Review

The policy will be reviewed annually.
 The review will be conducted by:
 Management
 Employees
 Families
 Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



28. HIV AIDS 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.

National Regulations

Reg	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
Staff
Families
Community
Visitors
Management
Implementation

It is the Nominated Supervisor's responsibility to educate and inform staff 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 staff member 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 regards 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.
- 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 2012

Early Years Learning Framework

National Quality Standard

Public Health (Amendment) Act 1991

Anti-Discrimination Act 1997

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: <March 2016>

Date for next review: <March 2016>



29. IMMUNISATION AND DISEASE PREVENTION POLICY

To be read with -
Infectious Diseases 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.

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.

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
Parents
Family
Educator
Management
Visitors
Volunteers
Implementation

The National Immunisation Program (NIP) Schedule (TO BE DISPLAYED) can be accessed and downloaded from <http://www.immunise.health.gov.au/>
Phone 1800 671 811

Western Australian Immunisation Schedule
<http://www.public.health.wa.gov.au/cproot/3862/2/western-australian-immunisation-schedule-2-August-2013.pdf>

Department of Health, WA
Central Immunisation Clinic
http://www.public.health.wa.gov.au/2/373/2/where_to_get_vaccinated.pm
Telephone - 08 9321 1312



Immunisation Records

Parents who wish to enrol their child are required to provide evidence of their child's immunisation record at the time of enrolment.

This information allows children at risk of catching a vaccine preventable disease to be identified if there is a case of that disease at the service.

Acceptable immunisation records are

- A written record of the immunisations that your child has received and the date that they received them, signed by a medical practitioner, a registered nurse, a registered midwife, an enrolled nurse, or an individual authorised by the state/territory Health department.
- An Immunisation History Statement provided by the Australian Childhood Immunisation Register (ACIR) is a valid immunisation record.
- The ACIR maintains immunisation records for children up until their seventh birthday. You can obtain an ACIR Immunisation History Statement for your child by calling 1800 653 809.
- The original immunisation record is usually kept in the personal health record book. These books are usually given to parents at the time of their child's birth.
- Each child's Immunisation Record should stay intact until your child reaches primary school. Do not remove any of the duplicate pages until this time.
- The Nominated Supervisor will ensure records are kept of the immunisation status of each child.
- Parents/guardians must provide the Service with an updated copy of their child's immunisation record when the child receives a vaccine which is on the National or State immunisation schedule. We will regularly remind parents to do this via newsletters, emails or letters.
- Copies of an immunisation record may be accepted.
- The service must be able to quickly access immunisation records and determine who has not been immunised. If there is a case of a vaccine preventable disease, and your child has not been fully immunised for that disease, they may be excluded from school or childcare for a period of time.

Catering for Children with Overseas Immunisation Records

Overseas immunisation schedules often differ from the schedule recommended in Australia and a child may require extra vaccinations to be up to date with the Australian schedule.

Parents are responsible for having their child's overseas immunisation record transcribed onto the Australian Childhood Immunisation Register (ACIR), if their child is less than seven years of age.

A medical practitioner, registered nurse, registered midwife, enrolled nurse, or an individual authorised by the state/territory Health Officer may transcribe overseas immunisation records.

Exclusion Periods

Whilst the service actively encourages each child, educator and family member using the service to be immunised, we recognise that immunisation is not compulsory.

If a child's immunisation record is not provided upon enrolment and if it is not updated by the parents, or if the child has not been immunised against certain diseases, then the child will be recorded as being not fully immunised by the service.

If there is a case of a vaccine preventable disease at the service, your child may be excluded from school or childcare for a period of time or until the evidence of immunisation in an approved record is provided.

To be fully immunised your child needs to have received all vaccines recommended for their age as part of the National Immunisation Program (NIP).

Homeopathic immunisation is not recognised.



If a child is not fully immunised and has been in contact with someone with a vaccine preventable disease outside of the service, they may need to be excluded from the service for a period of time.

It is the responsibility of families to inform the service that their child has come into contact with someone with a vaccine preventable or infectious disease.

Immunisation for Educators

It is important that educators remain up to date with their vaccinations in order to protect themselves as well as children in their care. The National Health and Medical Research Council (NHMRC) recommends that individuals who work with children, including service staff (including child care students) and outside school hours carers, should be vaccinated against pertussis (whooping cough), hepatitis A, measles, mumps and rubella (MMR), varicella (chickenpox), and influenza (required annually).

The service will take all reasonable steps to strongly encourage non-immune workers to be vaccinated.

As there are no mandatory requirements under the law for educators to be immunised, the service must follow the requirements that our service has developed

- The Exclusion Periods requirements above apply to all educators.
- Educators who are not immunised may use their best judgement to decide whether they exclude themselves from the service during an outbreak of an infectious disease. As immunisations are available to protect against these diseases and the educator has chosen not to have them you will not be eligible to be paid for the time that you exclude yourself.

Immunisation Related Payments for Parents - Child Care Benefit

The benefit applies to children who are fully immunised or have an approved exemption from immunisation. This initiative ensures parents are reminded of the importance of immunising their children at each of the milestones. For parents to receive CCB without their child being fully immunised their doctor or immunisation provider needs to certify that the child

- Is on a catch-up immunisation schedule or has an approved exemption from the immunisation requirements. Approved exemptions include conscientious objection, medical reason, existing natural immunity, or a vaccine is unavailable.
- Information on how a child's immunisation status affects payments made to a family, and more information on exemptions is available on the following website - <http://www.medicareaustralia.gov.au/public/services/acir/family-assist.jsp#N10059>
- Parents are responsible for payment of fees while their child is excluded under all circumstances.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Department of Health and Ageing, National Immunisation Program Schedule

NHMRC. Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition

Medicare Australia

Department of Health Western Australia

WA Immunisation Strategy 2013-2015

Review

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

Management

Employees

Families

Interested Parties



Last reviewed: <March 2015>

Date for next review: <March 2016>



30. INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

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	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
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food 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

- Is injured.
- Becomes ill.
- Suffers a trauma.

The approved provider of the service will ensure that a parent of a child is notified as soon as practicably possible and without undue delay. Parents will be notified no later than 24 hours of the injury, illness or trauma. If we are unable to contact parents immediately we may notify an authorised emergency contact. An Incident, Injury, Trauma and Illness Record will be completed without delay.



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 ensure first aid, anaphylaxis management training and asthma management training is current and updated at least every 3 years, and that all components of the first aid certificate are current if some require an earlier revision.

We will display these qualifications where they can be easily be viewed by all educators and staff, together with a photograph of the first aid trained educators and their contact details to assist in the identification process.

First aid qualified educators will be present at all times on the roster and in the service. They will never exceed their qualifications and competence when administering first aid.

During induction training for new educators and staff we will

- Advise which educators have first aid qualifications, and asthma and anaphylaxis management training and the location of the first aid kit.
- Obtain information about any first aid needs the educator may have that could require specific treatment in a medical emergency. This information will only be provided to first aid qualified educators with the employee's consent.
- We will review our first aid response plan, the location of the first aid kit and who our first aid trained educators are at least annually or when there are any changes during staff meetings or through newsletters, emails or memos.

Administration of First Aid

If there is an accident, illness or injury requiring first aid, the following response procedure will be implemented

- Educator or staff member notifies nominated supervisor and a first aid qualified educator of the incident, illness or injury.
- Nominated supervisor or first aid qualified educator reviews child's medical information including any medical information disclosed on the child's enrolment form, medical management plan or medical risk minimisation plan before the first aid qualified educator attends to the injured or ill child or adult.
- If the illness or incident involves asthma or anaphylaxis, an educator with approved asthma or anaphylaxis training will attend to the child or adult (commencing 1 August 2013 for services that immediately prior to 1 August 2012 did not require educators to have asthma management training or anaphylaxis management training).
- Nominated supervisor and educators supervise and care for children in the vicinity of the incident, illness or injury.
- If required, first aid qualified educator or nominated supervisor notifies and co-ordinates ambulance.
- If required, first aid qualified educator or nominated supervisor notifies parent or authorised nominee that child requires medical attention from a medical practitioner
- If required, educator or nominated supervisor contacts parent or authorised nominee to collect child from service.
- Nominated supervisor ensures Incident, Injury, Trauma and Illness Record is completed in full and without delay and parent or authorised nominee is notified as soon as possible and within 24 hours of the injury, illness or trauma.

First Aid Kit Guidelines

Any First Aid kit at the service must

- Not be locked.
- Not contain paracetamol.
- Be appropriate for the number of employees and children and adequate for the immediate treatment of injuries at the service.
- Be in a place that takes an employee no longer than two minutes to reach, including time required to access secure areas.



- Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents.
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
- Contain a list of the contents of the kit.
- Be regularly checked using the First Aid Checklist to ensure the contents are as listed and have not deteriorated or expired.
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- Be easy to access and if applicable, located where there is a risk of injury occurring.
- Display a photograph of the first aid trained educators along with contact details to assist in the identification process.
- Be provided on each floor of a multi-level workplace.
- Be provided in each work vehicle.
- Consideration should be given to preventative measures such as sunscreen protection and portable water if working outdoors.
- First Aid kits must be taken on excursions and be attended by First Aid qualified educators.
- Be maintained in proper condition and the contents replenished as necessary.

The Nominated Supervisor will be responsible for delegating an individual responsible for maintaining all First Aid kits at the service. Their role is to ensure everything is stocked, and not out of date.

They are responsible for the four first aid kits at the Centre.

These individuals are responsible for using the First Aid Checklist and ensuring each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. This will occur after each use or if unused, at least annually. They will also consider whether the first aid kits and modules suit the service's hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the nominated supervisor.

We will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

First Aid Kit Checklist

Our Service will use the following Checklist (which does not specify the quantity of each item) from the WA Code of Practice First Aid Facilities and Practice.

We will determine whether we need additional items to those in the checklist, or whether some items are unnecessary, after considering the number of children at our Service and what injuries children or adults may incur. We will check our incident, injury, trauma and illness records to help us make an informed decision about what to include. Educators may wish to provide additional items or modules, for example burns modules and eye wound modules. We will also include appropriate resources to deal with a child at risk of anaphylaxis and other medical conditions.

Incident, Injury, Trauma and Illness Record

Our service will use the Incident, Injury, Trauma and Illness Record template published by the national authority ACECQA at

<http://files.acecqa.gov.au/files/Templates/1-Incident,%20injury,%20trauma%20and%20illness%20record%20word%20version.pdf>

Notification of serious incidents and complaints

The Approved Provider will notify the regulatory authority within 24 hours of any serious incident at our service (s. 174). This includes any serious injury or trauma to, or illness of a



child which a reasonable person would consider required urgent medical attention from a medical practitioner or for which the child attended, or ought reasonably to have attended, a hospital.

Serious injuries, traumas and illnesses include

- Head injuries
- Broken limbs
- Burns
- Removal of fingers
- Meningococcal infection
- Anaphylactic reaction requiring urgent medical attention
- Witnessing violence or a frightening event
- Epileptic seizures
- Bronchiolitis
- Whooping cough
- Measles
- Diarrhoea requiring urgent medical attention
- Asthma requiring urgent medical attention
- Sexual assault

A serious incident also includes

- The death of a child at the service or following an incident at the Service.
- An incident at the service where the emergency services attended or ought reasonably to have attended.
- A child is missing.
- A child has been taken from the service without the authorisations required under the regulations.
- A child is mistakenly locked in or out of the service.

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.

We will notify the regulator using form [SI01 Notification of Serious Incident](#).

The Approved Provider will also notify the regulatory authority in writing

- Within 24 hours of any complaints alleging that the safety, health or wellbeing of a child is being compromised at the service.
- Within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child.
- Within 24 hours of the commencement of attendance of any children being educated and care for in an emergency. This includes where the child needs protection under a child protection order or the parent of the child needs urgent health care. The emergency care can be for no more than two consecutive days the service operates.

We will advise the regulatory authority what the emergency is and make a statement that the Approved Provider has taken into account the safety, health and wellbeing of all the children attending the service before deciding to accept the additional child/children.

Work Health and Safety (OHS) requirements

Western Australia is in the process of considering new national WHS laws. Services should contact WorkCover to determine the notification requirements under current legislation.

Under the new laws serious injury or illness is a “notifiable incident”. Serious injury or illness means a person requires immediate treatment as an in-patient in a hospital.

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 de-gloving or scalping).
- A spinal injury.
- The loss of a bodily function.
- Serious lacerations.



- Medical treatment within 48 hours of exposure to a substance.
- A serious illness includes any infection to which the carrying out of work is a significant contributing factor, for example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.

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 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 approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector *arrives or as directed by WorkCover*.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Occupational Safety and Health Act 1984

Occupational Safety and Health Regulations 1996

WA Code of Practice First Aid Facilities and Practice

Safe Work Australia Legislative Fact Sheets First Aiders

Safe Work Australia First Aid in the Workplace Code of Practice

Work Health and Safety Act

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



WA Code of Practice First Aid Facilities and Practice

Basic First Aid Kits Contents List	Quantity	QUANTITY AND EXPIRY DATE MET Yes / No
Adhesive dressing strips individually wrapped		
Gauze squares 75 mm x 75 mm sterile packets		
Eye pads sterile		
Triangular bandages		
Safety Pins		
Scissors (blunt or universal)		
Splinter probe or forceps		
Torch (small pencil type)		
Saline disposable 10 or 30 mm bottle for eye wash and wound dressing		
Wound dressings		
Dressing sterile, non-adherent, small		
Dressing sterile, non-adherent, large		
Cleaning swabs		
Cotton tipped applicators		
Gauze bandages 5 cm		
Conforming bandages (crepe or cotton)		
Non-stretch adhesive tape hypo-allergenic 1.25 cm wide		
Disposable gloves		
Cold packs (ice or chemical)		
Note pad and pencil		
Instruction booklet for emergency treatment		
Expired air resuscitation (EAR) and Cardio-pulmonary resuscitation (CPR) guides		
Face shields		
Epi Pen Junior		



31. INFECTIOUS DISEASE POLICY

To be read with -
Immunisation and Disease Prevention 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.

National Regulations

Reg	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

The service will use the attached Recommended Minimum Periods of Exclusion to exclude children and educators and inform parents of exclusion and non-exclusion periods for infectious diseases. We will minimise the spread of potential infectious diseases between children, other children and educators 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.

Notification of the child's parents or nominated contacts will occur immediately.



All appropriate notifications to the local Public Health Unit are available under the 'Infectious Diseases requiring Notification to the local Public Health Unit and must occur within 24 hours.

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 the service to decide whether to accept or exclude the child from the service. If we suspect a child may have an infectious disease, we will exclude the child until we receive a medical certificate stating the child is not contagious and is okay to attend the Service.

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 we will ask parents of children who are unwell to collect the child from our Service or to make alternative arrangements for their child's care.

If an infectious disease arises at the service we will respond to any symptoms in the following manner

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised by educators.
- Contact the child's parents or nominated emergency contact. If the child's parents are unavailable we will contact the next nominated individual. We will inform the contact of the child's condition and ask for a parent or other authorised individual to pick the child up as quickly as possible. Any individual picking the child up from the service must be approved by the child's parents and be able to show identification.
- Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be 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.
- Provide information in the child's home languages to the best of our ability.
- Inform all service families and educators of the presence of an infectious disease.
- Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.

The Nominated Supervisor or another Responsible Person may require a child or staff member to provide a doctor's certificate on the first day back from an infectious illness stating they are okay to return to the Service.

Infectious Diseases requiring Notification to the local Public Health Unit

Infectious Diseases only require notification from doctors and laboratories. A list of diseases can be found on following form –

<http://www.public.health.wa.gov.au/cproot/570/2/Health%20Department%20Notification%20Form.pdf>

Further information is available from WA Health at

http://www.public.health.wa.gov.au/3/282/2/procedure_for_notification_of_communicable_disease.pm

Worksafe Western Australia Commission at

http://www.commerce.wa.gov.au/worksafe/PDF/Guidance_notes/Guide-diseases_in_child_care.pdf

WA Health Communicable Disease Guidelines at

<http://www.public.health.wa.gov.au/cproot/471/2/cd-guidelines-2012.pdf>

The Guidelines contain recommended exclusion periods for some diseases.

Immunisation and Educators



The National Health and Medical Research Council (NHMRC) recommend that educators should be immunised against

- Hepatitis A.
- Measles-Mumps-Rubella (MMR).
- Educators born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies for rubella, require vaccination.
- Varicella if they have not previously been infected with chickenpox.
- Pertussis. An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated.
- Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

Our service will

- Regularly provide educators and staff with information about diseases that can be prevented by immunisation through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication.
- Regularly advise educators and staff that some infectious diseases may injure an unborn child if the mother is infected while pregnant through in-service training sessions, fact sheets and the Staying Healthy in Childcare publication. These infections include chickenpox, cytomegalovirus and rubella (German measles).
- Ask new employees to confirm in writing that we have provided this information during their induction.
- Encourage all non-immune staff to be vaccinated.
- Advise female educators / staff who are not fully immunised to consider doing so before getting pregnant.
- Advise pregnant educators and staff to review the Staying Healthy in Childcare publication and consult their medical practitioner to consider the risks of continuing to work at the service.
- Ensure pregnant educators and staff follows good infection control and hygiene procedures.
- Consider restricting pregnant educators and staff to working only with toilet trained children.

Recommended Minimum Periods of Exclusion

National Health and Medical Research Council.

Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition, Commonwealth of Australia 2012.

Children who are unwell should not attend the service.

The definition of 'contacts' will vary according to disease. Please refer to specific Fact Sheets in the Staying Healthy Publication for the definition of 'Contacts'.

Campylobacter

Exclude until there has not been a loose bowel motion for 24 hours'

Exclusion of Contacts - Not excluded.

Candidiasis ('Thrush)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Chickenpox (Varicella)

Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children.



Exclusion of contacts - Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.

CMV (Cytomegalovirus infection)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Conjunctivitis

Exclude until discharge from the eyes has stopped unless a doctor has diagnosed non-infectious Conjunctivitis.

Exclusion of Contacts - Not excluded.

Cryptosporidium

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts – Not excluded.

Diarrhoea (No organism identified)

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Fungal infections of the skin or nails (e.g. ringworm, tinea)

Exclude until the day after starting appropriate anti-fungal treatment.

Exclusion of Contacts - Not excluded.

German measles (See 'Rubella')

Giardiasis

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Glandular fever (Mononucleosis, EBV infection)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Hand, foot and mouth disease

Exclude until all blisters have dried.

Exclusion of Contacts - Not excluded.

Haemophilus influenza type b (Hib)

Exclude until the person has received appropriate antibiotic treatment for at least 4 days.

Exclusion of Contacts - Not excluded.

Head lice (Pediculosis)

Exclusion is NOT necessary if effective treatment begins before the next day at the Service. (The child doesn't need to be sent home immediately if head lice are detected).

Exclusion of Contacts - Not excluded.

Hepatitis A

Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice.

Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about treating or vaccinating children in the same room or group.

Hepatitis B



Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Hepatitis C
Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Herpes simplex (cold sores, fever blisters)
Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission.
If the person is unable to comply with these practices they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.
Exclusion of Contacts - Not excluded.

Human Immunodeficiency Virus (HIV/AIDS)
Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.
Exclusion of Contacts - Not excluded.

Human Parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)
Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Hydatid disease
Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Impetigo (school sores)
Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.
Exclusion of Contacts - Not excluded.

Influenza and influenza-like illnesses
Exclude until well.
Exclusion of Contacts - Not excluded.

Listeriosis
Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Measles
Exclude for 4 days after the onset of the rash.
Exclusion of Contacts - Immunised and immune contacts are not excluded. For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

Meningitis (viral)
Exclude until well.
Exclusion of Contacts - Not excluded.

Meningococcal infection
Exclude until appropriate antibiotic treatment has been completed.
Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about antibiotics and /or vaccination for people who were in the same room.



Molluscum contagiosum

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Mumps

Exclude for 9 days or until swelling goes down (whichever is sooner).

Exclusion of Contacts - Not excluded.

Norovirus

Exclude until there has not been a loose bowel motion or vomiting for 48 hours.

Exclusion of Contacts - Not excluded.

Pertussis (See 'Whooping Cough')

Pneumococcal Disease

Exclusion until person is well.

Exclusion of Contacts - Not excluded.

Roseola

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Ross River virus

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Rotavirus infection

Children are to be excluded from the service until there has not been a loose bowel motion or vomiting for 24 hours.

Exclusion of Contacts - Not excluded.

Rubella (German measles)

Exclude until fully recovered or for at least four days after the onset of the rash.

Exclusion of Contacts - Not excluded.

Salmonellosis (Salmonella infection)

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Scabies

Exclude until the day after appropriate treatment has commenced.

Exclusion of Contacts - Not excluded.

Shigellosis

Exclude until there has not been a loose bowel motion for 24 hours.

Exclusion of Contacts - Not excluded.

Streptococcal sore throat (including scarlet fever)

Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.

Exclusion of Contacts - Not excluded.

Toxoplasmosis

Exclusion is NOT necessary.



Exclusion of Contacts - Not excluded.

Tuberculosis (TB)

Exclude until medical certificate is produced from an appropriate health authority.
Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or TB clinics.

Varicella See 'Chickenpox'

Viral gastroenteritis (viral diarrhoea)

Excluded until there has not been a loose bowel motion for 24 hours.
Exclusion of Contacts - Not excluded.

Whooping cough (pertussis)

Exclude until 5 days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing.
Exclusion of Contacts - Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics

Worms

Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred.

Exclusion of Contacts - Not excluded.

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

Sources

Education and Care Services National Regulations 2012
National Quality Standard
Department of Health and Aging, National Immunisation Program Schedule
NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition
Health Act 1911
Reducing the Risk of Infectious Diseases in Child Care Workplaces: Worksafe Western Australia Commission
WA Health Communicable Disease Guidelines

Review

The policy will be reviewed annually. The review will be conducted by:
Management
Employees
Families
Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



32. LOCK UP POLICY

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, practiced and implemented.

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 beds and cots to ensure no child is asleep in the bed or cot.
- 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 <http://files.acecqa.gov.au/files/Templates/1-Incident,%20injury,%20trauma%20and%20illness%20record%20word%20version.pdf>
- Notify the regulatory authority within 24 hours of the serious incident involving missing child using the notification form [SI01 Notification of Serious Incident](#) .



- 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.
- Lock premises.

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

Last reviewed: <March 2015>

Date for next review: <March 2016>



33. LOCK DOWN POLICY

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	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.
Children/educators being taken hostage.
A siege of service property.
A disaster in the local community.
Unusual amounts of media attention.
Aggressive trespassers.

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 certified officer 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 certified officer in charge will make the following announcement

"This is a LOCK DOWN"

"This is not a fire drill"

"Everyone is to relocate to the lockdown rooms and keep calm and quiet."

Movement of Children and Staff

All children will move to the lockdown rooms/sleep room.



If possible, educators will make efforts to seal and lock classroom doors and windows. Children should remain down low and out of sight during the lockdown period, shut curtains. If children are outside, educators should get them inside as quickly as possible even if they are not from their room.

Staff Responsibilities

- Individual in charge to contact Emergency Services and follow their instructions.
- Educators not involved in the lockdown or without children to supervise are to go to the front of the service to liaise with Emergency Services if it is safe to do so.
- Educators must check the sign-in sheet and check all signed-in children are present. Any absences must be reported to the Nominated Supervisor as soon as it is safe.
- Educators are to close and lock all doors and windows, turn the lights off and ensure children are kept below the window level.
- All staff, children and anyone else present will remain in the locked room until the “All Clear Signal” is given by the individual in charge.

All Clear Signal

The All Clear Signal is as follows

- The certified officer in charge will go around and inform everyone when all is clear.

Sources

National Quality Standard

Education and Care Services National Regulations 2012

Review

The policy will be reviewed annually. Review will be conducted by

Management

Employees

Parents/Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



34. 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

EYLF

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

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, staff and visitors.

Related Policies

Additional Needs Policy
Administration of First Aid 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

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 must be provided to all educators and volunteers at the service. The Policy must 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.

All educators and volunteers at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Our service will implement the following communications plan to ensure that parents are reminded to advise of any changes which will impact the Medical Management Plan and Risk Minimisation Plan.

A paragraph relating to updates of medical management plans will be included in the bi-monthly parent newsletters, parents will also be reminded annually via enrolment forms updates and notices up around the centre on a random basis so as they do not become a part of the 'wallpaper'.

Information that must be provided in Enrolment Record

The service's Enrolment Form provides an opportunity for parents to help the service effectively meet their child's needs relating to any medical condition.

The enrolment record will include details of any specific health care needs or medical conditions of the child, including asthma, diabetes, allergies, and whether the child has been diagnosed at risk of anaphylaxis.

Any Medical Management Plan provided by a child's parents and/or registered medical practitioner. This Plan should

- Have supporting documentation if appropriate.
- Include a photo of the child.
- If relevant, state what triggers the allergy or medical condition.
- First aid needed.
- Contact details of the doctor who signed the plan.
- State when the Plan should be reviewed.
- Copies of the plan should be kept with the child's medication and also accompany them on any excursions.
- Where there is a Medical Management Plan, a risk minimisation plan must be developed and informed from the child's Medical Management Plan.
- Note parents are responsible for updating their child's Medical Management Plan/providing a new Plan as necessary and will be regularly reminded by the service as per the Medical Management Communications Plan.
- Any new information will be attached to the Enrolment Form and kept on file at the service. Educators will ensure information that is displayed about a child's medical conditions is updated.



Identifying Children with Medical Conditions

Any information relating to a child's medical conditions will be shared with relevant educators, volunteers and the approved provider of the service. Educators will be briefed by the nominated supervisor on the specific health needs of each child.

Our service will implement the following communications plan to ensure that relevant educators, staff and volunteers are

- Informed about the Medical Conditions Policy.
- Easily able to identify a child with medical conditions.
- Are aware of the requirements of any medical management plans and risk minimisation plans.
- Aware of the location of each child's medication.
- Updated on the child's treatment along with any regulatory changes that may affect practices for specific medical conditions.
- Upon induction at the service educators will be provided with this policy and will be shown where medication is to be kept and where medical information is displayed. This policy will be reviewed annually at staff meetings and children's medical needs discussed informally between relevant educators as the need arises during the care of the children in question.
- Our service will display information about a child's medical management plan, risk minimisation plan, and the location of each child's medication in an area near a telephone that is visible and easily accessed by all educators e.g. food preparation or serving area to ensure all procedures are followed. We will ensure the display of information is displayed discreetly protecting the privacy of the children, but also providing the best possible means of alerting educators to the children's medical requirements.
- Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the service so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the public notice will not name the child.

Medical Conditions Risk Minimisation Plan

Using a child's Medical Management Plan, our service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents and medical professionals which will ensure that

- Any risks are assessed and minimised.
- If relevant, practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented (note 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.

Our service will provide support and information to all parents and other members of our community about resources and support for managing allergies, anaphylaxis asthma and diabetes.

Our service will routinely review each child's medication to ensure it hasn't expired.

Medical Conditions Risk Minimisation Plan: Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. Anaphylaxis 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 the individual and it is possible to have an allergy to any foreign substance.



Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk. While developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, our service will

- Not allow children to 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.
- Instruct educators on the need to prevent cross contamination.
- Request all parents not to send food with their children that contain highly allergenic elements even if their child does not have an allergy by, for example, placing a sign in the foyer or near the front door reminding families about this.

Where a child is known to have a susceptibility to severe allergy or anaphylaxis to a particular food, the service will have a "allergy-awareness policy" for that food e.g. an "Allergy-Aware (Nut) Policy" which would exclude children 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.
- Be aware that a child may have a number of food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is the most likely to cause severe reaction and will take precedence.
- If appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded. 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 or there is a child diagnosed at risk of anaphylaxis from a milk allergy.
- Ensure all children with food allergies only eat food and snacks that have been prepared for them at home where possible.
- Instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils.
- Closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to 'wander around' the service with food.
- Ensure meals prepared at the service do not contain ingredients such as milk, eggs or nuts.
- Consult risk minimisation plans when making food purchases and planning menus.

Allergic reactions and anaphylaxis are also commonly caused by

- All types of animals, insects, spiders and reptiles.



- All 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.

Our service will ensure that body lotions, shampoos and creams used on allergic children are approved by their parent.

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

- The service will display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
<http://www.allergy.org.au/content/view/10/3/#r1>
- Our service will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.
- Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction our service will call an ambulance immediately by dialling 000
- Ensure the first aid trained educator/educator with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and Allergy <http://allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> and CPR if the child stops breathing.
- Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Medical Conditions Risk Minimisation Plan Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible 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.
- Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an asthmatic reaction. These practices will be documented and reflected upon, and potential risks reduced if possible.
- The service will display an Asthma chart called First Aid for Asthma Chart for under 12 years or Asthma First Aid in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.

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

- Ensure a first aid trained educator/educator with approved asthma management training immediately attends to the child. If the procedures outlined in the child's



medical management plan do not alleviate 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 by Asthma Australia as follows

- Sit the child upright.
- Stay with the child and be calm and reassuring.
- Give 4 puffs of blue reliever puffer medication.
- Use a spacer if there is one.
- Shake puffer.
- Put 1 puff into spacer.
- Take 4 breaths from spacer.
- Repeat until 4 puffs have been taken.
- Shake, 1 puff, 4 breaths.
- Wait 4 minutes.
- If there is no improvement, give 4 more puffs as above.
- If there is still no improvement call emergency assistance 000.
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives.
- Contact the child's parent or authorised contact where the parent cannot be reached.

The service will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and 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. We will ensure the child's name is written on the spacer and mask when it is used.

Medical Conditions Risk Minimisation Plan Diabetes

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.

See <http://www.diabeteskidsandteens.com.au/whatisdiabetes.html> for an online presentation for children explaining how diabetes affects the body.

Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

While developing the Medical Conditions Risk Minimisation Plan our service will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include

- A delayed or missed meal, or a meal with too little carbohydrates.
- Extra strenuous or unplanned physical activity.
- Too much insulin or medication for diabetes.
- Vomiting.

Children with Type 1 diabetes may also need to limit their intake of sweet foods. Our service will ensure information about the child's diet including the types and amounts of appropriate



foods is part of the child's Medical Management Plan and that this is used to develop the Risk Minimisation Plan.

Our service will ensure our first aid trained educator is trained in the use of the insulin injection device (syringes, pens, pumps) used by children at our service with diabetes. If a child is displaying symptoms of a "hypo" our service will

- Ensure the first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate.
- Call an ambulance by dialling 000 if the child does not respond to the first aid and CPR if the child stops breathing.
- Contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Educator Training and Qualifications

The approved provider must ensure that at least one educator attending the service

- Holds a current approved first aid qualification.
- Has undertaken current approved anaphylaxis management training.
- Has undertaken current approved emergency asthma management training.

Supervised Self-Administration of Medication by Children over Preschool Age

The service permits children over preschool age to self-administer medication.

Educators must supervise the child during this process. To promote consistency and ensure the welfare of all children using the service, educators will ensure each child follows all administration of medication, health and hygiene policies and procedures.

The self-administration of medication must be negotiated with, and approved by the child's parents. This information will be detailed in the child's Medical Management Plan and the Medical Conditions Risk Minimisation Plan if appropriate, and the location of the child's medication for self-administration must also be noted and made available to educators.

The service will record all instances of supervised self-administration of medication as per the Administration of Medication Policy.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Asthma Australia

National Asthma Organisation

Australasian Society of Clinical Immunology and Allergy www.allergy.org.au

Australian Diabetes Council

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



35. NATIONAL QUALITY FRAMEWORK POLICY

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 Early Years Learning Framework (EYLF) and the National Regulations – an Australian Government initiative linked to the funding of the Child Care Benefit 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 complete and submit a comprehensive QIP every twelve months.

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

- Educational program and practice
- Children's health and safety
- Physical environment
- Staffing arrangements
- Relationships with children
- Collaborative partnerships with families and communities
- Leadership and service management

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

Sources

National Quality Standard
Early Years Learning Framework
Education and Care Services National Regulations 2012

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



36. ORIENTATION FOR CHILDREN POLICY

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

Reg	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 child and family to transition to their child being in care, transition to a new room within the service or transitioning to school.

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. This process helps to make the transition from home to care as smooth as possible with the aim to maintain continuity between home and the service, which helps the child adjust to the new setting.

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. Parent/s will also be encouraged to send any special comfort items (teddy etc.) to help the child in the initial settling in period. 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 modes of fee payment and communication (newsletters, pockets, communication box etc.), what the child will need, the importance of labelling personal items and also show the parent library where they can access the service's policies and other resources.

Educators will also discuss how best to tailor the child's settling in period, with some parents choosing to gradually build up to a full day so the child is reassured that the parents will return to collect them. Educators will encourage parents to say goodbye when dropping off and reassured that if the child remains distressed over a period of time, that educators will contact them. Parents are able to stay as long as needed to reassure their child, but



sometimes it's easier for the educator to settle the child if the parents come earlier on collection to spend time with their child rather than do this at drop off time.

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

The service aims to arrange for room transitions when a vacancy occurs or at the beginning of the New Year. As each room has different challenges and expectations, children will only be transitioned when they are ready in all aspects of their development. The opportunity to transition between groups / rooms at the service is based on many factors other than just age. When the child becomes of the age to attend school, the service will work with the parents and the school to prepare the child for school entry.

Transition from one room to another

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. Separation can evoke children's deep feelings which can trigger restlessness, frustration etc.

Implementation

As to minimise any distress that the transfer may cause

- Think about the transition ahead of time. Lay the groundwork for a new teacher to get to know their child by sharing information and insights you have gained.
- 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 new group more than once if possible.
- Invite the new teacher to visit the child in their room numerous times.
- Talk about change, starting from 2 weeks before the transition.
- Don't talk about the transition in terms of concern or sorrow.
- Talk about their new teacher every day in general conversation.
- Celebrate the child's last day in the room with a special snack or by signing a special song you have made together.
- Be sure to say goodbye.

Transition to school

When a child first attends school, there is a great change for that child and for their family. We believe that the child's parents are the most important link in this transition.

The better the transition between home and school, the better the education: that's the message of recent research.

The Service will always talk about starting school in a positive manner that will reinforce a healthy attitude toward the transition.

If possible, information on local schools will be made available to parents.

Toward the end of each year an excursion is arranged to visit the local school so as to familiarise the children with the school environment.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Review

The policy will be reviewed annually.

Review will be conducted by:



Management
Employees
Families
Interested Parties.

Reviewed: <March 2015>

Date for next review: <March 2016>



37. PARENTAL INTERACTION AND INVOLVEMENT IN THE SERVICE POLICY

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.
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National Regulations

Reg	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
Orientation for Children Policy

Implementation

Parent Communication

Our Service aims to provide as many outlets as possible for family/service communication. These include

- Face to face.
- A monthly newsletter which will be emailed to parents or printed and put in the children's bags to be taken home.
- 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.

Parent Grievances

Any parent/caregiver with a concern or complaint in relation to the running of our Service either in administration or child interaction should do the following

- Voice their complaint or concern with the nominated supervisor or approved provider.
- Write their complaint or concern addressing it to the nominated supervisor or approved provider. You will receive a personal response unless you have chosen to be anonymous.
- Parents can speak to any educator or member of staff about a specific complaint or concern. Educators or staff will put in steps to address your concern or complaint as quickly as possible. However, educators and staff do reserve the right to have the complaint put in writing.
- If a service-wide problem has been brought to our attention all families and staff will be informed of the contents of your complaint but not your name.
- The service will use the Grievance Procedure/Register to ensure that the grievance is followed through and sufficiently investigated.

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, the preparation of morning tea, special activities and afternoon tea.

A family/staff 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 staff/parents meetings will be kept aside for either side to make suggestions.

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 child health nurse, playgroup and speech therapist.

For families who use English as a second language, translated documents can be provided.

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% competent 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!

Parent Survey Template

Sources

National Quality Standard

Education and Care Services National Regulations 2012

Administration, Hand 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: <March 2015>

Date for next review: <March 2016>



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 programs and our philosophy are 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. Teachers provide a challenging and stimulating environment for my child.				
7. Teachers 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 what it does.				
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.



38. PHOTOGRAPHY POLICY

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

EYLF

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 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 and staff members 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 and staff 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 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 a staff member or educator, the Service does not accept responsibility for the distribution or use of any photograph taken by the individual.

Sources

National Quality Standard
Early Years Learning Framework

Review

The policy will be reviewed annually by:
Management
Employees
Families
Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



Child's Full Name	
Parent's Name	
Parent's Signature	
Date	

Please tick the relevant boxes

I consent to:

- ☐ My child being photographed by educators and staff members at the Service.
- ☐ My child being photographed by other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements.
- ☐ The photographs taken by educators and staff members being used to support the curriculum.
- ☐ My child's image being included in a photograph of another child, for curriculum purposes (observation/portfolio).
- ☐ The photographs taken by educators and staff members being used to publicise the Service or to inform Service families about what is happening at the Service. This may include posting the photographs on our Service website or including them in Service brochures and media articles.
- ☐ The photographs taken by Researchers and students being used to support their research project or student placement. This may include publishing the photo in journal articles, reports or conference papers and assignments.
- ☐ The posting of photographs taken by educators and staff members on the Service's social media account or a related social media account with which the Service has a professional relationship.

I understand I can withdraw my consent about the taking of photographs of my child at any time by advising the Nominated Supervisor in writing.



39. PHYSICAL ACTIVITY PROMOTION POLICY

NQS

QA2	2.2.2	Physical activity is promoted through planned and spontaneous experiences and is appropriate for each child.
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EYLF

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 Get Up & Grow, Healthy Eating for Physical Activity for Early Childhood program. A copy of the program can be found at the below web address:

[http://www.health.gov.au/internet/main/publishing.nsf/Content/EDFEDB588460BCE3CA25762B00232A13/\\$File/gug-directorscoord.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/EDFEDB588460BCE3CA25762B00232A13/$File/gug-directorscoord.pdf)

In line with this, our service will implement the following promotion of physical activity as per the age and development stage of each child in attendance

- For healthy development in infants (birth to 1 year), physical activity, particularly supervised floor-based play in safe environments, should be encouraged from birth.
- Toddlers (1 to 3 years) and pre-schoolers (3 to 5 years) should be physically active every day for at least three hours, spread throughout the day.
- Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).
- For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and other electronic games) should be limited to less than one hour per day.
- Infants, toddlers and pre-schoolers should not be sedentary, restrained or kept inactive for more than one hour at a time, with the exception of sleeping

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 age groups and developmental abilities represented in the centre.
- 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

- Learning to use increasingly complex motor skills and movement patterns in order to combine gross and fine movement and balance skills, spatial awareness and problem-solving skills.
- 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.
- The development of their physical skill set by providing babies with encouragement and safe areas to practice rolling over, sitting, crawling, standing and walking.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Get up and Grow, Health Eating and Physical Activity for Early Childhood

Review

The policy will be reviewed annually.

Review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



40. 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.
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

Reg	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
	104	Fencing and security
	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
	383	Saving provision—education and care services provided by a school

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
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	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 metre 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) if over 60cm in height.
- 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 (e.g. 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 adequate, sufficient and hygienic facilities for nappy changing which are inaccessible to children if they are not directly supervised, and providing at least 1 properly constructed nappy changing bench for children less than 3 years of age.
- Provide access to clean drinking water in our indoor and outdoor environments.
- Providing secure and hygienic laundry facilities.
- Provide a separate indoor space for children less than 2 years of age.
- 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, staff 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.
- Note transitional provisions for space and fencing requirements apply to services that were operating immediately prior to 1 January 2012. The regulatory authority can provide further advice.

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 family members 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 e.g. 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, staff and volunteers.
- Engage children in a wide variety of indoor and outdoor experiences.
- Discuss safety issues with children (e.g. 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. When forming groups, 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.

The Nominated Supervisor and educators will

- Base children's' rooms and groupings on their age and/or development.
- Have open play time in the morning so all children can interact with children and educators from other rooms.



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 (e.g. 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.

Inspections of trees in the service grounds will be undertaken to identify 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 staff

- 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 (e.g. pink for the kitchen, yellow for the bathroom) to eliminate cross-contamination of different areas.
- Use different rubber gloves (or disposable) 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.



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

- Wear clean and smart clothing to suit their position.

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, especially in younger children's rooms.
- 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 e.g. corners.
- Take care cleaning toys that cannot be immersed in water e.g. wooden toys, rattles, 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 ride-on vehicles and 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 an airtight container.
- 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 (e.g. 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.
- The preparation of children's bottles is both safe and hygienic at all times and separate from nappy change area.

Laundry

The laundry area includes a washing machine, trough with hot & cold water supply for the laundering of soiled clothes, linen and nappies.

Sun Protection

The Approved Provider, Nominated Supervisor, educators and staff understand that exposure to ultraviolet (UV) radiation in childhood is a major risk factor for developing skin cancer later in life. Correct sun protection practices reduce a child's risk of skin and eye damage and ensure they obtain enough [vitamin D](#) from the sun to allow for healthy bone development and maintenance.

The Approved Provider, Nominated Supervisor, educators and staff will

- Use a combination of sun protection measures whenever UV levels reach 3 and above.
- Access the daily SunSmart UV Alert at <http://www.bom.gov.au/uv> to find out daily local sun protection times and UV index.
- Ensure sun protection measures are adequate at all times, particularly from 10 am to 2 pm when daily UV levels reach their peak.
- Ensure protection measures are adequate for children with all skin types, including children with very fair skin.
- Ensure sun protection measures are considered when planning excursions.

Sun Protection Measures

Outdoor Activities

Educators and staff will minimise outdoor activities and events as much as possible between 11am and 3pm during the summer time of the year. This means reducing both the frequency and length of time children are outside.

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.



Hats

Educators, staff 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.

Clothing

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

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

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.

Sunscreen

All educators, staff and children will apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. 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 and babies may not be able to play outside if we are not authorised to apply sunscreen.

Babies (under 12 months)

When UV levels reach 3 or above babies will not be exposed to direct UV and they will be kept in the shade at all times. Their skin will always be well protected. They will wear sun safe hats and clothing and small amounts of SPF30+ broad-spectrum water-resistant sunscreen may be applied to their exposed skin.

Role Modelling

Educators and staff 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 SPF30+ 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.

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 <https://www.cancerwa.asn.au/>

Policy Availability

The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to educators and staff, families and visitors in our Parent Handbook and through other Service communications.

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 and 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.
- 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.
- 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 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 first seek out and tell the certified officer on duty that they are present, what they are doing and where, when they arrive at the service, and again 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.

Maintenance of 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.
- Eliminate or reduce the amount of manual handling.
- Reduce the amount of bending, forward reaching, and twisting, in all tasks.
- Reduce worker fatigue.
- Keep all equipment in good working order.
- 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.
- 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 and staff 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 and staff 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 e.g. to help a child put their shoes on.
- Sit rather than bend e.g. 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 (e.g. 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.
- Lift a child out of a cot by leaning against the cot and raising the child as close as possible to their body. Educators and staff will not stretch over and lift.
- Help larger children to climb up steps/ladder provided to change table.
- Use a step ladder to reach above shoulder level.
- Avoid extended reaching forward e.g. 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

- Place your feet in astride position.
- Keep your breastbone as elevated as possible.
- Bend your knees.
- Brace your stomach muscles.
- Hold the object close to your centre of gravity i.e. around your navel.
- Move your feet not your spine.
- Prepare to move in a forward-facing direction.
- Ask for help when it is not possible to lift on your own.

Avoid Twisting when Lifting

To avoid injuries result from twisting educators and staff 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 and staff will

- Ask a colleague who is willing and able to help, and ideally is fairly well matched with them in size and strength.
- Agree on a plan of action to achieve a coordinated lift.
- 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 2012

Early Years Learning Framework

Dangerous Substances (National Code of Practice for the Labelling of Workplace Substances) Code of Practice Approval 2006

National Quality Standard

Occupational Safety and Health Act 1984

Staying Healthy –Preventing infectious diseases in early childhood education and care services 2012

Cancer Council WA SunSmart Sample Sun Protection Policy

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 2011

Building Regulations 2012

Royal Life Saving Society Home Pool Safety Checklist

Royal Life Saving Society Wading Pools Checklist

Australian Standard 1926.1 Swimming Pool Safety

Kidsafe NSW: Playground surfacing

Review

The policy will be reviewed annually by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



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 air pressured closure mechanisms.
- 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. Install childproof self-locking devices on gates.
- 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. High risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two educators on premises at all times with vision of each other and the children, including when changing nappies or washing 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
Bathrooms - wash tap handles, toilet seats, toilet handles and door knobs. Check the bathroom during the day and clean if visibly dirty	✓	
Toys and objects put in the mouth	✓	
Surfaces the children have frequent contact with e.g. bench tops, taps, cots and tables	✓	
Beds, stretchers, linen and mattress covers (if each child does not use the same mattress cover every day)	✓	
Door knobs	✓	
Floors.	✓	
Low shelves		✓
Other surfaces often touched by children		✓

Attachment D

Fire Equipment and Maintenance

Key		
Inspection Procedure of Fire Safety Installations (F.S.I)	1. Inspect for obvious visual faults. 2. Inspect for faults and witness test of F.S.I by a competent person 3. Inspect for faults where possible and accept logbook details of F.S.I 4. Check Building file for details of any extra requirements.	
Required Record of Keeping Fire Safety Installations (F.S.I)	L = log book required R = record of maintenance required T = Metal tag on F.S.I or service details/service label (Y) = Weekly test may be omitted refer AS 1851-2005	



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 Yrs.	5 Yrs.		
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	Y	1851-Section 4
Fire Pump sets	2	L-T	(Y)	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	Y	1851-Section 15
Fire Blankets	2	R-T				Y					1851-Section 16



41. 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

Reg	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. Our educators 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 the service's provision of education and care to any child enrolled at the service or the family's ability to utilise the service

Sources

Education and Care Services National Regulations 2012
National Quality Standard

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



42. PRIVACY AND CONFIDENTIALITY POLICY

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
QA7	7.1.1	Appropriate governance arrangements are in place to manage the service

National Regulations

Reg	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 Early Years Learning Framework. Information may also be collected to comply with other Laws including State or Territory Health Laws.

During the enrolment process the Nominated Supervisor 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 (e.g. 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 or Nominated Supervisor 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 or Nominated Supervisor 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 or Nominated Supervisor 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.
- Organisations related to the Service (e.g. other Services) without expression permission.
- 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 (e.g. 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 or Nominated Supervisor 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, include a photocopy of birth certificates and immunisation records.
- Update information in our physical or electronic records as soon as it's provided.

In addition the Approved Provider or Nominated Supervisor will

- Regularly remind families via newsletters, emails or through displays on the Service notice board 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 or Nominated Supervisor 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 Nominated Supervisor's Office in a filing cabinet which is locked when a Responsible Person is not present.
- 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.
- '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.

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 Nominated Supervisor by telephone on 9883 94 24 or email melc@boddington.wa.gov.au or by mail PO Box 4 Boddington WA 6390.
- 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 Nominated Supervisor 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 (e.g. 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 Nominated Supervisor by telephone on 9883 9424 or email melc@boddington.wa.gov.au or by mail PO Box 4 Boddington WA 6390.

The Approved Provider or Nominated Supervisor 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 Nominated Supervisor 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 Centre. These requests may be made to the Nominated Supervisor by telephone on 9883 9424 or email melc@boddington.wa.gov.au or by mail PO Box 4 Boddington WA 6390. The Approved Provider or Nominated Supervisor 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 GPO Box 5218 Sydney NSW 2001 or GPO Box 2999 Canberra ACT 2601, phone 1300 363 992 or email 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: <March 2015>

Date for next review: <March 2016>



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.
- Organisations related to the Service (e.g. other Services).
- 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 (e.g. 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, 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.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning 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 or Nominated Supervisor who may be contacted by telephone on INSERT PHONE NUMBER or email INSERT EMAIL ADDRESS or by mail INSERT POSTAL ADDRESS.

We will provide a copy of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard and include the changes in our Newsletter.



43. RECORD KEEPING AND RETENTION POLICY

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

Reg	55	Quality improvement plans
	125	Application of Division 4
	126	Centre-based services – general educator qualifications
	146	Nominated Supervisor Records
	147	Staff Member Records
	149	Volunteer Records
	158	Children's attendance record is 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



Privacy and Confidentiality Policy

Who is affected by this policy?

Children
Families
Educators

Implementation

Records to be kept in Relation to Staff

The following records must be kept in relation to the service's Nominated Supervisors

- The full name, address and date of birth.
- Evidence of any relevant qualifications held by the Nominated Supervisor.
- If applicable, evidence that the Nominated Supervisor is actively working towards that qualification. If this is the case, the following must be recorded:
- Proof of enrolment.
- Documentary evidence that the Nominated Supervisor has commenced the course, is making satisfactory progress towards the completion of the course, is meeting the requirements of maintaining the enrolment.
- For Nominated Supervisors 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 Supervisor.
- The identifying number and expiry date of a Working with Children Check or a record of current teacher registration and expiry date.

The following records must be kept in relation to other staff members

- The full name, address and date of birth.
- Evidence of any relevant qualifications.
- If applicable, evidence that the staff member is actively working towards that qualification. If this is the case, the following must be recorded:
- Proof of enrolment.
- Documentary evidence that the staff member has commenced the course, is making satisfactory progress towards the completion of the course, is meeting the requirements of maintaining the enrolment.
- For staff members 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 staff member.
- The identifying number and expiry date of a Working with Children Check or a record of current teacher registration and expiry date.

The following records must be kept in relation to the Educational Leader

- The name of the educator who is designated at this role.

The following records must be kept in relation to Students and Volunteers

- The full name, address and date of birth of each student or volunteer.
- The Approved Provider must also keep a record for each day on which the student or volunteer participates in the service, the date and hours of participation.



The following records must be kept in relation to the Responsible Person

- The staff record must include 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.

The following records will be kept in relation to 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.

The following records will be kept in relation to access to early childhood teacher/s

The approved provider of a centre-based service that provides education and care to fewer than 25 children preschool age or under must ensure that a record is kept of the following

- The period that an early childhood teacher is working with the service in accordance with the time frames set out in the Staffing Arrangements Policy.
- The periods that the early childhood teacher is working directly with children and not working directly with children.
- The approved provider of a centre-based service that provides education and care to 25 or more children preschool age or under must ensure that a record is kept of the period that an early childhood teacher is in attendance at the service.
- Records Relating to Enrolled Children

The following records will be kept in relation to enrolled children

Documentation relating to child assessments or evaluations for delivery of the education program, including

- Assessments of the child's developmental needs, interests, experiences and participation in the education program.
- Assessments of the child's progress against the outcomes of the educational program.
- Decisions made by the Approved Provider or Nominated Supervisor, signed by the parent, to treat a child as up to 6 months younger or older than the child's actual age for ratio purposes.
- 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 received by a child or trauma to which a child has been subject while being educated and cared 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 cared 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 individual who witnesses the incident, injury or trauma
- The name of any individual 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 individual 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 an individual named in the child's enrolment record as authorised to consent 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 individual who administered the medication.
- If another individual is required to check the dosage, the name and signature of that individual.

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 individual who is to be notified of any emergency involving the child if any parent of the child cannot be immediately contacted.
- Any individual who is an authorised nominee.
- Any individual who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.
- Any individual 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 individual 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 individual.
- 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 an individual 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 of 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 a staff member 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 individual other than the approved provider.
- A record of certified supervisors placed 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 individual.

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 or 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.
- In the case of any other record relating to a child enrolled at the education and care service. Until 7 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 7 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 7 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.
- In the case of any other record, 7 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 Boddington Shire Offices 39 Bannister Rd Boddington WA 6390, according to the Record Keeping Plan implemented 2010.

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 individual 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 individual who provided the information.

Sources

Privacy Act 1988

Education and Care Services National Regulations 2012

National Quality Standard

Working with Children Screening Unit WA

Working with Children (Criminal Record Checking) Act 2004

Working With Children (Criminal Record Checking) Regulations 2005

Review

The policy will be reviewed annually.

Review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



44. RELATIONSHIPS WITH CHILDREN POLICY

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

Reg	155	Interactions with children
	156	Relationships in groups

EYLF

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



- Parents and staff aim to build strong partnerships so that the centre is managed effectively, through the process of consultation and collaborations. The centre aims to reflect the values of the community in all its diversity and is committed to excellence in the provision of care and educational programs.

We believe that for all children to engage actively in their environment and therefore in their learning they need to feel safe, respected and valued; they need to feel they belong.

That a play based open learning environment supports children becoming competent and confident learners.

That the environment presented to the children should engage the senses, stimulate curiosity and encourage active exploration.

That the learning experiences offered to the children should be drawn from a variety of methods. These would include observations of children's needs and interests, spontaneous happenings and forward planning.

Program Goals-for the Children to belong the centre aims for each child to feel like they belong. This sense of belonging contributes to "inner wellbeing, security and identity". We aim to create a home-like atmosphere which has meaning and purpose in which the child feels welcomed and nurtured.

Develop In all aspects – cognitive, physical, emotional, social, language, literacy and numeracy; and to learn through all the senses – sight, touch, sound, smell and taste; and with access to a wide variety of resources with skilled responsive and interested adults as the most important resource.

Explore To actively and enthusiastically discover knowledge; to use initiative and achieve independence; to develop creativity, imagination, curiosity, a love of learning and a love of life.

Empathise To recognise the rights of others to be safe; to understand fairness, co-operation, and to resolve conflicts peaceably.

Identify with their families and their community while also having a strong sense of self as an individual. To gain a sense of the wider world and their participation in it, to be aware of diversity of life style, family life and other cultures within their community and the wider world.

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 talk with children in a two-sided manner. 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 service will have in place predictable personal-care routines that are enjoyable experiences for babies and toddlers and will respond to babies and toddlers when they practice their verbal communication skills.
- 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 educators will be knowledgeable in the communication strategies and nonverbal cues of babies and toddlers and staffing and grouping arrangements within the service will support the development of trusting relationships between educators, babies and toddlers to allow them to feel secure in the service.
- 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 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 engage in give and take communication by adding to interactions initiated by babies and toddlers by describing objects and talking about routine activities with babies and toddlers.
- 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 educators will also support children to build secure attachments with one and then many educators and use a favourite toy or comfort item to help them feel secure in the service. Most toddlers suffer a form of separation anxiety when away from their families. Educators need to reassure the toddler and work with the toddler's family in order to make the child feel safe and happy at the Service.
- Our service will ensure that there are many opportunities for babies and toddlers to experience relaxed physical contact and close interactions with familiar educators.
- Our nominated supervisor, educators and coordinators will learn more about the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families using the service.
- Our educators will frequently talk with families to get an idea of the non-verbal forms of communication used by their children in order to convey messages such as hunger, needing the toilet, tiredness and emotions.
- 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 for peer scaffolding.
- 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.

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.
- Speaking in comforting tones and holding babies to soothe them when they are distressed, and responding positively to babies' and toddlers' exploratory behaviour.



- 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), and 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. The environment may include mirrors to help children focus and provide interest, contains photos of where resources belong.
- 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 aren't 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 (one of the ideas behind progressive morning teas), 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 be reducing unnecessary transitions or introducing progressive morning 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 what it means to "share" or 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 lunch," rather than "pack up".
- 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 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.



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 individual 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 instills in each child a sense of self identity, dignity and tolerance for all individuals.
- 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 individuals.
- 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 an 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 anti-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 records 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 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 individuals 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 individuals (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 individuals 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 minor decisions, such as what to eat for lunch, what to wear or what toy to play with 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 story times and cuddles.
- Limiting stimulants like chocolate, lollies etc.

It is important to remember how you respond to the stressful or traumatic event will affect your 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 Children's Services, 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.
- Recent research demonstrates that aggressive behaviour and bullying inclinations begin in some children as early as two years old, which highlights the importance of children's services educators in effectively responding to children who bully.

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.
- Daily 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 in order 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 a child may bite are

- Infants – Experimental, Sensory Pleasure, Teething.
- Toddlers – Frustration, fatigue, attention seeking, confined spaces.
- Older Children – Aggression, deliberate.

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.
- 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 2012
Early Years Learning Framework

Review

The policy will be reviewed annually.

Review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



45. SAND PIT POLICY

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

Reg	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 150mm below the top edge of the sandpit.
- Any natural elements we may incorporate into the sandpit (e.g. 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. Educators will monitor the sand to determine if the sand needs to be treated or replaced.
- 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.
- 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 outside.

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 e.g. 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 2012

National Quality Standard

Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition 2012 NHMRC

Sandpits Fact Sheet 2013 Kidsafe NSW

Timber in Playspaces Fact Sheet 2013 Kidsafe NSW

Occupational Health and Safety Act 1984

Occupational Safety and Health Regulations 1996

Public Health Act 1911

Work Safe Western Australia Commission- Reducing the Risk of infectious Disease in Child Care Workplaces

Review

The policy will be reviewed annually by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



46. SLEEP, REST, RELAXATION AND CLOTHING POLICY

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

Reg	81	Sleep and Rest
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EYLF

LO3	Children take increasing responsibility for their own health and wellbeing Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity). Educators consider the pace of the day within the context of the community. Educators provide a range of active and restful experiences throughout the day and support children to make appropriate decisions regarding participation.
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Aim

Our Service aims to meet each child's needs for sleep, 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

Most children benefit from periods of rest which help them grow and ensures their learning and development. Our service implements rest periods which are consistent with the developmental needs of children, including a short period of rest each day for older children.

The Nominated Supervisor will ensure

- There is a quiet and restful environment for sleep and rest that enables educators to see, hear and closely monitor children.
- There are comfortable spaces for children to engage in quiet experiences.
- Educator to child ratios are maintained at all times children are sleeping and resting.
- Information about safe sleeping practices for babies and toddlers (e.g. from SIDS and Kids) are displayed on noticeboards or in our parent library.

The Nominated Supervisor will ensure educators, staff and volunteers

- Accommodate each child's and family's preferences for rest, sleep 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.
- Follow the procedures in this policy which are based on recommendations from SIDS and Kids. If a child has a medical condition which prevents educators from following these procedures, for example a condition which prevents a child from being placed on their back, an alternative resting practice must be authorised by a registered medical practitioner in writing. This should be part of a child's Medical Management Plan.



- Communicate daily with parents about their child's sleep and rest routines at the service and at home.
- Regularly monitor all children who are sleeping with specific attention to breathing patterns, and monitor all babies every 10 minutes.
- Monitor the temperature of the rest environment to ensure it is comfortable without becoming too hot or cold.
- Help children learn about their needs for rest and comfort and where appropriate negotiate the need for sleep and rest with children. Children will be encouraged to communicate their needs where possible and to make appropriate decisions.
- Provide children who do not require sleep or rest with quiet activities.
- Support children who need rest and relaxation outside our designated "rest time."
- Group children in a way that minimises overcrowding.
- Comfort children when required. We discourage rocking children to sleep so that children do not come to expect this from their families at home.
- Respect the privacy needs of each child when dressing and undressing.

Safe resting practices for babies (birth to 24 months)

Educators, staff and volunteers will

- Place babies on their back to rest (unless a medical practitioner has authorised an alternative resting practice due to a medical condition).
- Allow older babies to find their own sleeping position if they move after being placed on their back to rest.
- Ensure a baby's face is never covered with bed linen while they are sleeping.
- Place babies so their feet are close to the bottom end of the cot and they cannot wriggle under the bed linen.
- Ensure quilts and doonas are not used as bed linen, and that pillows, soft toys, lamb's wool and cot bumpers are not used.
- Use light bedding as the preferred option, and tuck all bedding in to prevent a baby from pulling it over their head. Sleeping bags with a fitted neck and arm holes (and no hood) may also be used instead of bed linen.
- Play calm, relaxing music.
- Provide dummies if required but they will not be attached to chains.

Safe resting practices for toddlers (18months – 3 years)

Educators, staff and volunteers will

- Place toddlers on their back to rest (unless a medical practitioner has authorised an alternative resting practice due to a medical condition).
- Allow toddlers to find their own sleeping position if they move after being placed on their back to rest.
- Ensure a toddler's face is never covered with bed linen while they are sleeping.
- If using a cot, place toddlers so their feet are close to the bottom end of the cot and they cannot wriggle under the bed linen.
- Ensure quilts and doonas are not used as bed linen, and that pillows, soft toys, lamb's wool and cot bumpers are not used.
- Use light bedding as the preferred option, and tuck all bedding in to prevent a baby from pulling it over their head. Sleeping bags with a fitted neck and arm holes (and no hood) may also be used in cots or on mattresses/beds instead of bed linen.
- Offer quiet experiences to those toddlers who do not fall asleep.
- Play calm, relaxing music.

Safe resting practices for preschool children (3-5yrs)

Educators, staff and volunteers will



- Place preschool children on their back to rest (or ask them to lay on their back to rest).
- Allow preschool children to find their own sleeping position if they move while sleeping or after lying on their back initially.
- Ensure a preschool child's face is never covered with bed linen while they are sleeping.
- Use light bedding as the preferred option.
- Offer quiet experiences to those preschool children who do not fall asleep.
- Play calm, relaxing music.

Cots

All cots must meet Australian Standards and be labelled AS/NZS 2172:2010 or AS/NZS 2195:2010 (folding cots).

Cot mattresses should be in good condition, clean, firm, flat and must fit the cot base with no more than a 20mm gap between the mattress and the sides of the cot.

The distance between slats must be at least 50 mm.

For cots in the lowest base position the distance between the top of the mattress base and the top edge of the lowest cot side or end must be a minimum of

- 600 mm when the access is closed.
- 250 mm when the access is open.

For cots in the upper base position the distance between the top of the mattress base and the top edge of the lowest cot side or end must be a minimum of

- 400 mm when the access is closed.
- 250 mm when the access is open.

Refer www.productsafety.gov.au for more information.

Safety Checks: Beds, Cots, Environment

Every 4 weeks the service will conduct a safety check of the resting environments, equipment and/or aids by following the Cot and Sleep Safety Checklist.

Prams and strollers will be always within sight if a child is asleep in it.

Hygiene practices

The Nominated Supervisor will ensure

Cots and mattress protective covers are cleaned with soap and water before a different child uses it and if visibly soiled. If a child soils a cot or mattress educators, staff and volunteers will

- Wash hands and put on gloves.
- Clean the child.
- Remove gloves.
- Dress the child; wash the child's hands and their hands.
- Put on gloves.
- Clean the cot.
- Remove the bulk of the soiling or spill with absorbent paper towels.
- Place the soiled linen in a plastic-lined, lidded laundry bin.
- Remove any visible soiling of the cot or mattress by cleaning thoroughly with detergent and water.
- Remove gloves and wash hands.
- Provide clean linen for the cot.
- Cleaning schedules are displayed in rooms. (Refer to the Physical Environment Policy for cleaning schedules).



- Each child has their own bed linen and it is washed every week following their last day at the service.

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.
- Do not restrict children's comfort or compromise their safety when sleeping and resting. E.g. Clothes with hoods or cords are not suitable for babies or toddlers to sleep in.
- Allow easy access for toileting i.e. elasticised trousers, track pants – rather than buttons, zips, belts etc.
- Can get dirty when children play and engage in Service activities. Children should not come dressed in their best clothes.
- 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, staff 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, rest and sleep routines.
- 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 2012

Early Years Learning Framework

Occupational Safety and Health Act 1984

Standards Australia: AS/NZS 2172:2010, Cots for household use—Safety requirements

Standards Australia AS/NZS 2195:2010, Folding cots—Safety requirements

Sids and Kids www.sidsandkids.org

SIDS and Kids brochures: Making Up Baby's Cot, Safe Sleeping, Infant Safe Sleeping Child Care Kit, Cot to Bed Safety, Safe Wrapping

SIDS and Kids information sheets: Bedding Amount Recommended for Safe Sleep, Pillow Use, Room Temperature, Sleeping Position for Babies with Gastro-Oesophageal Reflex, Soft Toys in the Cot, Wrapping Babies

SIDS and Kids: Sudden Unexpected Death in Infancy Frequently Asked Questions

NHMRC: 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: <March 2015>

Date for next review <March 2016>



47. SOCIAL MEDIA POLICY

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

Reg	181	Confidentiality of records kept by approved provider
	181-184	Confidentiality and storage of records

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, staff members and volunteers will not

- Access their social media accounts on any device while educating and caring for children.
- 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.
- Disclose confidential, private or sensitive information.
- Publicise workplace disputes.

Educators, staff 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.

Risk Management

The use of social media can expose the Shire to risks and compromise compliance with policy and legislation. Prior to the establishment of social media accounts, officers must conduct a risk assessment, ensure appropriate documentation of requirements is in place and mitigating actions are established. An implementation checklist is provided in the official Social Media guidelines.

Continuity

Official social media accounts represent the public face of the Shire with authorised officers representing the Shire in those environments. To ensure continuity, all social media accounts must be administered by Community Services who will establish a central register of official social media accounts detailing the accounts purpose, officers authorised to access the account and account holders details sufficient to enable continuity of access by the Shire.

Roles and responsibilities

The Community Services Department will provide a support and oversight role for all official social media accounts. Individual service plans will be determined for each official social media account on the basis of needs outlined in the implementation checklist.

This policy represents the formal policy and expected standards of the Shire staff. Appropriate approvals need to be obtained prior to any deviation from the policy or guidelines. Failure to follow this policy or guideline may result in the revocation of social media accounts and access.



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 2012

Review

The policy will be reviewed annually by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



48. STAFFING ARRANGEMENTS POLICY

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 Regulations

Regulations numbered 240 and higher are state or transitional regulations

Reg	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
	129	Requirements for educators who are early childhood teachers
	130	Requirement for early childhood teacher—Centre based services—fewer than 25 approved places
	131	Requirement for early childhood teacher—Centre based services—25 or more approved places but fewer than 25 children
	132	Requirement for early childhood teacher—centre-based services—25 to 59 children
	133	Requirement for early childhood teacher—centre-based services—60 to 80 children
	134	Requirement for early childhood teacher—centre-based services—more than 80 children
	135	Early childhood teacher illness or absence
	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
	240	Qualifications for educators—centre-based service applies until 31.12.15 Applies to reg 126
	241 242	Persons taken to hold an approved early childhood teaching qualification Persons taken to be early childhood teachers applies from 1.1.14 to 1.1.16 Applies to reg 130-134
	243	Persons taken to hold an approved diploma level education and care qualification
	244	Persons taken to hold an approved certificate III level education and care Qualification
	245	Person taken to hold approved first aid qualification. Applies until 31.7.13 or qualification expires.
	372	Educator to child ratio—pre-kindergarten programme or kindergarten programme provided by a school Applies until 123(1)(c) from 1.1.16
	373	Early childhood teachers—pre-kindergarten programme or kindergarten programme provided by a school Reg 130-134 do not apply
	374	Educator to child ratio—pre-kindergarten programme or kindergarten programme provided by a school Applies to reg 123(1)(c) until 31.12.15



374A	Educator to child ratios – centre-based services during lunch periods
378	Qualifications for educators—pre-kindergarten programme or kindergarten programme provided by a school Reg 126(1) does not apply until 1.1.14
379	Educators required to be early childhood teachers Applies to Div 5 Part 4 and Reg 133 and 134.

Aim

To ensure that our education and care service is at all times compliant in relation to staff/child ratios and qualified educators.

Related Policies

Excursion Policy
Transportation policy
Child Protection Policy
Continuity of Education and Care Policy
Educator and Management Policy
National Quality Framework Policy

Who is affected by this policy?

Children
Families
Educators
Management

Implementation

Our service will maintain compliance to the following

- Our service will nominate a qualified and experienced educator, co-ordinator or other individual as the service's Educational Leader. This person is responsible to lead the development and implementation of the service's educational programs.
- Our service will ensure that any educator that is under eighteen years of age does not work alone at the service and is supervised at all times by an educator who is over eighteen.
- We will only include educators in the educators to child ratio who are working directly with the children.
- Our service will maintain compliance to the following in relation to the everyday practicalities of service's operations:
- Educators' rostering and routines will at all times make sure enough educators are available for the adequate supervision of children.
- Supervising educators give their attention to the children and not to any other duties, other duties e.g. cleaning can be accomplished by involving the children and inviting them to help.
- At no time will students or volunteers be included in the ratio of adults supervising children, except on excursions according to regulations.
- A nominated supervisor or certified supervisor will be on the premises at all times when children are being educated or cared for.
- Students and volunteers will never be left alone with a child or a group of children.
- In any situation where adequate supervision of children is threatened, any educators on a meal-break must be prepared to return to duty to supply adequate supervision.
- The Approved Provider or Nominated Supervisor will ensure that regulations in relation to the supervision of children are adhered to.
- Educators supervising outdoors, should position themselves to see as much of the play area as possible.



- One educator should be positioned close to the climbing structures as often as possible.
- Any water activity should be closely supervised by one educator at all times.
- Except for necessary discussions or concerns regarding children or matters relating to the Centre, educators will not congregate together outside.
- When children are resting or sleeping they will be supervised.
- During hand washing and/or toilet times children will be supervised in the bathroom area.
- Toddlers and children undergoing toilet training will not be left unsupervised in the bathroom.
- No child is to be left unattended at the table when eating.
- Rosters will be designed and implemented to ensure that children receive continuity of care.
- Our service will, when possible and to the best of our ability, make use of a regular pool of relief educators.

Supervision of Services

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 certified supervisor who is in charge of the daily running 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.

All educators and staff members 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. They will also actively engage with children and not stand back and watch, but make sure that they do not take over and direct the children’s play.

There may also be times when minimum ratio requirements are not sufficient to ensure children are adequately supervised. On these occasions the Nominated Supervisor or certified 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.

Relevant Definitions

Educator to Child Ratios

Our educator to child ratios will always meet the minimum requirements as stated below. Note the numbers of children referred to in this section does not include children being cared for in an emergency for no more than two consecutive days the service operates. An emergency means a serious and unexpected short term care emergency that requires a child to be provided with immediate education and care.

For all other centre-based services for children preschool age or under

- For children aged from birth to 24 months, 1 educator to 4 children.
- For children aged over 24 months but less than 36 months, 1 educator to 5 children.
- For children aged over 36 months or over, 1 educator to 10 children.

The Approved Provider or Nominated Supervisor may approve a child being treated up to 6 months older or 6 months younger than the child's actual age if satisfied on reasonable grounds that this is developmentally appropriate for the child and the parent has agreed and signed a record of the decision.

Until 31 July 2015, during lunch periods a centre-based service with children 5 years of age or less will meet the ratios with not less than 60 percent of the number of educators otherwise required to meet the ratios. Lunch period means a period of not more than 3 hours per day during which educators are allowed to have lunch breaks.

If children being educated and cared for at the service are of mixed ages the minimum number of educators for the children must meet the requirements above at all times. This can be done after considering the total number of children being cared for at the service and the educator to child ratio required for each age range. If the number of children being cared for in a particular age range is less than that allowed in the educator to child ratio, that educator has the capacity to work directly with another child in an older age bracket. For example if the service is only caring for 3 children under 24 months, but 6 children in the next age bracket, one of the 6 children can be allocated to the educator caring for the younger children. This leaves 5 children for the educator in the older age bracket to care for, and this meets the ratio requirements. Ratio requirements must always be met for younger children before allocating educators to older age brackets.

When an early childhood teacher (ECT) is required to be in attendance at the service as per the licensed places of our service, the ECT is counted as an educator at the service for the purposes of this regulation.

If the service is required to have access to an ECT for a period of time as per the licensed places, the ECT must be added to the minimum number of educators required for that service for that period.

If the service is a preschool program in a school in a class or classes where a full-time education program is also being delivered, educator ratio and qualification requirements do not apply.

Rostering



This section is based on the Children's Services Award. Services subject to enterprise agreements should check the rostering requirements in the agreement.

The Approved Provider and Nominated Supervisor will comply with award requirements in relation to rostering. The Nominated Supervisor will

- Post or display a staff roster where it can be easily accessed by all employees.
- Discuss any potential changes to the roster with affected staff members 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.

Educator Qualifications

At least 50% of the educators who are required to meet the relevant educator to child ratios for the service must have or be actively working towards at least an approved diploma level education and care qualification.

All other educators required to meet the relevant educator to child ratios for the service must have or be actively working towards at least an approved certificate III level education and care qualification.

However, the following exception applies

- The Certificate III qualification requirements don't apply to an educator who has been employed on probation for up to 3 months at one or more centres operated by the Approved Provider.

If an ECT is required to be in attendance at the service, the ECT (including an ECT covering the position because of illness or leave) is counted as meeting the Diploma qualification.

Approved Diploma Qualification

A person is taken to hold an approved Diploma level education and care qualification if

- They hold an approved qualification or former qualification as published on <http://www.acecqa.gov.au/qualifications/>.
- If immediately before 1 August 2012, they were recognised under the former education and care services law of any participating jurisdiction as a Diploma level educator and employed or engaged in a declared approved service.

Approved Certificate III Qualification

A person is taken to hold an approved Certificate III level education and care qualification if immediately before 1 August 2012

- Was recognised under the former education and care services law of any participating jurisdiction as certificate III level educator and employed or engaged in a declared approved service or
- Held an otherwise approved qualification or former as published on <http://www.acecqa.gov.au/qualifications/>

Until 31 December 2015, educators who have been continuously employed as an educator in an education and care services or a children's service for a period of at least 15 years immediately before 1 January 2012 and continue to be employed by the same Approved



Provider as they were immediately before 1 January 2012 can be taken to hold a Certificate III qualification. This provision applies until 1 January 2018 for services located in remote and very remote areas. Remote and very remote areas are classified this way in the Australian Statistical Geography Standard: Volume 5 Remoteness Structure, Australian Bureau of Statistics Cat No 1270.0.55.005. To check whether a service is located in remote or very remote areas go to www.doctorconnect.gov.au.

Requirements for an Early Childhood Teacher (ECT)

Note the numbers of children referred to in this section does not include children being cared for in an emergency for no more than two consecutive days the service operates. See “Educator to Child Ratios” heading for definition of emergency.

Centre based services other than pre-kindergarten programmes or a kindergarten programme provided by a school.

For services licensed for fewer than 25 approved places

- The service must have an ECT working with the service for at least 20% of the time the service provides education and care.
- In order to comply with this, the ECT may be working with the service by means of information communication technology such as videoconferencing, phone or skype

This can be calculated on a quarterly basis.

For service licensed for 25 or more children but caring for fewer than 25 children, the service must meet the above during any period that it is educating fewer than 25 children. In line with this, any period that an ECT is in attendance at the service may be counted towards the 20% timing of the period of access for fewer than 25 children.

For services licensed for 25 or more children but fewer than 60 children on any given day the service must have an ECT in attendance

- For at least 6 hours on that day if the service operates 50 or more hours a week or for at least 60% of the time that the service is open on that day if the service operates for under 50 hours per week.

For services licensed for 60 or more children but not more than 80 children on any given day the service must have an ECT in attendance

- For at least 6 hours on that day if the service operates for 50 or more hours a week or for 60% of the time that the service is open on that day if the service operates for under 50 hours per week.

By 1 January 2020 the service must have a second ECT in attendance

- For at least 3 hours on that day if the service operates for 50 hours or more a week or for 30% of the time that the service is open on that day if the service operates under 50 hours a week.

For services licensed for more than 80 children on any given day the service must have an ECT in attendance

- For at least 6 hours on that day if the service operates 50 or more hours a week or for 60% of the time that the service is open on that day if the service operates for under 50 hours per week.

By 1 January 2020, the service must have a second ECT in attendance

- For at least 6 hours on that day if the service operates 50 or more hours a week or for 60% of the time that the service is open on that day if the service operates for under 50 hours per week.

In the event of an ECT being sick or absent for periods under twelve weeks the following people can be counted as ECTs



- A person with an approved Diploma level education and care service qualification may be taken as an ECT.
- A person who holds a qualification in primary teaching may be considered an ECT.
- If the period is over 12 weeks, the service will engage another ECT.

Approved ECT qualifications

- An approved qualification that is published on <http://www.acecqa.gov.au/qualifications/>.
- The educator holds a qualification that is published in the list of former qualifications on <http://www.acecqa.gov.au/qualifications/>. The educator was recognised as an ECT under the former law of any participating jurisdiction, or for the purposes of a preschool funding program and was employed or engaged in a declared approved service as an ECT.
- The educator was registered as an ECT in accordance with the requirements of another jurisdiction. This does not apply if the educator was working towards an ECT qualification.
- If immediately before 1 August 2012, the educator was recognised as an ECT because they were enrolled in a course for a qualification that is published on <http://www.acecqa.gov.au/qualifications/> in the list of former qualifications approved as early childhood teacher qualifications, the educator is taken to hold an approved ECT qualification when they complete the course.
- If immediately before 1 August 2012, the recognition, registration, accreditation or qualification as an ECT as written above was subject to any restrictions imposed by or under an education law of a participating jurisdiction, the person is taken to be an ECT with the same restrictions.
- In some cases, educators who were registered as teachers in other States or jurisdictions hold an approved qualification. These are listed in regulation 241 and on the national regulator's website www.acecqa.gov.au/qualifications.
- From 1 January 2014 to 1 January 2018, an educator who has completed at least 50% of a relevant qualification that would enable them to be qualified as an ECT and is actively working towards the completion of the qualification or holds an approved diploma level education and care qualification can be counted as an ECT.

Other Educators Qualifications

First Aid Qualifications

The approved provider must ensure that at least one educator attending the service

- Holds a current approved first aid qualification.
- Has undertaken current approved anaphylaxis management training.
- 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 of an education and care service must ensure that the nominated supervisor, educators and other staff members who work with children are advised of the current child protection law and any obligations they may have under the law.



Working With Children Check

The approved provider or nominated supervisor of an education and care service ensure a Working With Children check(WWC) is undertaken for all is undertaken for all educators, staff, volunteers and students whose duties will involve direct contact with children. Some exemptions apply including:

Students/volunteers on unpaid placements under 18 years of age

Parents volunteering in many activities where their child is involved.

If the WWC Check is satisfactory, an applicant will be issued with a WWC Card. Further information is available from the following website

<http://www.checkwwc.wa.gov.au/checkwwc/WWC+Check/>

Sources

Education and Care Services National Regulations 2012

National Quality Standard

School Education Regulations 2000

Working with Children Screening Unit WA

Working with Children (Criminal Record Checking) Act 2004

Working With Children (Criminal Record Checking) Regulations 2005

Review

The policy will be reviewed annually by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



49. TECHNOLOGY USAGE 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.
QA4	4.2.1	Professional standards guide practice, interactions and relationships.

National Regulations

Reg	73	Educational programs
-----	----	----------------------

EYLF

LO5	Children use information and communication technologies to access information, investigate ideas and represent their thinking
-----	---

Aim

The Service will provide an extension to the daily program assisting in 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

Implementation

Computer and Related Technology Usage

Computers and iPads 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.

If relevant to the children's learning, child appropriate websites may be accessed. However, children will only access the iPads when directly supervised by appropriate educators.

Similarly, music, videos etc. may be streamed from the computer if it is relevant to the children's learning or relevant to research 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.

If an educator has brought in their own laptop to complete work, educators will follow the premise that what they are doing whilst on their laptop is relevant to their job roles at the service.

For those educators who can access the internet from their mobile phone, it is preferred that educators do not access the internet (whether they are using the service's Wi-Fi or their personal data plans) via their mobile phones but rather use the service's computers for work relating to their job role.

Any educator's member found to be using the computers/iPads inappropriately will face an enquiry by management and other relevant parties to decide a course of action based on the severity of their misconduct.

This policy is also incorporative of state and federal laws regarding computer usage. Should an educator or other relevant individual use the service's computers/iPads in a way that breaks a law; the service will take the appropriate required action (e.g. reporting to the police). Furthermore, the educator or individual will face an enquiry held by management



and other relevant parties to assess whether this conduct will affect their role within the service's operations.

Television and DVD Player Usage

The T.V will be an additional tool to enhance curriculum activities, not a substitution.

Guidelines for use would be

- To assist in expanding the content of the daily program and current affairs.
- Be suitable to the needs and development levels of each child watching.
- Chosen programs should hold the interests of the children
- Long Day Care and free activity times can be assisted when inclement weather keeps children indoors.
- Programs must be carefully selected with suitable content. Programs depicting violence e.g. graphic news reports should not be shown. Children are to view 'G' rated videos only.

Educators will sit with the children to monitor and discuss any aspects of the video or television program they are viewing.

Sources

National Quality Standard

Early Years Learning Framework

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Parents

Interested Parties.

Reviewed: <March 2015>

Date for next review: <March 2016>



50. TOBACCO, DRUG AND ALCOHOL 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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National Regulations

Reg	82	Tobacco, drug and alcohol free environment
-----	----	--

Aim

To ensure children are not subjected to the dangers associated with tobacco, drugs and alcohol we will maintain a harm free environment where no individual staff member is affected by alcohol or drugs.

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, alcohol, tobacco smoke and other smoke, including illegal substances, 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.

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.
- At any social activity, whether in work hours or not, where the children and staff are involved.

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 an individual's capacity to supervise, educate or care for children.

The service will have No Smoking signs displayed.

Sources

Education and Care Services National Regulations 2012
National Quality Standard
Early Years Learning Framework
Occupational Safety and Health Act 1984
Occupational Safety and Health Regulations 1996

Review

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



Management
Employees
Families
Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



51. TRANSPORTATION POLICY

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.

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 of 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 individual 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 car seats, booster seats and seat belts are properly secured on each child and themselves before departing.

Educators will assist each child to fasten and release the safety restraints on their seats.

Children will only be transported in a vehicle in the manufacturer's stated capacity is adhered to at all times.



Children will be prohibited from drinking, 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 for. An educator who is familiar with these needs will travel with the child.

Educator ratios apply as they do when travelling for 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

- Babies up to six months of age must be restrained in a rearward facing restraint.
- Children from six months to less than four years of age must be restrained in a rearward facing or forward facing restraint.
- Children under four years of age must not be in the front row of a vehicle with two or more rows.
- From four years to less than seven years of age a forward facing restraint or booster seat must be used.
- Children from four to less than 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.

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.

More information will be accessed as necessary using the following information

<http://www.ors.wa.gov.au/>

WA Office of Road Safety

Contact Number 08 9323 4688

Buses (more than 12 seats)

A driver of a bus, that is designed to seat over 12 adults (including the driver), is not required to ensure passengers, including those under 16 years of age are in a restraint.

It is recommended that where a restraint is available, it should be worn.

Small Buses (9 to 12 seats)

A driver of a small bus (between 9 to 12 seats including the driver) providing a public passenger service under the Passenger Transport Act 1990 must ensure that

- All passengers younger than 12 months are secured in a child restraint.
- All passengers aged over 12 months and under 16 years.
- Occupy a seating position that is fitted with a suitable seatbelt.
- Not occupy the same seating position as another passenger, and wear the seatbelt properly adjusted and fastened.
- No passenger under 4 years old is in the front seat and a child 4 years or older but under 7 years may only sit in the front row if all of the other seats in the row or rows behind the front row are occupied by passengers who are also under 7 years old.
- A driver of a small bus not providing a public passenger service under the Passenger Transport Act 1990 is required to fully comply with the child restraint laws and must ensure that all passengers under 7 years old are appropriately restrained in an approved child restraint or booster seat.



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.

A fire extinguisher.

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 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 vehicle, insuring the 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 Kid Safe Australia's guidelines, our service recognises and will follow the following information.

Children are vulnerable road users.

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 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 on the way to the newsagent, local shop or going 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

ALWAYS SUPERVISE your children whenever a vehicle is to be moved - hold their hands or hold them close to keep them safe.

If you're the only adult around and need to move a vehicle, even just a small distance, PUT CHILDREN SECURELY IN THE VEHICLE WITH YOU while you move it.

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.

MAKE CHILD ACCESS TO THE DRIVEWAY DIFFICULT – for example use security doors, fencing or gates.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Passenger Transport Act 1990

Road Rules 2008

Roads and Maritime Service, Safer Child Restraints: your guide to buying a child restraint

Kid Safe NSW

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Last reviewed: <March 2015>

Date for next review: <March 2016>



52. UNEROLLED CHILDREN POLICY

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/staff 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.

Should a child who is not enrolled at the service attend an excursion with the service, they may only attend should the adult to staff ratio not be compromised for enrolled children.

Any child that is enrolled at the service on a temporary basis will be included in the staff/child ratios.

Sources

Education and Care Services National Regulations 2012

National Quality Standard

Review

The policy will be reviewed annually.

The review will be conducted by:

Management

Employees

Families

Interested Parties

Reviewed: <March 2015>

Date for next review: <March 2016>



53. WORK HEALTH AND SAFETY POLICY

THIS POLICY SHOULD BE USED WHEN/IF YOUR STATE PASSES THE NATIONAL WHS LAWS. RETAIN FOR INFORMATION UNTIL THEN.

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	168	Policies and procedures are required in relation to health and safety
-----	-----	---

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 (if 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, staff, 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, staff, 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, staff, 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.
- 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 Workplace Health and Safety Queensland.

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

Notification of Death, Serious Injury or Illness

The Approved Provider/Nominated Supervisor must notify Workplace Health and Safety Western Australia 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 de-gloving 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.
- 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 2012

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: <March 2015>

Date for next review: <March 2016>

