



CommunityOSH

Policy and Procedures

2024

Education and Care Services National Regulations (Reg 168)

Reg 168 Education and care service must have policies and procedures

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

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

Section of Regulation 168 (2)	NQF POLICY Where to locate
<i>(a) health and safety, including matters relating to—</i>	
(i) nutrition, food and beverages, dietary requirements; and	Food, Nutrition and Beverage Policy
(ii) sun protection; and	Physical Environment (Workplace Safety, Learning and Administration) Policy
(iii) water safety , including safety during any water-based activities; and	Physical Environment (Workplace Safety, Learning and Administration) Policy
(iv) the administration of first aid ;	Incident, Injury, Trauma and Illness Policy
(v) sleep and rest for children	Rest, Relaxation and Clothing Policy
(b) incident, injury, trauma and illness procedures complying with regulation 85;	Incident, Injury, Trauma and Illness Policy
(c) dealing with infectious diseases , including procedures complying with regulation 88;	Infectious Diseases Policy
(d) dealing with medical conditions in children, including the matters set out in regulation 90;	Medical Conditions Policy
(e) emergency and evacuation , including the matters set out in regulation 97;	Emergency Management and Evacuation Policy
(f) delivery of children to, and collection of children from, education and care service premises, including procedures complying with regulation 99;	Delivery and Collection of Children Policy
(g) excursions , including procedures complying with regulations 100 to 102;	Excursion Policy
(ga) if the service transports or arranges transportation of children other than as part of excursions, transportation including procedures complying with Division 7 of Part 4.2 of Chapter 4;	Transport Policy

All Topics (Alphabetical)

OSHC TOPIC

OSHC NQF POLICY

Where to locate

A

Abuse and Neglect	Child Protection Policy
Additional Needs Children	Additional Needs Policy
Administration of Authorised Medication	Administration of Authorised Medication Policy
Administration of First Aid	Incident, Injury, Trauma and Illness Policy
Alcohol	Tobacco, Drug and Alcohol Policy
Allergy Management	Medical Conditions Policy
Anaphylaxis Management	Medical Conditions Policy
Animal and Pet Guidelines	Animal and Pet Policy
Asthma Management	Medical Conditions Policy
Authorisations (Acceptance and Refusal)	Acceptance and Refusal of Authorisations Policy
Authorisation for Excursion Form	Excursion Policy

B

Babysitting	Educator and Management Policy
Back Care and Manual Handling	Physical Environment (Workplace Safety, Learning and Administration) Policy
Behaviour Guidance	Relationships with Children Policy
Bikes	Bike Safety Policy
Birthday Cakes	Health, Hygiene and Safe Food Policy
Biting	Relationships with Children Policy
Blood Spill Procedure	Health Hygiene and Safe Food Policy
Bullying (Children)	Relationships with Children Policy
Bullying, Discrimination and Harassment (Educators and Managers)	Educator and Management Policy
Buses	Transportation Policy
Bush fires	Bush Fire Policy
Bush Fire Action Plan and Survival Kit	Bush Fire Policy

Bush Play	Bush Play Policy
C	
CCTV	CCTV Policy
Cerebral Palsy	Cerebral Palsy Policy
Chemical Spill Procedure	Chemical Spills Policy
Child Care Subsidy	Fees Policy Immunisation and Disease Prevention Policy Staffing Arrangements Policy
Child Safe Environment	CCTV Policy Child Protection Policy Chemical Spills Policy Delivery and Collection of Children Policy Emergency Management and Evacuation Policy Family Law and Access Policy Health, Hygiene and Safe Food Policy HIV/AIDS Policy Infectious Diseases Policy Lock Up Policy Photography Policy Physical Environment (Workplace Safety, Learning and Administration) Policy Relationships with Children Policy Sand Pit Policy Staffing Arrangements Policy Technology usage Policy Tobacco Drug and Alcohol Policy Transportation Policy Work Health and Safety Policy
Child Safe Standards	Child Safe Policy
Children's Clothing	Rest, Relaxation and Clothing Policy
Choosing Appropriate Resources and Equipment	Physical Environment (Workplace Safety, Learning and Administration) Policy
Cleaning of Buildings, Premises, Furniture and Equipment	Physical Environment (Workplace Safety, Learning and Administration) Policy
Cleaning Schedule	Physical Environment (Workplace Safety, Learning and Administration) Policy
Code of Conduct	Educator and Management Policy
Code of Conduct (Child Protection)	Child Protection Policy
Collection and delivery of children	Delivery and Collection of Children Policy
Communicating with Families	Additional Needs Policy Continuity of Education and Care Policy Emergency Management and Evacuation Policy Excursion Policy Fees Policy

	Grievance Policy Infectious Diseases Policy Orientation for Children Policy Parental Interaction and Involvement in the Service Policy Policy and Procedure Review Policy Sleep, Rest, Relaxation and Clothing Policy Social Media Policy
Complaints	Grievance Policy Incident, Injury, Trauma and Illness Policy
Computer and Related Technology Usage	Technology Usage Policy
Confidentiality and Storage of Records	Privacy and Confidentiality Policy Record Keeping and Retention Policy
Clothing	Rest Relaxation and Clothing Policy
Continuity of Care	Continuity of Education and Care Policy
Coronavirus	Coronavirus Policy
Cystic Fibrosis	Cystic Fibrosis Policy
D	
Data breaches	Privacy and Confidentiality Policy
Death of a Child Procedure	Death of a Child Policy
Death of an Educator Procedure	Death of an Educator Policy
Delivering Children to and from School	Delivery and Collection of Children Policy
Dental Accidents	Health, Hygiene and Safe Food Policy
Dental Hygiene and Care	Health, Hygiene and Safe Food Policy
Detergents	Physical Environment (Workplace Safety, Learning and Administration) Policy
Diabetes Management	Medical Conditions Policy
Diploma Qualification Requirements	Staffing Arrangement Policy
Disclosure of Harm	Child Protection Policy
Diseases	Infectious Diseases Policy
Disinfectants	Physical Environment (Workplace Safety, Learning and Administration) Policy

Domestic Violence	Family Violence Safety Policy
Dress	Dress Code Policy
Drivers	Transportation Policy
Drugs	Tobacco, Drug and Alcohol Policy
Duty of Care	Work Health and Safety Policy
E	
Educator Interactions	Educator and Management Policy
Educator Meetings	Educator and Management Policy
Educator Orientation	Educator and Management Policy
Educators Returning From Extended Leave	Educator and Management Policy
Educator Stress Management Guidelines	Educator and Management Policy
Educator to Child Ratios	Staffing Arrangements Policy
Educator Training and Qualifications	Staffing Arrangements Policy
Electrical tagging	Physical Environment (Workplace Safety, Learning and Administration) Policy
Emergency Administration of Medication	Administration of Authorised Medication Policy
Emergency Communication Plan	Emergency Management and Evacuation Policy
Emergency Service Contact Procedure	Emergency Service Contact Policy
Emergency Evacuation Procedures and Drills	Emergency Management and Evacuation Policy
Emergency Involving Anaphylaxis or Asthma	Administration of Authorised Medication Policy
Emergency Kit	Emergency Management and Evacuation Policy
Emergency Management Plan	Emergency Management and Evacuation Policy
Employee Support	Educator and Management Policy
Employment of Regular Educators	Continuity of Education and Care Policy
Enrolment	Enrolment Policy
Enrolment Checklist	Enrolment Policy
Environmental Sustainability and our Curriculum	Environmental Sustainability Policy
Epilepsy	Epilepsy Policy
Ethical Code of Conduct	Educator and Management Policy

Equipment and Environment	Physical Environment (Workplace Safety, Learning and Administration) Policy
Exclusion Periods	Immunisation and Disease Prevention Policy Infectious Diseases Policy
Excursions	Transportation Policy
Excursion Risk Assessment Form	Excursion Policy

F

Faeces Spill Procedure	Health Hygiene and Safe Food Policy
Family Involvement	Parental Interaction and Involvement in the Service Policy
Fees Procedure	Fees Policy
Fevers	Infectious Diseases Policy
Fire Danger Ratings	Bush Fire Policy
Fire Equipment	Physical Environment (Workplace Safety, Learning and Administration) Policy
First Aid Kit	Incident, Injury, Trauma and Illness Policy
Food Preparation and Food Hygiene Procedure	Health, Hygiene and Safe Food Policy
Food Safety, Temperature Control and Transport Procedure	Health, Hygiene and Safe Food Policy
Food Storage Procedure	Health, Hygiene and Safe Food Policy

G

Governance	Governance Policy
Grievance Guidelines	Grievance Policy
Grievance Notification Requirements	Incident, Injury, Trauma and Illness Policy
Group Relationships	Relationships with Children Policy
Groupings	Physical Environment (Workplace Safety, Learning and Administration) Policy
Guidelines for Seatbelts and Restraints	Transportation Policy

H

Hand Washing Procedure	Health, Hygiene and Safe Food Policy
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Hazardous Substances	Physical Environment (Workplace Safety, Learning and Administration) Policy
Head Lice	Head Lice Policy
Health and Safety Committees	Work Health and Safety Policy
Heat	Physical Environment (Workplace Safety, Learning and Administration) Policy
HIV/AIDS	HIV/AIDS Policy
Hygiene	Health, Hygiene and Safe Food Policy
I	
Illness Record	Incident, Injury, Trauma and Illness Policy
Immunisation Children and Educators	Immunisation and Disease Prevention Policy
Immunisation Records	Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Record	Incident, Injury, Trauma and Illness Policy
Inclusion	Relationships with Children Policy
Indoor Space Requirements	Physical Environment (Workplace Safety, Learning and Administration) Policy
Industrial Relations issues	Centre Support does not provide Industrial Relations advice. You may wish to David Morphet from DJMIR on (02) 6236 8966 or djm@djm.com.au .
Injury	Incident, Injury, Trauma and Illness Policy
Inspection and testing of electrical equipment	Physical Environment (Workplace Safety, Learning and Administration) Policy
Insurance	Excursion Policy
Interactions with Children	Relationships with Children Policy
J	
Job Descriptions	Please ask us for a quote on our HR Pack which includes job descriptions.
K	
Kitchens	Physical Environment (Workplace Safety, Learning and Administration) Policy

L

Learning Environments	Additional Needs Policy Physical Environment (Workplace Safety, Learning and Administration) Policy
Learning and Play	Education, Curriculum and Learning Policy Physical Environment (Workplace Safety, Learning and Administration) Policy
Learning and Transitions	Continuity of Education and Care Policy
Length of Time Records must be Kept	Record Keeping and Retention Policy
Lightning	Physical Environment (Workplace Safety, Learning and Administration) Policy
Lockdown	Lockdown Policy
Lock up	Lock Up Policy

M

Management	Governance Policy
Management Interactions and Responsibilities	Educator and Management Policy
Manual handling	Physical Environment (Workplace Safety, Learning and Administration) Policy
Medical Conditions Management Plan	Medical Conditions Policy
Medical Conditions Risk Minimisation Plan	Medical Conditions Policy
Medical Conditions Communication Plan	Medical Conditions Policy
Medication	Administration of Authorised Medication Policy
Minimising Potentially Dangerous Substances	Physical Environment (Workplace Safety, Learning and Administration) Policy
My Time, Our Place Learning Outcomes	Education, Curriculum and Learning Policy

N

NQF Ratings	National Quality Framework Policy
Nail Polish	Health, Hygiene and Safe Food Policy
Nits	Head Lice Policy
Notification of Serious Incidents and Complaints	Death of a Child Policy Incident, Injury, Trauma and Illness Policy

	Work Health and Safety Policy
Notifications Family Assistance Law (CCS)	Governance Policy
Notifications Service Operations	Governance Policy
Nutrition	Food, Nutrition and Beverage Policy
O	
OHS	Work Health Safety Policy
On-going Maintenance	Physical Environment (Workplace Safety, Learning and Administration) Policy
Open Doors	Parental Interaction and Involvement in the Service Policy
Orientation for Children	Orientation for Children Policy
Orientation for Educators	Educator and Management Policy
Outdoor Space Requirements	Physical Environment (Workplace Safety, Learning and Administration) Policy
Overdue Fees	Fees Policy
Overseas Immunisation Records	Immunisation and Disease Prevention Policy
P	
Parental and Family Involvement	Parental Interaction and Involvement in the Service Policy
Parent Grievances	Grievance Policy
Parent Survey	Parental Interaction and Involvement in the Service Policy
Partnerships with Families and the Community	Additional Needs Policy Continuity of Education and Care Policy Education, Curriculum and Learning Policy Environmental Sustainability Policy Parental Interaction and Involvement in the Service Policy
Pest Inspections	Physical Environment (Workplace Safety, Learning and Administration) Policy
Photography	Photography Policy
Physical Activity	Physical Activity Promotion Policy
Play Dough	Health, Hygiene and Safe Food Policy

Poison Safety Checklist	Physical Environment (Workplace Safety, Learning and Administration) Policy
Priority of Access Guidelines	Enrolment Policy
Privacy	CCTV Policy Privacy and Confidentiality Policy Social Media Policy
Professional Development Requirements	Educator and Management Policy
Professional Support Services for Children	Additional Needs Policy
Q	
Qualifications for Educators	Staffing Arrangements Policy
R	
Ratings	National Quality Framework Policy
Ratios	Staffing Arrangements Policy
Rearranging, Adding or Removing Furniture	Physical Environment (Workplace Safety, Learning and Administration) Policy
Records of Staff	Record Keeping and Retention Policy
Records Relating to Enrolled Children	Record Keeping and Retention Policy
Responsible Person	Staffing Arrangements Policy
Rest	Rest, Relaxation and Clothing Policy
Road Safety	Transportation Policy
Rostering	Staffing Arrangements Policy
Routine to promote continuity	Continuity of Education and Care Policy
S	
Safety Checks	Physical Environment (Workplace Safety, Learning and Administration) Policy
Sand Pit	Sand Pit Policy
Screen Time	Technology Usage Policy
Seatbelts	Transportation Policy
Serious Incidents	Incident, Injury, Trauma and Illness Policy

Sign-In / Sign-Out	Delivery and Collection of Children Policy
Smoking	Tobacco, Drug and Alcohol Policy
Social Media	Social Media Policy
Staff Meetings	Educator and Management Policy
Standards	National Quality Framework Policy
Storage of Medication	Administration of Authorised Medication Policy
Storage of Records	Record Keeping and Retention Policy
Storms	Physical Environment (Workplace Safety, Learning and Administration) Policy
Students	Educator and Management Policy
Sun Protection	Physical Environment (Workplace Safety, Learning and Administration) Policy
Supervised Self-Administration of Medication by Children over Preschool Age	Administration of Authorised Medication Policy
Supervision of Services	Staffing Arrangements Policy
Supporting Children through Difficult Situations	Relationships with Children Policy
Surveillance	CCTV Policy
Suspicion of Harm	Child Protection Policy
Supervision of Resting Children	Rest, Relaxation and Clothing Policy
Sustainability	Environmental Sustainability Policy
T	
Tagging electricals	Physical Environment (Workplace Safety, Learning and Administration) Policy
Technology	Technology Usage Policy
Television and DVD Player Usage	Technology Usage Policy
Termination of Enrolment	Termination of Enrolment Policy
Ticks	Incident, Injury, Trauma and Illness Policy
Tobacco, Drug and Alcohol	Tobacco, Drug and Alcohol Policy
Toileting Procedure	Health, Hygiene and Safe Food Policy
Toy Cleaning	Physical Environment (Workplace Safety, Learning and Administration) Policy

Transitions	Continuity of Education and Care Policy Orientation for Children Policy
Transport Considerations	Excursion Policy Transport Policy
U	
Urine Spill Procedure	Health Hygiene and Safe Food Policy
V	
Vehicles	Transportation Policy
Visitors	Educator and Management Policy
Volunteers	Educator and Management Policy
Vomit Spill Procedure	Health Hygiene and Safe Food Policy
W	
Water Safety	Physical Environment (Workplace Safety, Learning and Administration) Policy
Whistleblowing	Whistleblower Policy
Work Experience Students and Volunteers	Educator and Management Policy
Work Health and Safety (OHS) requirements	Educator and Management Policy
Work Health and Safety (WHS) incidents	Incident, Injury, Trauma and Illness Policy



A
Acceptance and Refusal of Authorisations Policy
Additional Needs Policy
Administration of Authorised Medication Policy
Animal and Pet Policy
B
Bike Safety Policy
Bush Fire Policy
Bush Play Policy
C
CCTV Policy
Cerebral Palsy Policy
Chemical Spills Policy

Child Protection Policy

Child Safe Policy

Continuity of Education and Care Policy

Coronavirus Policy

Cystic Fibrosis Policy

D

Death of a Child Policy

Death of an Educator Policy

Dress Code Policy

E

Education, Curriculum and Learning Policy

Educator and Management Policy

Emergency Management and Evacuation Policy

Emergency Service Contact Policy

Enrolment Policy

Environmental Sustainability Policy

Epilepsy Policy

Excursion Policy

F

Family Law and Access Policy

Family Violence and Safety Policy

Fees Policy

Food, Nutrition and Beverage Policy

G

Governance Policy

Grievance Policy

H

Head Lice Policy

Health, Hygiene and Safe Food Policy

HIV AIDS Policy

I

Immunisation and Disease Prevention Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases Policy

J

K

L

Lock Up Policy

Lockdown Policy

M

Medical Conditions Policy

N

National Quality Framework Policy

O

Orientation for Children Policy

P

Parental Interaction and Involvement in the Service Policy

Photography Policy

Physical Activity Promotion Policy

Physical Environment (Workplace Safety, Learning and

Policy and Procedure Review Policy

Privacy and Confidentiality Policy

Q

R

Record Keeping and Retention Policy

Relationships with Children Policy

Rest, Relaxation and Clothing Policy

S

Sand Pit Policy

Social Media Policy

Staffing Arrangements Policy

T

Technology Usage Policy

Termination of Enrolment Policy

Tobacco, Drug and Alcohol Policy

Transport Policy

U

Unenrolled Children Policy

V

W

Whistleblower Policy

Work Health and Safety Policy

Acceptance and Refusal of Authorisations Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
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National Regulations

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

Aim

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

Related Policies

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

Implementation

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

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

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

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

Our service will accept verbal authorisations in the following situations:

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

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

Refusing Authorisations

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

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

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

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

Sources

Education and Care Services National Law and Regulations
National Quality Standard

Review

The policy will be reviewed annually by:

- Management, Employees, Families & Interested Parties

Last reviewed: August 2024
2025

Date for next review: August

Additional Needs Policy

NQS

QA3	3.2.1	Inclusive environment - Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
	3.2.2	Resources support play-based learning - Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.

QA5	5.1.1	Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
	5.1.2	Dignity and rights of the child - The dignity and rights of every child are maintained.

QA6	6.2.1	Transitions - Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program.

National Regulations

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

My Time, Our Place

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

Aim

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

Related Policies

Child Protection Policy

Continuity of Education and Care Policy
Enrolment Policy
Orientation for Children Policy
Relationships with Children Policy
Health, Hygiene and Safe Food Policy
HIV AIDS Policy
Immunisation and Disease Prevention Policy
Infectious Diseases Policy
Medical Conditions Policy

Implementation

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

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

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

Learning Environments

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

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

Promoting Each Child's Ability

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

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

Professional Support Services for Children

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

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

In cases where families do not include Educators in the child's external support arrangements, families are encouraged to pass on relevant information, and to share any

service support plans with the child's medical practitioners and/or support services and professionals.

Partnerships with parents

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

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

Federal Government Inclusion Support Program (ISP)

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

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

Funding categories include:

1. Subsidy for an Additional Educator

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

2. Subsidy for Immediate/Time-Limited Support

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

3. IDF – Innovative Solutions

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

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

While we may be fortunate to receive a funding contribution towards the cost of employing an additional staff member on the days when a child with additional needs attends, the service contributes a substantial portion of the employee's costs without recouping these from families. In return, we ask families to please notify us at least 24 hours in advance if their child will not be attending on the day, or as soon as possible in the event of illness, so that we may give appropriate notice to the employee that they need not attend. This will prevent us from incurring a significant and unnecessary wages expense.

Further details about the types of funding support, or other aspects of the ISP, can be found in the Federal Government's ISP Guidelines.'

Sources

Education and Care Services National Law and Regulations

National Quality Standard

My Time Our Place

Inclusion Support Programme Guidelines: Federal Government

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

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Administration of Authorised Medication Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

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

My Time, Our Place

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

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

Related Policies

Acceptance and Refusal of Authorisations Policy

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 another person as authorised on the enrolment form. If there is a medical emergency, we will also administer medication when authorised verbally by a parent or another authorised person, 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 insect repellent.

The Nominated Supervisor will ensure:

- a copy of this policy is provided to parents when they enrol their child
- children's medication is regularly audited to ensure it has not expired, and is in the original container with legible labels
- training is provided for educators as required including in the administration of emergency medication like EpiPens and asthma inhalers, and where there are special requirements for administering medication eg nebulisers.

Administration of Medication (non-emergency)

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

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

Over-the-Counter Pain Relief Medication eg Panadol

The following section must be consistent with your Acceptance and Refusal of Authorisations Policy and service practices in relation to whether or not you administer Over-the-Counter pain relief medication like Panadol.

Unless the child has a medical emergency (see below), we only accept written authorisations to administer Over-the-Counter pain relief medication, including medication like Panadol, Nurofen, Ibuprofen and paracetamol. Where parents (or person they've authorised on the enrolment form) have not already authorised administration in writing the same day, we may agree to administer the pain relief medication after speaking with a parent (or person they've authorised on the enrolment

form), but we must first receive written authorisation, for example via email, consistent with that below.

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

Self-Administration of Medication by Children over Preschool Age

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

When the medication is due to be administered:

- educators will advise child to take their medication
- educators will supervise child administering the medication
- educators will complete a medication record

Administration of Medication in emergencies other than anaphylaxis or asthma emergencies

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

Educators will not administer medication if parents or authorised persons 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 authorised person, educators will obtain authorisation from a registered medical practitioner or emergency service.

Administration of Medication during Anaphylaxis or Asthma Emergencies

1. Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

3. The Nominated Supervisor will contact the child's parent/guardian and the emergency services as soon as possible.
4. The Nominated Supervisor will advise the child's parent/guardian in writing as soon as possible.
5. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

If a child has an adverse reaction to any medication or it's incorrectly administered, the educator or staff member will immediately notify the Nominated Supervisor who will contact the child's parents/guardians straight away, and ensure an Incident Record is completed. A first aid trained educator or staff member will respond to any first aid needs in line with the practices outlined in the Incident, Injury, Trauma and Illness Policy, including calling an ambulance if required.

Medication Record

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

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

We will use the Medication Record template published by the national authority ACECQA

www.acecqa.gov.au

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

Sources

Education and Care Services National Law and Regulations

National Quality Standard

My Time Our Place

Review

The policy will be reviewed annually by:

- Management, Employees, Families & Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

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

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

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

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

Implementation

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

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

Source

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

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024
2025

Date for next review: August

Bike Safety Policy (VIC)

NQS

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

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

My Time, Our Place

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

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

Related Policies

Physical Activity Promotion Policy

Physical Environment (Workplace Safety, learning and Administration) Policy

Implementation

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

- locate away from main traffic areas at the service or spaces designed for restful or creative activities
- grade so children can move easily along track or through area
- include materials of different textures so children experience different vibration and sounds
- include challenging elements like hills, mounds and speed humps if these are appropriate for the age of the children at the service
- make from materials least likely to absorb and retain heat
- preferably cover with a shade structure or shady tree
- consider including road features which may reinforce road safety such as line markings, pedestrian crossings, stop and give way signs, traffic lights

- promote features petrol stations, bus stops and gardens to encourage role play and collaborative learning
- if planning or implementing a bike track, make 1200-1500 mm wide, have 1000 mm free space beside it and edge, for example with rounded bricks or concrete.

Bikes

The Nominated Supervisor will ensure:

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

Safety Assessment and Education

Before children can ride bikes at the service:

- the Nominated Supervisor will conduct a risk assessment to plan how bikes can be used safely in different locations at the service and take action to eliminate or minimise risk to children from bike riding
- the Nominated Supervisor will induct Educators and staff in the safe use of bikes
- Educators will:
 - teach children how to ride the bikes
 - teach children the bike safety rules
 - discuss bike safety behaviours and their expectations for consistent safe riding at the service
 - provide children with a bike licence containing their name and photo. Their licence may be revoked if they engage in unsafe behaviour or do not follow the service's bike safety rules.

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

Bike safety rules

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

Sources

National Quality Standard

Learning Framework for school Age Care

Kidsafe NSW - Bike tracks

NSW Transport – Safety on wheels

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Bush Fire Policy (VIC)

NQS

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

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

National Regulations

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

My Time, Our Place

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

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

Aim

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

Related Policies

Emergency Management and Evacuation Policy

Emergency Service Contact Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Who is affected by this policy?

Children

Families
Educators
Community
Visitors

Implementation

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

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

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

During peak bush fire seasons, such as Spring and Summer, the Nominated Supervisor/Educators will monitor the daily Fire Danger Rating, and where it's Severe or above, monitor local media and/or relevant bushfire Apps for the latest news about any fires and related road closures.

Our service will not accept children for care on days when there is a catastrophic danger rating applying in the immediate area. Our educators will follow a "leave early" policy rather than a "stay and defend" policy whenever a bushfire may impact the service. Generally schools in the local area will have been directed to close where there is a catastrophic fire warning and the Approved Provider or Nominated Supervisor may use this information to inform their decision about closing the service. Services located on school grounds should in contact with school Principals and follow their advice.

If the service will be closed, the Nominated Supervisor will ensure that:

- families are advised as soon as possible about any service closure eg via SMS
- information about the closure is posted on the service website and any service social media
- the advice is updated if the service will be closed for more than one day
- nobody, including staff, remain on site on days of closure.

Preparation

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

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

- Emergency Contact Details for each child.
- Child attendance registers.
- Emergency telephone numbers.
- Working torch and spare batteries
- First Aid Kit.
- Educators/Children Medications and Medical Register
- Mobile Phone and Charger
- Drinking Water
- Woollen blankets
- Towels
- Gloves
- Smoke mask
- Goggles
- Battery operated radio and spare batteries

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

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

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

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

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

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

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

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

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

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

Additional Steps Where Fire Reported in Local District

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

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

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

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

The nominated supervisor/Educators will:

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

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

Fire Reported in Immediate Vicinity or Directly Impacting the Service

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

In addition:

The Nominated Supervisor will:

- contact and liaise with the emergency services
- implement emergency evacuation procedures if it is safe to do so
- implement emergency shelter in place procedures if it is not safe to evacuate. In this case the Nominated Supervisor will ensure Educators:
 - move all hoses inside building
 - close all doors and windows
 - access the roof space every 10-20 minutes to check for spot fires
 - soak towels and place under external doors
 - block drain pipes and fill gutters with water
 - continually patrol property for spot fires and extinguish
 - remove curtains, move furniture away from windows

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

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

Recovery after the Front has passed.

The nominated supervisor will:

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

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

- assess the situation and if necessary, make arrangements for the care of children for an extended period of time
- continue to check the building and surrounds for 2-4 hours after the front has passed
- arrange to have firefighting equipment, warning system and Bushfire Safety and First Aid Kits checked and readied for use again.

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

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

Relevant Educators will undertake a debrief of the fire emergency 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.

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

Fees and Charges

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

Sources

National Quality Standard

Education and Care Services National Regulations

The Bushfire Royal Commission Report Vic 2009

My Time Our Place Framework for School Age Care

Occupational Health and Safety Act 2004

Emergency Management Act 1986

Guide to Developing an Emergency Management Plan by DEECD Victoria

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Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties.

Reviewed: August 2024

Date for next review: August 2025

Bush Fire Policy (VIC)

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.

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My Time, Our Place

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

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

Aim

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

Related Policies

Emergency Management and Evacuation Policy

Emergency Service Contact Policy

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Educators
Community
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Implementation

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- 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, the Nominated Supervisor/Educators will monitor the daily Fire Danger Rating, and where it's Severe or above, monitor local media and/or relevant bushfire Apps for the latest news about any fires and related road closures.

Our service will not accept children for care on days when there is a catastrophic danger rating applying in the immediate area. Our educators will follow a "leave early" policy rather than a "stay and defend" policy whenever a bushfire may impact the service. Generally schools in the local area will have been directed to close where there is a catastrophic fire warning and the Approved Provider or Nominated Supervisor may use this information to inform their decision about closing the service. Services located on school grounds should in contact with school Principals and follow their advice.

If the service will be closed, the Nominated Supervisor will ensure that:

- families are advised as soon as possible about any service closure eg via SMS
- information about the closure is posted on the service website and any service social media
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- ensure trees are trimmed to 2m from buildings.
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- ensure tile and paintwork on buildings is well maintained
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Children will be transitioned throughout the day as per our usual practice.

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

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

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

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

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

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

The nominated supervisor/Educators will:

- turn off power and gas (including gas cylinders)
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Educators will be diligent in ensuring children's personal items are placed in their bags when not in use.

Fire Reported in Immediate Vicinity or Directly Impacting the Service

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

In addition:

The Nominated Supervisor will:

- contact and liaise with the emergency services
- implement emergency evacuation procedures if it is safe to do so
- implement emergency shelter in place procedures if it is not safe to evacuate. In this case the Nominated Supervisor will ensure Educators:
 - move all hoses inside building
 - close all doors and windows
 - access the roof space every 10-20 minutes to check for spot fires
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 - block drain pipes and fill gutters with water
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The nominated supervisor will inform the approved provider of the situation and regularly keep them updated.

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

Recovery after the Front has passed.

The nominated supervisor will:

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

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

- assess the situation and if necessary, make arrangements for the care of children for an extended period of time
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If necessary, the approved provider/Nominated Supervisor will arrange for relevant authorities to check the safety of the site.

Fees and Charges

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

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Emergency Management Act 1986

Guide to Developing an Emergency Management Plan by DEECD Victoria

www.mychild.gov.au

Review

The policy will be reviewed annually by:

- Management, Employees, Families & Interested Parties.

Reviewed: August 2024

Date for next review: August 2025

CCTV Policy

NQS

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

Aim

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

Related Policies

Record Keeping and Retention Policy

Implementation

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

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

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

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

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

Sources

National Quality Standard

Education and Care Services National Regulation

Surveillance Devices Act 1999

Privacy Act 1988 (includes Australian Privacy Principles)

[Workplace Surveillance Act 2005](#)

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Cerebral Palsy Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

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

My Time, Our Place

LO3	Children are happy, healthy, safe and connected to others.
	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

All educators can effectively provide care for children with Cerebral Palsy in an inclusive, 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

The Nominated Supervisor will ensure all educators are aware of the enrolment of a child with Cerebral Palsy and have an understanding of the condition and the child's requirements.

Symptoms

Cerebral Palsy (CP) is a permanent but non-progressive disability caused by damage to the brain which distorts message from the brain to the muscles resulting in impaired movement and body posture. Symptoms can include difficulty with talking or making themselves understood, walking and balance, lack of motor skills or muscle coordination, muscle spasms, digestive problems, visual, hearing, communication and cognitive impairments, poor bladder and bowel control as well as epilepsy. The severity of symptoms can vary. Some people may only experience minor difficulties with motor skills while others may be totally physically dependent.

Babies

Some of the symptoms which indicate a baby may have CP include:

- low muscle tone (baby feels 'floppy' when picked up)
- unable to hold up their head while lying on their tummy
- muscle spasms or feeling stiff
- poor muscle control, reflexes and posture
- delayed development (eg can't sit up or roll over by 6 months)
- feeding or swallowing difficulties
- prefers to use one side of their body

Toddlers/children

Some of the symptoms which indicate toddlers/children may have CP include:

- not walking by 12-18 months
- not speaking simple sentences by 24 months

Confidentiality and privacy

Educators need information about a child's routine and emergency care because it affects their learning and safety. Information exchange between the family, health professionals and the service is also essential to support the child's mental and physical health. However, employees and volunteers will adhere to the Privacy and Confidentiality Procedure when accessing and sharing a child's medical information.

Young children, for example, often enjoy sharing the news and their experiences of living with epilepsy with their classmates. The Nominated Supervisor and educators will discuss with families the amount and type of information which may be shared with other children. This will also enable parents to support their child in this process.

Medical Management Plan

Any child enrolled with CP requires a Medical Management Plan developed by the child's doctor to inform routine and emergency support and care for the child. Depending on the child's symptoms, the Plan may include the following:

Diet

Children with CP may have difficulties eating and drinking, and some foods may be easier to eat than others. The child's doctor may prescribe a specific diet or provide information about suitable food choices.

Children with significant eating, drinking and swallowing difficulties may receive food supplements through a feeding tube which goes into their stomach through a special opening (gastrostomy). The Plan must cover any routine care issues associated with the gastrostomy, and what to do if the area becomes red or inflamed.

Mobility

Cerebral Palsy often affects a child's ability to move around the service, and in this instance the child's doctor must outline the mobility aids required eg ankle foot orthoses (splints), a walking frame, walking sticks and orthotics to help maintain balance when walking or if the child uses a wheelchair for mobility. Some children with CP may require physiotherapy or occupational therapy to encourage daily movement.

Medication

The child's doctor must outline any prescribed medication eg muscle relaxants, epilepsy or gastro-oesophageal reflux medication.

Therapy and care

The Plan must include any therapy or personal care requirements educators will need to assist child with. For example, children with CP may be reluctant to practice certain movements that are necessary for learning and physical development. Treatment can include physiotherapy and occupational therapy. Children who have difficulty talking may also receive speech pathology.

The Plan must also cover potential emergency situations for a child with CP and the appropriate first aid response.

Medical Conditions Risk Minimisation Plan

A Medical Conditions Risk Minimisation Plan will be developed by the Nominated Supervisor in conjunction with the child's family based on the child's health care needs identified in their Medical Management Plan. To ensure the child's wellbeing and safety at the service the Plan will include measures to address events which may worsen a child's CP symptoms or result in the need for first aid. For example the Plan may cover:

- who will provide any required therapy and support services for child when they attend service
- any staff training required before assisting children with physical therapy, gastrostomy or medication
- action taken to prevent inflammation of gastrostomy opening
- that parents will be notified as soon as possible if gastrostomy opening becomes inflamed
- that educators will provide additional time to support children managing their dietary requirements
- actions taken to remove obstacles which may hinder child's access to children's areas

- any adjustments which need to be made to an activity to ensure the child can participate eg child wears protective gear, there's increased supervision of activity
- measures taken to ensure child is not given any food which could cause choking or which is difficult to eat
- that child cannot attend with their medication or mobility aids.

Medical Conditions Communication Plan

The Nominated Supervisor will implement a medical conditions communication plan for the child to ensure that employees and volunteers:

are aware there's a child with specific health care needs or medical conditions at the service
 are familiar with the child's medical management plan and risk minimisation plan
 know where each child's medication is stored
 can discuss the child's health needs with families
 have current information about the child's needs and conditions

The Nominated Supervisor will also:

- ensure the Communication Plan describes how parents may advise changes to their child's medical management and risk minimisation plans
- ensure the Plan is signed by parents, the Nominated Supervisor and relevant educators
- ensure any new information is attached to the child's Enrolment Form and medical plans and shared with relevant employees and volunteers
- ensure displays about a child's health care needs or medical conditions are updated
- regularly remind families to update their child health and medical information.

The Educational Program

Educators will support children with CP to achieve learning outcomes by consistently implementing their medical management plan and using this information and that shared by families to plan and implement learning activities. Educators understand that it may take children with CP longer to achieve the learning outcomes, and will adjust their expectations of children's abilities during times of illness and stress. Educators may for example:

- assist children with communication or language difficulties by using simple language broken down into small steps, repeating instructions, using cues, gestures, pictures, written words, using communication boards, books or electronic devices
- assist children with difficult motor tasks eg opening lunch boxes/bags. Educators will ask older children if they need help first
- assist children with toileting following a set procedure established with the child's doctor and/or family
- promote collaborative learning opportunities with peers to encourage new skills and sense of belonging
- focus on what children with CP can do rather than what they can't do to promote confident and positive self identities
- modify activities and equipment to ensure a child with CP is included where possible in all activities, including sport, outdoor play and transitions. Educators will involve older children in deciding how to modify the activity/equipment

- ensure children with CP are positioned to encourage participation, independence and social interaction eg seated at same height as other children and on same table where possible
- ensure there are clear, unobstructed pathways for children with mobility aids
- allow children with CP more time to complete activities
- intersperse tiring activities or those that require concentration with more restful activities
- assist children with short attention spans by ensuring they aren't trying to balance on their seat, seating children at the front of room and away from doorways or passages, and limiting distractions eg uncluttered table in quiet location
- help children who have trouble planning the steps in an activity by breaking complex activities into smaller steps, giving directions one at a time, demonstrating the activity, writing steps down in words or picture communication symbols, and practising and repeating the same sequences
- assist children with difficulties interpreting information from their senses (perceptual difficulties) by planning gross motor activities like climbing frames and obstacle courses, planning activities/games involving sequences, sorting and matching and spotting differences, allowing children to copy from paper next to them or to use a cut out window to track their place on a page, placing activities on plain coloured place mat to reduce background clutter, planning auditory activities which involve identifying sounds and rhythms, offering children a clipboard or angled surface to write on.

Educators may develop a tailored support plan with families and external professionals to help a child with CP reach their potential and achieve learning outcomes consistent with practices at homes and in other settings.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

MTOP Learning Framework

Better Health VIC – Cerebral Palsy

Cerebral Palsy Alliance – Cerebral Palsy

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

Chemical Spills Policy (VIC)

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
QA3	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained.

National Regulations

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

Aim

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

Related Policies

Emergency Management and Evacuation Policy

Emergency Service Contact Policy

Incident, Injury, Trauma and Illness Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Who is affected by this policy?

Child

Parents

Family

Educators

Management

Visitors

Volunteers

Procedure

- Remove children from the area.
- Contain the spill. Ensure that it is cleaned up thoroughly and promptly.
- Approach with care when cleaning. Some chemicals may lack colour or odours, but may still be dangerous. Never assume a chemical is harmless
- Identify chemicals and potential hazards by using the appropriate Material Safety Data Sheet.
- Use the manufacturer's recommendations to clean up the spill appropriately.

- Decontaminate any equipment or clothing associated with the spill.
- Dispose of any equipment should the spill have made it unsafe for further use.
- Reflect on procedures to analyse how this incident occurred and how the incident could be prevented in the future.

Source

Education and Care Services National Regulations 2011

National Quality Standard

Work Health and Safety Act 2011

Work Health and Safety Regulation 2011

Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Child Protection Reporting Overview

REPORTING HARM OR RISK OF HARM



IF ANYONE HAS SUSPICIONS OF SERIOUS HARM CONTACT **CHILD PROTECTION**
ON **13 12 78** (AFTER HOURS)

SEE PAGE 2 FOR BUSINESS HOURS CONTACTS



IF ANYONE HAS SUSPICIONS OF LOW TO MODERATE LEVEL HARM CONTACT
CHILD FIRST



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

CONSULT OUR CHILD PROTECTION POLICY
FOR MORE INFORMATION.

Additional Child Protection Contacts Business Hours	
Divisions	Telephone
East	1300 360 391
South	1300 655 795
North	1300 664 977
West Metro only	1300 664 977
West Rural and Regional	1800 075 599

See ‘A step-by-step guide to making a report to Child Protection or Child FIRST’ on the Department of Human Services website. Guide also includes contact numbers for Child Protection and Child FIRST

Child Protection Policy

NQS

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

Regs	84	Awareness of child protection law
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Aim

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

Related Policies

Child Safe Policy

Educator and Management Policy

Family Violence Safety Policy

Privacy and Confidentiality Policy

Record Keeping and Retention Policy

Related Documentation

Incident Injury Trauma and Illness Record

Child Protection Annual Review

Educator Induction Processes

Educator Appraisal Processes

Educator Recruitment Processes

Educator Professional Development Processes

Educator Job Descriptions

Staff Records

Risk Management Plans

Implementation

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

- the child has been abandoned by their parent(s) and no other suitable person is willing and able to care for the child.
- the child's parent(s) are dead or incapacitated and there is no other suitable person willing and able to care for them.
- the child has suffered, or is likely to suffer, significant harm as a result of physical injury, sexual abuse, emotional or psychological harm and the child's parent(s) have not protected, or are unlikely to protect, the child from that harm.
- the child's physical development or health has been, or is likely to be significantly harmed and the child's parent(s) have not provided or arranged, or are unlikely to provide or arrange, basic care or effective medical, surgical or other remedial care.

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

Mandatory reporters include the Approved Provider, Nominated Supervisor, teachers registered under the Education and Training Reform Act 2006 and qualified educators.

Note all adults must report a reasonable belief that a sexual offence has been committed by an adult 18 and over against a child under 16 to Victoria Police unless they believe the information has already been disclosed to Police eg a report has been made to Child Protection who confirm they will pass information to Police.

A report to Child Protection will be made if:

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

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

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

A step by step guide to making a report to Child Protection or Child FIRST is available on the Department of Human Services website.

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

- a child states that they have been physically or sexually abused

- a child states that they know someone who has been physically or sexually abused (sometimes the child may be talking about themselves)
- someone who knows the child says they has been physically or sexually abused
- a child shows signs of being physically or sexually abused
- a staff member is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child's safety or development
- a staff member observes indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's actions or behaviour place them at risk of significant harm and the child's parents are unwilling or unable to protect the child.

The reporter is not required to prove that harm has occurred.

Child Protection Risk Management Strategy

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

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

1. Code of Conduct

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

2. Recruitment, Selection and Training Procedures

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

- job advertisements which include qualifications and skills required, and culture of child safety and protection
- job descriptions which outline level of professional skills and responsibilities
- processes (including job advertisements) which ensure employees and volunteers have clear Working With Children Checks or they are exempt (see

<http://www.workingwithchildren.vic.gov.au/>)(Police Checks may be required for people who are exempt)

- interview questions and referee checks which reference person's approach to child safety and protection
- documented induction/ orientation checklists which reference child safety and protection, supervision, compliance with State legislation, National Law and Regulations, NQS, Code of Conduct, policies and procedures
- annual training and development to ensure individuals are clear about their roles and responsibilities to protect children from harm, are aware of their reporting obligations, can confidently recognise the indicators of harm (see Appendix B) and understand documenting and reporting procedures.
- annual performance appraisals for employees
- regular inclusion of child protection and risk management strategy at least every 6 months in staff meetings and annual review of written training plans which must include Child Protection matters (eg disclosures and suspicions of harm)
- providing access to relevant legislation and other resources to help employees and volunteers meet their obligations

3. Procedures for managing disclosures and suspicions of harm

What is a *disclosure* of harm?

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

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

What is a *suspicion* of harm?

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

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

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

- they see the harm happening.

Managing and recording a disclosure of harm

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

- find a private place to talk
- remain calm and listen in an attentive, active and non-judgemental way
- encourage the person (including a child) to talk in their own words
- take anything a child says seriously
- allow children to be part of decision-making processes where appropriate
- ask just enough open ended questions to act protectively without asking any leading questions which suggest an answer and could compromise later investigations
- tell the person they have done the right thing in revealing the information and they'll need to tell someone who can help keep them safe
- not try to investigate or mediate the matter themselves
- record their own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child)
- document as soon as possible so the details are accurately captured including:
 - time, date, location and who was present
 - full details of the (suspected) harm
 - exactly what the person said using "I said", "they said," statements
 - the questions educators asked
 - any comments educators made
 - educators' actions following the disclosure
- ensure the managements and storage of records complies with our Privacy and Confidentiality Policy.
- follow our reporting procedures

See template at Appendix C

Managing and recording a suspicion of harm

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

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

See template at Appendix C

Making a Report

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

Reports will be kept confidential while the matter is investigated. Employees or volunteers must not discuss the Report with anyone who's not involved to ensure the matter can be thoroughly and fairly investigated and the person's reputation preserved in the event the allegation is not substantiated.

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

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

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

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

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

- make a report by phone to the Child Protection hotline on **131 278** (available 24 hours/7 days a week). You may also contact Regional offices (See page 2)
- make the report with the assistance or support of the Nominated Supervisor. If the Nominated Supervisor does not follow through and make the report, employees and volunteers will make the report
- get clear guidance from the person answering about who will tell child's parents of the disclosure and who can give ongoing support

3. Consider whether referral is needed to Child FIRST/The Orange Door

- connect families with [Child FIRST/The Orange Door](#) (available 24 hours/7 days a week) where concerns of harm do not require reports to Child Protection or the Police. Get family consent first

4. Consider obligations under Child and Family Violence Information Sharing Schemes

- share information with other Information Sharing Entities under the Child or Family Violence Information Sharing Schemes if considered appropriate, safe and within the legal requirements of the Schemes

5. Consider whether you must notify ECEC Regulatory Authority

- notify the Regulator through the online NQA ITS portal about any incident/allegation, including any suspected or alleged incident of child abuse that has occurred at the service within 24 hours of the incident/allegation. This includes any physical or sexual abuse that has occurred or is occurring while the child is at the service
- notify the Commission for Children and Young People using the online form within 3 business days of becoming aware of reportable allegations/conduct (see next section), providing name of employee/volunteer, date of birth, whether police have been contacted and police report if relevant, service contact details, Approved Provider's name, nature of allegation
 - get clearance from Police first if allegation is a criminal offence and start investigation using grievance procedure ie gather information to establish facts,

decide whether it is more likely than not that reportable conduct occurred and make findings/recommendations

- consider when to tell alleged perpetrator eg could they destroy evidence like emails/texts/documents, what sort of evidence is there, will they have enough time to prepare response
- provide a progress report to the Commission for Children and Young People within 30 calendar days of becoming aware of reportable allegations/conduct, providing name of person investigating allegation, details of allegation and your response including any disciplinary action taken or proposed, any reasons why you no action has been taken, any written response from employee/volunteer
- provide outcomes of investigation to the Commission for Children and Young People (if these not included in progress report) including any disciplinary action taken or proposed and reasons for taking or not taking action
- help any employee/volunteer subject to allegations access appropriate support/counselling. (Also provide this to others involved in reportable incidents if appropriate)
- protect the identity of employees/volunteers where possible in relation to unsubstantiated complaints
- suspend volunteers pending outcome of investigation, and ensure employees subject to allegations are supervised at all times. Note it may be appropriate to place the person in a non-contact role while the matter is investigated, including where advised to do so by police or Child Protection
- seek legal advice about restricting that person's work activities if relevant.

4. Reportable Allegations/Conduct involving Employees and Volunteers

The Approved Provider must report allegations of reportable conduct to the Commission for Children and Young People if they involve employees aged 18 and over, or people 18 and over who volunteer at the service with the verbal or written agreement of the Approved Provider or Nominated Supervisor, if they believe that the alleged conduct may have occurred. For example, they may have observed the conduct, or heard about it from a child or other person. Allegations must be reported even if a person does not have direct contact with children, the conduct occurred outside of their work or the person resigns.

Any employee or volunteer who becomes aware of conduct that is potentially reportable must inform the Approved Provider.

Reportable conduct includes sexual offences, sexual misconduct and physical violence all against, with or in the presence of a child, behaviour that causes significant emotional or psychological harm and significant neglect. A more detailed description of each type of conduct is available in the Commission for Children and Young People Information Sheet 'What is reportable conduct?'

?

<https://ccyp.vic.gov.au/>. The Commission has a series of Fact Sheets to assist services understand their responsibilities under the Reportable Conduct Scheme.

Safeguards for reporters

Under the Children, Youth and Families Act 2005, the identity of reporters is kept confidential and reports made in good faith do not breach professional conduct or constitute grounds for liability.

5. Procedures for Managing Breaches

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

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

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

Employees, volunteers or families should report the breaches to the Nominated Supervisor or Approved Provider who will manage an investigation into the breach in a fair, unbiased and supportive manner in line with our Grievance Policy and Procedure (see Report Breach template at Appendix D unless advised not to do so by the police or Child Protection because the breach is a child harm related matter). For example:

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

Depending on the nature of the breach outcomes may include:

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

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

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

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

The Nominated Supervisor and educators will:

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

See Appendix E for a Risk Management template.

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

7. Strategies for Communication and Support

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

- regularly advise families and prospective families (at least every 6 months) via service newsletters, emails and information evenings about the reasons for and components of our risk management strategy, where they can access our Child Protection Policy and Risk Management Strategy, and that we welcome feedback about the Policy/Strategy. We may include what we aim to teach children about protective behaviour (see Attachment G)
- provide written information about our risk management strategy during enrolment and orientation and include in Parent Handbook
- regularly include (at least every 6 months) the reasons for and components of our risk management strategy in staff meetings and include in Staff Handbook
- ensure educators talk to children about the Strategy where appropriate and provide any feedback to the Nominated Supervisor
- display posters about child protection issues, including safe and supportive environments

- include child protection issues and our risk management strategy in employees' performance and training plans
- ensure educators regularly include learning about appropriate child protection issues in the Curriculum, including how to keep themselves safe, and what to do if they feel unsafe
- make available to employees and families relevant resources

Sources

Sources

Child Wellbeing and Safety Act 2005 (includes Child Safe Standards and Child Information Sharing Scheme)

Child Wellbeing and Safety (Information Sharing) Regulations 2018

Child Information Sharing Scheme Ministerial Guidelines VIC Govt

Children, Youth and Families Act 2005

Crimes Act 1958

Education and Care Services National Law and Regulations

Education and Training Reform Act 2006

Family Violence Protection (Information Sharing and Risk Management) Regulations 2018

Family Violence Protection Act 2008

Family Violence Information Sharing Guidelines: VIC Govt

Licensed Children's services and Victorian Schools "Protecting the Safety and Wellbeing of Children and Young People"

Worker Screening Act 2020

Review

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

Reviewed: August 2024

Date for next review: August 2025

Appendix A

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)
 - 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
- 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
- discuss the applicant's understanding of child safety and child protection
- 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.

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.

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 harm. 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.

General indicators of harm, abuse and neglect

- marked delay between injury and seeking medical assistance
- history of injury
- the child gives some indication that the injury did not occur as stated
- the child tells you someone has hurt him/her
- the child tells you about someone he/she knows who has been hurt
- someone (relative, friend, acquaintance, sibling) tells you that the child may have been abused

Physical Abuse

Physical indicators include:

- Bruises, burns, sprains, dislocations, bites, cuts
- Fractured bones, especially in an infant where a fracture is unlikely to occur accidentally
- Poisoning
- Internal injuries
- Bald patches where hair has been pulled out

Possible behavioural indicators include:

- Showing wariness or distrust of adults
- Wearing long sleeved clothes on hot days (to hide bruising or other injury)
- Demonstrating fear of parents and of going home
- Becoming fearful when other children cry or shout
- Being excessively friendly to strangers
- Being very passive and compliant
- Not reacting or showing little emotion when hurt
- Showing little or no fear when threatened
- Often being absent
- Showing regressive behaviour such as bed-wetting
- Often feeling sad or crying

Sexual Abuse

A child is sexually abused when any person uses their authority or power over the child to engage in sexual activity. This can include exploitation through pornography or voyeurism. Sexual abuse is not usually identified through physical indicators. Often the first sign is when a child tells someone they

trust that they have been sexually abused. However the presence of sexually transmitted diseases, pregnancy, or vaginal or anal bleeding or discharge may indicate sexual abuse.

Physical indicators include:

- Injury to the genital or rectal area
- Vaginal or anal bleeding or discharge
- Discomfort in toileting
- Inflammation and infection of genital area
- Bruising
- Frequent urinary tract infections

One or more of these behavioural indicators may be present:

- Child telling someone that sexual abuse has occurred
- Complaining of headaches or stomach pains
- Experiencing problems with schoolwork
- Displaying sexual behaviour or knowledge which is unusual for the child's age
- Showing behaviour such as frequent rocking, sucking and biting
- Experiencing difficulties in sleeping
- Having difficulties in relating to adults and peers
- Drawing or telling stories that are sexually explicit
- Showing regressive behaviour such as bed-wetting

Emotional Abuse

Emotional abuse happens when a child is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and putdowns or persistent coldness from a person to the extent the child's emotional development and behaviour is at serious risk of being impaired. There are few physical indicators, although emotional abuse may cause delays in emotional, mental, or even physical development.

Physical indicators include:

- Speech disorders
- Delays in physical development
- Failure to thrive

Possible behavioural indicators include:

- Displaying low self esteem
- Tending to be withdrawn, passive, tearful
- Displaying aggressive or demanding behaviour
- Being highly anxious
- Showing delayed speech
- Acting like a much younger child, eg. soiling, wetting pants
- Displaying difficulties in relating to adults and peers
- Showing mental or emotional displays
- Having overly high standards and a fear of failure

Neglect

Physical indicators include:

- Frequent hunger
- Malnutrition
- Poor hygiene
- Inappropriate clothing, eg. Summer clothes in winter
- Left unsupervised for long periods
- Medical needs not attended to
- Abandoned by parents

Possible behavioural indicators include:

- stealing food or gorging when food is available
- staying at school outside school hours
- often being tired, falling asleep in class
- abusing alcohol or drugs
- displaying aggressive behaviour
- not getting on well with peers
- poor socialising habits
- withdrawn, listless, pale and thin

The presence of indicators such as those described may alert us to the possibility that a child is being abused. It is important that anyone who has concerns that a child or young person is in need of protection contacts a local Child Protection Service for assistance and advice.

Family Violence

Family violence, either threatened or actual, occurs within a family, including physical, verbal, emotional, psychological, sexual, financial and social abuse. Child Protection must be informed when there are strong indicators that family violence is placing a child at significant risk if danger.

Disclosure of harm

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

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

Child's name _____

What is the name of the person who made the disclosure?

Are they related to the child?

Yes No

If yes, what is the relationship?

What did the person disclose? Try to use the exact words they used. Use "I said" "they said" statements, include any questions you asked and comments you made

What date did the person make the disclosure? _____ What time _____ AM/PM

Where did the disclosure occur? _____

Was anyone else present during the disclosure? Yes / No

If yes what is/are their name, role and employer?

Have you followed the procedure in the Child Protection Policy for making a report? Yes / No

Describe the actions you have taken following the disclosure.

Name of person completing form

Signature of person completing form

Date _____

Time _____ AM/PM

Suspicion of harm

Educators may suspect harm if:

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

Child's name _____

Why do you suspect harm? Try to use the exact words a child or someone else uses if relevant.

Provide as much detail as possible

If relevant, what date did the person say something? _____

What time? _____AM/PM

Have you followed the procedure in the Child Protection Policy for making a report? Yes / No

Describe the actions you have taken because of your suspicion.

Name of person completing form

Signature of person completing form

Date _____

Time _____ AM/PM

Appendix D

CHILD PROTECTION RISK MANAGEMENT STRATEGY BREACH INCIDENT REPORT FORM

Date breach occurred _____

Time breach occurred _____

Location of breach

Name of person(s) involved in the breach.

Description of the breach.

Immediate action taken

If no action taken – reason

Name of person completing form _____

Signature of person completing form _____

Date _____ Time _____ AM/PM

Authority breach reported to (if relevant) _____

Name of person reported to _____

Appendix E

Child Protection Risk Management Strategy – Template for High Risk Activity



Management

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 eg activity, objectives, location, participants</i>	Identify Risks <i>Something that could happen that results in harm – also consider physical, emotional, sexual and cultural risks from children, adults, visitors, employees, volunteers</i>	Analyse the Risk <i>How likely is the risk, what would happen if the risk did occur?</i>	Evaluate the Risk <i>Likelihood/Consequences</i>	Manage the Risk <i>Assess the options to reduce the risk</i>	Review <i>Nominate who will review after the event/activity</i>

Determine **likelihood** of the risk by using the left hand column of the ***Risk Analysis Matrix*** (below). Use the impact information to determine the **consequences** level. Combine the Consequence and Likelihood ratings to arrive at the **Risk Level** (i.e. *Low, Medium, High or Critical*). **CONSEQUENCES**

LIKELIHOOD	Insignificant	Minor	Moderate	Major	Extreme
<i>Very likely</i> Expected to occur in most circumstances	Medium	Medium	High	Critical	Critical
<i>Likely</i> Will probably occur in most circumstances	Low	Medium	High	High	Critical
<i>Possible</i> Might occur at some time	Low	Medium	Medium	High	High
<i>Unlikely</i> Not expected to occur	Low	Low	Medium	Medium	High
<i>Rare</i> Occurs in exceptional circumstances only	Low	Low	Low	Medium	Medium

Attachment G

Educating Children about Protective Behaviour

Educators will regularly include child protection issues in the curriculum. For example they will intentionally teach children:

- about acceptable/unacceptable behaviour, and appropriate/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.

Educators believe that:

- children are capable of the same range of emotions as adults
- children's emotions are real and need to be accepted by adults
- an adult's response to a child during their early 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 better understand their body's response to an emotion are more able to foresee the outcome of a situation and avoid them or ask for help.

Child Protection Reporting Overview VIC

NOTIFICATIONS OF ABUSE



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

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

ORANGE DOOR CONTACTS FOR EACH REGION

BARWON – 18000312820

BAYSIDE PENINSULA – 1800319353

INNER GIPPSLAND – 1800319354

MALLEE – 1800290943

MELBOURNE - 1800319355



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

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



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

CommunityOSH Child Safe Policy

NQS

Element	1.1.2	Child-centred -Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
	1.2.3	Child directed learning - Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
	2.2.3	Child Protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
	3.2.1	Inclusive environment - Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments
	5.1.1	Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included
	5.1.2	Dignity and rights of the child - The dignity and rights of every child are maintained
	5.2.1	Collaborative learning - Children are supported to collaborate, learn from and help each other.
	6.1.3	Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
	7.2.1	Continuous improvement - There is an effective self-assessment and quality improvement process in place.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development

National Law

Section	162A	Persons in day-to-day charge and nominated supervisors to have child protection training
	165	Offence to inadequately supervise children
	166	Offence to use inappropriate discipline
	167	Offence relating to protection of children from harm and hazards
	169	Offence relating to staffing arrangements
	170	Offence relating to unauthorised persons on education and care service premises
	173	Offence to fail to notify certain circumstances to Regulatory Authority
	174	Offence to fail to notify certain information to Regulatory Authority
	175	Offence relating to requirement to keep enrolment and other documents

National Regulations

Reg	12	Meaning of serious incident
	82	Tobacco, drug and alcohol-free environment
	84	Awareness of child protection law
	87	Incident, injury, trauma and illness record
	100	Risk assessment must be conducted before excursion
	102B	Transport risk assessment must be conducted before service transports child

120	Educators who are under 18 to be supervised
123	Educator to child ratios—centre-based services
145	Staff record
146	Nominated Supervisor
147	Staff members
166	Children not to be alone with visitors
168(2)(h))	Education and care services must have policies and procedures in relation to providing a child safe environment
175	Prescribed information to be notified to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider

Aim

To ensure the safety, health and wellbeing of children through organisational culture, values and practices that embed a culture of child safety.

Related Policies

Additional Needs Policy
 CCTV Policy
 Child Protection Policy
 Education, Curriculum and Learning Policy
 Educator and Management Policy
 Excursion Policy
 Family Violence Safety Policy
 Governance Policy
 Grievance Policy
 Incident, Injury, Trauma and Illness Policy
 Parental Interaction and Involvement in the Service Policy
 Policy and Procedure Review Policy
 Photography Policy
 Privacy and Confidentiality Policy
 Recruitment Policy
 Relationships with Children Policy
 Social Media Policy
 Staffing Arrangements Policy
 Technology Usage Policy
 Tobacco, Drug and Alcohol Policy

Implementation

All managers, staff and volunteers are committed to implementing the Child Safe Standards. The safety, health and wellbeing of children is the number one priority of all staff and volunteers who understand children's safety is a shared responsibility. We have zero tolerance for any form of harm to children and are committed to acting in children's best interests. Our policies and procedures support and inform this commitment, and our leaders and managers regularly review staff and

volunteer practices and understanding, prioritising training or taking other relevant action if required.

Our policies and procedures also support and comply with the Education and Care National Law and Regulations, and the National Quality Standard (NQS), whose guiding objective and principles outlined in section 3 include ensuring “the safety, health and wellbeing of children attending education and care services”, “the rights and best interest of children are paramount”, the principles of equity, inclusion and diversity underlie this Law”, “that Australia’s Aboriginal and Torres Strait Islander cultures are valued”, and “that the role of parents and families is respected and supported.” This objectives and principles are embedded in many of the Laws and Regulations which we must comply with. The Laws, Regulations and NQS elements which are particularly relevant to child safety are listed above.

Below we discuss our Service’s approach to the eleven Child Safe Standards, and outline Service policies or practices which support them (Standard 11 Policies and procedures document how the organisation is safe for children and young people.) Our contracts of employment require all employees to comply with service policies and procedures.

Standard 1 Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued

Our service will:

- encourage and actively support a child’s ability to express their culture and enjoy their cultural rights
- embed strategies that equip all staff, volunteers and children to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the wellbeing and safety of Aboriginal children and young people
- not tolerate racism, adopt measures to identify and confront racism, and address instances of racism with appropriate consequences
- actively support and facilitate Aboriginal children and their families’ participation and inclusion
- ensure our policies, procedures, systems, and processes together create a culturally safe and inclusive environment and meet the needs of Aboriginal children and their families.

It is the right of every Aboriginal child to be immersed in their culture in a way that allows them to feel their identity is valued and respected. Culture includes community and family connections, spiritual and material relationships with lands and waters that hold significance under traditional laws and customs, and languages, dance, ceremony and heritage.

Educators are required to:

- promote learning outcomes in the approved learning framework which include outcomes related to “Children have a Strong Sense of Identity,” and Principles which include:
 - ‘**Respect for diversity**’ which includes “*promoting greater understanding of Aboriginal and Torres Strait Islander ways of knowing and being.*”
 - ‘**Ongoing Learning and Practice**’ where educators “*become co-learners with children, families and community, and value the continuity and richness of local knowledge shared by community members, including Aboriginal and Torres Strait Islander Elders.*”

‘Responsiveness to Children’ which includes educators *“respond(ing) to children’s expertise, cultural traditions and ways of knowing, the multiple languages spoken by some children, particularly Aboriginal and Torres Strait Islander children”* (Belonging Being & Becoming The Early Years Learning Framework)

- meet the NQS Principle about valuing Australia’s Aboriginal and Torres Strait Islander Cultures.” Many of the indicators for meeting and exceeding the 40 NQS elements reference the need to consider and respond to First Nations’ identities, culture, language and history in a local community and national context.

Specific actions we take to embed a culturally safe environment for First Nations children include : training, developing strong relationships with and encouraging visits from local Aboriginal organisations, Elders and families, employing Aboriginal staff, using teaching strategies that intentionally promote First Nations’ culture, heritage and history, including the impact of Government policies, observance and learning about key community events, including National Sorry Day , National Reconciliation Week and NAIDOC Week, development of Reconciliation Action Plan - with support from Narragunnawali, yarning circles, Acknowledgement of Country, physical environments and learning displays which include local First Nation symbols, images and objects

Service policies which support this Standard include our:

- **Education, Curriculum and Learning Policy** which requires educators implement an educational program which includes each child’s culture, language and everyday lives
- **Educator and Management Policy** which makes it clear any form of racism will breach our Code of Conduct
- **Grievance Policy** which highlights our Service takes instances or allegations of discrimination very seriously
- **Parental Interaction and Involvement in the Service Policy** which encourages families to share their culture and experiences with educators and the children
- **Relationships with Children Policy** which requires educators, in line with the approved learning framework, support and implement an anti-bias, cross cultural program throughout the Service and intentionally teach children about avoiding stereotypes and the benefits of diversity

Standard 2 Child safety and wellbeing is embedded in organisational leadership, governance and culture

Our service will:

- make a public commitment to child safety
- champion and model a child-safe culture
- facilitate the implementation of our Child Safe Policy
- reiterate our Code of Conduct, which provides guidelines for staff and volunteers on expected behavioural standards and responsibilities
- continue to implement risk-management strategies that focus on preventing, identifying, and mitigating risks to children
- ensure staff and volunteers understand their obligations on information-sharing and record keeping.

We strongly support a child safe organisational culture which drives the way things are done and how issues and risks are managed. Strong, transparent and accountable leadership can deter perpetrators of harm, and ensure employees understand and comply with their obligations to report suspicions or disclosures of harm. Our managers and leaders regularly review practices to ensure ongoing compliance with Service policies and procedures, and to promote a child safe culture.

Service policies which support this Standard include our:

- **CCTV Policy** which promotes a child safe environment while complying with the Australian Privacy Principles
- **Child Protection Policy** which clearly outlines the responsibilities and obligations of all employees and volunteers under State child protection legislation. It also outlines our Child Protection Risk Management Strategy, including our Code of Conduct, recruitment procedures which ensure potential employees fully understand and support the child safe Service culture, procedures for managing disclosures or suspicions of harm and breaches of the Strategy, the Reportable Conduct Scheme, and risk management for high risk activities
- **Child Safe Policy** which, in addition to the Child Safe Standards, also includes our obligations under the Child Information Sharing Scheme legislated in the Child Wellbeing and Safety Act 2005 to share information with other entities to promote the safety or wellbeing of a child. These are discussed after Standard 11
- **Educator and Management Policy** which includes our Code of Conduct and Management Responsibilities. *The Code* includes clear expectations of appropriate interactions with children, and examples of appropriate and inappropriate interactions, and requires compliance with all Service policies and procedures. The Code also guides the behaviour of families and visitors, indicating they will not have physical contact with other children at the service unless a staff member is present. *Management responsibilities* include ensuring staff meet qualification requirements, mandated educator to child ratios are maintained, all staff understand their responsibilities under the National Law, Regulations and NQS, all staff, visitors and volunteers comply with the Code of Conduct, organising or providing appropriate staff training and performance reviews, and regularly implementing documented staff meetings
- **Family Violence Safety Policy** which implements our obligations under the Family Violence Sharing Scheme legislated in the Family Violence Protection Act 2008 to share information with other entities if we reasonably believe this will help manage an established risk of a perpetrator committing family violence, or an established risk of a victim survivor being subjected to family violence
- **Governance Policy** which includes the Principle “recognise and manage risk to children.” This Principle is evident in the regular risk assessments completed by educators and staff as they assess and manage the potential risk of harm to children during activities and events, and in the regular formal and informal training educators and staff receive to refresh their skills and understanding of practices that ensure the safety of children including but not limited to child protection and child safe practices such as adequate supervision, managing incidents and complaints, privacy requirements, implementing risk assessments, and safe excursion and transport practices
- **Grievance Policy** which includes our complaint handling procedures and guidelines, including potential outcomes

- **Incident, Injury, Trauma and Illness Policy** which requires staff maintain records that enable us to monitor, review and report incidents as required under the National Law (see also Standard 7)
- **Privacy and Confidentiality Policy** which outlines how our practices are consistent with the Australian Privacy Principles
- **Relationships with Children Policy** which covers positive interactions with children by educators, staff and other children (in cases of bullying for example)
- **Staffing Arrangements Policy** which includes procedures for supervising children to ensure their safety and remove any potential for harm to children, and requirements for clear Working With Children Checks.

Our Child Safe Policy is available to all families in our policy folder, as part of our regular policy review program, and as part of our enrolment pack.

Standard 3 Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously

Our service will:

- inform children about their rights, including to safety, information, and participation
- recognise the importance of friendships and encourage support from peers to help children feel safe and less isolated
- offer access to sexual abuse prevention programs and relevant related information in an age-appropriate way
- attune staff and volunteers to signs of harm and facilitate child-friendly ways for children to express their views, participate in decision-making, and raise their concerns
- put strategies in place to develop a culture that facilitates participation and is responsive to the input of children
- provide opportunities for children to participate
- respond to their contributions to strengthen confidence and engagement.

Educators promote a culture of participation and inclusion, viewing all children as active participants and decision makers as they seek to include the interests, ideas, strengths, culture, abilities etc of each child. They understand this is an essential part of effectively implementing the NQS and the Early Years Learning Framework (EYLF) which promote each child's agency, perspective and participation, and require that educators are responsive to each child's ideas, interests and needs. See for example NQS Elements 1.1.2 Child-centred, 1.2.3 Child directed learning and 5.2.1 Collaborative learning (where children are supported to learn from and help each other), EYLF Principle 'Secure, respectful and reciprocal relationships' and EYLF Practice 'Responsiveness to Children' which promote respectful and reciprocal relationships with children based on deep understanding of their interests, community and culture.

As part of this process, educators regularly empower children to take part in discussions about their safety and decisions that affect them, and value their ideas, suggestions and feedback. Educators are attuned to babies' and younger children's non-verbal cues to plan curriculum and respond in ways that empowers them. Our Educational Leader regularly reviews educators' practices and supports them to continually improve.

Service policies which support this Standard include our:

- **Child Protection Policy** which requires educators, as part of the 'Strategies for Communication and Support' component of the Child Protection Risk Management Strategy, to regularly include age appropriate learning about the way adults should behave from a child safety perspective, including their right to make decisions about their body and privacy, that they have a right to feel safe at all times, how to keep themselves safe, and what to do if they feel unsafe
- **Education, Curriculum and Learning Policy** which outlines practices which implement the EYLF, including regularly involving children in decision making about their learning and environment as part of the assessment and planning cycle
- **Relationships with Children Policy** which contains detailed guidelines and examples about children's inclusion, agency and peer support. The Policy also contains information and example of appropriate Behaviour Guidance strategies which support children to express and meet their needs.

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

Standard 4 Families and communities are informed, and involved in promoting child safety and wellbeing

Our service will ensure:

- families participate in decisions affecting their child
- we engage and openly communicate with families about our child safe approach and that relevant information is accessible
- families contribute to the development and review of our policies and practices
- we inform families and carers about our operations and governance.

Educators constantly build partnerships with families and community members, which provides many opportunities for discussion and feedback about safety practices. Educators and staff regularly encourage families to contribute to decisions about Service practices as well as their child's learning through questionnaires, information nights, face to face conversations and our 'Open Door Policy.' Families know they can locate Service policies and procedures <insert location>, and are asked for feedback on a particular Policy every week as part of our weekly professional development activities OR are asked for feedback when we review our policies. Providing information about service operations is also a requirement under NQS Element 6.1.3 'Families are supported.'

Child safe information is provided to families in various formats including displays and brochures, and is discussed in more detail with families the week our professional development covers element

2.2.3 Child Protection. Several Policies and our Code of Conduct are also included in our family enrolment/information packs.

We note this is consistent with our obligations under the guiding principles in the National Law section 3(3) to respect and support the role of parents and families.

Our response to child safety, including in cases of harm, suspected harm or complaints, is also culturally sensitive. For example we engage with families and/or community members to improve our understanding of cultural behaviours and inform our responses.

Service policies which support this Standard include our:

- **Child Protection Policy** as discussed above
- **Educator and Management Policy** which includes our Code of Conduct as discussed above
- **Governance Policy** which includes our Service structure and identifies the people in leadership and management positions
- **Grievance Policy** which includes our complaint guidelines and the name of our Complaints Officer. We include this Policy in our enrolment/information packs.
- **Parental Interaction and Involvement in the Service Policy** which highlights our 'Open Door' approach to facilitating transparent, two-way communication
- **Policy and Procedure Review Policy** which outlines how and when families will be encouraged to provide feedback on policies and procedures

Standard 5 Equity is upheld and diverse needs respected in policy and practice

Our service:

- understands children come from diverse circumstances, and supports each child and their family in meaningful and appropriate ways
- provides children with access to information, support and complaints processes in ways that are culturally safe, accessible and easy to understand
- pays particular attention to children with additional needs and children who are unable to live at home
- pays particular attention to the needs of Aboriginal children and provides/promotes a culturally safe environment for them.

Educators regularly plan and implement learning which promotes the benefits of cultural diversity, and the unique abilities and strengths each person has regardless of any additional needs, personal preferences or orientations, or family structure. Educators focus daily on ensuring *each child* can reach their potential in an inclusive environment which supports their participation, identity, connection to their world and sense of wellbeing. These practices underpin the NQS and the EYLF which promote equity, diversity and inclusion. See for example NQS Element 3.2.1 Inclusive Environment and Standard 5.1 Respectful and Equitable Relationships are maintained with each Child, as well as EYLF Principle High Expectations and Equity and EYLF Practice Cultural Competence. Educators also use the indicators under the EYLF Learning Outcomes to help identify children with vulnerabilities and additional needs.

In addition, where possible our staff profile reflects the diversity at our Service and in the local community, as this assists in building relationships with children and families, and in building the cultural competence of all educators and staff.

Service policies which support this Standard include our:

- **Additional Needs Policy** which discusses how we design or adapt the environment to ensure each child can participate and achieve meaningful learning outcomes, and how we work with external professionals, families and children to help achieve this outcome
- **Child Protection Policy** which includes the indicators of harm, the practices to effectively manage a suspicion or disclosure of harm, including where children may be unwilling to discuss this, and regular activities and experiences which teach children about their right to privacy, safety and who to approach for help if they don't feel safe
- **Education, Curriculum and Learning Policy** which outlines additional strategies educators use to promote each child's inclusion and participation, including establishing links with local cultural groups and using intentional teaching strategies to promote cultural customs, stories, traditions, history, inviting families and community members to visit and complete activities with children
- **Relationships with Children Policy** which covers inclusive practices as outlined in Standard 3 and also outlines practices to help support children through traumatic events

Standard 6 People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice

Our managers will ensure:

- recruitment, including advertising, referee checks and staff and volunteer preemployment screening, emphasise child safety and wellbeing
- relevant staff and volunteers have current working with children checks or equivalent background checks
- all staff and volunteers receive an appropriate induction and are aware of their responsibilities to children, including record keeping, information sharing and reporting obligations
- we focus ongoing supervision and people management on child safety and wellbeing.

Our managers do not rely solely on clear Working with Children Checks. Our human resource practices support the recruitment and ongoing management of employees who implement strong child safe practices every day. For example our employment advertising includes a Statement of Commitment to Child Safety, interview questions establish the suitability of staff, referees are contacted, our Induction process requires all staff, including volunteers, to review and acknowledge in writing our Child Protection Policy and Code of Conduct, job descriptions set clear expectations about child safety, and we implement probationary periods. The Nominated Supervisor also implements an ongoing training program tailored to each staff member's needs and goals which are identified through regular performance reviews.

Our employee and volunteer induction processes include reviewing child safe policies, procedures and expectations, and educators and staff review one or two Service policies every week as part of their weekly professional development. Volunteers are required to comply with all service policies and procedures and code of conduct.

Service policies which support this Standard include our:

- **Child Protection Policy** which includes Recruitment practices that clearly describe the expectations for employees to provide a child safe environment
- **Educator and Management Policy** which, in line with NQS Element 7.2.3 Development of professionals, requires the performance of educators and staff to be regularly evaluated against their position description, and training plans devised and implemented where there is an identified need, including for example in child safe practices. Training may occur through a recognised face to face or on-line training course, mentoring and at staff meetings. The Nominated Supervisor must include training funds in the annual budget. The Policy also outlines orientation practices to ensure new or returning staff are aware of current service policies and procedures, including those ensuring they meet their child protection obligations
- **Recruitment Policy/Procedure** which contains screening processes, use of position descriptions and interviews
- **Staffing Arrangements Policy** which contains qualification requirements, including those consistent with the Worker Screening Act 2020, and Supervision procedures with a child safety focus
- **Tobacco, Drug and Alcohol Policy** which clearly states educators and staff must not drink alcohol or take drugs at the Service, and must not attend if adversely affected by alcohol or drugs, including prescription medication.

Standard 7 Processes for complaints and concerns are child-focused

Our service:

- has an accessible, child-focused complaint handling policy that clearly outlines the roles and responsibilities of leadership, staff and volunteers, approaches to dealing with different types of complaints, breaches of relevant policies or the Code of Conduct and obligations to act and report
- has effective complaint handling processes that are culturally safe, and that children, families, and staff understand
- takes complaints seriously and responds promptly and thoroughly
- has policies and procedures in place that address reporting of complaints and concerns to relevant authorities, whether the law requires reporting, and co-operates with law enforcement
- meets reporting, privacy, and employment law obligations.

Complaints are taken very seriously at our Service, and children's safety and wellbeing is always our number one priority. Our child safety practices emphasise a child focus rather than focusing on adult intent, and as mentioned under Standard 4, we engage with families and/or community members to respond in culturally sensitive ways where appropriate.

Service policies which support this Standard include our:

- **Child Protection Policy** which contains a clear step by step procedure for reporting harm or suspected harm, for example to Police, Child Protection, the ECEC Regulatory Authority and Commission for Children and Young People (under the Reportable Conduct Scheme). It also includes information about referrals to family support services

Where staff are the subject of child safety complaints, the Approved Provider or Nominated Supervisor must review their duties, decide if it's safe for them to continue working with children while the complaint is investigated, and if so ensure they're appropriately supervised at all times

- **Grievance Policy** which contains clear and transparent investigation guidelines including time frames, review processes, privacy and confidentiality requirements and potential outcomes of complaints including disciplinary action. The Policy clearly requires educators and staff support children to access the complaints process for all complaints alleging their safety or wellbeing is or could be harmed, if not already implementing the procedures in the Child Protection Policy. In line with the Policy and guidelines we also maintain a Complaint Register and regularly review the types, content and outcome of complaints to identify any patterns and underlying issues
- **Incident, Injury, Trauma and Illness Policy** which includes requirements under the National Law and Regulations to document and promptly notify the Regulatory Authority any 'Serious Incidents,' complaints alleging a Serious Incident has occurred, complaints that the National Law or Regulations have been breached, any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child, and of any incident, complaint or allegation that physical or sexual abuse of a child has occurred.

Standard 8 Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

We train and support our staff and volunteers to:

- effectively implement our Child Safe Policy
- recognise indicators of child harm including harm caused by other children and young people
- respond effectively to issues of child safety and wellbeing and support colleagues who disclose harm
- build culturally safe environments for children.

Our Service is committed to a culture of ongoing learning and continuous improvement (as required under NQS element 7.2.1). This includes a commitment to ensuring all educators and staff know how to identify and respond to all forms of child harm, and are aware of current child safe knowledge and practices.

Service managers, for example, ensure they and all educators and staff participate in annual refresher training on their child safe obligations, the importance of taking a child-focused approach, the indicators of harm and patterns of behaviour that indicate a risk to children, record keeping and reporting procedures, and Service child safe practices, policies and resources. Training may be

provided in-house, or by external providers where appropriate. Child safety is also regularly included on staff meeting agendas. Child safe training always includes case studies and examples to support the development of practical skills and 'real-life' child safe responses.

Service policies which support this Standard include, as previously discussed, our:

- **Child Protection Policy** (see all Standards)
- **Child Safe Policy** (see Standard 2)
- **Educator and Management Policy** (see Standard 6)
- **Family Violence Safety Policy** (see Standard 2)

Standard 9 Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

We will ensure:

- Staff and volunteers identify and mitigate risks in the online and physical environments without compromising a child's right to privacy, access to information, social connections and learning opportunities
- we use our online environment according to our Code of Conduct , Technology Usage Policy Child Safe Policy and practices
- our risk management plans consider our settings, activities and the physical environment
- if we contract facilities and services from third parties, our procurement policies ensure the safety of children.

We comply with child safety requirements under the National Education and Care Law and Regulations (refer those listed at the front of this policy). For example, Law section 165 'Offence relating to protection of children from harm and hazards' requires all employees and volunteers to take a risk management approach to safety, and Regulation 168(2)(h) requires services to have Policies relating to providing a child safe environment. ACECQA has indicated in its draft Child Safe Policy Guideline this covers supervision, staffing, child protection and the physical environment. Employees and volunteers regularly complete risk assessments prior to implementing activities or events that could potentially expose children to harm from a child protection and environmental perspective. Risk assessments always involve identifying and assessing risks, implementing measures to eliminate risks or to reduce them to acceptable levels, and ongoing monitoring. There are also the notification requirements outlined in our Incident, Injury, Trauma and Illness Policy to promptly notify the Regulatory Authority of child safety issues which we discussed under Standard 7.

Managers, staff and educators understand the physical environment can provide opportunities for harm to occur and implement supervision practices that reduce this risk. Where possible, physical environments are altered to increase natural lines of sight while respecting a child's right to privacy, and their need for risky play which allows them to temporarily 'disappear' (refer Sandseter's categories of risky play.) There is an increased focus on higher-risk locations including bathrooms, and during events, transitions and excursions. This is reflected in our risk assessments, including

those required under the National Regulations prior to conducting excursions or transporting children.

We also consider and protect children's safety in the online environment in an age appropriate way. Educators may discuss with younger children, for example, how there's no way to be sure who they're interacting with online. With older school age children, educators may cover risks like sharing intimate images, cyberbullying, and meeting in person with online contacts. If needed, staff and volunteers are provided with training on online risks to children, and families are provided with relevant information to support their parenting and children's wellbeing in line with NQS Element 6.1.3.

Service policies which support this Standard include our:

- **CCTV Policy** as discussed under Standard 2
- **Educator and Management Policy** which includes our Code of Conduct and the requirements when visitors attend the service. These include ensuring visitors are never left alone with children, and have a clear child protection clearance (unless exempt)
- **Incident, Injury, Trauma and Illness Policy** as discussed under Standard 7
- **Photography Policy** which promotes children's privacy and safety by requiring parents to consent before photos/videos are taken of their child, and before these are posted on any social media platforms, websites or used in service publications
- **Social Media Policy** which also promotes children's privacy and safety by banning educators and staff from using personal cameras or phones to take photos/video at the service, and from posting children's private information, photos or videos to their personal social media accounts.
- **Staffing Arrangements Policy** which discusses issues affecting the adequacy of supervision (these include the visibility and accessibility of areas where children are playing), supervision practices including the need for educators to position themselves to see as much of the play area as possible and to follow any playground supervision plans, particular activities that require focused supervision (including in bathrooms/toilets and higher risk activities). Other practices which support Regulation requirements include ensuring educator to child ratios are always met and educators under 18 are always supervised
- **Technology Usage Policy** which requires devices only be used to support children's learning, only age appropriate websites are accessed, and that educators directly supervise children when they're on-line.

Standard 10 Implementation of the Child Safe Standards is regularly reviewed and improved

Our Service:

- regularly reviews, evaluates and improves child safe practices
- analyses complaints, concern, and safety incidents to identify causes and systemic failures to inform continuous improvement
- reports on the findings of relevant reviews to staff, volunteers and families, and children where appropriate.

We are committed to a culture of continuous improvement, and we strive to reach or maintain an Exceeding rating under the NQS. We continually review our child safe practices and policies, and review any incidents and complaints to identify systemic causes which we address where possible. Regular training to embed child safety practices, and identify emerging trends and knowledge is a priority (reflected in training plans), and where relevant we seek a specialist external provider to facilitate this.

To support our continuous improvement, all managers, educators and staff also regularly engage in documented critical reflection of Service practices and policies, interactions with children and families, and children's learning and development. This involves considering issues from multiple perspectives including those of children, families, colleagues and theorists, considering social justice and power imbalances, and often implementing changes in practice as a result. As part of our regular reviews, we may review the Child Safe resources available on the [Commission for Children and Young People](#) website.

Under the National Law and Regulations, our Service is required to regularly update our 'Quality Improvement Plan' and submit it to the Regulatory Authority when requested.

Service policies which support this Standard include our:

Policy and Procedure Review Policy which requires all Service policies and procedures to be regularly reviewed and updated in a scheduled, documented process. Regulatory authorities implementing the *Education and Care Services National Law and Regulations* require all policies be reviewed at least annually

- **Relationships with Children Policy** which contains extensive guidelines and examples to support positive interactions with children and behaviour management guidance. The Policy also clearly states staff must not isolate or intimidate children, or use corporal punishment to guide behaviour.

Standard 11 Policies and procedures document how the organisation is safe for children and young people

Our Service:

- complies with policies and procedures which address all Child Safe Standards, are developed in line with best practice models, and are easy to understand
- consults with staff, families, volunteers and interested community members when developing and reviewing policies and procedures
- has managers and leaders who model compliance with our policies and procedures and take action if practices are inconsistent with these
- ensures staff and volunteers understand and implement policies and procedures.

As discussed above, we have many Policies and Procedures that support our child safe focus. These are accessible to employees and families in hard copy and electronic versions and where possible bilingual staff discuss relevant policies with families in their home language.

Managers implement a robust performance management procedure where non-compliance with the National Law, Regulations or Service policies and procedures is identified, for example through reporting and feedback arrangements between room/group leaders, the Educational Leader and the Nominated Supervisor, or through our complaint handling process.

Child Information Sharing Scheme

The Child information Sharing Scheme (the Scheme) helps professionals and organisations to promote the wellbeing and safety of children by clarifying and expanding the circumstances when prescribed organisations can share information. This Scheme and the Family Violence Information Sharing Scheme complement each other.

The Approved Provider and Nominated Supervisor are responsible for ensuring compliance with the Scheme. They are protected from liability if they share information in good faith and with reasonable care. If in doubt about their obligations or Scheme requirements, they will refer to the Child Information Sharing Scheme Guidelines. They will never use information obtained under the Scheme to prevent a child enrolling or continuing at the service.

As our Service is an 'Information Sharing Entity (ISE) under the Scheme, the Approved Provider or Nominated Supervisor will voluntarily share any personal information with other ISEs, or respond in a timely way to requests from ISEs to share information, if the information sharing meets the legal requirements of the Scheme. They may also request information from another ISE to promote the safety or wellbeing of a child.

The Approved Provider or Nominated Supervisor will use their professional judgement and work with other ISEs as required to determine whether the *threshold for sharing information* is met ie:

1. information is requested or shared for the purpose of promoting the safety or wellbeing of a child
2. if sharing information they reasonably believe this may help the receiving ISE to manage any risk to a child (eg through an assessment, plan, investigation or service provision to a child)
3. information is not excluded (includes information that might endanger a person's life or result in physical injury, prejudice legal proceedings or police investigation, contravene a court order, or is subject to legal professional privilege.)

If this threshold is met, consent is not required from any person to share information with other ISEs. However, the Approved Provider or Nominated Supervisor will inform the child and/or family members of the information collected, who it will be shared with, how it might be used, how they might access it, and consider their views, *if it's safe, appropriate and reasonable to do so*. They will also advise the information sharing is allowed under the Scheme, and that complaints about the sharing of personal information may be made to the Victorian Information Commissioner. The Approved Provider or Nominated Supervisor may refuse to give a person access to their confidential information if they reasonably believe doing so would increase the risk to a child's safety.

The Approved Provider or Nominated Supervisor will confirm a person or organisation requesting information is an ISE before sharing, for example by asking for an official work email or calling an organisation's switchboard. They will also be aware of local service providers and professionals who can support children and their families.

The Approved Provider or Nominated Supervisor may share information with a child (where appropriate) or with their parent/guardian where this will help manage a risk to the child's safety. They will consider the nature and significance of the risk, whether the information will help manage the risk and whether the information is excluded. (Information will never be shared with a perpetrator or alleged perpetrator of family violence or other offences against a child.) However, where there is not an immediate threat to the child's safety, the Approved Provider or Nominated Supervisor may refer the child/family member to an ISE with expertise in this area, including expertise from a culturally sensitive perspective.

Record Keeping

The Approved Provider or Nominated Supervisor will ensure appropriate records are kept securely and confidentially when information is requested and shared including where relevant:

- if the service received a request for information, who this was from, what was requested and the date of the request
- if the service disclosed information voluntarily, who the information was shared with, what was disclosed and the date disclosed
- if the service requested information, who this was made to and the date, what was requested
- how a disclosure of information met the threshold for sharing
- reasons any information sharing request is declined (these will also be provided to the ISE)
- whether the views of the child and/or family member were sought and obtained in relation to information sharing, what those views were, if they were advised the information would be shared or why their views were not considered
- copies of any family violence risk assessment and/or safety plan
- details of any complaint received including what it's about, date made, action taken to resolve the complaint and prevent similar complaints and time taken to resolve.

Any questions about child safety or this Policy may be directed to a Responsible Person at the service (the Approved Provider, Nominated Supervisor or Person in Day to Day Charge). If employees, volunteers and families have concerns about the Approved Provider or Nominated Supervisor's ability to provide or maintain a child safe environment, they should first discuss their concerns with another Responsible Person who will investigate and if substantiated contact the Child Protection Hotline on 131 278, the Department of Education and Training (Children's Services) on 1300 307 415, the Police on 000 or the Commission for Children and Young People on 1300 78 29 78 for advice. Employees, volunteers and families may contact these organisations directly if they believe the Responsible Person has not taken appropriate action.

Source

A Guide for Creating a Child Safe Organisation

Child Information Sharing Scheme Ministerial Guidelines (includes Appendix 2 ISEs): VIC Govt

Child Wellbeing and Safety Act 2005 (includes Part 6 Child Safe Standards and Part 6A Child Information Sharing Scheme)

Child Wellbeing and Safety (Information Sharing) Regulations 2018

Early Years Learning Framework

Education and Care Services National Law and Regulations

National Quality Standard

UN Convention on the Rights of the Child

Review

This policy will be reviewed annually by Management, Employees, Families and Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

Continuity of Education and Care Policy

NQS

QA4	4.1.2	Continuity of staff - Every effort is made for children to experience continuity of educators at the service.
QA6	6.2.1	Transitions - Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.

MTOP

LO1	Children feel safe, secure, and supported
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Aim

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

Related Policies

Additional Needs Policy

Educator and Management Policy

Relationships with Children Policy

Rest, Relaxation and Clothing

Staffing Arrangements Policy

Implementation

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

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

- encourage casual Educators, volunteers and work experience students, as well as permanent staff, to display a photo of themselves with an introductory paragraph to help children and their families identify and get to know them.
- regularly remind Educators about the importance of maintaining continuity of education and care practices between settings, for example between the home and service setting.
- ensure where possible that routines and transitions have the flexibility to accommodate each child's needs.

Educators will:

- communicate with each other during the day about the children's experiences and information shared by families, especially where they are rostered on different shifts. This may be verbal or through the use of 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, for example to and from excursions and arriving and leaving the Service.
- provide responsive, one-on-one support to children who return to the service after an absence (eg by considering groupings and groups sizes and using family information about the child's absence to inform the curriculum).
- support children during transitions between settings (eg 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 (eg daily on arrival and departure) or written requests (eg through our Family Input 'What You Did on the Weekend Sheets').
- support children with additional needs in their transition to and from specialist services.

Sources

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

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024
2025

Date for next review: August

Coronavirus Policy

NQS

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

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

Reg	77	Health, hygiene and safe food practices
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Aim

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

Related Policies

Excursion Policy

Fees Policy

Food, Nutrition and Beverage Policy

Health Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases Policy

Medical Conditions Policy

Relationships with Children Policy

Sleep, Rest, Relaxation and Clothing Policy

Transport Policy

Work, Health and Safety Policy

Implementation

Coronavirus (COVID-19) can cause illnesses similar to the common cold, but it can also cause more serious respiratory diseases. Symptoms include fever, chills or sweats, cough, sore throat, tiredness, shortness of breath, runny nose, loss of smell/taste, muscle/joint pains, diarrhoea, nausea/vomiting. People at higher risk of catching the virus include older people, those with underlying medical problems and Indigenous Australians. The threats posed by the virus mean serious steps must be taken to stop the spread of the disease.

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

- [Guidance for Managing a COVID case in ECEC](#) and [COVIDSafe settings guidance for ECEC VIC](#)
- [Federal Department of Education, Skills and Employment Information](#)
- [Federal Department of Health](#) information

If in doubt about current coronavirus guidance, the Approved Provider or Nominated Supervisor will contact **the Victorian COVID-19 EC Advice Line on 1800 338 663**.

The Approved Provider and Nominated Supervisor will also implement a COVID Safe Plan to ensure the service can provide an environment that's as safe as possible for children, staff and visitors.

What must employees and families do?

Comply with government guidance

The Approved Provider, employees and volunteers and families must:

- **comply with guidance issued by Government agencies, including in relation to attendance and self-isolation.** This includes following the '[Checklist for COVID contacts](#).' The State Government also advises any staff member or child who is experiencing COVID-19 symptoms, needs to stay at home, even if they are not a positive case or a close contact, [get tested](#) and self-isolate until they receive a negative result - unless those symptoms are known to be caused by an underlying health condition or medication. This would also apply to family members
- **comply with all service policies including Infectious Diseases Policy** which requires ill children and adults to remain at home and comply with relevant Exclusion periods. Note employees, volunteers and families must comply with any isolation/exclusion periods in relation to coronavirus implemented by the Approved Provider or Nominated Supervisor including periods which exceed government requirements
- **advise the service** if they develop symptoms of the virus or are confirmed to have the virus. This is particularly important if they have been at the service before a positive test
- **comply with guidance issued by the Government in relation to the wearing of face masks at the Service and on transport, including buses operated by the Service.** The Approved Provider and Nominated Supervisor will ensure staff, parents and visitors are familiar with best practice infection control measures for wearing masks including:
 - washing hands for at least 20 seconds with soap and water or alcohol-based hand sanitiser with at least 60% alcohol before touching mask

- not touching the front of the mask or the face while it's on or when removing it – grasping the ear loops or ties instead
- disposing of single use surgical masks responsibly and putting reusable masks directly into the laundry or a disposable/washable bag for laundering.
- **comply with any Government requirements for vaccination against COVID-19.** This includes vaccination requirements for ECEC staff, volunteers and contractors who attend the Service as outlined on State Government websites and contained in Public Health Directions. Where vaccination is mandated, the Nominated Supervisor will sight evidence of the person's vaccination status and keep a written record of this
- **comply with any Government check-in protocols**
- **comply with the Service COVID Safe Plan.** To promote the safety of children, employees, volunteers and families, the Approved Provider or Nominated Supervisor may require staff, volunteers and families to follow stricter measures than those currently required or advised by Government Orders or protocols. This includes vaccination or other requirements for working at or entering the Service. Currently, these include:
 - employees, volunteers and family members providing evidence of COVID vaccination, or medical exemption from vaccination
 - when requested by the Nominated Supervisor - children, family members and employees providing evidence of a negative COVID test before entering the service after a household contact tests positive for COVID
 - employees/families/visitors/children having their temperature tested before entry to the service if the Nominated Supervisor or staff reasonably believe they may have a fever
 - families/visitors completing a Health Declaration if requested by staff declaring they are healthy and do not have any symptoms of COVID before entering the service.

Unvaccinated Staff, Volunteers and Contractors

The Nominated Supervisor will develop and implement a risk assessment to manage the health and safety of the staff member, other staff, children and families. Issues covered in the risk assessment for unvaccinated staff who have a medical contraindication may include:

- exclusion for a period where there is a confirmed or suspected case of COVID for a period
- ensuring they stay home if they are feeling unwell or are sent home if they become ill at work, get tested for COVID-19 and follow current Government advice for testing and isolation. They must not return before receiving a negative result
- additional mask wearing requirements eg requiring masks to be worn even where this is not required by law
- prohibiting interactions with children or adults who may be particularly vulnerable to catching COVID-19 or suffer severe side effects from the virus
- additional hand hygiene
- ensuring they do not travel to and from work with other staff members
- ensuring they do not participate in excursions into the community
- ensuring they do not move between services where relevant
- adjusting rosters to manage staff member's location and interactions with children and adults.

Implement effective hygiene process

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

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

Employees and volunteers will ensure they continue to implement hygiene processes outlined in the Health, Hygiene and Safe Food Policy to ensure high standards of hygiene and infection control at all times. This includes ensuring they and where relevant children:

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

The Approved Provider or Nominated Supervisor will implement and ensure the following practices to ensure high standards of hygiene and infection control:

- ensure all staff complete the online [COVID-19 Infection Control Training](#) made available by the Federal Department of Health. Certificates of completion will be displayed
- ensure educators engage in regular handwashing with children
- ensure hand hygiene posters are displayed in the kitchen, learning spaces, hand wash and toilet areas, staff room and any other areas which can easily be seen by families, including the front entrance, and require all employees and families to use hand sanitiser provided at service entrances and in rooms. If using alcohol-based hand sanitiser in place of soap it will contain 60-80% alcohol and antibacterial soap/gel will never be used
- place signs and posters about physical distancing around the Service like those from [Safework Australia](#).
- ensure educators or cleaning staff implement appropriate cleaning practices which are implemented and documented more frequently than before the pandemic (at least twice daily, whole Service cleaned thoroughly at least once a day). This includes regularly cleaning and disinfecting frequently touched surfaces like door knobs, bathrooms (eg taps, toilets), tables and

chairs, phones, tablets, keyboards, playground equipment, children's bags and bottles, and transport operated by the service eg after collecting or dropping off children. Cleaning staff, including contracted cleaning staff, will implement appropriate COVID cleaning procedures like those outlined in the [Information about routine cleaning and disinfection in the community](#) Information Sheet or [VIC Health COVID Cleaning Guidelines](#). They will, for example:

- wear gloves and use alcohol-based hand sanitiser before and after wearing gloves
- wear masks if cleaning area where COVID positive person has been or there are spills of body fluids which could be infectious
- disinfect surfaces with an anti-viral disinfectant (made to strength recommended by manufacturer) after cleaning with detergent and water
- ensure all bathrooms are always well stocked with hand soap and towels, and they are sufficient quantities of essential items eg gloves, masks, wipes, sanitiser, disinfectant, soap, detergent and hand towels
- provide hands free sealed bins in bathrooms/rooms and ensure they're emptied daily and when full
- provide detergent/disinfectant surface wipes to clean equipment such as monitor, phone, keyboard and mouse
- replace high touch communal items with alternatives where possible, for example:
 - providing staff with own personal equipment labelled with their name where possible
 - swapping shared coffee and condiments for single service sachets in staff room
 - limiting staff to use of equipment and resources within their own room/group
 - grouping resources in storeroom into separate groups for each room/group
- open windows to circulate fresh air as much as possible and adjust air-conditioning from recycle to fresh air(unless air quality outside is poor).

Social distancing

The Approved Provider or Nominated Supervisor will also implement the following social distancing strategies where possible to limit the potential spread of COVID:

- complying with current capacity limits, if any, and displaying conditions of entry for all families and visitors on social media and entry points
- complying with [State Government guidance](#) in relation, for example, to physical distancing and visitors
- ensuring adults, including families, maintain at least 1.5 metres between each other as far as practical, including at the start and end of the program
- avoiding non-essential activities that involve close personal contact
- restricting number of parents in service dropping off or picking up children eg by asking parents to remain in car and wait for advice to enter service or using mobile/contactless sign in /out
- putting marks 1.5 metres apart on the floor in areas where adults may congregate eg entry, staffroom, workstations, printers to encourage physical distancing, and staggering adult seating (eg in staff room) so adults not facing each other
- reviewing location of furniture and equipment in children's rooms to promote physical distancing where possible
- keeping educators and children in same rooms where possible to prevent mixing of children and staff
- avoiding situations where children are required to queue, assemble in large groups or hold hands

- staggering lunch /snack times to reduce number of children inside at one time and number of staff in staff room
- staggering children's attendance where possible
- reviewing and adjusting work rosters where possible to reduce numbers of staff starting and finishing together or taking simultaneous breaks (while meeting ratio and supervision requirements)
- arranging for deliveries to be dropped away from main entrance or collected from vehicles by one or two staff using contactless acceptance measures, displaying signage for delivery drivers and identifying designated drop off areas away from main entrance
- increasing the use of technology like Skype and Zoom to communicate with families, including during orientation processes, and ensure children can continue to communicate with community members in a protected environment
- maintaining 1.5 metres distance when children are seated eg by removing every second chair from tables and using tape to mark sitting spots
- maintaining 1.5 metres between cots, stretchers, floor cushions etc and between furniture and seating arrangements in staff common rooms
- providing children with resources rather than letting children select from communal resources
- serving food to children rather than providing sharing plates
- increasing supervision in bathrooms and only allowing 1 child at tap at a time to wash hands
- conducting more learning and activities outside
- conducting more learning and activities outside
- requiring staff to travel directly to and from work, and avoid public transport where possible
- ensuring physical distancing is maintained where possible on buses operated by the service
- ensuring where staff need to travel together in same vehicle:
 - passengers and drivers spread out using front and back seats
 - staff only handle their own bags
 - driver cleans vehicle hand touch areas at the end of each journey with detergent/disinfectant
 - air-conditioning set to external airflow rather than recirculation (unless air quality outside is poor).

Information and notification requirements

The Approved Provider or Nominated Supervisor will:

- follow [VIC Government Guidance](#) in relation to managing COVID suspected and confirmed positive cases of COVID-19 in ECEC services – and follow the 'ECEC COVID-19 Response Guidelines – exposure management pack' which can be downloaded from the site
- comply with notification requirements for serious incidents which include:
 - any incident involving serious illness of a child at the service where the child attended, or should have attended, a hospital
 - any emergency where emergency services attended ie there was an imminent or severe risk to the health, safety or wellbeing of a person at the service
- comply with other notification requirements including notifying:
 - the Regulatory Authority within 7 days about any changes to service days or operating hours

- the Regulatory Authority within 24 hours if Service is directed to close or closing voluntarily because of COVID – and again when Service reopens. (If closing voluntarily, children cannot be reported as absent and CCS will not be paid unless the closure is determined as a local emergency by VIC Education)
- the Regulatory Authority within 24 hours if reducing the number of children attending
- any third party software provider or via operational details in the Provider Entry Point of closures/re-openings or other relevant changes
- the Regulatory Authority as soon as possible if they're receiving Kindergarten funding and an ECT is absent and another ECT is not available to deliver the Program
- WorkSafe VIC if an employee is hospitalised and/or dies as a result of contracting COVID-19 at work
- apply for waivers from ratio and qualification requirements if required where staff are required to self-isolate.

Interactions with Children

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

What else should families do?

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

Fees

The Approved Provider or Nominated Supervisor will advise families of any relevant fee support which may be provided by the Government to assist families impacted by COVID-19. Without any Government fee support families must pay fees as outlined in our Fees Policy. Please note families approved for Child Care Subsidy may be eligible for Additional Child Care Subsidy (temporary financial hardship) where their income has dropped because of COVID-19. Kindergarten programs for four year olds and eligible three-year-olds in Victorian Government funded services will be [free in 2021](#). Families with children enrolled in kindergarten programs at unfunded sessional kindergartens and long day care centres will also benefit from a reduction in fees.

Staff Entitlements - Employees are ill or need to care for family member

Permanent employees are entitled to paid sick leave if they're ill with coronavirus. Employees must provide a medical certificate confirming they have the virus. Permanent employees who need to look after a family member or someone in their household who's sick with the virus are also entitled to paid carer's leave, or unpaid carer's leave if they have no paid sick or carer's leave left. Casual employees are entitled to 2 days unpaid carer's leave per occasion. Employees must provide evidence supporting an application to take carer's leave if requested. Permanent employees who want to stay at home as a precaution against exposure to coronavirus must apply for paid or unpaid leave.

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

The Approved Provider or Nominated Supervisor will discuss available employment options with permanent employees who can't return from overseas or are required to enter quarantine or isolation but aren't sick. Options include taking annual leave or other leave eg long service leave, and taking unpaid leave.

Staff Entitlements - Employees directed not to work

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

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

Staff Entitlements - Stand downs

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

- there's a stoppage of work

- the employees can't be usefully employed (not limited to an employee's usual work)

- the cause of the stoppage is one the employer cannot reasonably be held responsible for (eg service is directed to close by Government).

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

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

COVID Entitlements

Employees may be eligible for financial assistance and should check Government websites (eg [Financial and Other support for COVID-19](#), [Services Australia](#)).

Source

ECEC COVID-19 Response Guidelines – exposure management pack - VIC Government

ECEC COVIDSafe Settings Guide – VIC Government

Education and Care Services National Law and Regulations

Fair Work Act 2009

Fair Work Ombudsman ‘Coronavirus and Australian Workplace laws’

Federal Department of Health coronavirus information sheets

Federal Department of Education, Skills and Employment coronavirus information sheets

National Quality Standard

Occupational, Health and Safety Laws and Regulations

Review

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

Last reviewed: August 2024

Date for next review: August 2025

Cystic Fibrosis Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

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

My Time, Our Place

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

Aim

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

Related Policies

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

Implementation

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

Confidentiality, privacy, dignity and safety

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

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

Health Support Plan

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

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

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

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

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

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

Overall Wellness

- The service and Educators need to know if recent/frequent hospitalisation and/or general un-wellness means additional care and consideration. They also need to know of any infection control issues in addition to standard precautions.
- It is important to the future health of a child with CF, as with all children, to minimise the risk of cross infection of bacteria and viruses from others. This must be balanced with efforts to encourage children with CF to lead as normal lives as possible.

- Educators will alert the family of a child with CF when a particularly virulent strain of virus is present in the service, as parents may wish to keep their child with CF at home.
- All children in the service should be encouraged maintain hygienic practices. If possible, a child with CF should, discretely, not be partnered or sit next to another child with an obvious cold or cough.

Diet

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

Therapy and Care

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

Body Temperature Control

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

Participation in Education and Care Experiences

- An increase in fatigue or feeling tired is common for a child with CF. A lot of effort is required of a person with CF, on top of normal childhood activities, to maintain their health. Educators will be aware of this and provide adequate opportunities for rest.

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

Potential Emergency Situations

Emergency situations associated with CF are rare.

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

- Child reports discomfort, nausea, rashes or generally unwell.

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

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

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

- There is a leakage of some sort from the site.

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

- A needle or line falls out.

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

Supervision for Safety

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

Accommodations could include:

- provision of additional time to support children managing their dietary requirements

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

Infection Control Consideration

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

Behaviour Support

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

Sources

Education and Care Services National Regulations 2011

National Quality Standard

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

My Time, Our Place Framework for School Age Care

Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Death of a Child Policy

NQS

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

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

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

Related Policies

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

Who is affected by this policy?

Child
Staff
Families
Management

Implementation

Staff members will follow and implement this procedure:

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

Notification of a Serious Incident

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

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

Work Health and Safety (OHS) requirements

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

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

Sources

Education and Care Services National Regulations
National Quality Standard
Work Health and Safety Act 2011
Work Health and Safety Regulation 2017

Review

The policy will be reviewed annually by:

Management

Employees

Families

Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Death of an Educator Policy (VIC)

NQS

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

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

Aim

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

Related Policies

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

Implementation

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

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

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

- call triple 000 for advice if this has not already occurred (and the death occurs at the service)
- notify the local police station of the death and follow any advice given
- notify the WHS Regulator by telephone immediately they become aware of the death and then complete and submit a written report of the incident on the approved form.

A report of a work-related injury or illness must also be recorded in the Register of Injuries, which must be kept at every workplace.

- ensure the site where the death occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkSafe
- keep records of the incident for the timeframe stipulated by WorkSafe. (Note we advise keeping records for 7 years for ECEC Regulatory purposes).
- notify the ECEC Regulatory Authority within 24 hours of the death through the online NQA ITS
 - if the Nominated Supervisor has passed away, advise the regulatory authority in writing about the new Nominated Supervisor within 14 days of the death through the online NQA ITS
- provide all reasonable assistance to the family of the deceased educator or staff member.

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

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

Sources

Education and Care Services National Law and Regulations

National Quality Standard

Occupational Health and Safety Act 2004

Occupational Health and Safety Regulations 2007

Victorian WorkCover Authority

WorkSafe Victoria Guide to Incident Notification

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Delivery and Collection of Children Policy

NQS

QA 2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
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National Regulations

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

Aim

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

Related Policies

Acceptance and Refusal of Authorisations Policy
Child protection Policy
Enrolment Policy
Excursion Policy
Family Law and Access Policy
Fees Policy
Incident, Injury, Trauma and Illness Policy
Infectious Disease Policy
Transport Policy

Implementation

The Nominated Supervisor, educators, staff and volunteers will adhere to the following procedure at all times to ensure the safety of children. Educators and staff will also remind parents/guardians of the dangers of leaving other children unattended in vehicles and encourage them to bring those children with them when dropping off or collecting a child enrolled at the service.

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.
- Educators will assess the health and wellbeing of each child. Children who are unwell, including those who have symptoms of an infectious disease, or an injury which prevents them from participating in activities, or an injury which a doctor has or would likely say

means the child must be excluded from care (eg a head injury) will not be permitted to attend until a letter of clearance is provided by a doctor

Departure:

- All children must be signed out by their parent or person who collects the child from our service. If the parent or other person forgets to sign the child out they will be signed out by the nominated supervisor or an educator.
- Children can only be collected by a parent, an authorised nominee named on their enrolment record, or a person authorised by a parent or authorised nominee to collect the child. Authorisations from parents or authorised nominees must be made in writing, unless parents or authorised nominees are unable to collect the child before the service closes (eg in an emergency). In this case educators may accept verbal authorisation for an alternate person who can be adequately identified to collect the child
- Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises, including authorisation to go on an excursion (please refer Excursion Policy).
- No child will be released into the care of an unauthorised person. If the person becomes aggressive or violent and will not leave the premises the Nominated Supervisor or educator will:
 - ensure the safety of all children and adults at the service, and implement lockdown procedures if required
 - ring the police on 000.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 16 to collect children.
- No child will be released into the care of anyone not known to educators. Parents must give prior notice where:
 - the person collecting the child is someone other than those mentioned on the enrolment form (eg in an emergency) or
 - there is a variation in the persons picking up the child, including where the child is collected by an authorised nominee who is unknown to educators.If educators do not know the person by appearance, the person must be able to produce some photo identification. If staff cannot verify the person's identity they will be unable to release the child into that person's care
- If a parent appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to collect their child, they will:
 - discuss their concerns with the parent, if possible without the child being present
 - suggest they contact another parent or authorised nominee to collect the child
 - inform the police of the circumstances, the person's name and vehicle registration number if the parent insists on taking the child. Educators cannot prevent an incapacitated parent from collecting a child, but must consider their obligations under the relevant child protection laws
- If an authorised nominee, or person authorised by a parent or authorised nominee, appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to take responsibility for the child, they will not let the child leave with the person. They will contact the parent and advise that another person needs to collect the child

- If a child has not been collected by the time we are due to close the service, the Nominated Supervisor will:
 - (again) attempt to contact the parents or other authorised nominees
 - leave a voicemail or SMS message on the parent's phone if they do not answer advising he or she will wait up to 30 minutes before ringing the police or Child Protection Hotline
 - wait for 30 minutes and, if the parents or authorised nominee has not arrived, ring the police or Child Protection Hotline for guidance on the appropriate action to take.
- At the end of each day educators will check the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes (refer Lock Up Policy).
- Children may leave the premises in the event of an emergency, including medical emergencies.
- Details of absences during the day will be recorded.

Delivering children to and from school

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

- ensure ratios continue to be maintained at the service at all times
- ensure children moving between the service and school are adequately supervised at all times
- deliver children inside the school premises (eg ensure children are inside the school fence before leaving)
- collect children from an agreed area inside the school premises
- take steps to account for any child they expect to collect after school who is not present by ascertaining from the school office and/or classroom teacher whether the child attended that day, what their movements were after school eg whether they were they collected by a parent, phoning parents if child missing, and phoning the police if child not with parents and can't be accounted for.

Sources

Education and Care Services National Regulations 2011
My Time Our Place
National Quality Standard
Work Health and Safety Act 2011
Work Health and Safety Regulation 2011

Review

The policy will be reviewed annually by:

- Management

- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Dress Code Policy

NQS

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

National Regulations

Reg s	77	Health, hygiene and safe food practices
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Aim

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

Related Policies

Educator and Management Policy

Health Hygiene and Safe Food Policy

Implementation

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

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

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

The Approved Provider or Nominated Supervisor may direct that certain items of clothing do not meet an acceptable standard of professional attire. These may include things like tracksuits, joggers, midriff tops, ripped jeans etc. Educators will not wear clothing that has

words, terms or pictures that may be offensive to other Educators, families or children, or clothing that is overly revealing or sexually provocative.

Jewellery, makeup, perfume and cologne will be in good taste, with limited body piercing. Educators will limit the use of these substances if any other Educators are allergic to the chemicals in the products. These items must not pose a risk to the safety of the children, other staff or visitors to the service.

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

Breach of Dress Code

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

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

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

Outcomes will take into consideration whether:

the dress code is reasonable

the manager/Educator's clothing impacted the safety and welfare of other Educators, families and children

the clothing contravened service policies or Government guidelines

this is a first offence

the Educator has been given a reasonable opportunity to adhere to the dress code.

Outcomes may include termination of employment.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

Review

The policy will be reviewed annually by:

- Management
- Educators
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Education, Curriculum and Learning Policy

NQS

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

National Regulations

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

My Time, Our Place

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

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

Related Policies

Additional Needs Policy

Physical Activity Promotion Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Record Keeping and Retention Policy

Implementation

Role of Educational Leader

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

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

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

My Time, Our Place Learning Outcomes

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

Educators will:

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

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

Learning Documentation

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

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

Sources

Education and Care Services National Regulations 2011

National Quality Standard

My Time, Our Place Framework for School Age Care

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

Educator and Management Policy

NQS

	4.1.2	Continuity of staff - Every effort is made for children to experience continuity of educators at the service.
	4.2.1	Professional collaboration - Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.

QA7	7.1.1	Service philosophy and purpose - A statement of philosophy guides all aspects of the service's operations.
	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

National Regulations

Regs	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

Aim

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

Related Policies

Incident, Injury, Trauma and Illness Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Privacy and Confidentiality Policy

Staffing Arrangements Policy

Code of Conduct

The Approved Provider, Nominated Supervisor, educators, 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.

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

The Approved Provider, Nominated Supervisor, educators, 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
- implement activities and experiences that are age appropriate, culturally sensitive and inclusive
- refrain from developing close personal relationships with children outside work
- refrain from using abusive, derogatory or offensive language
- comply with all service policies, including those which ensure our activities and environment are safe for children and protect children from harm, abuse and neglect.

Examples of Appropriate Interactions with children

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

Examples of Appropriate Educator Interactions

- positive, trustworthy and co-operative relationships with team members
- respectful, courteous and empathetic communications and behaviour.
- 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 \$30 may be accepted if they do not create a sense of obligation, are conducted transparently and there are no conflicts of interest
- accept an offer of money, regardless of the amount
- seek or accept a bribe
- acquire personal profit or advantage because of their position (eg 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
- have physical contact with children at the service that are not their own unless a staff member is present

Babysitting

To ensure private babysitting arrangements do not adversely affect the reputation of the service, or affect an employee's ability to implement their responsibilities in a professional manner in line with our Code of Conduct, employees must obtain the Nominated Supervisor's approval before caring for other people's children outside the Service.

Management Responsibilities

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

- supporting the Nominated Supervisor or Approved Provider, Person in Day to Day Charge, 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), or breaches of our policies, procedures and Code of Conduct, 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 (eg at educator meetings, through regular feedback, by sharing information with families and the community through notices and newsletters.)
- providing or organising appropriate information, instruction, training or supervision to educators and staff
- maintaining the financial viability of the Service.

Visitors

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

- ensuring visitors are only allowed entry to the service if they can be adequately identified. Tradespeople, business representatives and early intervention specialists or professionals, or support workers provided by early childhood agencies, must carry appropriate identification. Family members and family friends who, for example, attend service events or assist with learning activities may be identified by the parents of children at the service.
- requiring all visitors to sign in and out of the service for work health and safety and child protection reasons
- ensuring visitors, including long term visitors, are never left alone with any children being educated and cared for. Visitors will be supervised by educators 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.workingwithchildren.vic.gov.au/>

- ensuring specialists or professionals engaged to support a child are only allowed to visit and engage with the child if written authorisation has first been obtained from the child's parents. Authorisation may form part of an education or support plan.

Communication Procedures

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

- direct conversations.
- phone communication including SMS messaging if appropriate.
- a communication diary.
- educator meetings.
- other forms of written communication eg letters, notices, emails.
- educator appraisals and reviews.

Business Communication Channels

To ensure business communications are professional and consistent with the Business Plan/goals, employees may only use service email and social media accounts for work-related and professional development purposes, and in a way which is consistent with our Code of Conduct, if authorised by the Approved Provider or Nominated Supervisor.

Specifically, communications using business email and social media accounts must not breach any of our Service Policies, Procedures or Codes related to the good name or reputation of the Business, or the confidentiality of personal information the Business holds, as outlined for example in the Privacy and Confidentiality Policy.

To maximise security when using business communication channels (eg email), employees must:

- select strong passwords with a mix of letters, symbols and numbers which do not use their personal information (eg date of birth)
- change their passwords every 2 months
- carefully identify emails that may contain malware or phishing links and avoid opening these.

We will monitor employees' use of these communication channels. Breaches of this Policy may result in a disciplinary or performance review where the Approved Provider or Nominated Supervisor will:

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

Outcomes will take into consideration the seriousness of the breach and the effect on the Business' reputation and finances, and may include termination of employment and prosecution.

Educator Meetings

The service will hold a program team meeting twice per term 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 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 or

if there is insufficient information an educator will be chosen by the Nominated Supervisor to research the issue.

all decisions made will be made on a trial basis and their effectiveness will be discussed at the next meeting.

- minutes will be taken at all meetings.

Professional Development and Performance Management

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

Performance Management/Appraisal

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

The appraisal process will be used as a tool:

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

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

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

Training

The 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 will include training about:

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

Training may be delivered through:

mentoring by appropriate educators/staff

in-house workshops run by an external trainer

external workshops, seminars etc.

formal TAFE, college of University courses

on-the-job training (eg through changes in role or through exchange of information between educators/staff)

educator and management exchanges between services

provision of appropriate resources (books, movies, documentaries etc).

Work, Health and Safety Issues

Bullying, Discrimination and Harassment

Discrimination occurs when someone is treated less favourably than others because they have a particular characteristic or belong to a particular group of people, such as age, race or gender.

Harassment involves unwelcome behaviour that intimidates, offends or humiliates a person because of a particular personal characteristic such as race, age, gender, disability, religion or sexuality. It is possible for a person to be bullied, harassed and discriminated against at the same time.

Various anti-discrimination, equal employment opportunity, workplace relations, and human rights laws make it illegal to discriminate or harass a person in the workplace. Work Health and Safety laws include protections against discriminatory conduct for workers raising health and safety concerns.

Bullying is repeated and unreasonable behaviour towards a worker or a group of workers. Our service will not tolerate bullying in any form because it may have a detrimental effect on the psychological, emotional and/or physical wellbeing, health and safety of our educators and staff.

Amendments to the Fair Work Act 2009 make it illegal to bully a person in the workplace from 1 January 2014.

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

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

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

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

The Approved Provider or Nominated Supervisor will:

- ensure all educators, staff, visitors and volunteers are aware of and comply with our Code of Conduct.
- investigate and manage incidents of workplace bullying, harassment and discrimination in accordance with our Grievance Guidelines.
- consult with educators, staff and volunteers during staff meetings when:
 - identifying the risk of workplace bullying, harassment and discrimination.

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

Educators, staff, visitors and volunteers will:

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

Identifying Workplace Bullying, Harassment and Discrimination

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

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

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

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

- implementing a Code of Conduct.

- providing educators, staff, volunteers and visitors with information about our bullying, harassment and discrimination policy and relevant procedures at 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 eg communicating effectively and providing constructive feedback both formally and informally.
- organising relevant leadership training for managers and supervisors eg on performance management.
- mentoring and supporting new and poor performing leaders, educators or staff.
- facilitating teamwork and cooperation.
- ensuring supervisors act in a timely manner on any unreasonable behaviour.

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

The 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.

Employee Support

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

Stress Management Guidelines

If an educator feels stressed in any way they should:

- approach the Nominated Supervisor and talk together to see if the situation can be remedied in any way.
- approach their team leader, the Approved Provider, or 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.

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 (including those in our Child Protection Policy and Educator and Management Policy eg grievance procedures), our Code of Conduct and the Service philosophy, and ensure they know where the Policy and Procedures Manual is and how to access it at all times.
- Highlight relevant legislation including the Education and Care Services National Law and Regulations, Child Protection, Work Health and Safety (WHS), Anti-Discrimination, Bullying and Privacy and Confidentiality.
- Ensure they 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.

We will use an Induction-Orientation checklist to ensure all steps of the induction process are covered.

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 obtain the qualifications necessary to work with children under the National Quality Framework.

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

Educators will:

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

Work Experience Students and Volunteers will:-

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

METHOD:

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

During the visit the Supervisor will:

- give the student or volunteer times/hours and dates of the placement.
- give the student a student package.
- take the student or volunteer on a tour of the Service.
- introduce the student or volunteer to educators and their 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 student's teacher to visit the Service and discuss issues that have arisen.
- The student's educational institution will ultimately determine the outcome of the practicum.

Termination of Practicum:

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

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

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Early Years Learning Framework

Occupational Health and Safety Act 2004

Fair Work Act 2009

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

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

Anti-bullying jurisdiction: FairWork Commission

Child Safe Standards

Review

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

- Management
- Employees
- Families

- Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

Emergency Management and Evacuation Policy

NQS

QA 2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

QA 6	6.2.3	Community engagement - The service builds relationships and engages with its local community.
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National Regulations

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

My Time Our Place

LO 3	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

Bushfire Policy

Emergency Service Contact Policy

Lockdown Policy

Incident, Injury and Trauma and Illness Policy

Administration of Authorised Medication Policy

Death of a Child Policy

Medical Conditions Policy

Implementation

The Approved Provider or Nominated Supervisor is responsible for:

- conducting a risk assessment to identify potential emergencies that could affect the service and use this to prepare emergency and evacuation procedures. eg an evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc. (Optional template at Appendix C). We will develop procedures around the use of lifts as part of our risk assessment control measures
- implementing measures to reduce the risk of injury during potential emergencies. For example, storing heavy items on the floor or bottom shelves, ensuring hazardous material is stored in a stable and secure way
- developing and implementing an Emergency Management Plan based on all identified risks and which includes appropriate responses including evacuation, lockdown, lockout and shelter-in-place, and drill and training schedules. If appropriate, local emergency services (eg fire, police, ambulance), local government, community leaders and other relevant agencies will be consulted for advice about issues like evacuation routes, assembly points and accessibility for adults or children with special needs
- submitting the current emergency management plan via the NQA ITS using Regulatory Authority Requested Information (RI01) form by the 21st of November every year if on the Bushfire At-Risk Register.

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

Emergency contact details for people who have specific roles or responsibilities

Contact details for local emergency services

A description of how we will alert people to an emergency eg siren/bell

Evacuation procedures (see Appendix A)

How we will assist any child or person with special needs

An evacuation diagram based on service floor plans showing the location of fire equipment, emergency exits and assembly points

Processes for advising neighbouring businesses/residences 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 the Plan and familiarise children and staff with the Plan.

The **Evacuation Diagram** of the floor or area will include the following elements and will be at least A4 size:

- a title eg Evacuation Diagram
- designated exits in green
- hose reels, hydrants, extinguishers, fire blankets in red
- “You are here” location
- location of assembly area(s) including shelter in place location (stated pictorially or in words)

- location of communication equipment in red
- a legend with the symbols used
- date Diagram completed and when it will be reviewed

If the Diagram includes additional elements, including those listed below, it will be at least A3 size:

- direction of North
- Paths of travel in green
- Location of First Aid Kits
- Location of Hazardous Chemicals
- Emergency information (eg phone numbers, procedures).
- Ensuring relevant information from the Emergency Management Plan is displayed prominently at our service to ensure it can be easily identified and is accessible to all educators, staff, visitors, volunteers and families. Relevant information includes:
 - Emergency service telephone numbers which will be displayed near telephones and service exits
 - evacuation procedures and diagrams which will be displayed near each exit. The Evacuation Diagram will be displayed at a height not less than 1200 mm and not more than 1600. It will also be oriented correctly in relation to the emergency exit, the 'You are here' point and the assembly area(s).
- Establishing an Incident Management Team (IMT)
- Ensuring that visitors and relief staff are aware of the emergency response procedures
- Implementing the Emergency Management Plan including:
 - **Disseminating information** about the Plan and the procedures relating to emergency management and evacuation to staff, children, visitors and families. Families will receive written notification from the service. We will use informal games and discussions to familiarise children with our evacuation and emergency procedures as well as regular rehearsals
 - **Scheduling training** for the IMT and all educators, staff and volunteers eg how to use fire extinguishers, fire blankets and other emergency equipment. Training may include evacuation drills, identifying assembly points and the location of emergency equipment, first aid arrangements and how to turn off the electricity and gas supplies. All new educators and staff will receive training during their induction and refresher training for all educators and staff will take place at least annually.
 - **Testing** the Plan every quarter
 - **Reviewing** the Plan annually.
- Keeping records of all emergencies
- Keeping records of meetings and emergency drills.

Communication during Emergency

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

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

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

Emergency Communication Plan

The Nominated Supervisor will ensure that where possible:

- families are provided with current information about an emergency situation, the actions taken to protect their child, and what actions families should take, through an accessible communication channel such as social media, service website, SMS or email. Multiple channels may be used to assist the flow of information
- current information about any service closure due to the emergency is provided through the same communication channels.

The Nominated Supervisor will also ensure current information about families' emergency contact details is maintained. This may include families' phone numbers, email addresses and social media accounts. The Nominated Supervisor will regularly remind families through service communications to update their contact details if required. This information is located on Fully Booked.

Emergency Kit

The Nominated Supervisor will ensure an Emergency Kit includes:

- current emergency contact details for each child
- employee and next of kin contact details
- emergency service telephone numbers (see sa.gov.au for national numbers)
- working torch and spare batteries
- fully stocked first aid kit
- administration of medication records and medical management plans
- mobile phone with sufficient credit and charger
- drinking water
- woollen blankets/towels
- gloves
- smoke mask/goggles
- portable radio and torches - battery-powered, solar or wind-up
- spare batteries
- whistle
- pen and paper
- insurance policy
- alcohol based hand sanitiser
- sunscreen
- insect repellent

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

- attendance registers for children, staff and volunteers
- medications for staff and children
- financial and business records eg computer backups if these not done externally

The Nominated Supervisor will include the requirement to check batteries, food, water, sunscreen and insect repellent in the diary note for quarterly emergency rehearsals, and replace these items if necessary.

Emergency and Evacuation Procedures and Drills

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

- take place at various times of the day and week (rather than always on a Tuesday at 10 am for example) to ensure all children and staff members get the opportunity to rehearse. All persons present at the service during the evacuation drill must participate
- be documented and assessed against specific outcomes using the Checklist at Appendix B. We will appoint an observer to evaluate our drills using the checklist at Appendix B
- be immediately followed by a debriefing session if possible to identify any improvements that may be made. Any training needs will be identified and action taken to implement the relevant training.

Sources

Australian Standard 3745-2010 Planning for Emergencies in Facilities

Education and Care Services National Regulations

National Quality Standard

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

Fact Sheet Emergency Plans – Safe Work Australia

[Guide to Developing an Emergency Management Plan](#) VIC

Review

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

- Management
- Employees
- Families

- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Appendix A

Emergency Procedures

Emergency Evacuation Procedure On-Site and Off-Site

Use this procedure for on-site and offsite evacuations. On-site evacuations may occur when it is necessary to evacuate the building but not the entire service premises.

Also refer **Bushfire Policy** for bushfires which includes transport arrangements to evacuate children to the nearest bushfire safer place or last resort refuge if there's a bushfire.

1. If there's a fire, staff member who's first on scene immediately
 - sounds alarm eg sounds bell/whistle every 5 seconds for 1 minute and says an evacuation (not practice) is taking place and extinguishes fire if safe/time to do so
 - calls 000
 - advises Nominated Supervisor
2. For other emergencies requiring evacuation employees or volunteers advise Nominated Supervisor who sounds alarm eg sounds bell/whistle every 5 seconds for 1 minute and says an evacuation (not practice) is taking place and calls 000
3. For Bushfire emergencies where transport from service required (ie no safe assembly area) Nominated Supervisor implements transport plan. This may mean advising emergency services transport for children and adults at centre urgently required if planned transport unavailable
4. For fire emergencies
 - Nominated Supervisor turns off gas and electricity supplies if appropriate and safe
 - staff close all doors and windows
5. All educators on breaks return to their room to help evacuate children to assembly area
 - if children are outside evacuation may occur from there if this is the safest option
 - if only some children outside educators/Room Leader will immediately decide who is responsible for evacuating children who are inside and outside
6. Room Leaders advise which educators in room will
 - evacuate mobile children
 - help children and adults who cannot walk by most appropriate method which has been previously discussed eg evacuation cots, wheelchairs, physical assistance
7. Educators evacuate children to assembly area
 - wherever possible use the stairs NOT the lifts in a multi-storey building unless the stairs are unsafe. Never use lifts if there's a fire
 - conduct head count so aware if all children accounted for
 - locate child if there is time to do so and this won't risk safety of other children/adults.

Educators must acknowledge Room Leader's directions.

8. Nominated Supervisor advises which educators/staff will check toilet, kitchen, playrooms, cot rooms and outside areas for children and adults and guide remaining children and visitors to the on-site/off-site assembly point.
Educators/staff must acknowledge Nominated Supervisor's directions.
9. Designated educators/staff evacuate toilet, kitchen, playrooms, cot rooms and outside areas to assembly area
10. Nominated Supervisor collects children's and staff attendance sheets, visitor register and the Emergency Kit including medications before leaving centre (must include parent/guardian phone numbers)
11. Nominated Supervisor locks door if there is immediate danger inside building
12. Educators check all children in their groups are present at assembly area using attendance sheets
 - report any absences to Nominated Supervisor as soon as possible
13. Nominated Supervisor checks all educators, staff and visitors are present at assembly area
14. Nominated Supervisor advises emergency services immediately if any child or adult is missing and follows their advice
15. Educators and staff supervise and reassure children
16. Educators and staff support children, staff and visitors who are injured and apply first aid if required
 - first aid applied by employees with current first aid qualifications
17. Educators and staff follow instructions from emergency services
18. Nominated Supervisor and educators contact parents/guardians to tell them what has and will happen by the most appropriate method in the situation eg via service website, email, answering machine, telephone calls, phone texts
19. Nominated Supervisor ensures no-one leaves assembly point until emergency services give all clear

After emergency

20. Nominated Supervisor ensures children or adults who are injured receive medical attention if required
21. Nominated Supervisor and educators contact parents/guardians to collect children if required eg building damaged and unsafe
 - tell parents/guardians any relevant information eg areas to avoid, parking instructions
22. Nominated Supervisor ensures educators stay on duty to care for and supervise children (after rostered hours if necessary) until families or relief staff arrive
23. Nominated Supervisor implements following where parents/guardians cannot be contacted, or are unable to get to the centre, to collect their child:
 - contact parents/guardians and authorised nominees every **15** minutes where previous attempts to make contact have been unsuccessful
 - ensures there are sufficient numbers of service staff available (including relief staff) to adequately care for and supervise each child
 - ensures child is never left alone with any adult unknown to staff, or not assisting in managing the emergency or child's care in a professional capacity
 - contact the police or Child Protection Services for advice if emergency is over and service staff are unable to stay with the child any longer
24. Complete Incident, Injury, Trauma and Illness Record for children that have suffered an injury or trauma

25. Get parent/guardian to sign Incident, Injury, Trauma and Illness Record and give them a copy
26. File original Record in child's file and record summary details in the Incident, Injury, Trauma and Illness Register, including time notified to Regulator if relevant
27. Nominated Supervisor notifies the Regulator of serious incident within 24 hours through NQS ITS
28. File acknowledgement with Incident Record in child's file
29. Nominated Supervisor notifies the Work Health and Safety Authority as soon as possible about **work related incidents** where
 - a person dies
 - a person suffers a serious injury or illness
 - there's a dangerous incident (near miss)See WHS Incident Notification Fact Sheet NSW for more information. Vic and WA should check State notification requirements
30. File notification in WHS Register
31. Debrief after emergency, review emergency plan and procedures, and implement any improvements
32. Record improvements in QIP

Lockdown procedures

Refer Lockdown Policy

Lockout Procedure

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

- Activates lockout procedures.
- Announces lockout with instructions about what is required. Instructions may include nominating staff to:
 - lock doors to prevent entry
 - check the premises for anyone left inside
 - obtain Emergency Kit.
- Contacts emergency services on 000.
- Goes to the designated assembly area.
- Checks that children, staff and visitors are all accounted for.

Actions after lockout

- Determine if there is any specific information staff, children, parents and visitors need to know (e.g. areas of the facility to avoid).
- Ensure any children, staff or visitors with medical or other needs are supported.
- Follow up with any children, staff or visitors who need support.

- Prepare and maintain records and documentation.
- Undertake operational debrief to review the lockdown 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.

Bomb/substance threat checklist

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

KEEP CALM

CALL TAKER		CALL TAKEN	
		Time:	
Phone		Location of call	
Reference		Number of caller	

Complete the following for a BOMB THREAT

QUESTIONS	RESPONSES
Is the bomb going to explode?	
Did you put the bomb?	
Does the bomb look like?	
What kind of bomb is it?	
Will you make the bomb explode?	
Where 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	
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)	

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

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

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

EXACT WORDING OF THREAT

ACTIONS	
REPORT CALL TO:	
ACTIONS:	

MAJOR EXTERNAL EMISSIONS/SPILL (includes gas leaks)

The Approved Provider or Nominated Supervisor will:

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

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

The Approved Provider or Nominated Supervisor will:

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

EARTHQUAKE

- Don't panic.

If outside

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

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

If inside

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

- Move away from windows, heavy objects, shelves etc.
- DROP, COVER and HOLD
 - DROP to the ground

- Take COVER by getting under a sturdy table or other piece of furniture or go into the corner of the building covering their faces and head in their arms
- HOLD on until the shaking stops.

After the earthquake the Approved Provider or Nominated Supervisor will:

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

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

MEDICAL EMERGENCY

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

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

INTRUDER/PERSONAL THREAT

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

Appendix B

Emergency Drill/Exercise 'Observer' Record

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

Enrolment Policy

NQS

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

National Regulations

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

My Time, Our Place

LO1	Children feel safe, secure, and supported
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Aim

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

Related Policies

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

Who is affected by this policy?

- Children
- Families
- Educators

Implementation

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

Enrolments will be accepted providing:

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

Where limited vacancies are available, we may prioritise enrolling a child who is at risk of serious abuse or neglect, or who is a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment in line with the Federal Government's Priority of Access' guidelines. Within these categories we may also prioritise children in:

- Aboriginal and Torres Strait Islander families
- families with a disabled person
- families on low incomes
- families from a non-English speaking background
- socially isolated families
- single parent families.

We may also develop criteria to prioritise children, such as distance of residence from Service, or demonstrated link to the Service, and will advise families about these criteria.

Priority of Access Guidelines:

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

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

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

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

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

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

Outside school hours care is primarily for school children.

Enrolment:

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

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

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

On the child's first day:

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

Other information about our service's enrolment includes:

- We will try and accommodate families so that children from the same family can attend our service. This will be carried out in line with our obligations under the Priority of Access Policy.
- We encourage all families to consider immunising their children. Please see our Immunisation Policy for further information.
- Enrolment of educator's children at the service is supported.
- In accordance with the National Law and Regulations, our educators will support each child to manage their own behaviour, respond appropriately to the behaviour of other children and communicate effectively to resolve conflicts. We will also work with each child's family to support any children with diagnosed behaviour and social difficulties. However, a child's enrolment at our service may be terminated if the nominated supervisor decides the child's behaviour threatens the safety, health or well being of any other child at the service.

Information and Authorisations to be kept in the Enrolment Record

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

Sources

Public Health and Wellbeing Act 2008
 The Child Wellbeing and Safety Act 2005
 Children, Youth and Families Act 2005
 Occupational Health & Safety Act 2004
 Occupational Health & Safety Regulations 2007
 Education and Care Services National Regulations 2011
 National Quality Standard
 A New Tax System (Family Assistance) Act 1999
 My Time, Our Place Framework for School Age Care


Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Enrolment Checklist		 Director
Element 6.1.1	Engagement with the service. Families are supported from enrolment to be involved in the service and contribute to service decisions.	
Nominated Supervisor's Name		Date:
Nominated Supervisor's Signature:		

	yes	N/A
All parts of the Enrolment Form completed and signed		

Parents 1, 2 and 3 DOB and CRN provided		
Child's DOB and CRN provided		
Complying Written Arrangement template signed by parent		
Enrolment lodged with Centrelink		
Child's Birth Certificate or equivalent sighted		
Court/parenting orders, parenting plans outlining powers, duties, responsibilities in relation to the child provided		
Information about the child's family is obtained eg culture, religion, family structure (eg siblings, grandparents)		
Information about any special dietary requirements/restrictions or additional needs obtained		
Information about the child's interests and strengths obtained		
Evidence of immunisation status provided.		
All authorisations and indemnities signed including authority for:		
<ul style="list-style-type: none"> • medical treatment from a medical practitioner, hospital or ambulance service • ambulance transportation 		
<ul style="list-style-type: none"> • incursions 		
<ul style="list-style-type: none"> • regular excursions 		
<ul style="list-style-type: none"> • Authorised nominees 		
<ul style="list-style-type: none"> • Emergency contacts 		
<ul style="list-style-type: none"> • Persons authorised to consent to medical treatment or administration of medication (could be same as authorised nominees/emergency contacts) 		
Relevant health information is provided including:		
<ul style="list-style-type: none"> • medical practitioner or medical service 		
<ul style="list-style-type: none"> • Medicare number 		
<ul style="list-style-type: none"> • Dental practitioner or service 		
<ul style="list-style-type: none"> • healthcare needs, medical conditions, allergies, anaphylaxis or risk of anaphylaxis 		

<ul style="list-style-type: none"> Medical Management Plan and Medical Risk Minimisation Plan for specific health care need, medical condition, allergy or anaphylaxis 		
Families provided with copies of, or access to, all policies and procedures, Code of Conduct and Statement of Philosophy		
Medical Conditions Policy provided to all parents where child has a specific health care need, medical condition, allergy or other relevant medical condition		
Relevant policies and procedures discussed/explained including:		
<ul style="list-style-type: none"> Medical conditions policy <p>Child cannot attend without medication</p>		
<ul style="list-style-type: none"> Administration of Medication Policy <p>Medication must be in original container</p> <p>Over the counter medications not administered unless prescribed by doctor</p> <p>Administration of medication must be authorised in writing unless emergency</p> <p>Procedures during medical emergency, including asthma and anaphylaxis</p>		
<ul style="list-style-type: none"> Delivery and Collection of Children Policy <p>Sign in/out procedure explained</p> <p>Procedure if parent running late to collect child</p>		
<ul style="list-style-type: none"> Grievance Policy <p>Location of complaint forms</p>		
<ul style="list-style-type: none"> Fee Policy <p>Fees should be paid on time.</p>		
<ul style="list-style-type: none"> Photography Policy (authorisation signed) 		
<ul style="list-style-type: none"> Infectious Disease Policy <p>Any child who is unwell must not attend the Service.</p> <p>Children who become unwell at the Service need to be collected.</p> <p>If service suspects child has infectious disease, child may be excluded until child has a medical certificate stating they are not contagious.</p>		

<ul style="list-style-type: none"> Immunisation and Disease prevention Policy <p>Any child that is not fully immunised may be excluded if there is a vaccine preventable disease at the service</p>		
<ul style="list-style-type: none"> Rest, Relaxation and Clothing Policy <p>Rest practices</p> <p>All items should be labelled with child's name</p>		
<ul style="list-style-type: none"> Behaviour Guidance (Relationships with Children Policy) <p>Parents will:</p> <ul style="list-style-type: none"> work in partnership with educators to minimise risk where the child's behaviour is a danger to children and educators consent in writing where educators believe liaising with relevant professionals will support the learning and development of their child 		
<ul style="list-style-type: none"> Health, Hygiene and Safe Food Policy <p>Service has a 'healthy' eating policy</p> <p>Service does not allow eg nuts into the service</p>		
<ul style="list-style-type: none"> Tobacco, Drug and Alcohol Policy <p>No smoking on premises allowed including car park</p>		
<ul style="list-style-type: none"> Parental Interaction and Involvement in the Service Policy <p>Family input procedures e.g. "what did you do on the weekend" sheets</p>		
<ul style="list-style-type: none"> Environmental Sustainability Policy <p>Measures taken to promote sustainability</p>		
EZI debit completed/method of payment for fees established		
Tour of service and introduction to educators		

Environmental Sustainability Policy

NQS

QA3	3.2.3	Environmentally responsible - The service cares for the environment and supports children to become environmentally responsible.
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QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.
	6.2.3	Community engagement - The service builds relationships and engages with its local community.

My Time, Our Place

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

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

Implementation

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

Environmental Sustainability and our Curriculum

- Our educators will promote a holistic, open ended curriculum which explores ideas and practices for environmental sustainability and helps children understand the interdependence between people and the environment by:
 - connecting children to nature through art and play and allowing children to experience the natural environment through natural materials like wood, stone sand and recycled materials, plants including native vegetation, trickle streams or ponds, nesting boxes, a potting bench with gardening tools and watering cans.

- developing education programs for water conservation, energy efficiency and waste reduction.
- celebrating childrens' 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 childrens' learning about sustainable practices. We will share their brochures and fact sheets on sustainable practices like recycling, saving water and power and green cleaning with our children and their families. Families will be encouraged to participate in decision making and information sharing about environmental sustainability through our newsletters, parent input forms, wall displays, meetings.

The NSW Early Childhood Environmental Education Network has resources which may assist Early Childhood Services to identify and work towards an Environmentally Sustainable

Service. The Network's website also has links to many organisations and Government agencies that provide information on sustainable practices at <http://www.eceen.org.au/links.htm>

Source

National Quality Standard

My Time Our Place

Climbing the little green steps 2007: Gosford and Wyong Councils

Environmental Education in Early Childhood (Victoria) Inc

NSW Early Childhood Environmental Education Network

Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Epilepsy Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

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

My Time, Our Place

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

Aim

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

Related Policies

Additional Needs Policy

Administration of Authorised Medication Policy

Continuity of Education and Care Policy

Emergency Service Contact Policy

Enrolment Policy

Medical Conditions Policy

Privacy and Confidentiality Policy

Relationships with Children Policy

Implementation

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

Epilepsy and Learning

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

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

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

Behaviour Support

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

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

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

Information Sharing: Confidentiality and privacy

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

The sharing of information, including the amount and type of information, will be assessed and negotiated for each child with epilepsy. Educators need information about routine and predictable emergency care because it affects the child's learning, access to the curriculum and their safety. Information exchange between the family, health professionals and the service 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-convulsant medication or missing a dose
- infection or illness, especially if associated with a temperature
- lack of sleep
- extreme emotions, such as excitement about an excursion, stress or boredom
- hyperventilation/over-breathing
- head injury
- flickering lights (computers are not usually a problem)—only with certain kinds of epilepsy
- missing meals
- dehydration
- significant changes in temperature or extreme temperatures, e.g. on a hot day sitting on the sunny side of a bus with no air conditioning.

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

First Aid

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

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

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

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

Sources

Education and Care Services National Regulations 2011

National Quality Standard

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

Epilepsy Foundation of Victoria

Epilepsy Action Australia

My Time Our Place

Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Aim

To ensure all appropriate measures are taken to ensure children enjoy safe excursions into their community.

Implementation

Our educators recognise that excursions and regular outings offer a fun way of connecting children with their community, contribute to their sense of belonging and provide endless opportunities to extend children's learning. Information gained during excursions can be used to plan ongoing activities and experiences that may last days or weeks as learning about one thing leads to new and exciting discoveries about related or different topics.

Excursions also allow educators to demonstrate how their practice is shaped by meaningful engagement with the community.

Children's health, safety and wellbeing during excursions and regular outings is a priority. Children will only be taken on an excursion or regular outing if we have appropriate authorisation and they will always be conducted in ways that minimise and address any risks identified in our risk assessments.

Risk Assessments

Safety during excursions is a priority. The Nominated Supervisor or educators will always complete a risk assessment to identify, assess and remove or reduce risks the excursion may pose to the safety, health and wellbeing of each child before children are transported unless the arrangement is a 'regular outing (ie a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances and risks are substantially same on each outing) and a risk assessment has been completed within the last 12 months. The risk assessment will cover:

- 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 (this may include sun protection considerations)
- Proposed route and destination
- Any water hazards and associated risks
- Means of transport and child restraint/seat belt requirements
- The process for entering and exiting the service premises or destination, and procedures for embarking and disembarking transport, including how each child will be accounted for
- Number of educators and children (and ratio)
- Whether extra adults are required for supervision/safety -educator to child ratios are minimum requirements. You may discuss supervision strategies at a staff meeting eg sourcing high viz vests and ropes which children can hold on to
- Any special skills required
- Proposed activities
- Proposed duration
- Any specific health care needs or medical conditions that need to be managed
- Items that should be taken

The Nominated Supervisor will update risk assessments for regular outings and obtain new authorisations from parents/guardians when circumstances that may affect the arrangements change, including for example:

- weather conditions (summer versus winter, extreme weather events like heatwaves, floods and bushfires)
- changes in routes for example because of road works
- the numbers and vulnerabilities of children.

Authorisations for Excursions

Authorisation for a child to be taken on an excursion must be given by a parent or other person named in the child's enrolment record as having authority to authorise the excursion unless the arrangement is a 'regular outing and there's an authorisation which is less than 12 months old. The authorisation will include:

- Child's name
- If it's a regular outing, a description of when the child is to be taken on the regular outings
- If it's not a regular outing, the date of the excursion
- Destination and proposed activities
- if transport involved, the means of transport, and any requirements for seatbelts or safety restraints under the relevant state/territory law
- How long the child will be away from the centre
- Expected number of children attending
- Expected ratio of educators to children
- Expected number of additional adults who will be attending
- Items child required to bring from home for excursion
- Advice risk assessment available at service.

Excursion Procedure

The Nominated Supervisor and educators will always implement the Excursion Procedure to eliminate or minimise any risks associated with an excursion and ensure compliance with all Regulations.

Related Policies

Acceptance and Refusal of Authorisations Policy

Emergency Management and Evacuation Policy

Incident Injury Trauma and Illness Policy

Physical Environment Policy (Sun Safety and Water Safety)

Staffing Arrangements Policy

Transport Policy

Sources

National Quality Standard

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

6.2.3 Community engagement – The service builds relationships and engages with its community

7.1.2 Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service

7.1.3 Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Education and Care Services National Law

165 Offence to inadequately supervise children

Education and Care Services National Regulations

4 Definitions (Regular Outing)

89 First aid kits

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 excursion

168(2)(g) Education and care services must have policies and procedures dealing with excursions, including procedures complying with regulations 100 to 102

My Time Our Place

Learning Outcome 4

Children transfer and adapt what they have learned from one context to another.

Children develop dispositions such as curiosity, cooperation, 34 confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity

Learning Outcome 5

Children interact verbally and non-verbally with others for a range of purposes.

Tools

Excursion Procedure

Excursion - ACECQA Risk Assessment Template

Authorisation - Excursion

Authorisation - Excursion Regular Outing

Excursion Checklist Nominated Supervisor

Excursion Checklist Educators

Excursion Evaluation

Review

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

Last reviewed: August 2024

Date for next review: August 2025

Family Law and Access Policy

NQF

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

Regs	84	Awareness of child protection law
	157	Access for parents

Aim

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

Related Policies

Child Protection Policy

Enrolment Policy

Privacy and Confidentiality Policy

Implementation

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

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

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

Parenting Orders by Consent/Parenting Plans – Where parents agree on the arrangements for their child despite their relationship breaking down, they can apply to the Court for a “parenting order by consent” or they can enter into a written Parenting Plan which records the agreed arrangement.

The Approved Provider or Nominated Supervisor will:

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

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

Sources

www.familycourt.gov.au

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: August 2024
2025**

Date for next review: August

Family Violence Safety Policy

NQS

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

Regs	84	Awareness of child protection law
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Aim

The safety, health and wellbeing of children is our number one priority. We have zero tolerance for child abuse and are committed to acting in children's best interests. We will ensure our environment and practices are always safe, consistent with best practice and legislative requirements including the Family Violence Information Sharing Scheme.

Related Policies

Child Protection Policy
Child Safe Policy
Educator and Management Policy
Incident, Injury, Trauma and Illness Policy
Record Keeping and Retention Policy

Implementation

The Royal Commission into Family Violence found that effective and appropriate information sharing is crucial in keeping family members safe. As a result the Victorian Government has implemented the Family Violence Information Sharing Scheme (the Scheme) to support the effective assessment and management of family violence risk. This Scheme and the Child Information Sharing Scheme complement each other.

Family violence includes physical or sexual violence, emotional or psychological abuse, threatening or coercive behaviour that controls or dominates a family member and makes them fearful for their safety or wellbeing or that of someone else. It also includes behaviour that causes a child to hear, witness or otherwise be exposed to this behaviour.

In this Policy we use the following terms:

- perpetrator – there is a *reasonable belief* the person may commit family violence (eg they've been identified through family violence risk assessment)
- alleged perpetrator – a person who is alleged to pose a risk of family violence
- third party – a person whose confidential information is relevant to assessing or managing family violence

- victim survivor – there's a *reasonable belief the* adult or child may be at risk of family violence.

The Approved Provider or Nominated Supervisor are responsible for ensuring compliance with the Scheme. They are protected from liability if they share information in good faith and with reasonable care. If in doubt about their obligations or Scheme requirements, they will refer to the Family Violence Information Sharing Guidelines or other resources supporting the MARAM Framework. They will never use information obtained under the Scheme to prevent a child enrolling or continuing at the service.

As our Service is an 'Information Sharing Entity (ISE) under the Scheme, the Approved Provider or Nominated Supervisor will voluntarily share information with other ISEs about a perpetrator, victim survivor or third party, or respond in a timely way to requests from ISEs to share information, if the information sharing meets the legal requirements of the Scheme. ISE's may share any personal information (including opinions) for protection purposes ie they *reasonably believe this will help manage an established risk* of a perpetrator committing family violence, or an established risk of a victim survivor being subjected to family violence. Some ISE's, including our service, are also Risk Assessment Entities (RAEs) who can voluntarily share information with, or request information from, other RAEs about a perpetrator, alleged perpetrator, victim survivor or third party, to *establish and assess the risk* of family violence.

The Approved Provider or Nominated Supervisor will confirm a person or organisation requesting information is an ISE or RAE before sharing, for example by asking for an official work email or calling an organisation's switchboard. They will also be aware of local service providers and professionals who can support children and their families. They will also ensure information to be shared is not excluded and consent to share information is first obtained where required.

Information cannot be shared if it's excluded, or consent requirements have not been met.

Excluded information includes information that might endanger a person's life or result in physical injury, prejudice legal proceedings or police investigation, contravene a court order, or is subject to legal professional privilege.

Consent must be obtained from adults victim survivors and third parties to share their information *unless we reasonably believe sharing the information is necessary to lessen or prevent a serious threat to the person's life, health, safety or welfare*. Consent is not required from a perpetrator or alleged perpetrator. Consent is also not required to share anyone's personal information, including that of a victim survivor or third party, where a child is at risk of family violence. However, the Approved Provider or Nominated Supervisor will consider the child's views and/or those of a parent who is not a perpetrator about sharing the information *where it's safe, appropriate and reasonable to do so*.

Where consent is required, it must be given freely and the person fully informed about what information will be collected, who it might be shared with, how it might be used, the consequences of giving or not giving consent, how long their consent is valid for, that they may withdraw their consent any time, and may decline or receive services without their information being shared.

Collect and Sharing Information

If collecting or sharing the information of *victim survivors or third parties* (other than a perpetrator or alleged perpetrator), the Approved Provider or Nominated Supervisor will notify them about the information collected, who it will be shared with and why, how they can access it, who it might be further shared with, when it might be shared without their consent, and the potential outcomes of sharing the information *unless doing so would pose a serious threat to their life or health*. They will also advise the information sharing is allowed under the Scheme, and that complaints about the sharing of personal information may be made to the Victorian Information Commissioner. The Approved Provider or Nominated Supervisor may refuse perpetrators access to their confidential information if they reasonably believe doing so would increase the family violence risk.

When sharing information the Approved Provider and Nominated Supervisor will ensure:

- only information relevant to assessing or managing the risk of family violence is shared
- information shared about an alleged perpetrator, or to assess a risk of family violence, is only shared with another RAE
- information is shared in a way which protects a person's anonymity if personal details are not needed to assess or manage family violence risks
- the ISE requesting information does not have a conflict of interest eg there is no personal/family relationship with another person involved in an assessment
- sharing information will not increase the threat to a victim survivor or any other person (it will not be shared in this case)
- information is shared where possible in a way that preserves and promotes positive relationships between a child and family members
- any discussions about collecting, using or sharing information is done in an accessible, inclusive and culturally sensitive way (eg provided in home languages), and for Aboriginal people in a way that considers their family and community connections.

The Approved Provider or Nominated Supervisor may share non-excluded information about a perpetrator with a victim survivor where they believe this will help manage a risk to the victim survivor's safety. The perpetrator's consent is not required. (Information will never be shared with a perpetrator or alleged perpetrator.) However, where there is not an immediate threat to the victim survivor's safety, the Approved Provider or Nominated Supervisor may refer them to an ISE with expertise in this area, including expertise from a culturally sensitive perspective.

Record Keeping

The Approved Provider or Nominated Supervisor will ensure appropriate records are kept securely and confidentially when information is requested and shared including where relevant:

- if the service received a request for information, who this was from, what was requested and the date of the request
- if the service disclosed information voluntarily, who the information was shared with, what was disclosed and the date disclosed
- if the service requested information, who this was made to and the date, what was requested and the date of the request
- how a disclosure was consistent with the Scheme
- reasons any information sharing request is declined (these will also be provided to the ISE)
- copies of any copies of a family violence risk assessment and/or safety plan made as a result of the information sharing

- any consent provided by an adult victim survivor or third party, or why information was shared without their consent
- the views of a parent who is not a perpetrator in relation to sharing a child victim survivor's information, or why their views were not considered, and if they were advised the information would be shared
- details of any complaint received including what it's about, date made, action taken to resolve the complaint and prevent similar complaints and time taken to resolve.

Source

Education and Care Services National Regulations

Family Violence Protection (Information Sharing and Risk Management) Regulations 2018 (includes ISEs in Schedule 1 and RAEs in Schedule 2)

Family Violence Protection Act 2008 (includes Part 5A Family Violence Information Sharing Scheme)

Family Violence Information Sharing Guidelines: VIC Govt

National Quality Standard

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Fees Policy

NQF

QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
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Aim

Parents fully understand fee payment procedures and requirements, and pay their childcare fees on time.

Related Policies

Enrolment Policy
Orientation for Children Policy
Privacy and Confidentiality Policy

Implementation

Enrolment

There are no Enrolment or Registration fees.

Fees

During the online enrolment process, you will be asked for your Credit Card details (we only accept Visa and MasterCard) or your Bank Account details. These details are held by our Financial transaction contractor (Ezidebit), who will charge your bank Account or Credit Card on our behalf. Due to administration costs incurred by the service, dishonoured payments (eg cheques) will incur a charge of \$10.00 will be billed to your account.

Please note our fees may change from time to time. We will notify families in writing at least 14 days before we change our fees or the way in which we collect them.

Fees may also be payable during any period when the service closes in response to a local emergency eg fire, flood. Potential emergencies which may affect our service are considered in our service risk assessment for potential emergencies, and covered in our emergency response procedures (refer Emergency Management and Evacuation Policy.)

Child Care Subsidy

Child Care Subsidy is available to all families who are Australian Residents if the child meets immunisation requirements and parents meet eligibility requirements. Entitlement is determined by an activity test which determines the number of hours of subsidised care to which families are entitled. Combined family income is used to determine the subsidy percentage. Income thresholds change each financial year. Current thresholds are available

from the Department of Human Services website. See servicesaustralia.gov.au/. See 'Activity Level and Subsidised Care.'

<i>Hours of activity per fortnight</i>	<i>Maximum number of hours of subsidy per fortnight</i>
8 hours to 16 hours	36 hours
More than 16 hours to 48 hours	72 hours
More than 48 hours	100 hours

A broad range of activities meet the activity test requirements, including paid work, self-employment, unpaid work in a family business, active job hunting, volunteering or studying. You can also include reasonable travel time to and from a place of activity to the centre. In two parent families, both parents must meet the activity test, and subsidy hours are calculated on the lower number where parents have different levels of activity.

There are exemptions for parents who legitimately cannot meet the activity test requirements.

Low-income families who do not meet the activity test can access 24 hours of subsidised care per fortnight under the Child Care Safety Net. Families who do not meet the activity test but have a preschool-age child attending preschool are eligible for 36 hours of subsidised care per fortnight.

People with disability or impairment, including those who receive Disability Support Pension or an invalidity service pension or who have been diagnosed by a registered medical practitioner or clinical psychologist as impaired to a significant degree may be exempt from the activity test.

Families who need more than their available hours of subsidised care per fortnight due to exceptional circumstances can also apply to Centrelink for additional hours.

The Additional Child Care Subsidy may be available to help support:

- families needing help to support their children's safety and wellbeing
- grandparents on income support who are primary child-carers
- families in temporary financial hardship
- families moving to work from income support

Families can claim Child Care Subsidy or Additional Child Care Subsidy online by signing into their myGov and completing a Child Care Subsidy claim. If eligible, the Subsidy will be paid directly to the service on families' behalf and we will reduce the fees owed. This can occur after our service enters families' enrolment information online, and families confirm their enrolment information through their myGov account. Until Child Care Subsidy details are available, families will need to pay full fees.

Families are entitled to receive Child Care Subsidy for up to 42 days where their child is absent, for example due to illness, public holidays and parental leave. Evidence to support these absences is not required. Additional absence days may be available if they meet the situations outlined in the Family Assistance Law and there is evidence to support these.

Child Care Subsidy may not be paid by the Government in certain situations and families will be required to pay full fees for the period involved. These include:

- non-attendance for 14 weeks in a row
- for any days before a child attends the service for the first time.
- for any days in the final attendance period after a child last physically attends the service.

Statements of Entitlement

We will issue fortnightly Statements which include child/children's full name/s, date of care, date of payment, daily and weekly hours of care, absences, hourly fees and hourly and daily fee totals and the number of hours fees were reduced (eg by Child Care Subsidy) and total reduction amount. (Parents' My Gov accounts will also have how much care families have received and how much Child Care Subsidy has been paid.)

Invoices

Invoices for the amount of fees payable in a period will be issued every two weeks. If families pay more than the fee amount required at the time, change will not be given but will be credited to the family's account.

Receipts

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

Late Fees

Families who do not collect their child before we normally close for the day may be charged a late fee of \$15 for every 15 minutes or part thereof they arrive past our closing time. This fee covers the cost of employing the staff required to supervise a child outside our operating hours. It may be waived at the discretion of the Nominated Supervisor.

Search Fees

If a child is booked in for a permanent or casual after school position but does not attend, and families have not advised the Nominated Supervisor that the child will not be attending because, for example, they are collecting the child from school, an educator will immediately take steps to locate the child and ensure their safety in line with the Delivery and Collection of Children Policy. A search fee of \$15 will be charged where families have failed to advise the centre before the end of the s

Cancellations

Before and After School Care:

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

Holiday Program:

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

Termination

Should families wish to end a permanent booking at the service, 2 weeks written notice is required. If families do not provide this notice, they will be charged 2 weeks' fees. The Nominated Supervisor may also suspend or terminate a child's enrolment after providing 2 weeks' notice, unless they believe the child's behaviour poses an unacceptable risk to the welfare and safety of other children and educators, in which case no notice period is required. Please note children must be signed in and out by parents/guardians on the last

scheduled day of their attendance for the Child Care Subsidy to apply. If this does not occur families are required to pay full fees.

In relation to casual bookings, at least 24 hours notice is required if a child no longer requires a place in the booked session. **If this notice is not provided, families will be charged for the session.**

There may be instances where cancellation occurs as a result of an emergency or other special circumstance. The Nominated Supervisor has the discretion to waive the termination fee in these situations.

Overdue Fees

The Nominated Supervisor will issue a **Friendly Fee Reminder** letter to any family who is one week late paying their fees. **If families are having difficulty making fee payments they should immediately speak with the** approved provider or nominated supervisor to discuss fee payment arrangements. Information provided by families will be treated as strictly private and confidential.

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

- bond payments will be applied to outstanding debt amounts and
- the Nominated Supervisor may immediately suspend or terminate the child's place at the service. Families will be advised of this action in writing.

Where families do not meet agreed payment plans, and an outstanding debt remains, the Nominated Supervisor may use their discretion to engage a third-party agency to recover the outstanding amount. The cost of this action may be added to the debt owed.

Fees of **\$10.00 a day** will apply to any overdue fees.

Sources

Bryant, L. (2009). Managing a Child Care Service : A Hands-On Guide for Service Providers. Sydney: Community Child Care Co-Operative.
Education and Care Services National Law and Regulations
Family Assistance Law

Review

The policy will be reviewed annually by:

- Management
- Employees
- Family Members
- Interested parties

Reviewed: August 2024

Date for next review: August 2025

Food, Nutrition and Beverage Policy

NQS

QA2	2.1.3	Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.
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National Regulations

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

My Time, Our Place

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

Aim

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

Related Policies

Additional Needs Policy

Enrolment Policy

Health, Hygiene and Safe Food Policy

Medical Conditions Policy

Implementation

Educators will ensure they provide adequate and sufficient food and beverages to each child, and that they are nutritious, healthy and meet each child's individual dietary needs. They will also promote healthy food options and resources based on Australian dietary guidelines to families, so they have the information necessary to provide healthy food options at home. Information will be provided at enrolment, on an ongoing basis by Educators and as a resource in our parent library.

The Nominated Supervisor, Educators, volunteers and students will:

- ensure children have access to water and offer them water regularly during the day.
- ensure children are offered foods and beverages throughout the day that meet their nutritional and developmental needs and any specific dietary requirements. These requirements may be based on written advice from families (eg 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 ensure food is consistent with the Government's Australian Dietary Guidelines 2013. The Guidelines and Summary are available on the NHMRC website <https://nhmrc.gov.au/>
- follow the guidelines for serving different types of food and the serving sizes in the Guidelines and may use the Australian Government "eat for health" calculator <http://www.eatforhealth.gov.au/eat-health-calculators>
- encourage families to provide healthy food for their children at home which is consistent with the Australian Dietary Guidelines
- provide food that is safe and prepared hygienically by following the relevant procedures set out in the Health, Hygiene and Safe Food Policy.
- provide food and beverages that minimise the risk of children choking.
- provide a weekly menu of food and beverages based on the Australian Dietary Guidelines that accurately describes the food and beverages provided every day.
- display the weekly menu in a prominent area where it can be easily viewed by parents. We will also display nutritional information for families and keep them regularly updated.
- ensure meal times are relaxed, pleasant and timed to meet most children's needs.
- integrate learning about food and nutrition into the Curriculum.
- never use food as a punishment, reward or as a bribe.
- model and reinforce healthy eating habits and food options with children during eating times.

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

Sources

Education and Care Services National Regulations 2011

My Time, Our Place Framework for School Age Care

National Quality Standard

Safe Food Australia, 2nd Edition. January 2001

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

Australian Dietary Guidelines 2013

Eat for health: Dept Health and Ageing and NHMRC

Food Standards Code

Food Safety Standards www.foodstandards.gov.au

Food Safety Standards for Australia 2001

Food Standards Australia and New Zealand Act 1991

Food Standards Australia New Zealand Regulations 1994

Food Act 1984

Department of Health Vic: Food Safety

Occupational Health and Safety Act 2004

Occupational Health and Safety Regulations 2007

Australian Breast Feeding Association Guidelines

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

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Governance Policy

NQS

QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions
	6.1.2	Parent views are respected - The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
QA7	7.1.1	Service philosophy and purpose - A statement of philosophy guides all aspects of the service's operations.
	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	7.2.1	Continuous improvement - There is an effective self-assessment and quality improvement process in place.

National Law

Section	51	Conditions on service approval
	172	Offence to fail to display prescribed information
	173	Offence to fail to notify certain circumstances to Regulatory Authority
	174	Offence to fail to notify certain information to Regulatory Authority

National Regulations

Reg	29	Condition on service approval – insurance
	31	Condition on service approval – Quality improvement plan
	55	Quality improvement plans
	56	Revision and review of quality improvement plans
	168(2)(h)	Education and Care Services must have policies and procedures providing a child safe environment
	168(2)(l)	Education and care services must have policies and procedures in relation to governance and management of the service
	172	Notification of change to policies and procedures
	173	Prescribed information to be displayed
	174	Time to notify certain circumstances to Regulatory Authority
	175	Prescribed information to be notified to Regulatory Authority
	176	Time to notify certain information to Regulatory Authority
	177	Prescribed enrolment and other documents to be kept by approved provider
	181	Confidentiality of records kept by approved provider
	412	Requirement to display information in relation to the rating of an education and care service

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

Fees Policy

Privacy and Confidentiality Policy

National Quality Framework Policy

Record Keeping and Retention Policy

Staffing Arrangements Policy

Whistleblower Policy

Implementation

Service Structure

Our service is legally structured as a Private Company.

Those with Management Control are; Jock Jeffries, Bella Cooke, Michelle Deen and Kim Dyson.

The Approved Provider is: CommunityOSH Pty Ltd

- 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, including systems administering Child Care Subsidy
- supporting the Nominated Supervisor / responsible person in their role and providing resources as appropriate for the effective running of the service.

Our Nominated Supervisor is: Bella Cooke and Kim Dyson

The Nominated Supervisor is responsible for the day to day management of our service and has a range of responsibilities prescribed in the national law and regulations.

Our Person in Day to Day Charge is: OSH Manager

Our Educational Leader is: OSH Manager

Our OSHC educators are: Refer to roster

Our Administration Manager is: Jock Jeffries

For Child Care Subsidy (CCS) purposes:

Our persons with management or control of the service are the Approved Provider and Nominated Supervisor

Our Persons responsible for the day to day operation of the service are the Nominated Supervisor and Program Manager

Our Persons appointed as CCS contacts are: Jock Jeffries and Bella Cooke

Commitment to good governance

Our service has adopted the following eight Principles.

1. Lay solid foundations for management and oversight.

Management Principles

To ensure our working relationships are characterised by open and respectful communication, accountability and trust our service adheres to the following management principles.

- A. Management by Agreement

Nominated Supervisors and educators agree to produce outcomes together. Educators agree on their accountabilities and to work according to existing procedures and policies. Nominated Supervisors agree to provide educators with training, resources and support.

- B. Management by Exception

Once a system is in place or the Nominated Supervisor and educators have agreed upon a course of action, the educator is accountable for identifying and reporting whenever something significant occurs that isn't part of the plan.

C. Clearly Defined Reporting Relationships

Everyone in the Service has only one primary manager. This reduces confusion and increase accountability and transparency.

Information, requests, or delegations that would cause our educators/staff to take action or change the course of their actions will only come from the person to whom they report.

Our reporting relationships are:

- Owners who work in the Service will act according to the reporting relationships applicable to those positions.
- Persons with management or control of the service, including the Nominated Supervisor, report to the Approved Provider
- Persons responsible for the day to day operation of the service, including the Person in Day to Day Charge of the service, report to the Nominated Supervisor
- Persons appointed as contacts for Child Care Subsidy purposes report to the Nominated Supervisor
- Each Room Leader reports to the Nominated Supervisor.
- Educators report to their OSHC Manager

D. Guidelines for Effective Delegation

Our service will:

- identify the work/result to delegate and to whom
- Educators/staff will not delegate responsibilities for which they are accountable or work/results that have been delegated to them with their agreement or work/results attached to someone else's position (unless that person has agreed).
- put the delegation in writing with a clear due date
 - discuss the delegation with the educator/staff member whenever possible
 - get the educator/staff member's agreement for example through signed job descriptions, signed delegation agreements.

The person who delegates remains accountable for making sure the right result is achieved.

E. Guidelines for Effective Regulation

Regulating work means monitoring, reviewing, and adjusting it to get the right result.

Our service will:

- regularly review the work process
- give quick, clear, and direct feedback and instruction that is timely and specific
- communicate in writing
- avoid under-regulating, over-regulating and unnecessary meetings.

2. Structure the board/partnership/association/management team to add value

To comply with these principles to the best of our ability and to ensure we can discuss issues and (potential) changes to policies, procedures or the regulatory environment, we will schedule regular communication between all members of our management team through meetings, phone communication including SMS messaging, a communication book, written communication such as letters, notices, and electronic communication including email, Skype, video conferencing.

3. Promote ethical and responsible decision-making

Our service will make decisions which are consistent with our policies, our obligations and requirements under the national education and care law and regulations, the Family Assistance Law (eg Child Care Subsidy and Additional Child Care Subsidy), our approved learning framework (MTOF) and the ethical standards in our code of conduct.

4. Safeguard integrity in financial reporting

Our financial records will be completed/reviewed by an independent accountant /auditor. The Approved Provider and Nominated Supervisor are committed to the prevention and elimination of corruption and fraud, and compliance with all legislative requirements including those in the Family Assistance Law. They will implement measures to ensure child care funding is properly administered and helps eligible families meet the costs of genuine child care including:

- **providing families with accurate information** and advice about available child care subsidies and the requirements to update their or their partner's personal information and income details with Centrelink whenever this changes
- **advising families to check information** in their invoices, receipts and Statement of Entitlements and by our Service, and
- **promoting the Child Care tip-off line** 1800 664 231 where information about incorrect or illegal practices can be given (anonymously if desired), and the tip-off email address tipoffline@dese.gov.au
- **ensuring fitness and propriety of all staff** involved eg those with management or control of the Provider, persons responsible for the day to day operation of the service, and or any staff member involved in CCS implementation and administration are fit and proper persons as outlined in our Staffing Arrangements Policy and are registered with the Federal Government's Provider Digital Access (PRODA)
- **ensuring compliance with the administration and reporting requirements** outlined in the Child Care Provider Handbook eg
 - promoting a culture of honesty and integrity through our Code of Conduct, ethical principles and Whistleblower Policy
 - ensuring any directions given to staff are consistent with the Handbook and Family Assistance Law
 - using a Third Party Software Provider Fullybooked CCMS to manage CCS enrolments and attendance, and guide compliance and reporting requirements. Password will be regularly updated
 - periodically providing staff with relevant training and resources including those from DESE and our Third Party Software Provider Fullybooked CCMS
 - regularly reminding relevant staff about the need to follow all requirements in the Child Care Provider Handbook, and of the possible consequences of non-compliance or fraud/corruption eg police investigation, termination of employment eg at admin team meetings
 - implementing an audit procedure where funding records and reports are regularly checked using suitable tools like our Child Care Subsidy Checklist and our Fees Policy
 - periodically changing the person responsible for checking compliance to ensure the integrity of the oversight process
- **taking action if non-compliance or fraud is identified** eg
 - advising the Federal Department of Education, Skills and Employment (DESE) about the details of the non-compliance as soon as possible, and where relevant, within the timeframes in the attached table
 - taking immediate steps to rectify the non-compliance, including changing systems and procedures to ensure it doesn't recur

- providing staff with relevant training, resources and support. This may include training and resources available from DESE and our Third Party Software Provider Fullybooked CCMS
- in cases of suspected fraud or corruption, immediately suspending the person's access to the Child Care Management System, notifying DESE and the Police, and terminating a person's employment if the fraud is substantiated.

The persons who are registered in PRODA at our service are: Jock Jeffries and Bella Cooke

5. Make timely and balanced disclosure

Unless there is a risk to the health, safety or wellbeing of a child enrolled at the service, our service will provide at least 14 days notice before making any change to a policy/procedure that may have a significant impact on our provision of education and care or a family's ability to utilise our service, including making any change that will affect the fees charged or the way fees are collected.

The Approved Provider or Nominated Supervisor will also:

- ensure all notifications required under the National Law and Regulations and the Family Assistance Law are made within the timeframes required. Notification requirements are attached to this Policy
- develop a Quality Improvement Plan that is completed regularly, available on request and ready for submission to the Regulatory Authority when requested
- display the following information so it can be clearly seen from the main entrance:
 - the provider approval (provider name, approval number and any conditions)
 - the service approval (service name, approval number and any conditions)
 - name of each nominated supervisor
 - the current rating for each NQS Quality Area and the overall Service rating. This must be done by displaying any ratings certificate issued by the Regulatory Authority or ACECQA on or after 30.7.21
 - any service/temporary waivers held including NQS elements/Regulations waived, length of waiver and waiver type
 - hours and days service open
 - name and phone number of complaints officer
 - name and position of Responsible Person currently in charge
 - name of Educational Leader
 - Regulatory Authority's contact details
 - if relevant, notice stating there's a child at risk of anaphylaxis enrolled
 - if relevant, notice stating there's been a case of an infectious disease (defined as a disease requiring exclusion from the service.)

6. Respect the rights of shareholders, parents, children

Our service will support and encourage the involvement of parents and families by: _

- developing and implementing plans to ensure regular communication with families including advice about events, activities and policy updates
- enabling them to have access and provide input to reviews of policies and procedures
- providing space for private consultations
- providing and displaying a range of information about relevant issues
- ensuring we follow all policies and procedures including the Parental interaction and Involvement Policy and Privacy and Confidentiality Policy.

Our service will respect the rights of children by ensuring:

- the Nominated Supervisor complies with their responsibilities under the national law and regulations

- we follow our policies and procedures including the Relationships with Children Policy, Child Protection Policy and Privacy and Confidentiality Policy.
- our children are provided with the experiences and learning which allows them to develop their identities, wellbeing and social connection.

7. Recognise and manage risk

Our service will take every reasonable precaution to protect children from harm and any hazard likely to cause injury. We will follow service policies including those covering Workplace Health and Safety, Child Protection, Excursions and the Delivery and Collection of Children and complete regular risk assessments and safety checks.

The Nominated Supervisor will diarise to ensure educators and staff regularly engage in formal or informal training to refresh their skills and understanding of practices that ensure the safety of children, families and employees including but not limited to child protection, child safe practices like supervision, ratios and WHS/OHS, emergency evacuations, water safety, sun safety, managing medical conditions and incidents/illnesses, risk assessments, safe excursion and transport practices, and workplace bullying, discrimination and harassment.

8. Remunerate fairly and responsibly

Sources

Education and Care Services National Law and Regulations

National Quality Standard

My Time Our Place

Corporate Governance Principles and Recommendations ASX Corporate Governance Council

Family Assistance Law

Child Care Financial Integrity Strategy: Department of Educations, Skills and Training (Cwth)

Child Care Provider Handbook: Department of Educations, Skills and Training (Cwth)

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

Notifications

National Law and Regs	Family Assistance Law
Approved Provider	
Within 14 days of a change of name	Within 14 days of a change of name
Within 7 days of a change of address or contact details	Within 30 days of change to approved provider's physical or postal address, or as soon as possible if change not foreseeable Within 14 days of the change of email address, website, phone /fax number
Within 7 days of any adverse change in fitness and propriety	
Within 7 days of the appointment of receivers or liquidators or other matters that affect the financial viability of service.	Within 24 hours of the provider entering into administration, receivership, liquidation or bankruptcy, and details
Within 7 days of the death of the Approved Provider	
Within 7 days of notification of the suspension or cancellation of child protection clearance or teacher registration, or disciplinary proceedings against NS	
Within 7 days about any proposed changes to service premises	
Nominated Supervisor	
Within 7 days that a Nominated Supervisor is no longer employed at the service, is removed from position or withdraws consent	Within 7 days of a person ceasing to have management or control of the provider, including why
At least 7 days prior to the start of a new Nominated Supervisor or no more than 14 days after	Within 7 days of any new person with management or control, including their name and contact details, WWCC info and declaration all background checks undertaken
When there's any change to the name or contact details of any nominated supervisor	Within 7 days of becoming aware of change of name or contact details
Persons with Management or Control (including a responsible person under the National Law and Regs)	
within 14 days of the appointment or removal of a person with management or control of the service	
	Within 7 days of any new person with management or control, including their name and contact details, WWCC info and declaration all background checks undertaken
	Within 7 days of becoming aware of change of name or contact details
	Within 7 days of receiving background check showing person has an indictable offence punishable by up to 2 years jail or 40 penalty units, an offence involving violence, sex, fraud, stealing or dishonesty, is an undischarged

	bankrupt or was a director/secretary when a company went into receivership or liquidation or at any time during the previous 12 months
	Within 24 hours of becoming aware of a serious conviction or finding of guilt
	Within 7 days of becoming aware of event or circumstance that indicates the person is unlikely to be fit and proper to administer CCS or ACCS
	Within 7 days of a person ceasing to have management or control of the provider, including why
	Within 7 days of becoming aware the provider or person with management/ control has or will get an interest in a business which may affect their ability to comply with Family Assistance Law
All persons managing/administering CCS	
	Within 24 hours of becoming aware of amendments, suspension, revocation etc to WWCC
Educators	
	Within 7 days of becoming aware educator obtains qualification from RTO where the provider or person with management or control has an interest and it appears the educator did not earn the qualification or there is a conflict of interest
Contact details	
Within 7 days of changing the address and contact details of the service	Within 30 days of change to physical or postal address of service, or as soon as possible if change not foreseen
Serious incidents and complaints	
within 24 hours of a serious incident or complaint that a serious incident has occurred	
within 24 hours of a complaint the National Law has been contravened	
within 7 days of any circumstance at the service that poses a significant risk to the health, safety and wellbeing of children at the service	
within 7 days of any incident, complaint or allegation of physical/sexual abuse of a child at the service	
Emergency Care	
Within 24 hours of any children being educated and care for in an emergency, including where there is a child protection order or the parent needs urgent health care.	
Fees	
	Total hourly fee (before any reductions) advised within 14 days of service approval/ commencement or any change

Operating Hours	
	Operating hours and days, open and close times advised within 14 days of service approval/commencement
Within 7 days of any change to the hours and days of operation	within 14 days of any change to the hours and days of operation
Vacancies	
	Number anticipated vacancies from Monday next week by 8 pm each Friday
Ceasing to operate	
Within 7 days of ceasing to operate the service	at least 42 days before ceasing to operate service, or within 24 hours of ceasing where 42 days notice can't be given
Closure	
Within 24 hours of any incidents that require the Service to close or reduce attendance	Within 24 hours of any unexpected closure
Failure to operate	
Within 14 days of a failure to operate the service within 6 months of approval (or time agreed by Regulatory Authority)	
Transfer	
at least 42 days before the intended transfer of service approval	
Change of service name	
	Within 14 days of a change of service name

Grievance Policy

NQS

6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.
7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.2.1	Continuous improvement - There is an effective self-assessment and quality improvement process in place.

National Law

Section	172	Offence to fail to display prescribed information
	174	Offence to fail to notify certain information to Regulatory Authority

National Regulations

Regs	12	Meaning of serious incident
	168	Education and care service must have policies and procedures
	173	Prescribed information to be displayed
	175	Prescribed information to be notified to Regulatory Authority
	176	Time to notify certain information to Regulatory Authority

Aim

To ensure that all grievances (complaints) are investigated in a timely, transparent, thorough and impartial manner, and that affected parties are advised of the outcome and their rights of appeal.

Related Policies

Educator and Management Policy
Incident, Injury, Trauma and Illness Policy
Privacy and Confidentiality Policy

Managing Breaches and Complaints/Grievances

All breaches of our Code of Conduct (including corruption, maladministration and waste of resources) and complaints or grievances from educators, staff, children, 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.

Educators and staff will also be attuned to complaints from children and will support them, and where appropriate their parents/guardians, to access and navigate our grievance/complaint process

where this is reasonable. This includes for all complaints where a child alleges directly or indirectly their safety and wellbeing has been or could be harmed, including through the inappropriate behaviour of an adult or another child at the service, if not already implementing the procedures in the Child Protection Policy.

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.

The Nominated Supervisor will ensure all complaints are investigated in line with this Policy and Procedure, and that the name of the Complaints Officer is clearly displayed near the front entrance.

Grievance Guidelines

These guidelines explain the procedure for reporting and managing grievances, the roles and responsibilities of educators, staff and managers and the potential consequences of breaching our policies, procedures and Code of Conduct. Please note that grievances relating to child care funding entitlements, for example, Child Care Subsidy, should be made to Centrelink through the Federal Government's 'Service Australia.' Complaints may be made online.

Educators, staff, volunteers, families and visitors will:

raise the grievance/complaint directly with the person concerned. Both parties should try to resolve the issue and develop solutions to ensure the problem does not happen again.

Discussions should remain private, confidential, respectful and open-minded, will not involve other educators, staff, volunteers or visitors (eg parents) and will take place away from children. raise the grievance/complaint with the Complaints Officer (or another manager/supervisor if this person is involved) if they are unable to resolve the concern, or feel unable to raise the matter directly with the person concerned. The Complaints Officer may request the issue be put in writing. Employees should provide all relevant information, including what the problem is, any other person involved in the problem and any suggested solution. Educators are encouraged to communicate openly about the issue.

raise any grievance involving suspected or actual unlawful activity (including discrimination against or bullying of employees, and alleged/suspected child abuse) with the Approved Provider or Nominated Supervisor immediately and privately

be confident that their concerns will be thoroughly investigated, but aware that the outcome may not result in the action requested.

Union members may seek assistance or support from their trade union at any time.

Educators, staff, volunteers, families and visitors will not:

get involved in complaints/ grievances that don't concern them. This is not ethical or helpful in managing the complaint

raise complaints with an external complaints body, such as a court or Tribunal, without using our grievance procedures and appeal process first.

The Approved Provider or Nominated Supervisor will:

- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- properly, fairly, confidentially and impartially investigate the issue including:
 - thoroughly investigating the circumstances and facts and inviting all affected parties to provide information or respond where appropriate
 - inviting the complainant to have a support person present during an interview (eg to support culturally safe practices or a health and safety representative - but not a lawyer acting in a professional capacity)
- provide all affected parties with a clear written statement (letter, email or SMS) of the outcome of the investigation within seven working days of receiving the verbal or written complaint.
 - If the resolution of the complaint involves a written agreement, all parties must agree with the wording etc.
 - If the Approved Provider or Nominated Supervisor decides not to proceed with the investigation after initial enquiries, he or she will give the complainant the reason/s in writing.
- keep appropriate records of the investigation and outcome, and store those records in accordance with our Privacy and Confidentiality Policy and Record Keeping and Retention Policy. Unsubstantiated complaints against educators/staff may be retained on file if the person has been given the opportunity to record a comment on the documentation
- monitor ongoing behaviour and provide support as required
- ensure the parties are protected from victimisation
- offer external review by a Tribunal or alternate organisation where employees, visitors and volunteers are unhappy with the outcome of the grievance procedure. Workplace bullying matters may be referred to the Fair Work Commission which can direct employers to take specific actions against workplace bullies or the Work Health and Safety (WHS) Regulator which may investigate whether WHS duties have been contravened
- request feedback on the grievance process using a questionnaire
- track complaints to identify recurring issues within the Service.

Privacy and Confidentiality

Where possible and safe to do so, the identity of the complainant will be kept confidential as will the identity of any employee or volunteer who is subject to a complaint. Where it's not possible to properly investigate a complaint without identifying the complainant, the Complaints Officer will advise the complainant of this and will not proceed if the complainant does not wish to be identified *unless not investigating the complaint may pose a serious risk to the safety or wellbeing of children or adults at the Service, or a resolution to the complaint is necessary to ensure an effective and harmonious working environment.*

Likewise, the identity of any employee or volunteer who is the subject of a complaint will not be revealed *unless this is absolutely necessary to properly investigate the complaint, or to ensure a safe, harmonious environment for adults and children at the service*. Where complaints are made against employees or volunteers, the Nominated Supervisor will provide support which is appropriate in the circumstances.

Outcomes may include:

- an apology and a commitment that certain behaviour will not be repeated (monitoring this over time)
- education and training in relevant laws, policies or procedures (eg bullying awareness, leadership skills)
- assistance in locating relevant counselling services
- disciplinary procedures including a verbal or written warning, termination of employment or transfer to a different position at the Service
- ensuring any inequality or inequity is remedied
- providing closer supervision
- modifying Service policies and procedures
- developing new policies and procedures.

Outcomes will take into consideration relevant industrial relations principles and guidelines and make provision for procedural fairness. The Approved Provider or Nominated Supervisor will consider:

- the number of complaints (or breaches)
- the opportunities given to adhere to a policy or procedure and/or change behaviour.
- the opportunities given to respond to the allegations.
- the seriousness of the complaint (or breach), and whether it impacted the safety and welfare of children, other employees, volunteers or visitors.
- whether a policy, procedure or complaint is reasonable.

Complaints that must be notified to Regulatory Authority

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS:

- within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
- within 24 hours of any complaints that the National Law has been breached
- within 7 days of any allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service.

Sources

Education and Care Services National Regulations

National Quality Standard

Early Years Learning Framework

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

Review

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

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

HIV AIDS Policy

NQS

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

Regs	77	Health, hygiene and safe food practices
	88	Infectious diseases
	90	Medical conditions policy

Aim

The service aims to effectively care for any child that may be infected with Human Immunodeficiency Virus Infection, AIDS Virus and also minimise the risk of exposure to HIV through effective hygiene practices.

Related Policies

Enrolment Policy

Food Nutrition and Beverage Policy

Health, Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases Policy

Medical Conditions Policy

Privacy and Confidentiality Policy

Who is affected by this policy?

Child

Educators

Families

Community

Visitors

Management

Implementation

It is the Nominated Supervisor's responsibility to educate and inform Educators and parents about HIV/AIDS. One of the main problems surrounding HIV/AIDS is a lack of understanding which leads to an unfounded fear to the virus.

The following provides basic information on HIV/AIDS -

- AIDS is a medical condition which can damage a bodies' immune system.
- It is caused by a virus which is transmitted through the exchange of bodily fluid and is primarily passed on through sexual contact.

- The AIDS virus can be transmitted through blood products. However, the risk of contracting AIDS from a blood transfusion is minimal and said to be about one in 1,000,000.
- There is no evidence of the spread of the virus to children through other means at this time.

The confidentiality of medical information must be adhered to regarding an infected child. Any information disclosed to the Nominated Supervisor regarding a child from family members must not be passed on to any other Educator unless the child's caregivers provide written authorisation.

Children with the HIV virus will be accepted into the service.

Educators will carry out routine hygiene precautions to Australian standards at all times to prevent the spread of any infections following the service's relevant policies and procedures.

Educators will exercise care in regard to the exposure of bodily fluids and blood and the service's hygiene practices will be used to prevent the spread of infection. Similarly, if the need arises to perform CPR on a child infected with HIV a disposable mouth to mouth mask will be used.

If there is an outbreak of an infectious disease at the service, children who are infected with HIV will be assessed by their Doctor before they are excluded from the service. Children who have abrasions or open wounds will cover them while at the service. If these abrasions cannot be covered for any reason unfortunately the child will have to be excluded from the service until the wound has healed or can be covered.

Educators who have been infected by HIV are not obliged to inform their employer but are expected to act in a safe and responsible manner at all times to minimise the risk of infection.

No child, Educator, parent or other visitor to the service will be denied First Aid at any time.

Sources

Education and Care Services National Regulations 2011

My Time, Our Place Framework for School Age Care

National Quality Standard

Disability Discrimination Act 1992 Cwth

Public Health and Wellbeing Act 2008

Public Health and Wellbeing Regulations 2009

Equal Opportunity Act 1995 Vic

National Health and Medical Research Council. (2005). Staying Healthy in Child Care – Preventing infectious diseases in child care

Review

The policy will be reviewed annually.

Review will be conducted by:

- Management

- Employees
- Families
- Interested Parties.

Reviewed: August 2024

Date for next review: August 2025

Head Lice Policy

NQS

QA2	2.1.1	Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
QA6	6.1.3	Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.

National Regulations

Regs	168	Policies and procedures
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Aim

To ensure the health and comfort of all children and adults at the service and prevent an outbreak of head lice.

Related Policies

Incident, Injury, Illness or Trauma Policy
Privacy and Confidentiality Policy
Work, Health and Safety Policy

Implementation

Head lice live in hair and bite the scalp to feed on blood. This can cause the itching that some people experience when they have lice. Anyone can get head lice - they are spread by direct head to head contact with an infected person because they cannot jump or fly. Head lice do not carry or transmit disease. They die from dehydration within 24 hours if they are not on a human head. Nits (lice eggs) hatch after 7-10 days and mature over 6 – 10 days, so the lice on a person's head can be at various stages of their life cycle. Eggs can be laid and hatch continuously.

To ensure the health and comfort of all children and adults at our service, an Educator may discreetly and respectfully examine a child's head if they suspect the child has head lice. This will be done in a way which does not embarrass the child or infringe their right to privacy and confidentiality.

If head lice are identified:

- Educators will advise the child's parents or authorised nominees as soon as possible and complete an incident, injury, trauma, and illness record
- Educators will monitor the child during all activities and routines to ensure there is no head to head contact with other children e.g. through cuddling. Educators will not isolate the child. If Educators believe it will be difficult to prevent head to head contact, for

example because of the child's age or behaviour, parents or authorised nominees will be contacted to collect the child

- the child must be treated at home with the 'condition and comb' method, chemical lice treatment or a combination of both methods. Please see attachment A for further detail. Information about the treatment options will be provided to families. Educators will also advise parents to check all family members for head lice
- the child may return to the service the following day if effective head lice treatment has commenced and there are no live lice on the child's head. If live lice are detected either on arrival or during the day, parents will be asked to take the child home
- the Nominated Supervisor will ensure all service families are aware there has been an incidence of head lice at the service by placing a notice near the service entrance or sign on/off book

If a family discovers their child has head lice and we are not yet aware of this situation, families must advise the Nominated Supervisor as soon as possible. This will allow us to check all children at the service if appropriate.

Educators and volunteers who have head lice will not attend the service while live lice are present, and will treat the lice using one or both of the methods in Attachment A.

Sources

Education and Care Services National Regulations 2011
National Quality Standard
Staying Healthy 5th edition NHMRC
Better Health Victoria

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024
2025

Date for next review: August

ATTACHMENT A – Information Only

Conditioner and Comb Treatment

Conditioner makes it difficult for lice to grip the hair or run around.

Step 1 Using a normal comb, comb hair conditioner (white conditioner is easier to see) onto dry, brushed, detangled hair. The conditioner must cover the whole scalp and all parts of the hair.

Step 2 Divide hair into four or five sections.

For each section:

Step 3 Use a lice comb and place the teeth of the comb flat against the scalp, then comb the hair from the roots to the tips

Step 4 Wipe the conditioner from the comb onto a paper towel or tissue and check for lice and eggs

Step 4 Repeat the combing at least twice

Step 5 Repeat steps 1-4 every day until no live lice have been found for 10 days

Insecticide Treatment

Step 1 Ensure the product has an Australian Registered or Listed number, and take care/seek advice if using:

on women who are pregnant or breastfeeding

on children less than 12 months old

on people who have allergies, open wounds on the scalp, or asthma

Step 2 Follow the instructions on the product - If the product is a lotion, apply to dry hair. For shampoos, wet the hair, but use the least amount of water possible. Ensure the product is applied to all parts of the hair

Step 3 After 20 minutes check that the lice are dead. If the lice are not dead, the lice are resistant to the active ingredient. Find a product with a different active ingredient or speak to your pharmacist or doctor

Step 4 Repeat the treatment in seven days - one application will not kill all the eggs

Health, Hygiene and Safe Food Policy

NQS

QA2	2.1.1	Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Regs	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu
	109	Toilet and hygiene facilities

My Time, Our Place

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

Aim

Our service aims to promote and protect the health, safety, and wellbeing of all of children, Educators and families using procedures and policies to maintain high standards of hygiene and provide safe food to children. We also aim to reduce the risk of infectious diseases and illnesses spreading and following appropriate OHS/WHS standards. A holistic and consistent approach to health, hygiene and safe food across the service will help to effectively meet this aim.

Related Policies

Additional Needs Policy

Enrolment Policy

Food, Nutrition and Beverage Policy

Immunisation and Disease Prevention Policy

Incident, Injury, Trauma, Illness Policy

Medical Conditions Policy

Physical Activity Promotion Policy

Relationships with Children Policy

Implementation

The Approved Provider will ensure that the Nominated Supervisor (who is responsible for ensuring all Educators and volunteers) must implement adequate health and hygiene practices and safe practices for handling, preparing and storing food. This policy, and related policies and procedures at the service will be followed by nominated supervisors, Educators, and volunteers at the service in relation to -

(a) Hygiene practices.

(b) Safe and hygienic storage, handling and preparation of all food and drinks, including foods and drinks provided by the child's home.

(c) Working with children to support the promotion of hygiene practices, including hand washing, coughing, dental hygiene and ear care.

(d) Toileting and cleaning of equipment.

Children will be grouped in a way that allows Educators to maintain a hygienic environment for individuals at the service.

In any instances where children display any signs of illness or injury, Educators will refer to the Incident, Injury, Trauma and Illness Policy and Incident, Injury, Trauma and Illness Record.

Importantly, we will work with each child to promote health and safety issues, encourage effective hygiene, food safety and dental care, and maintain a healthy environment that is safe for each child. Regular discussions between Educators and children will be integrated throughout the program at appropriate intervals.

Information on health, hygiene, safe food and dental care principles and practices will be displayed in the reception area and drawn to the attention of all parents on a regular basis.

To uphold the general health and safety of all children using the service, all Educators and visitors will follow the Tobacco, Drug and Alcohol Policy.

Equipment and Environment

The service will implement regular schedules for washing children's toys and equipment using warm water and soap and drying in the sun. We will rotate toys to allow for washing, clean books by wiping with moist cloth and drying, and clean storage areas weekly.

Surfaces will be cleaned with detergent after each activity and all surfaces cleaned thoroughly daily. Areas contaminated with body fluids will be disinfected after washing.

Hand Washing Procedure

Our service will provide the appropriate height basins for children to wash their hands in as well as basins height appropriate for adults. Liquid soap will be provided by all individuals to wash their hands and we will ensure any allergies to soap are identified using the Enrolment Form and catered for appropriately. Along with this, the service will provide either/and/or individual towels, paper towel or an automatic dryer for people to dry their hands.

All individuals should wash their hands:

- Upon arrival to reduce the introduction of germs.
- Before handling food.

- After handling food.
- After doing any dirty tasks such as cleaning.
- After removing gloves.
- After going to the toilet.
- After giving first aid.
- Before and after giving each child medication. If giving medication to more than one child between each child.
- Before going home to prevent taking germs home.

Below are instructions on how to effectively wash hands. All individuals are to follow this procedure and it should be displayed above every sink.

- Wash hands using running water and soap.
- Rub hands vigorously.
- Wash hands all over ensuring that the back of the hands, wrists, between fingers and under the fingernails are cleaned.
- Rinse hands thoroughly.
- Turn off the tap using a clean piece of paper towel.
- Dry hands thoroughly with clean towel/paper towel of an automatic dryer.
- This should take about as long as singing “Happy Birthday” twice.

Hygienic Toileting Procedure

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

- The service will ensure that toilets and hand washing facilities are easily accessible to children and meet the children’s needs for privacy.
- Children will be encouraged to flush toilets and wash hands after use.

Disposable gloves should be used for any of these stages in the toileting procedure:

- Help child to remove clothing if needed.
- Help child onto toilet if needed.
- Help the child to wipe themselves, encouraging them to wipe front to back.
- Encourage the child to flush the toilet themselves.
- Encourage the child to wash and dry hands on single sheet of paper towel, and then to leave the bathroom.

If the child has soiled or wet their clothing:

- Remove any wet/soiled clothing and seal in a bag for washing. It must be double-bagged.
- Clean and dry the child.
- Remove your gloves and wash hands, do not touch the child’s clean clothing.
- Put on new gloves and dress the child, wash and dry the child’s hands. Have them leave the bathroom.
- Clean any spills following procedure for cleaning spills of body fluids.
- Remove and dispose of gloves, wash and dry your hands.

The procedure for toileting will be displayed in the toileting area.

- The laundering of soiled clothes or linen is laundered away from the service; soiled laundry is hygienically stored in a sealed container, until such a time as it is removed from the premises. Soiled clothing is returned to a child's home. It will have any solid soiling removed and will be stored securely and not placed in the child's bag in contact with personal items.

Spills

Educators will use a spill kit to immediately clean up spills of blood, urine, vomit and faeces.

Spill kits will contain:

- disposable gloves
- paper towel
- disposable cloths or sponge
- detergent
- disposable scraper and pan to scoop
- bleach solutions which will be prepared to manufacturer's instructions daily. Any bleach solution which is not used after 24 hours will be discarded.

Blood

To clean up a spot of blood Educators will:

- wear gloves
- wipe up blood immediately with a damp cloth, tissue or paper towel
- place the cloth, tissue or paper towel in a plastic bag, seal and put in the rubbish bin
- remove gloves and put them in the rubbish bin
- wash surface with detergent and warm water
- disinfect the surface after cleaning it with detergent and warm water if the spill is known or suspected to be infectious
- wash hands with soap and water

To clean up a small blood spill Educators will:

- wear gloves
- place paper towel over the spill and allow the blood to soak in
- carefully lift the paper towel and place it in a plastic bag, seal and put in the rubbish bin
- remove gloves and put them in the rubbish bin
- clean the area with warm water and detergent using a disposable cloth or sponge and place the cloth in the rubbish bin
- wipe the area with diluted bleach and allow to dry
- wash hands with soap and water

To clean up a large blood spill Educators will:

- wear gloves
- cover the area with an absorbent agent (e.g. sand) and allow the blood to soak in
- use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids
- place the absorbent agent, the scraper and the pan into a plastic bag or alternative, seal and put in the rubbish bin
- remove gloves and put them in the rubbish bin
- mop the area with warm water and detergent and wash the mop after use
- wipe the area with diluted bleach and allow to dry
- wash hands with soap and water

Faeces, vomit and urine

To clean up faeces, vomit and urine, Educators will:

- wear gloves
- place paper towel over the spill and allow the spill to soak in
- carefully remove the paper towel and any solid matter, place in a plastic bag, seal and put in the rubbish bin
- clean the surface with warm water and detergent, and allow to dry
- disinfect the surface after cleaning it with detergent and warm water if the spill is known or suspected to be infectious (e.g. diarrhoea or vomit from a child with gastroenteritis)
- wash hands thoroughly with soap and warm running water.

Nasal discharge

When cleaning children's noses, Educator will:

- wash hands after every nose wipe or use an alcohol base hand sanitiser to clean hands. If wearing gloves, Educators will dispose of dirty tissues immediately.

Dental Hygiene and Care

- Educators should actively seek to be positive role models for children and families in attendance at the service.
- Educators form positive relationships with family members and children to discuss and encourage good dental health practices and ensure the continuity of care of each child. Information should be made available to family members and Educators in their home language.
- The service integrates educative information and guidelines on good dental health practices into the daily routine. This should include information on tooth brushing, tooth friendly snacks and drinks and going to the dentist and/or dental health professionals.
- The service will actively encourage good dental health practices including eating and drinking habits, tooth brushing and going to the dentist and/or dental health professionals.
- Children will be encouraged to drink water to quench their thirst and remain hydrated.
- Children will be encouraged to rinse their mouths with water to remove food debris after every meal or snack.
- Family members should be informed without undue delay any incident or suspected injury or issue with their child's dental health which may include teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing food or drink.
- Educators will be aware of dental first aid and receive appropriate professional development opportunities where appropriate.

Dental Accidents

If a dental accident occurs at the service, the following will occur:

For younger children:

- The accident will be managed as an emergency. Injury forms will be completed.
- The tooth will not be reinserted into the socket, but gently rinsed in clean water or clean milk to remove any blood and will be placed in a clean container or wrapped in cling wrap to give to the child's parent or dentist.

- Seek dental advice as soon as possible and ensure Educator or the parent takes the tooth/tooth fragment to the dentist with the child.

For older children or adults:

- The accident will be managed as an emergency. Injury forms will be completed.
- Gently rinse the tooth fragments in clean milk or clean water for a few seconds to remove excess dirt and blood.
- Handle the tooth by its crown (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take if replaced by the dentist.
- In an adult or older child who can be relied on not to swallow their tooth, it is preferable to replace the tooth back into the socket. (Be certain that the tooth is placed into the socket the correct way around, in its original position, using the other teeth next to it as a guide).
- Hold the tooth in place by gently biting on a clean handkerchief or gauze pad.
- If unable to reinsert the tooth, get the casualty to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline, or clean water. Place a firm pad of gauze over the socket and have the casualty bite gently on the gauze.
- Seek dental advice as soon as possible and ensure you or the family takes the child to the dentist with the tooth/tooth fragments within 30 minutes, as the root endothelial layer begins to deteriorate after 30 minutes.
- If the tooth has been in contact with dirt or soil, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor.

Food Preparation and Food Hygiene Procedure

Our service will follow appropriate food preparation hygiene techniques to meet the requirements of the

Food Standards Australia New Zealand such as:

- Wash hands before food preparation.
- Cleaning food preparation area before, during and after use.
- Using colour-coded chopping boards in order to prevent cross contamination of raw food.
- Ensuring that individuals preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
 - Washing their hands
 - Keeping their personal hygiene at a high level. For example, tying their hair back or keeping it under a net
 - Not wearing jewellery (wedding band excluded)
 - Covering cuts with a blue band aid and gloves
 - Always wearing gloves if they are wearing nail polish, nail decorations or artificial nails or have long fingernails
- Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example gloves and scourers) for a specific area.

- Avoiding the contamination of one work area to another by using the colour-coded wash cloths system and restricting the movement of contaminated items (such as gloves and cleaning implements) from one area to another.
- Clean children's dining tables with soap and water and dry before serving food and after meal times.
- Ensuring food is always served in a hygienic way using tongs and gloves.
- Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children, so they do not use drinking or eating utensils which have been used by another child or dropped on the floor.
- Providing families with current and relevant information about food preparation and hygiene.
- Showing and discussing with children the need for food hygiene in both planned and spontaneous experiences.

Cooking with Children

We sometimes include cooking experiences in our service's programming for the children. When these experiences are carried out, Educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience. The relevant points from the above food preparation procedure will be followed during the children's cooking experiences.

Examples of the type of activities children will participate in during cooking experiences include:

- Helping choose what to cook.
- Measuring and weighing ingredients.
- Stirring or mixing ingredients.
- Washing salad, vegetables or fruit.
- Setting the tables.

Food Safety, Temperature Control and Transport Procedure

We will, to the best of our ability, educate and promote safe food handling and hygiene in the children and families by:

- Provide food safety information from Safe Food Australia and NSW Food Authority.
- Encouraging parents to the best of our ability to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.
- Encouraging Educators to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.
- Providing nutrition and food safety training opportunities for all Educators including an awareness of other cultures food habits.

The bacteria that commonly cause food poisoning grow rapidly between 5°C and 60°C, this is commonly referred to as the "temperature danger zone".

To keep food safe:

- Children are not to bring food to the program that requires refrigeration or heating.
- Don't leave perishable foods in the temperature danger zone for longer than 2 hours.
- Keep cold food in a fridge, freezer, below 5°C until you are ready to cook or serve, e.g. if you are serving salads keep them in the fridge until ready to serve.
- Keep hot food in an oven or on a stove, above 60°C until you are ready to serve.
- Refrigerate leftovers as soon as possible, within 2 hours. If reheating leftovers, reheat to steaming hot. Heating food is not always recommended, however.
- Never defrost foods on the bench top. Foods should be defrosted overnight in the fridge or in the microwave.
- Use a thermometer to make sure your fridge is below 5°C. Don't overload refrigerators, as this reduces cooling efficiency.
- All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- Store dry foods in sealed, air-tight containers.
- Store food on shelving.
- Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.
- Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.
- All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
- Store foods on shelves, never on the floor including play dough material.
- Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
- Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- Fridges and freezers need to be cleaned regularly and fridge door seals checked to be in good repair.
- The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.

Food Transport

- When transporting food, all factors relating to food hygiene and safety will be considered, and precautions will be taken to prevent contamination and ensuring that food is maintained at appropriate temperatures to prevent the food being spoiled.

Protecting food from contamination will be achieved by:

- Using containers with lids or by applying plastic film over each container. These materials will be suitable for food contact to ensure that they do not contain any chemicals that could leach into the food.

- Aluminium foil, plastic film and clean paper may be used, and food will be completely covered.
- Food already in packaging may not need additional coverage. However, if additional coverage is required the above will apply.
- Previously used materials and newspaper will not be used.

Temperature Control

- When potentially hazardous foods are being transported they will be kept at or below 5 degrees Celsius for cold food, or above 60 degrees Celsius for hot food.
- If the journey is short, insulated containers may be used to keep the food cold/hot. If the journey is longer, ice bricks or heat packs will be used to maintain temperature requirements.
- Only pre-heated or pre-cooled food will be placed in insulated containers, which will have a lid to maintain temperatures.
- Insulated containers will be kept clean and in good working conditions at all times, will only be used for food and will be kept away from other items such as chemicals or fuel.
- Insulated containers will be filled as quickly as possible and closed as soon as they have been filled and kept closed until immediately before the food is needed or is placed in other temperature-controlled equipment at the destination.

The following will be considered when transporting food:

- Containers of cool food will be placed in the coolest part of the vehicle.
- If the inside of the vehicle is air-conditioned, cold food may be transported better here rather than in the boot.
- Vehicle will be kept clean and maintained at hygienic standards.
- When food is being packed in the vehicle, cold foods will be collected last and immediately placed in insulated containers for transporting.
- Upon arrival at the destination, Educators will immediately unload any hot or cold food and place it in an appropriate temperature-controlled environment.
- All food will be served within two hours of it being cooked.

Food Storage Procedure

In order to implement safe food storage practices to the highest possible standard, Educators will access and amend their practices to the latest known information. This information will be passed onto families.

Educators will then implement these standards in the Service by inspecting food items when first brought into the Service to ensure they are in good order, for example, not in damaged packing, within their used by date period and at a correct temperature. Educators will then see that they are appropriately stored as per the following:

- All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- Store dry foods in sealed, air-tight containers.
- Store food on shelving.
- Any food removed from its original container must be stored in a container with the used by date of the food written on it. The ingredients must also be listed with the date it was opened.
- Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.

For cold storage, the following applies:

- All foods are wrapped, covered, dated (used by date and date it entered the Service) and labelled.
- Foods are stored at the correct temperature depending on the product. Cold foods need to be stored at less than 5 degrees (C) and frozen foods at minus 18 degrees (C).
- Store foods on shelves.
- Store raw and cooked foods separately. NEVER store raw foods on top of cooked foods as juices may drip down and contaminate the cooked food.
- Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- Fridges and freezers need to be cleaned regularly.
- The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.
- Services in Victoria that prepare and serve food need to contact their local council for food business registration.

Birthday Cakes

To prevent germs spreading when a child blows out birthday candles, birthday cakes must be:

separate cupcakes for all children including one with candles for the birthday child or

a separate cupcake with candles for the birthday child and a large cake that can be cut and shared

Play Dough

To reduce the risk of spreading infections, Educators will:

- make a new batch of play dough each day or make a new batch each week and take out enough play dough for each day

- store the remaining play dough in an airtight container away from children
- ensure children and Educators wash their hands before and after using play dough

Job Description for Cooks

Responsible to: Owner/Operator and Nominated Supervisor

AIMS OF THE POSITION

- Provide and prepare a variety of well-balanced nutritional meals.
- Ensure a high standard of cleanliness of the kitchen and equipment.
- To be an active team member of the service.

DUTIES OF THE POSITION

- Plan a weekly menu.
- Provide a diet for the children which has reduced sugar, no added salt, low fat, high fibre, and is free from artificial colours and preservatives.
- Ensure any special diets are adequately catered for e.g. vegetarian, diabetic, dairy intolerance etc. An alternative must be prepared.
- Make a shopping list from weekly menu.
- Rotate stock each week.
- To prepare fresh fruit and vegetables that are not already prepared.
- To follow the menu.
- Prepare lunch and afternoon tea for both rooms.
- To prepare breakfast and afternoon tea.
- Wash and wipe dishes.
- Assist with social functions e.g. Easter, Christmas, Eid al-Adha, etc.
- Reduce wastage of food.
- Ensure kitchen, sink, walls, cupboards are thoroughly clean at all times
- Clean fridge weekly.
- Clean oven monthly.
- Clean cupboard interiors bi-monthly or more frequently if necessary.
- Cover all food with cling wrap or foil when needed.
- Ensure all foods are stored in the correct manner.

Personal

- Maintain personal hygiene in the food preparation.
- Wear disposable gloves or use tongs when handling food.
- Attend all Educators meetings as an engaged and active Community OSH Educator.
- To interact positively with children, Educators and visitors.
- Sign attendance book daily.
- WORK AT ALL TIMES TOWARDS THE SERVICE PHILOSOPHY AND ABIDE BY THE POLICIES OF THE SERVICE.

I undertake to fulfil the specification of this job description, abide by the policies of this service and to follow the instructions of the Nominated Supervisor and Owner/Operator.

Full Name _____
Signed _____
Date _____

Sources

Education and Care Services National Regulations 2011
My Time, Our Place Framework for School Age Care
National Quality Standard
Food Standards Australia New Zealand
Safe Food Australia, 2nd Edition. January 2001
Caring for Children- Food, Nutrition and Learning Experiences 2014
Australian Guide to Healthy Eating
Australian Dietary Guidelines 2013
Infant Feeding Guidelines 2012
Staying Healthy Preventing Infectious Diseases in ECEC services (5th Edition) NHMRC
Food Safety Standards for Australia 2001
Food Standards Australia and New Zealand Act 1991
Food Standards Australia New Zealand Regulations 1994
Food Act 1984
Department of Health Vic: Food Safety
Occupational Health and Safety Act 2004
Occupational Health and Safety Regulations 2007
Dental Association Australia

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024
2025

Date for next review: August

HIV AIDS Policy

NQS

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

Regs	77	Health, hygiene and safe food practices
	88	Infectious diseases
	90	Medical conditions policy

Aim

The service aims to effectively care for any child that may be infected with Human Immunodeficiency Virus Infection, AIDS Virus and also minimise the risk of exposure to HIV through effective hygiene practices.

Related Policies

Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Medical Conditions Policy
Privacy and Confidentiality Policy

Who is affected by this policy?

Child
Educators
Families
Community
Visitors
Management

Implementation

It is the Nominated Supervisor's responsibility to educate and inform Educators and parents about HIV/AIDS. One of the main problems surrounding HIV/AIDS is a lack of understanding which leads to an unfounded fear to the virus.

The following provides basic information on HIV/AIDS -

- AIDS is a medical condition which can damage a bodies' immune system.
- It is caused by a virus which is transmitted through the exchange of bodily fluid and is primarily passed on through sexual contact.

- The AIDS virus can be transmitted through blood products. However, the risk of contracting AIDS from a blood transfusion is minimal and said to be about one in 1,000,000.
- There is no evidence of the spread of the virus to children through other means at this time.

The confidentiality of medical information must be adhered to regarding an infected child. Any information disclosed to the Nominated Supervisor regarding a child from family members must not be passed on to any other Educator unless the child's caregivers provide written authorisation.

Children with the HIV virus will be accepted into the service.

Educators will carry out routine hygiene precautions to Australian standards at all times to prevent the spread of any infections following the service's relevant policies and procedures.

Educators will exercise care in regard to the exposure of bodily fluids and blood and the service's hygiene practices will be used to prevent the spread of infection. Similarly, if the need arises to perform CPR on a child infected with HIV a disposable mouth to mouth mask will be used.

If there is an outbreak of an infectious disease at the service, children who are infected with HIV will be assessed by their Doctor before they are excluded from the service. Children who have abrasions or open wounds will cover them while at the service. If these abrasions cannot be covered for any reason unfortunately the child will have to be excluded from the service until the wound has healed or can be covered.

Educators who have been infected by HIV are not obliged to inform their employer but are expected to act in a safe and responsible manner at all times to minimise the risk of infection.

No child, Educator, parent or other visitor to the service will be denied First Aid at any time.

Sources

Education and Care Services National Regulations 2011

My Time, Our Place Framework for School Age Care

National Quality Standard

Disability Discrimination Act 1992 Cwth

Public Health and Wellbeing Act 2008

Public Health and Wellbeing Regulations 2009

Equal Opportunity Act 1995 Vic

National Health and Medical Research Council. (2005). Staying Healthy in Child Care – Preventing infectious diseases in child care

Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees

- Families
- Interested Parties.

Reviewed: August 2024

Date for next review: August 2025

Immunisation and Disease Prevention Policy

To be read with - Infectious Diseases Policy

NQS

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

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 can be accessed and downloaded from

<http://www.immunise.health.gov.au/>

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 Immunisation Register (AIR) is a valid immunisation record.
- You can obtain an AIR 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.

Note parents of primary school children are required to provide the school with an immunisation status certificate for each vaccine preventable disease. The certificate may say the child has been immunised, not immunised, has natural immunity or the parent believes the child has been immunised.

Catering for Children with Overseas Immunisation Records

Overseas immunisation records must not be accepted. They 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 AIR. A medical practitioner, registered nurse, registered midwife, enrolled nurse, or a person authorised by the state/territory Health Officer may transcribe overseas immunisation records.

Exclusion Periods

- While 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.
- If you cannot provide an immunisation record for your child you may provide a statutory declaration stating either that your child has been immunised or that you don't know if your child has been immunised for each disease on the schedule.
- 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.
- Parents are responsible for payment of fees while their child is excluded under all circumstances

Immunisations for Educators and Staff

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) 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 (whooping cough). An adult booster dose is especially important for those educators caring for the youngest children who are not fully vaccinated
- Influenza (annually)
- Hepatitis B if caring for unimmunised children with intellectual disabilities (although the risk is low).

The Nominated Supervisor 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.
- strongly 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 follow good infection control and hygiene procedures
- consider restricting pregnant educators and staff to working only with toilet trained children
- exclude all non-immune (unvaccinated) educators and staff for the periods outlined under Exclusion Periods during an outbreak of an infectious disease or until they determine it is safe for the educator to return

OR

- allow educators who are not immunised to use their best judgement to decide whether they exclude themselves from the service during an outbreak of an infectious disease.

Immunisation Related Payments for Parents - Child Care Subsidy

Families are eligible for Child care Subsidy if their child is fully immunised, on an approved catch-up schedule or has an approved exemption from immunisation. Approved exemptions include a general practitioner has certified the child can't receive one or more vaccine(s) for medical reasons or the child has a natural immunity, but do not include conscientious objection.

This initiative reminds parents about the importance of immunising their children at each of the milestones. Further information is available at <http://www.humanservices.gov.au/>

Sources

Education and Care Services National Law and Regulations

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

Public Health and Wellbeing Act 2008 (includes 'no jab no play' amendments)

No Jab No Pay legislation Federal Government

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024
August 2025

Date for next review:

Incident, Injury, Trauma and Illness Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
QA4	4.1.1	Organisation of educators - The organisation of educators across the service supports children's learning and development
QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

National Law

Section	167	Offence relating to protection of children from harm and hazards
	174	Offence to fail to notify certain information to Regulatory Authority

National Regulations

Regs	12	Meaning of serious incident
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	89	First aid kits
	97	Emergency and evacuation procedures
	136	First aid qualifications
	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
	175	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 which is our number one priority.

Related Policies

Death of a Child Policy

Emergency Service Contact Policy

Emergency Management and Evacuation Policy

Enrolment Policy

Excursion Policy

Grievance Policy

Infectious Diseases Policy

Medical Conditions Policy

Physical Environment (WHS, Learning and Administration) Policy

Transport Policy

Implementation

This policy and related policies and procedures at the service will be followed by nominated supervisors and educators of, and volunteers at, the service in the event that a child -

(a) is injured or

(b) becomes ill or

(c) suffers a trauma or

(d) is involved in an incident at the service

The Approved Provider/Nominated Supervisor will ensure that:

- a parent of a child is notified as soon as possible, preferably on the same day, and no later than 24 hours of the injury, illness, trauma or incident
- an Incident, Injury, Trauma and Illness Record is completed without delay
- at least one first aid qualified educator (with asthma and anaphylaxis training) is present at all times at the service
- first aid qualifications (including anaphylaxis and asthma management training) are current and updated at least every 3 years
- all components of first aid qualifications are current if some require an earlier revision (eg CPR)
- first aid qualified employees receive CPR refresher training annually
- first aid qualified educators never exceed their qualifications and competence when administering first aid

The Nominated Supervisor will also diarise to ensure the contents of first aid kits and their location are reviewed at least annually and after every use. Audits will ensure each Kit has the required quantities, items are within their expiry dates and sterile products are sealed. Consideration will also be given to whether the contents suit the injuries that have occurred, based on our incident, injury, trauma and illness records and action taken to obtain additional resources if required.

During our induction process for new educators and staff the Nominated Supervisor or delegated staff member will:

- advise which (other) educators and staff have first aid qualifications
- the location of the first aid kit(s)
- obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee's consent or in order to meet our duty of care to the employee.

The Nominated Supervisor will review the following matters in consultation with employees (eg at staff meetings) where appropriate, at least annually or when there are staff changes:

- our first aid procedure
- the location of our first aid kit(s)
- the nature of incidents occurring at the service

If children are injured or become ill at the service, educators or staff members will request parents or authorised nominees to collect children within one hour of the request.

We will display photos of all educators and staff, together with their qualifications, in a prominent position where they can be easily viewed by families and team members.

We will also display appropriate first aid signage (eg CPR posters) in prominent locations.

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

Our service will use the following Incident, Injury, Trauma and Illness Record at Tab A

Administration of First Aid

If there is an accident, illness or injury requiring first aid an educator with a current first aid qualification will:

- assess any further danger to the child, other children and any adults present and take steps to remove or mitigate the danger
- respond to the injury, illness or trauma needs of the child or adult in accordance with their current first aid, asthma and anaphylaxis training, and in accordance with the child's medical management plan and risk minimisation plan if relevant . As part of first aid response educator may if required:
 - call an ambulance (or ask another staff member to call and co-ordinate the ambulance). The Nominated Supervisor or a familiar educator will accompany the child in the ambulance if parents/guardians are going directly to the hospital
 - notify a parent or authorised nominee that the child requires medical attention from a medical practitioner

- contact a parent or authorised nominee to collect the child from the service if required within 60 minutes
- notify the nominated supervisor and parents of the incident, illness or injury the same day that it occurs
- complete an Incident, Injury, Trauma and Illness Record without delay
- advise Nominated Supervisor of first aid products after each incident so they may be reordered.

The Nominated Supervisor and educators will supervise and care for children in the vicinity of the incident, illness or injury as appropriate.

Ticks

If a child is bitten by a tick educators will immediately advise the child's parents/guardians their child must be collected as soon as possible. (Educators will monitor the child's breathing and response and call 000 if necessary.) Educators will not attempt to remove the tick as incorrect removal, for example, squeezing the body of the tick, may cause more tick saliva to be injected. Educators will advise parents/guardians to follow the tick removal guidance from a recognised authority, and to take the child to a medical professional if they're unsure how to properly remove the tick or the child's symptoms worsen.

First Aid Kit Guidelines

First aid kits will be easily recognised and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

We will use the checklist in the WA First Aid Facilities and Services Code of Practice or Safe Work Australia First Aid in the Workplace Code of Practice as a guide on what to include in our first aid kits, and tailor the contents as necessary to meet our service needs (Tab B).

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

Any First Aid kit at the service must -

- not be locked
- not contain paracetamol (Panadol)
- have sufficient first aid resources for the number of employees and children, and the layout of the service
- have appropriate first aid resources for the immediate treatment of injuries at the service (including asthma and anaphylaxis)

- be accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury occurring if relevant
- be provided on each floor of a multi-level workplace
- be provided in each work vehicle
- be taken on excursions
- be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
- preferably be fitted with a carrying handle as well as internal compartments
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- contain a list of contents
- display emergency telephone numbers, and the phone number and location of the nearest first aid trained educators (including appropriate information for those employees who have mobile workplaces)
- display a photograph of the first aid trained educators along with contact details to assist in the identification process
- be maintained in proper condition and the contents replenished as necessary

Notification of serious incidents

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS within 24 hours of any serious incident at our service (s. 174). If our service only becomes aware that the incident was serious afterwards, we will notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Serious incidents include:

- the death of a child at the service or following an incident at the Service
- any incident involving a serious injury or trauma to a child at the service which a reasonable person would say required urgent attention from a medical practitioner, or the child attended or should have attended a hospital eg broken limb
- any incident involving serious illness of a child at the service where the child attended, or should have attended, a hospital eg severe asthma attack, seizure or anaphylaxis.
This does not include treatment at a hospital for non-serious injury, illness or trauma in cases where a General Practitioner consults from a hospital eg in rural and remote areas
- any emergency where emergency services attended ie there was an imminent or severe risk to the health, safety or wellbeing of a person at the service. It does not include incidents where emergency services attended as a precaution
- a child is missing or cannot be accounted for at the service
- a child has been taken from the service by someone not authorised to do this
- a child is mistakenly locked in or locked out of the service .

A serious injury, illness or trauma includes:

- | | |
|--|----------------------|
| • amputation | • epileptic seizures |
| • anaphylactic reaction requiring urgent | • head injuries |

- asthma requiring urgent hospitalisation
- Broken bone/fractures
- bronchiolitis
- burns
- diarrhoea requiring urgent hospitalisation
- measles
- meningococcal infection
- sexual assault
- witnessing violence or a frightening event

Notification of serious complaints and circumstances

The Approved Provider or Nominated Supervisor will notify the regulatory authority through the online NQA ITS:

- within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
- within 24 hours of any complaints that the National Law or Regulations have been breached
- within 7 days of any circumstances arising at the Service that pose a risk to the health, safety and wellbeing of a child
- within 7 days of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
- within 24 hours of any children being educated and care for in an emergency, including where there is a child protection order or the parent needs urgent health care. Emergency care can be no longer than two consecutive days of operation. The Approved Provider or Nominated Supervisor will consider the safety, health and wellbeing of all children at the service before accepting the additional child/children, and will advise the regulatory authority about the emergency
- within 24 hours of any incidents that require the Service to close or reduce attendance.

Notification of Work Health and Safety incidents

The following is taken from national WHS laws. Services should contact WorkCover WA to determine State notification requirements.

Under the national laws serious injury or illness is a “notifiable incident” under the work, health and safety legislation. Serious injury or illness means a person requires:

- immediate treatment as an in-patient in a hospital or
- immediate treatment for:
 - the amputation of any part of the body
 - a serious head injury
 - a serious eye injury
 - a serious burn
 - the separation of skin from an underlying tissue (such as degloving or scalping)
 - a spinal injury
 - the loss of a bodily function
 - serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness includes any infection which the carrying out of work contributed to significantly, example an infection that can be linked to providing treatment to a person or coming into contact with human blood or body substances.

A dangerous incident is also notifiable under the legislation and includes:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use under regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel.

The Approved Provider or Nominated Supervisor will notify WorkCover by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The Approved Provide or Nominated Supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by WorkCover.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Occupational Safety and Health Act 1984

Occupational Safety and Health Regulations 1996

WA Code of Practice First Aid Facilities and Services

Safe Work Australia Legislative Fact Sheets First Aiders

Safe Work Australia First Aid in the Workplace Code of Practice

Work Health and Safety Act and Regulations 2011 (national)

Review


The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

TAB A

Incident, Injury, Trauma and Illness Record		 Team
Nominated Supervisor's Name:		Date:
Nominated Supervisor's Signature:		

FORM DECLARATION

By signing this form, I declare that this Record has been completed as soon as practicably possible and no later than 24 hours after any incident, injury, trauma or illness has occurred while the child is being educated and cared for by the service.

Name of Person Completing Form _____
Signature of Person Completing Form _____
Time and Date Form Completed _____

PLEASE TRACK ANY ADDITIONAL CHANGES TO THE FORM BY WRITING THE TIME AND DATE NEXT TO ANY AREAS THAT ARE DIFFERENT FROM THE TIME AND DATE LISTED ABOVE. THE SIGNATURE OF THE PARENT AND SIGNATURE OF PERSON MAKING THE CHANGES IS ALSO REQUIRED NEXT TO EACH CHANGE.

Child's full name _____

DOB and Age in Years/Months _____

Time and Date child subjected to **Trauma or Incident** Occurred or Injury Received _____

Time and Date of Apparent Onset of **illness** _____

Circumstances leading to the **Incident, Injury or Trauma** _____

Nature of injury sustained:

Circumstances and symptoms surrounding any **Illness** which became apparent

Details of any person who **witnessed** an Incident, Injury, Trauma or Illness

Notifications (including attempted notifications)

Details of people contacted by the service in relation to any accident, injury, trauma or illness

	Full Name	Time and date	Successfully contacted Y or N
Parent/Authorised Nominees			
Supervisor			

Regulatory Authority officer (if applicable)			
Person who made contact			

Details of any action taken by the service in relation to any accident, injury, trauma or illness
Include the names of any individuals taking action

Details of any medication administered or first aid provided by the service
Include the names of any individuals administering medication or providing first aid

Time and Date that any Medical Personnel contacted

Name(s) and contact number of any Medical Personnel or Service contacted

Was the child transported by ambulance?

Yes

No

If known, details of any medication administered or first aid provided by any Medical Personnel or Service

Did the illness/incident require notification of Health Dpt/other recognised authorities?

Yes

No

If Yes, Please provide details of notification:

Does the illness/incident require the child to be excluded from care?

Yes

No

If Yes, please outline the recommended minimum exclusion period: _____

Please note that children requiring an exclusion period will not be allowed to resume their place at the service until a medical certificate is produced stating the child is fit to return.

Were all appropriate and relating policies and procedures followed when dealing with the illness/injury?

Yes

No

Name and details of policies and procedures followed

Parent's acknowledgement and comments

Parent's Name(s):	Date:
I acknowledge I have been notified of my child's incident/injury/trauma/illness. (Please circle)	
Parent's Signature(s):	

Were you satisfied with our treatment of your child's Incident, Injury, Trauma and Illness?

Yes

No

Are you satisfied that all policies and procedures at the service have been appropriately followed?

Yes

No

Is there any additional information or support you need?

If you feel our practices could be improved, please outline any suggestions below/any further comments

First Aid Kit Checklist

Safe Work Australia First Aid in the Workplace Code of Practice

Item	Quantity	QUANTITY AND EXPIRY DATE MET Yes / No
Instructions for providing first aid – including Cardio-Pulmonary Resuscitation (CPR) flow chart	1	
Note book and pen	1	
Resuscitation face mask or face shield	1	
Disposable nitrile examination gloves	5 pairs	
Gauze pieces 7.5 x 7.5 cm, sterile (3 per pack)	5 packs	
Saline (15 ml) 8	8	
Wound cleaning wipe (single 1% Cetrimide BP)	10	
Adhesive dressing strips – plastic or fabric (packet of 50)	1	
Splinter probes (single use, disposable)	10	
Tweezers/forceps	1	
Antiseptic liquid/spray (50 ml)	1	
Non-adherent wound dressing/pad 5 x 5 cm (small)	6	
Non-adherent wound dressing/pad 7.5 x 10 cm (medium)	3	
Non-adherent wound dressing/pad 10 x 10 cm (large)	1	
Conforming cotton bandage, 5 cm width	3	
Conforming cotton bandage, 7.5 cm width	3	
Crepe bandage 10 cm (for serious bleeding and pressure application)	1	
Scissors	1	
Non-stretch, hypoallergenic adhesive tape – 2.5 cm wide roll	1	
Safety pins (packet of 6)	1	
BPC wound dressings No. 14, medium ¹	1	
BPC wound dressings No. 15, large ¹	1	
Dressing – Combine Pad 9 x 20 cm	1	
Plastic bags - clip seal	1	
Triangular bandage (calico or cotton minimum width 90 cm)	2	
Emergency rescue blanket (for shock or hypothermia)	1	
Eye pad (single use)	4	

Access to 20 minutes of clean running water or (if this is not available) hydro gel(3.5 gm sachets)	5	
Instant ice pack (e.g. for treatment of soft tissue injuries and some stings).	1	

WA First Aid Facilities and Services Code of Practice

Basic First Aid Kits Contents List	Quantity	QUANTITY AND EXPIRY DATE MET Yes / No
Adhesive dressing strips individually wrapped	1	
Gauze squares 75 mm x 75 mm sterile packets	1	
Eye pads sterile	1	
Triangular bandages	1	
Safety pins	1	
Scissors (blunt or universal)	2	
Splinter probe or forceps	3	
Torch (small pencil type)	2	
Saline disposable 10 or 30 mm bottle for eye wash and wound dressing	2	
Wound dressings	6	
Dressing sterile, non-adherent small	1	
Dressing sterile, non-adherent large	1	
Cleansing swabs	1	
Cotton tipped applicators	1	
Gauze bandages 5 cm	6	
Conforming bandages(crepe or cotton)	2	
Non-stretch adhesive tape hypo-allergenic 1.25 cm wide	1	
Disposable gloves	6	
Cold packs (ice or chemical)	2	
Note pad and pencil	2	

Instruction booklet for emergency treatment	1	
Expired air resuscitation (EAR) and Cardio-pulmonary resuscitation (CPR) guides	1	
Face shields	1	

Infectious Diseases Policy

To be read with -

Immunisation and Disease Prevention Policy

NQS

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

Regs	77	Health, hygiene and safe food practices
	85	Incident, injury, trauma and illness policies and procedures
	86	Notification to parents of incident, injury, trauma and illness
	87	Incident, injury, trauma and illness record
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

Aim

Our service aims to minimise the spread of potentially infectious diseases between children, their families and staff by excluding children who may have an infectious disease or who are too ill to attend the service.

Related Policies

Educator and Management Policy

Enrolment Policy

Food Nutrition and Beverage Policy

Health, Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Immunisation Policy

Medical Conditions Policy

Privacy and Confidentiality Policy

Who is affected by this policy?

Child

Parents

Family

Educators

Management

Visitors

Volunteers

Implementation

Educators and the Nominated Supervisor will:

- minimise the spread of potential infectious diseases between children by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children
- comply with the minimum Exclusion Periods outlined in Schedule 1 of the Public Health Regulation 2000 (attached) and those outlined in the NHMRC 'Staying Healthy' publication
- inform parents of minimum exclusion periods, noting the Nominated Supervisor may ultimately determine when a child can return after illness and absence for the minimum exclusion period.

Educators will also advise the Nominated Supervisor as soon as they believe they have an infectious disease and are unable to care for children.

Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for educators to decide whether to accept or exclude the child. **If educators suspect a child may have an infectious disease, they will exclude the child until they receive a medical certificate stating the child is not contagious and is okay to attend the Service.**

Parents must advise educators on arrival verbally or in writing of any symptoms requiring administration of medication to their child in the past 48 hours and the cause of the symptoms if known. This advice must be provided the first time the child attends after the medication has been administered.

Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Service and educators will ask parents of children who are unwell to collect the child from the residence/venue within one hour or to make alternative arrangements for their child's care.

The Nominated Supervisor will:

- assist educators in making notification to public health authorities
- organise a pool of regular relief educators to cover educators who are ill and unable to care for children
- request a medical certificate from educators who have been ill stating they are not contagious and are okay to return to work
- comply with any directions from public health officials.

If an infectious disease arises at a residence/venue educators will respond to any symptoms in the following manner -

- Isolate the child from other children
- Ensure the child is comfortable and appropriately supervised
- Contact the child's parents or nominated emergency contact (if the child's parents are unavailable we will contact authorised nominees) and ask them to pick the child up as quickly as possible (and within one hour). Educators will provide information in the child's home language if possible
- Any person picking the child up from the service must be able to show identification if unknown to the educator
- Ensure all linen, towels and clothing which has been used by the child are washed separately and if possible air dried in the sun
- Ensure all toys used by the child are disinfected
- Ensure all eating utensils used by the child are separated and sterilised.
- Inform all families of the presence of an infectious disease verbally and by placing a notice near the front door. The child's name will not be revealed
- Ensure confidentiality of any personal or health related information related to any child or family

Fevers

Unwell children include those with fevers. Fevers refer to temperatures above 38°C, and are usually a sign of infection (eg virus). When children develop a fever at the service, educators and staff will:

- contact parents and ask them to collect the child unless we have written advice from a medical practitioner that the fever is not caused by an infectious disease (eg teething).
- administer first aid if required in line with service procedures. This may include calling an ambulance.
- if the child is distressed, bathe their face in lukewarm water, and administer paracetamol if parents have given written permission and administration is consistent with the Administration of Medication Policy
- offer water to the child and ensure they are not overdressed and their clothing is comfortable
- monitor the child's behaviour, alertness and any other symptoms that could indicate serious infection including rash, stiffness, vomiting, coughing or convulsions

Notifications and exclusion periods

As outlined in the Public Health and Wellbeing Regulations 2019 (Vic):

- parents must advise educators as soon as possible if a child has an infectious diseases or the child has been in contact with a person infected with an infectious disease listed in Schedule 7 of the 2019 Regulations (Reg 110). These diseases are listed in Schedule 7 (extract from Fact Sheet 'Immunisation and exclusions (schools and children's services) Dept Health and Human Services attached)
- Approved providers or nominated supervisors must not allow a child who has been infected or had contact with the diseases outlined in Schedule 7 to the Regulations to attend the service for the exclusion periods outlined in Schedule 7 (Reg 111).
- The Chief Health Officer may direct the person in charge to exclude a child the Officer believes is at substantial risk of contracting a vaccine-preventable disease after considering, for example their immunisation status.

Public Health Units - Advice and Notifications

Public Health Units are an important source of information and advice about many contagious/notifiable diseases including measles, meningococcal disease, Haemophilus influenzae type b (Hib), hepatitis A, and pertussis (whooping cough). Nominated Supervisors will telephone these Units as soon as possible when needed/appropriate for advice about an illness and how to control the spread of the illness and follow any advice. In particular, the nominated supervisor will always phone the Public Health Unit as soon as possible (and within 24 hours) when there are:

- two or more cases (children or staff) of gastroenteritis in the centre (including norovirus, rotavirus, salmonellosis which are types of gastroenteritis) within 48 hours of each other. Symptoms include diarrhoea, vomiting, fever, abdominal cramps
- two or more cases (children or staff) of Shigellosis which is a severe intestinal infection. Symptoms include diarrhoea, fever, vomiting and cramps.
- Contact the Department of Health and Human Services, Communicable Disease Prevention and Control Branch on 1300 651 160.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

A guide to the management and control of gastroenteritis outbreaks in children's centres: VIC Health

NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition

Public Health and Wellbeing Act 2008

Public Health and Wellbeing Regulations 2019

'Immunisation and exclusions (schools and children's services) Fact Sheet' Health and Human Services

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

Attachment A

Extract of Schedule 7 – Minimum period of exclusion from primary schools, education and care services premises and children’s services centres for infectious diseases cases and contacts

Highlighted sections indicate changes under the Public health and Wellbeing Regulations 2019.

Conditions	Exclusion of cases	Exclusion of Contacts
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Cytomegalovirus (CMV) infection	Exclusion is not necessary	Not excluded
Diarrhoeal illness ¹	Exclude until there has not been vomiting or a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Chief Health Officer
Glandular fever (Epstein-Barr Virus infection)	Exclusion is not necessary	Not excluded
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
<i>Haemophilus influenzae</i> type b (Hib)	Exclude until 48 hours after initiation of effective therapy	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (<i>cold sores</i>)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immuno-deficiency virus infection (HIV)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing	Not excluded

Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Chief Health officer
Leprosy	Exclude until approval to return has been given by the Chief Health Officer	Not excluded
Measles	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of exposure with any infectious case, or received Normal Human Immunoglobulin (NHIG) within 144 hours of exposure of any infectious case, they may return to the facility
Meningitis (bacterial — other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)	Not excluded
Molluscum contagiosum	Exclusion is not necessary	Not excluded
Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliovirus infection	Exclude for at least 14 days from onset. Readmit after receiving medical certificate of recovery	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Chief Health Officer
Shiga toxin or Verotoxin producing <i>Escherichia coli</i> (STEC or VTEC)	Exclude if required by the Chief Health officer and only for the period specified by the Chief Health Officer	Not excluded
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well	Not excluded
Tuberculosis (excluding latent tuberculosis) ²	Exclude until receipt of a medical certificate from the treating physician stating that the child is not considered to be infectious	Not excluded

Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Chief Health Officer	Not excluded unless considered necessary by the Chief Health Officer
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Lock Up Policy

NQS

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

National Regulations

12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
168(2)(f))	Education and care service must have policies and procedures providing a child safe environment

Aim

We aim to minimise the potential for any incidents to occur at our service as we close up each day by adhering to the following “lock-up” procedures. This will ensure the safety and wellbeing of all children at the service.

Related Policies

Delivery and Collection of Children Policy
Incident, Injury, Trauma and Illness Policy

Who is affected by this policy?

Children
Families
Educators
Management

Implementation

At the end of our service operations each day, the Responsible Person present at the Service will:

- check all resting areas to ensure no child is asleep.
- check the premises outdoors and indoors to ensure that no child remains on the premises after the service closes.

- review the children's attendance records to ensure all children who were signed in that day have been signed out.

If a child has not been signed out the Responsible Person will:

- if possible ask educators if the child was collected.
 - immediately conduct a search of the premises, indoors and outdoors to locate the unaccounted for child if educators are unsure whether the child has been collected.
 - contact the child's parents if the child is not located to see if the child was collected without being signed out
 - contact the police if the child is missing
 - immediately document a missing child incident using the Incident, Injury, Trauma and Illness Record template published by the national authority ACECQA at www.acecqa.gov.au
 - notify the regulatory authority within 24 hours of the serious incident involving missing child through the online NQA ITS
- Turn off lights and air-conditioning
 - Shut blinds
 - Ensure taps and any outdoor sprinklers, hoses etc are turned off
 - Ensure any animals kept at the premises are secured appropriately
 - Turn on alarm
 - Lock premises

Sources

Education and Care Services National Law and Regulations
National Quality Standard

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024
2025

Date for next review: August

Medical Conditions Policy

National Quality Standards

QA2	2.1.1	Health - Each child's health and physical activity is supported and promoted.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program
	7.1.3	Role and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

National Law

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

Reg	90	Medical conditions policy
	90(1)(iv)	Medical Conditions Communication Plan
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement—anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

MTOP

LO3	Children are happy, healthy, safe and connected to others.
	Educators engage children in experiences, conversations and routines that promote safety, healthy lifestyles and nutrition

Aim

The service and all Educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, Educators and visitors.

Related Policies

Additional Needs Policy
Administration of Medication Policy
Death of a Child Policy
Emergency Service Contact Policy
Emergency Management and Evacuation Policy
Enrolment Policy
Food Nutrition and Beverage Policy
Health, Hygiene and Safe Food Policy
HIV AIDS Policy
Immunisation and Disease Prevention Policy
Incident, Injury, Trauma and Illness Policy
Infectious Diseases Policy
Privacy and Confidentiality Policy
Staffing Arrangements Policy

Implementation

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

A copy of the Medical Conditions Policy will be provided to all Educators and volunteers at the service. The Policy will also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child's parents about any medical condition/suspected medical condition or known allergens that pose a risk to the child.

No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about of these things, including any new medication, ceasing of medication, or changes to their child's prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans are required as discussed below.

The Nominated Supervisor and Educators will provide support and information to families about resources and support for managing specific health care needs and medical conditions, including allergies, anaphylaxis asthma and diabetes.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.

The Nominated Supervisor will ensure all Educators receive refresher training in the administration of adrenaline auto-injection devices and cardio- pulmonary resuscitation every 12 months, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the Nominated Supervisor will ensure first aid trained Educators receive regular training in the use of relevant devices e.g. insulin injection device (syringes, pens, pumps) used by children

Medical Information that must be provided in Enrolment Record

Medical Management Plan

The Enrolment Form provides an opportunity for parents to help the service effectively meet their child's health and medical needs. All Educators and volunteers at the service follow a child's medical management plan, including in the event of an incident related to the child's specific health care needs or medical condition.

Families must:

- advise details of specific health care needs or medical conditions including asthma, diabetes and allergies, and whether the child has been diagnosed at risk of anaphylaxis
- provide a Medical Management Plan prepared by the child's doctor in respect of any specific health care needs or medical conditions. The Plan should:
 - include a photo of the child
 - state what triggers the allergy or medical condition if relevant
 - state first aid needed
 - contact details of the doctor who signed the plan
 - state when the Plan should be reviewed
 - have supporting documentation if appropriate

Medical Conditions Risk Minimisation Plan

The Nominated Supervisor and relevant Educators will prepare and implement a medical conditions risk minimisation plan in consultation with families which is informed by the child's Medical Management Plan. The Plan will include measures to ensure:

any risks are assessed and minimised

practices and procedures for the safe handling of food, preparation, consumption, and

service of food for the child are developed and implemented if relevant (we will follow all health, hygiene and safe food policies and procedures)

all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised

a child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

This plan will be signed by parents, the Nominated Supervisor and relevant Educators. We have a template resource for this purpose titled 'Medical Conditions Risk Minimisation Plan'.

The Medical Management and Risk Minimisation plans will be kept in the child's file and a copy of the plans stored securely with the child's medication, emergency evacuation kit and first aid kit. A copy of the plans will also be displayed in a prominent position near a telephone (e.g. kitchen) to ensure all procedures are followed. If parents have not authorised display of the plans in public areas, the plans will be displayed in areas which are

not accessed by families and visitors to protect the child's privacy. We will explain to families why the prominent display of their child's plans is preferable.

The medical plans will also be taken on any excursions.

Medical Conditions Communication Plan

The Nominated Supervisor will implement a medical conditions communication plan to ensure that relevant Educators and volunteers:

understand the Medical Conditions Policy

can easily identify a child with health care needs or medical conditions

understand the child's health care needs and medical conditions and their medical management and risk minimisation plans

know where each child's medication is stored

are updated about the child's needs and conditions

The Nominated Supervisor will also ensure the medical conditions communication plan sets out how parents may advise changes to their child's medical management and risk minimisation plans. The Nominated Supervisor will regularly remind families to update their child health and medical information as outlined in the Plan.

The plan will be signed by parents, the Nominated Supervisor and relevant Educators. We have a template resource for this purpose titled *'Medical Conditions Communication Plan.'*

The Nominated Supervisor will ensure:

- any new information is attached to the child's Enrolment Form and medical plans where relevant and shared with relevant Educators and volunteers
- displays about a child's health care needs or medical conditions are updated.

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, Educators will:

ensure children do not trade food, utensils or food containers

prepare food in line with a child's medical management plan and family recommendations

use non-food rewards with children, for example, stickers for appropriate behaviour

request families to label all bottles, drinks and lunchboxes etc with their child's name

consider whether it's necessary to change or restrict the use of food products in craft,

science experiments and cooking classes so children with allergies can participate

- sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection
- hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

The Nominated Supervisor will also:

instruct Educators on the need to prevent cross contamination

consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy e.g. by placing a sign near the front door reminding families about this. In the case of a nut allergy this may prevent, for example, parents or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:

peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts

any other type of tree or ground nuts, peanut oil or other nut-based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan

any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods

foods with spices and seeds such as mustard, poppy, wheat and sesame seeds

cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material

In relation to nuts and nut products, commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service e.g. there will be traces of nuts in many products. **For this reason, we are a nut aware service rather than a nut free service.**

- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence

consider requesting parents of children with (severe) food allergies to prepare food for the child at home where possible

- instruct food preparation Educators and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required e.g. careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children
- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate
- ensure food preparation Educators consult risk minimisation plans when making food purchases and planning menus
- provide information about anaphylaxis and organise training for all Educators on how to administer adrenaline auto injector devices e.g. EpiPen's
- encourage all Educators to undertake anaphylaxis management training
- ensure all Educators administer medication in accordance with our "Administration of Medication Policy"

- ensure Educators regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

Allergic reactions and anaphylaxis are also commonly caused by:

animals, insects, spiders and reptiles
 drugs and medications, especially antibiotics and vaccines
 many homeopathic, naturopathic and vitamin preparations
 many species of plants, especially those with thorns and stings
 latex and rubber products
 Band-Aids, Elastoplast and products containing rubber-based adhesives.

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

The service will display an Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan poster for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.allergy.org.au)

Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained Educator with approved anaphylaxis training administers first aid in line with the child's medical management plan. This may include use of an adrenaline autoinjector device e.g. EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au)
- call an ambulance immediately by dialling 000

The Nominated Supervisor will ensure that an emergency auto-injection device kit is stored in a location that is known to all Educators, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. Educators will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

To minimise exposure of susceptible children to triggers which may cause asthma, Educators will ensure children's exposure to asthma triggers are minimised. This may for example,

- implement wet dusting to ensure dust is not stirred up
- plan different activities so children are not exposed to extremes of temperature e.g. cold outdoors and warm indoors

- restrict certain natural elements from inside environments
- supervise children's activity and exercise at all times
- keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc

The Nominated Supervisor will also:

- consider banning certain plants and vegetation from the outdoor and indoor environments
- consider children's asthma triggers before purchasing service animals or allowing children's pets to visit
- ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately
- assist Educators to monitor pollution levels and adverse weather events
- ensure Educators regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack, and implement improvements if possible

The service will display a National Asthma Council Australia Action Plan Poster in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet (see www.nationalasthma.org.au)

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

- ensure a first aid trained Educator with approved asthma training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the Educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:
 1. Sit the child upright - Stay with the child and be calm and reassuring
 2. Give 4 separate puffs of a reliever inhaler (blue/grey)
 - Use a spacer if there is one
 - Shake puffer
 - Give 1 puff at a time with 4-6 breaths after each puff
 - Repeat until 4 puffs have been taken
 3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above
 4. If there is still no improvement call an ambulance on 000
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives

The service will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all Educators, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer
- At least 2 face masks compatible with the spacer for use by children under 5

Spacers and masks can only be used by one person. That person can re-use the spacer or mask, but it cannot be used by anyone else. Educators will ensure the child's name is written on the spacer and mask when it is used.

Diabetes Management

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a "hypo") if their blood sugar levels are too low. Things that can cause a "hypo" include:

- a delayed or missed meal, or a meal with too little carbohydrate
- extra strenuous or unplanned physical activity
- too much insulin or medication for diabetes
- vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

Educators will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- ensuring medication is administered as outlined in the medical management plan
- ensuring children eat at regular intervals and have appropriate levels of carbohydrate

The Nominated Supervisor will also ensure information about the child's diet including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan is considered when preparing service menus.

If a child is displaying symptoms of a "hypo" a first aid trained Educator will:

- immediately administer first aid in accordance with the child's medical management plan. This may include giving the child some quick acting and easily consumed carbohydrate e.g. several jellybeans, 2-3 teaspoons of honey or some fruit juice. Once blood glucose is at regular levels the child may be given some slow acting carbohydrate to stabilise blood sugar e.g. slice of bread, glass of milk, piece of fruit

If a child is displaying severe hypoglycaemia (e.g. they're unconscious, drowsy, or unable to swallow) a first aid trained Educator will:

- immediately administer first aid in accordance with the child's medical management plan
- call an ambulance by dialling 000
- administer CPR if the child stops breathing before the ambulance arrives.

We will refer to [as1diabetes \(as1diabetes.com.au\)](http://as1diabetes.com.au) for more information and resources, including child friendly resources, on diabetes.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

Asthma Australia

National Asthma Organisation

Allergy and Anaphylaxis Australia www.allergyfacts.org.au

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

Australian Diabetes Council

Better Health Vic

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

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 My Time Our Place Framework for School Age Care and the National Regulations – an Australian Government initiative linked to the funding of the Child Care Subsidy for parents. This is conducted through the Australian Children's Education and Care Quality Authority (ACECQA) and the state licensing department through scheduled site assessment visits and where appropriate, spontaneous visits.

The NQS provides standards of quality practices for care provided in our Service as well as guidance and support from the Service's self evaluation through our Quality Improvement Plan (QIP). The system also allows educators to continually improve practices by identifying the quality aspects of care the Service is already providing and assisting the Service in developing goals for further improvement through our QIP. The Service is required to review the QIP at least annually and submit the most recent QIP to the regulatory authority on request.

The QIP will be kept on the premises at all times and made available on request to the parents of any child who is enrolled at our Service or seeking to be enrolled.

The Service will ensure that all educators and management are informed about current practices and requirements in the NQF process by attending appropriate in-service/training, accessing any other publications and information about the accreditation process that may be of benefit – including those published by ACECQA.

Educators will involve parents, families and management in each stage to seek their input and views into practices and care in our Service – this includes having parent input into policy reviews, parent meetings and providing updates in newsletters about the Service's current stage in the process.

The seven Standards under the NQS are –

1. Educational program and practice
2. Children's health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Governance and Leadership

The Rating System

The NQS is accompanied by a national quality rating and assessment process that promotes transparency and accountability and assists parents to make informed choices about the quality of education and care at a service. Our service will display the rating received for each quality area and the overall rating.

The Ratings are as follows –

- Excellent
- Exceeding National Quality Standard
- Meeting National Quality Standard
- Working towards National Quality Standard
- Significant improvement required.

We will access regular updates on the ACECQA website – www.acecqa.gov.au

Sources

National Quality Standard

My Time, Our Place Framework for School Age Care

Education and Care Services National Law and Regulations

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families

- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Orientation for Children Policy

National Quality Framework

QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.
	6.2.1	Transitions - Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.

National Regulations

Regs	177	Prescribed enrolment and other documents to be kept by approved provider
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Aim

To provide children and families with an orientation procedure that allows the family to transition to their child being in care, transition to a new room within the service or transition between school and the service.

Related Policies

Enrolment Policy
Family Law and Access Policy
Parental Interaction and Involvement in the Service Policy
Physical Environment (Workplace Safety, Learning and Administration) Policy
Relationships with Children Policy
Staffing Arrangements Policy
Unenrolled Children Policy

Implementation

We believe orientation is an important process where Educators are able to get important information about the new child's needs and those of the family.

The Nominated Supervisor will arrange for the new child to attend the service (together with parents/s) to visit and meet the Educators and familiarise with the environment. The children may participate in the activities if they so desire. A number of young children prefer to just watch, rather than do. Positive interactions at this time (between parents, Educators, and the child) are important for the children to build positive attitudes to the service environment. Educators are aware that some children respond to new experiences faster than others and will adapt to the situation.

At this time, the daily timetable and program will be discussed, as well as routines and any special requirements for the child that may need to be accommodated. Parents will be asked to provide their insights of the child's strengths, interests and abilities. Parents will also be invited to ring and check on their child at any time if there are any concerns.

Part of this orientation visit is also to explain/collect the required documentation for the child (enrolment form, birth certificate, immunisation record and Medicare number etc). Educators will also explain methods of fee payment and communication (newsletters, pockets, communication box etc), what the child will need and the importance of labelling personal items. Families will be provided with easy to read information about how the service operates and what it can provide and also shown the parent library where they can access the service's policies and other resources.

Parents will be kept informed about how their child is settling in on collection and are welcome to discuss any aspects with the Nominated Supervisor at a convenient time.

Information on the service's child orientation policy will be available in different languages when required.

Transition between Educators or from school to outside school hours care

Change is harder for some children than others; however, by making this transition as smooth as possible for children and families, we are helping build the child's success.

Implementation

So as to minimise any distress that a transition may cause:

- Involve enrolled children in the orientation of new children and their families
- Develop procedures (for example a communication book) to ensure information is shared between Educators working in the before-school and after-school components of the service.
- Ensure at least one Educator is responsible for transitioning children between the service and school. Develop documented procedures to ensure children at the service arrive safely at school and at the service, including a procedure that addresses enrolled children who have not arrived at the service. Ensure information from families about their child's attendance or non-attendance at the service is communicated to Educators responsible for transitioning children between school and the service.
- Develop processes to manage children's attendance at extracurricular activities or sporting events.
- Share information and insights you have gained about a child with new Educators.
- Introduce new Educators to children and provide the children with some background information about the Educators.
- Talk to families about how their child handles change and the strategies they use to help their child cope with change
- Plan to have the child and family visit the service more than once if necessary.
- Talk about the transition in a positive way

Sources

Education and Care Services National Regulations
National Quality Standard

Review

The policy will be reviewed annually.

Review will be conducted by:

- Management
- Employees
- Families
- Interested Parties.

Reviewed: August 2024

Date for next review: August 2025

Parental Interaction and Involvement in the Service Policy

NQF

QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions .
	6.1.2	Parent views are respected - The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
	6.1.3	Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
	6.2.1	Transitions - Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program.

National Regulations

Regs	157	Access For Parents
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Aim

Communications between family members and the Service are considered crucial for a child to reach their full development. Therefore, we aim to provide an environment where there is a strong emphasis on family/Service communication to allow consistency and continuity between the home and the Service environment. By encouraging family members to be involved in the service, we aim to provide a service that best meets the needs of our community.

Related Policies

Educator and Management Policy
Enrolment Policy
Family Law and Access Policy
Fees Policy
Grievance Policy
Orientation for Children Policy

Implementation

Parent Communication

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

- Face to face.
- A monthly newsletter.
- A communications book in the service's foyer.
- A notice board displaying upcoming events and notices.
- Regular informal meetings with parents and the opportunity to plan formal meetings if necessary.
- A Suggestions Box in the foyer where parents can anonymously (or give their names if desired) make suggestions to improve the service.
- Short surveys regarding the service's philosophy and how you feel your child/ren feel about the service.
- Each family will be allocated a 'pocket' where private correspondence between Educators, the nominated supervisor or approved provider and the family can take place.

If necessary, Educators have support and access to translation services to provide this information for non-English speaking families.

Community Services

Our Service will:

- Assist families to locate, contact or access community services. We will provide information brochures for families where possible where available.
- Invite community members to the service to contribute to a program
- Liaise with other children's services, schools, health services and organisation working with children and families in the local area.

Parental and Family Involvement

Families are welcome to visit at any time of the day. (The Approved Provider, Nominated Supervisor and Educators will not allow a parent to enter the service premises if they reasonably believe this would contravene a court order.)

- Families are encouraged to make suggestions and offer critique on our program, philosophy, management and food menu.
- Families are encouraged to share aspects of their culture with the Educators and children as well as appropriate experiences.
- Families are invited to participate in the service's daily routine by helping out with activities such as craft, special activities and the preparation of afternoon tea.
- A family/Educators committee will be established to set goals for the service, help write and implement policies and help to meet aims of the NQF Assessment process.
- Minutes of regular Educators/parents meetings will be kept aside for either side to make suggestions.
- Families are provided with opportunities to have private discussions with the nominated supervisor or Educators.

Parent Support

For those families undergoing difficult situations and who seek assistance from service, the service will offer support as appropriate. Our service offers a parent library which provides resources and contact numbers for various support groups within the local community such as a baby nurse, playgroup and speech therapist.

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

Parent Grievances

Our Grievance Policy outlines the steps we take to address complaints and grievances from Educators, Educators, families, visitors and volunteers.

Open Doors

O	Our Service can be accessed at any time for parental inspection.
P	Please come and see how we help your child develop and grow.
E	Entry by you any time shows that we are happy for you to see our practices at any time of the day.
N	Never leave your child in a Service unless you feel 100% confident in their ability to provide for your child.
D	Don't hesitate to ask us any questions about your child, their development or our Service philosophy.
O	Our Service is proud of the quality of care we provide.
O	Our Educators are qualified, trained, experienced and talented.
R	Rather than take our word for this
S	See for yourselves!

Parent Survey Template

PARENT QUESTIONNAIRE

Dear Parent

We wish to provide your child/ren with the highest level of care. In order to do this, we would like your opinion on how you feel the Service is being run and how our program and our philosophy is helping your child develop. It would help us if you provided us with your thoughts on what our Service's strengths and weaknesses are so we can work to improve these.

Attached is a questionnaire which asks your opinion of some important educational issues. It would help us if you could answer these as honestly as possible. Your responses will be kept private and confidential.

Please return completed survey by_____

Thank you for your participation.

Nominated Supervisor

Parent Survey

	Strongly Agree	Agree	Disagree	Don't Know
1. I feel welcomed in the Service.				
2. The Service takes my concerns seriously.				
3. The Service provides helpful information.				
4. I feel as though I can talk to the Educators about my child's progress.				
5. The Service values my help and interest.				
6. Educators provide a challenging and stimulating environment for my child.				
7. Educators care if my child is not doing as well as he/she can.				
8. The Service has a safe and secure environment.				
9. The Service is always looking for ways to improve				
10. The Educators regularly praise children.				
11. The children are the Service's main focus.				
12. I share in the education of my child.				
13. I receive adequate notice of Service events.				
14. Newsletters are regular and informative.				
15. The Service's aims are to improve the quality of learning and teaching.				
What do you see as the strengths of the Service?				
How do you see the Service could be improved?				
In what ways would you like to be more involved in the Service?				
What other comments would you like to make (if any)				

Thank you for taking the time to respond to these questions.

Sources

National Quality Standard

Education and Care Services National Regulations

Administration, Handle with Care. (1987). Sebastian, Patricia. AE Press: Melbourne.

Review

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

- Management
- Employees
- Parents/Families

- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Photography Policy

NQS

QA4	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.
QA5	5.1.2	Dignity and rights of the child- The dignity and rights of every child are maintained.
QA6	6.1.2	Parent views are respected - The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.

My Time, Our Place

LO1	1.1	Children feel safe, secure, and supported
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Aim

To protect the safety, rights and privacy of children and educators when taking photographs and videos.

Related Policies

Enrolment Policy

Privacy and Confidentiality Policy

Social Media Policy

Implementation

To ensure the privacy and safety of children, all employees and volunteers will obtain authorisation from parents/guardians before taking any photographs/videos of children at the Service.

The Approved Provider or Nominated Supervisor will ensure:

- our photography policy is discussed during a child's enrolment at our service.
- parents authorise in writing the taking of photographs of their child at the Service before any photographs are taken.
- authorisation is obtained in relation to the taking of photographs by Educators at the Service, and other individuals using the Service including school photographers, individuals undertaking research projects and students on practicum placements using the attached form.
- written authorisations obtained from parents cover why the photographs will be taken and how they will be used.

- express consent is obtained from parents about the posting of any photographs on the Service's social media account or a related social media account with which the Service has a professional relationship. Service photographs of children will not be posted on any social media forum if parental consent to this has not been obtained. Refer Social Media Policy for more information.
- express consent is obtained from parents before any photographs of their child are used to publicise the Service, or to support any research projects or study placements. Consent will be obtained for example, before any photographs are posted on the Service's website or included in brochures or media articles.
- parents/families are notified about the presence of school photographers, researchers and students on practicum placements before they take any photographs of the children.
- parents' wishes in relation to the taking of photographs of their children will be respected at all times and Educators do not photograph children where parents have not authorised the taking of photographs. This may require the child to be removed from group situations where photos will be taken.
- written authorisations obtained from parents include advice that parents may withdraw their authorisation to take photographs of their children at any time by advising the Nominated Supervisor in writing.

Educators must not use their own phone, tablet, laptop etc to take photos/videos of children. If taking photographs/videos using service smart phones/cameras they will:

- only take photographs/videos of children whose parents/guardians have authorised the taking of photographs/videos
- remove children from group photo/video situations if parents/guardians haven't authorised the taking of photographs/videos
- only post photographs/videos of children on social media, Apps or to the service website etc if parents/guardians have authorised this
- ensure children are clothed appropriately before taking photographs/videos.

Service cameras including smart phone cameras will never be taken home by employees or volunteers, and will be stored in a secure location which is approved by the Nominated Supervisor when not in use. Educators must be authorised by the Nominated Supervisor to share photos/videos online or directly with families. Educators must never download photos/videos to a personal device or take steps which allow them to access the photos/videos from their own personal device.

The Approved Provider, Nominated Supervisor and Educators will ensure that photographs/videos taken by employees or volunteers are stored securely in hard copy or digital form and cannot be used or reproduced by any unauthorised person. When used publicly the child will only be referred to by their first name and surname initial, unless parents/guardians have authorised use of the child's full name.

Parents/guardians and families:

- may only photograph/video their own child at the Service unless given permission by another child's parent/guardian

- must not share photos/videos of their children at the service, electronically or in hard copy, or post any of these photos/videos on social media platforms or Apps, if the photo/video also includes another child/children or an educator, unless they have the families' or educator's express consent.

During service events attended by families involving a large number of children (eg concerts) the Nominated Supervisor may ask families before the event if there's anyone who objects to their child being photographed or videoed by another family.

Sources

National Quality Standard
My Time Our Place

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Photography Authorisation – Parent One

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 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 being used to support the curriculum.

- ☐ the photographs taken by Educators 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 on the Service's social media account or a related social media account with which the Service has a professional relationship. Photographs may be shared with Homeroom.

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.

Photography Authorisation – Parent Two

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 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 being used to support the curriculum.

- ☐ the photographs taken by Educators 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 on the Service's social media account or a related social media account with which the Service has a professional relationship. Photographs may be shared with Homeroom.

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.

Physical Activity Promotion Policy

National Quality Standards

QA2	2.1.3	Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.
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My Time, Our Place

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

Aim

To provide children with a physically active program that is developmentally appropriate.

Related Policies

Additional Needs Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Relationships with Children Policy

Who is affected by this policy?

Children

Families

Educators

Management

Implementation

The service will implement the Australian Government's physical activity guidelines for children 5-12 years as outlined in the 'Make your move – sit less and be active for life' brochure which can be found at the following web address:

[http://www.health.gov.au/internet/main/publishing.nsf/content/F01F92328EDADA5BCA257BF0001E720D/\\$File/brochure%20PA%20Guidelines_A5_5-12yrs.PDF](http://www.health.gov.au/internet/main/publishing.nsf/content/F01F92328EDADA5BCA257BF0001E720D/$File/brochure%20PA%20Guidelines_A5_5-12yrs.PDF)

In line with this, our service will implement and encourage the following recommendations for physical activity for each child in attendance:

- A combination of moderate and vigorous activities for at least 60 minutes a day, including activities that strengthen muscle and bone.

Children who are just starting to get active should begin with a moderate level of activity, for example 30 minutes per day, and steadily increase.

Examples of moderate activities are a brisk walk, a bike ride or any sort of active play.

More vigorous activities will make children “huff and puff” and include organised

sports such as football and netball, as well as activities such as ballet, running and swimming laps. Children typically accumulate activity in intermittent bursts ranging from a few seconds to several minutes, so any sort of active play will usually include some vigorous activity.

Activities that strengthen muscle and bone include skipping, running, jumping, climbing, games like tug-of-war and structured activities like dance and gymnastics.

- A variety of aerobic activities that are fun and suit their interests, skills and abilities. Variety will also offer the child a range of health benefits, experiences and challenges.
- Limited screen time. Children shouldn't spend more than two hours a day using electronic media for entertainment (eg computer games, TV, internet), particularly during daylight hours.

Educator's Will:

- Encourage children to participate in physical activities through programming and spontaneous experiences.
- Encourage and support children to undertake and participate in new or unfamiliar physical activities.
- Participate in physical activity with the children.
- Show enthusiasm for participation in physical activity and organise play spaces to ensure the safety and wellbeing of all individuals in the environment.
- Set up and plan for physical play activities and equipment and where appropriate encourage the children to help with the set-up.
- Listen to children's suggestions on what physical activities they would like to participate in and where appropriate incorporate them into the program
- Set up indoor and outdoor areas in a manner that promotes and encourages safe physical play for all ages and abilities represented at the service.
- Actively encourage children to accept and respect each other's range of physical abilities.
- Consult with families and resource agencies on providing physical experiences that reflect diverse backgrounds and abilities.
- Role model appropriate footwear and clothing for physical activity.
- Will ensure a balance of active and sedentary activities throughout the child's day and minimize sedentary behaviours unless the child is tired or ill.

The service will support the children in:

- The development of their physical skill set by providing regular opportunities for outdoor play.
- The development of their physical skill set by talking with children about how the human body and how important physical activity is for an individual's health and wellbeing.
- The development of their physical skill set by providing experiences for the children that draw on elements of dance, dramatic play and creative movement.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Make your move – sit less be active for life: Department of Health

Australian 24 Hour Movement Guidelines for Children and Young People (5-17 years)

My Time, Our Place Framework for School Age Care

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Physical Environment (Workplace Safety, Learning and Administration) Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
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QA3	3.1.1	Fit for purpose - Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained.
	3.2.1	Inclusive environment - Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
	3.2.2	Resources support play-based learning - Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.

QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.
	6.1.3	Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.

QA7	7.1.2	Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.
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National Law

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

National Regulations

Regs	82	Tobacco, drug and alcohol free environment
	99	Children leaving the education and care service premises
	103	Premises, furniture and equipment to be safe, clean and in good repair
	105	Furniture, materials and equipment
	106	Laundry and hygiene facilities
	107	Space requirements—indoor
	108	Space requirements—outdoor space
	109	Toilet and hygiene facilities
	110	Ventilation and natural light
	111	Administrative space
	112	Nappy change facilities

113	Outdoor space—natural environment
114	Outdoor space—shade
115	Premises designed to facilitate supervision
156	Relationships in groups
168(2)(a)(iii))	Education and care services must have policies and procedures on water safety, including during any water based activity
249	Declared approved services (other than declared approved family day care services)
251	Declared out of scope services

EYLF

LO2	Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation
	Children become socially responsible and show respect for the environment
LO4	Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity
	Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating
	Children transfer and adapt what they have learned from one context to another
	Children resource their own learning through connecting with people, place, technologies and natural and processed materials

Aim

To provide a physical environment that is safe, appealing, constructive, well-maintained and welcoming to all individuals who use it.

Related Policies

Animal and Pet Policy
 Chemical Spills
 Excursion Policy
 Governance Policy
 Health, Hygiene and Safe Food Policy
 Incident, Injury, Trauma and Illness Policy
 Relationships with Children Policy
 Sandpit Policy
 Staffing Arrangements 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, is used in line with manufacturer's warnings and instructions eg suitability for outdoor use (if this is unclear they will ask manufacturer's/installers to provide this information) and educators are trained in correct maintenance and assembly
- ensure non-fixed play equipment in the grounds is less than one and a half metres high and that educators can adequately supervise children at all times
- place any outdoor climbing equipment, swings or slides on impact absorbing surfaces (soft fall materials)
 - maintain an up to date inventory/registry of equipment
 - select resources and equipment that reflect the cultural diversity of our families, local community and nation, including the culture and diversity of Australia's Indigenous community
- actively seek the views of parents and families about our resources and equipment
 - advise educators and families about the purchase of new equipment and ensure a risk assessment is carried out
- prepare an ongoing prioritised maintenance plan for the service at the beginning of each year, and implement the plan throughout the year, and organise maintenance systems (eg checklists, logs, building and equipment records).

Educators will:

- provide a list of equipment or resources which need maintenance to the Approved Provider or Nominated Supervisor every 6 months. The list will prioritise maintenance requirements
- introduce children to new resources and equipment, and teach them how to use and care for them appropriately
- store equipment that should only be used under supervision in a secure place
- allow children to use a trampoline only when they are directly supervised
- regularly check equipment and resources to ensure it is clean and safe
- ensure they comply with cleaning schedules for resources and equipment

Facilities

The Approved Provider or Nominated Supervisor will:

- provide adequate, sufficient and accessible facilities for hand-washing, toileting, eating and sleeping. Toileting and hand-washing facilities will be accessible from our indoor and outdoor environments
- provide access to clean drinking water in our indoor and outdoor environments
- providing secure and hygienic laundry facilities

- ensure that the premises and grounds comply with building regulations (Local, State and Federal Government) and the Building Code of Australia in relation to fire, ventilation, lighting and safety glass
- provide appropriate and hygienic areas for food preparation
- complete a Building Safety Checklist of the premises and grounds every 6 months and ensure any work necessary meets Australian standards
- implement management plans to ensure the safety of educators, children, families and visitors if the service undertakes major renovations
- ensure there are at least 3.25 square metres of unencumbered indoor space for each child at the service (does not include passageways, bathrooms, food preparation areas, staff or administrative rooms, storage areas, kitchens unless primarily used by children as part of the program and any space not suitable for children) Space requirements may differ for services subject to savings provisions.
- 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). Space requirements may differ for services subject to savings provisions.
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
- locate children who cannot walk on the ground floor or near the easiest exit to a safe place where possible if service is in a multi-storey building.

Environment

The Approved Provider or Nominated Supervisor will:

- include natural elements like plants, trees, gardens, rock, mud and water
- provide adequate shading
- adequately fence the environment
- incorporate natural and artificial lighting, appropriate ventilation, heating, cooling and fresh air
- include elements that challenge children and encourage appropriate risk taking for the child's developmental level
- incorporate specific requirements for special needs children as seamlessly as possible
- incorporate sustainable practices which develop environmental responsibility
- ensure elements in the environment encourage children to explore, solve problems, create, construct and engage in critical thinking

Layout

The Approved Provider or Nominated Supervisor will:

- organise the environment so children, educators and visitors can move around without disrupting children's activities
- create spaces which encourage collaborative learning through group interactions and one-on-one interactions
- create areas where children can engage in quiet, restful or independent activities
- establish the environment so children can be adequately supervised at all times

- provide space for administrative functions, consultation with children's parents and private conversations
- keep plans about the arrangement of the rooms and outdoor spaces to show how our service creates inviting learning spaces, and document how the arrangement, resources and equipment contribute to children's learning.
- keep a record of any changes made to the physical environment eg rearrangement of rooms, additions/changes to outdoor environment

Activities

The Approved Provider or Nominated Supervisor and educators will:

- undertake regular risk assessments to ensure risk is minimised or eliminated at all times
- provide adequate and ongoing training in risk management practices for new and existing educators, staff and volunteers
- engage children in a wide variety of indoor and outdoor experiences
- discuss safety issues with children (eg using toys or equipment) and involving children in rule setting to minimise or eliminate safety risks.
- cover unused power points with safety caps, securing all electrical cords and ensuring all double adaptors and power-boards are inaccessible to children
- keep hot drinks out of children's rooms or other care areas and never place them within children's reach
- provide families with the latest child-related safety information

Children's Groupings

It is important that children have opportunities to interact with other children and educators in group situations. This contributes to their learning and development and helps children to develop respectful and positive relationships. The Nominated Supervisor and educators will consider whether the size and composition of the group is appropriate by considering whether children:

- are settled develop secure relationships with educators and positive relationships with peers.

Safety Checks

To ensure the safety of all children and educators, the Nominated Supervisor will ensure the following safety checks are carried out:

- a daily inspection of the premises before children arrive (use the Indoor and Outdoor Daily Safety Checklists attached to the policy) to ensure the service is safe, secure and hygienic, and there are no dangerous objects on the premises or service grounds, for example sharps or poisonous flora and fauna, including a check of:

perimeters

fences

gates

paths

buildings

all rooms accessible to children

fixed equipment

Educators will wear gloves and use tongs to pick up any sharp objects (eg syringes) and place them in the 'sharp object box'. This box will be disposed of in line with local council recommendations. Any maintenance required will be immediately reported to the Approved Provider or Nominated Supervisor who will make the appropriate arrangements to have repairs carried out.

- regular inspections of trees in the service grounds for overhanging, dead or dangerous looking branches as well as for any infestations or nests.
- regular pest inspections by an accredited pest control company. Any recommendations made by the company will be implemented if they will not compromise the health and safety of children and adults.

The Nominated Supervisor will keep records of pest inspections and findings, and records to verify completion of safety checks.

Cleaning of Buildings, Premises, Furniture and Equipment

To ensure that cleaning is carried out regularly and thoroughly and the environment, resources and equipment are hygienic, the Nominated Supervisor will ensure educators and other 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 (eg pink for the kitchen, yellow for the bathroom) to eliminate cross-contamination of different areas

use different rubber gloves in each room which are then hung out to dry and air

wash and dry hands after cleaning before returning to the children

clean and dry cleaning equipment between uses so germs can't multiply on the equipment.

store cleaning equipment securely

- wash dress-up and play clothes once a week in hot water and detergent

clean the service at the end of each day and throughout the day as the need arises

clean up accidents and spills as quickly as possible.

Use of Detergents

Ordinary detergents will be used to help remove dirt from surfaces. Proper cleaning with detergent and warm water, followed by rinsing then drying and airing time kills most germs as they are unable to multiply in a clean environment.

Use of Disinfectants

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, public health units may specify the use of a particular disinfectant.

Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. For disinfectants to work effectively, there still needs to be thorough cleaning using a detergent

beforehand. However, it is more important to make sure surfaces have been cleaned with detergent and warm water than to use a disinfectant. To kill germs, any disinfectant needs:
to be of the right concentrate
a clean surface to be able to get to the germ
enough time to kill the germs - at least 10 minutes.

Even when all of these conditions are met a disinfectant will not kill all the germs present.

Clothing

Educators will:

wash their clothing daily
wear protective garments (eg aprons) to cover clothing that cannot be washed frequently
have a change of clothes available in case of accidents.

Toys

To avoid the spread of disease, the Approved Provider or Nominated Supervisor will:
only buy washable toys
discard non-washable toys that are for general use (non-washable toys may be used for one child only)

To avoid the spread of disease, educators will:

wash toys at the end of each day
immediately remove a toy that has been sneezed on, mouthed, soiled or discarded after play by a child who has been unwell, so it can be washed at the end of the day
wash toys in warm water and detergent (many can be washed in a dishwasher but not at the same time as dishes) and rinse in clean water
use a toothbrush or other tool to clean difficult to reach areas eg corners
take care cleaning toys that cannot be immersed in water eg wooden toys, toys with paper and cardboard and books, and wipe with a damp cloth and detergent
thoroughly dry toys and books before returning to use. All, toys, including cloth toys and books can be dried by sunlight. Items like LEGO and construction blocks can also be left to drain on a clean tea-towel overnight
regularly clean outdoor toys and protect from the weather to preserve their lifespan.

Play Dough

To reduce the risk of spreading infections, educators will:

- get children to wash their hands with soap and water before and after using play dough
- store play dough in a airtight container in the refrigerator
- make a new batch of play dough each week
- discard play dough at the end of each day if there is an outbreak of vomiting and/or diarrhoea.

Packing Toys Away

Educators will:

- pack small pieces in bags provided and replace bags which may be deteriorating
- use elastic bands to contain similar items (like railway tracks)
- complete puzzles before packing away if possible.

Hazardous Substances

When **purchasing** dangerous chemicals, substances, medicines or equipment, the Approved Provider or Nominated Supervisor will:

- select and use the least hazardous substance or equipment
- only select substances which have child resistant lids or caps
- ensure dangerous substances/chemicals are supplied with a Safety Data Sheet (SDS) formerly called a Material Data Safety Sheet
- ensure educators adhere to the manufacturer's instructions for use, storage, and first aid recorded on the SDS
- keep a register of all hazardous chemicals, substances and equipment used at the Service. Information recorded will include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.

When **using** dangerous chemicals, substances, medicines or equipment, educators will:

ensure the child resistant lids or caps are properly closed after use
 adhere at all times to manufacturer's advice and instructions (eg follow advice for products which need to be stored in a refrigerated environment)
 wear appropriate personal protective clothing recommended on the manufacturer's instructions.

When **storing** dangerous chemicals, substances, medicines or equipment, educators will:

store all dangerous substances in their original containers

keep all labels and/or use by dates intact at all times

dispose of (without using) any dangerous substance not stored in the original container, or with destroyed labels and/or unknown use by dates. Disposal will be safe and in line with local council guidelines. Containers will not be reused under any circumstances

lock all dangerous substances and equipment, including cleaning materials, detergents, toiletries poisons, dangerous tools and equipment with sharp and razor edges, in a place or facility which is labelled, secure and inaccessible to children.

lock particularly dangerous and hazardous materials such as pesticides, herbicides, petroleum, kerosene, solvents and equipment which is operated by an engine or hazardous to children, in a locked facility external to the main building of the service, and separate from children's play or outdoor environments. The facility must have a bonded floor, be inaccessible to children and be clearly labelled as storing dangerous substances and/or equipment

store any dangerous substances that need to be refrigerated in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children

wear appropriate personal protective clothing recommended on the manufacturer's instructions.

First Aid

The Approved Provider or Nominated Supervisor will:

seek medical advice immediately if poisoning or potentially hazardous ingestion, inhalation, skin or eye exposure has occurred by calling the Poisons Information Line on 131126 or Ambulance service on 000

immediately ring the emergency services on 000 if there is any major emergency involving a hazardous chemical or equipment, a gas, fire or explosion hazard

implement the first aid procedures in the Incident, Injury, Trauma and Illness Policy, and if required the emergency procedures in the Emergency Management and Evacuation Policy, if a child or any other person is injured by a chemical, substance or equipment.

Other requirements

The Approved Provider or Nominated Supervisor will:

notify the appropriate Workplace Health and Safety Authority if there is any major emergency involving a hazardous chemical or equipment, a gas, fire or explosion hazard or a child or any other person is seriously injured by a chemical, substance or equipment (refer Work Health and Safety Policy).

regularly implement the Poison Safety Checklist attached to this policy to ensure we protect the health and safety of all children and adults at the service.

Kitchens

The Approved Provider or Nominated Supervisor will ensure:

- children cannot gain access to any harmful substance, equipment or facility
- a door, half-gate or other barrier prevents unsupervised entry by children into the kitchen.

Laundry

- Soiled clothes and linen are laundered away from the premises; soiled laundry is hygienically stored in a sealed container until it is removed from the premises. Items returned to a child's home for laundering will have any solid soiling removed, will be stored securely and will not be placed in a child's bag in contact with personal items. Educators will advise families that there are soiled clothes in their child's bag.

Sun Protection

The Approved Provider, Nominated Supervisor, educators and staff understand that correct sun protection practices reduce a child's risk of skin cancer and eye damage and ensure they obtain enough [vitamin D](#) from the sun to allow for healthy bone development and maintenance. They will implement all sun protection measures numbered 1-9 to fully comply with Cancer Council's National SunSmart Early Childhood Program.

Outdoor play is an important part of children's healthy learning, development and wellbeing. To ensure children's health and safety during outdoor play, the Approved Provider, Nominated Supervisor, educators and staff will:

- use a combination of sun protection measures whenever **UV levels reach 3 and above**. This will usually be from mid-August to the end of April. UV levels are highest in the middle of the day

between 10 am and 2pm (11am and 3pm daylight savings). Healthy sun exposure is encouraged when UV levels are below 3

- access the daily SunSmart UV Alert from the Bureau of Meteorology website www.bom.gov.au/uv or download Cancer Council Australia's SunSmart app to a Smartphone or widget available from the SunSmart home page to the service website to find out daily local sun protection times (when UV levels will reach 3 or above) and UV index
- ensure protection measures are adequate for children with all skin types, including children with very fair skin

Note overheated surfaces (eg metal, concrete, stone, sand, rubber, plastic, soft fall mats and synthetic grass) can cause serious burns to young children when daily temperatures are high. The Nominated Supervisor will ensure educators regularly conduct temperature checks of outdoor facilities and equipment when temperatures are high to assess the risk of burns to children and are adequately trained in this process. The Nominated Supervisor may require educators keep records of the dates, times and temperatures tested. Note if educators cannot comfortably leave their hand on a surface for five seconds, children may suffer burns before they can react to the temperature. Educators will plan indoor activities if there is a significant risk to children of burns from overheated surfaces ie surface temperatures are very high and/or children wearing shoes still risk burns if they sit, kneel or lie down on surfaces.

Educators will provide children with opportunities to take leadership roles in managing sun protection. For example children will be:

- encouraged to access the internet to check the UV ratings for the day and advise educators of the times when the UV Index will be 3 or above
- assigned duties regarding UV reminders, hat reminders and management of sunscreen.

Sun Protection Measures

1. Outdoor Activities

Educators and staff will ensure sun protection measures are considered when planning all outdoor activities including excursions. Active outdoor play is encouraged throughout the day all year provided sun protection measures are used when UV levels are 3 or above.

2. Shade

The service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. The Approved Provider or Nominated Supervisor will conduct regular shade assessments to monitor existing shade structures and assist in planning for additional shade. Portable shade structures will be moved throughout the day where appropriate to take advantage of shade patterns.

Outdoor activities will be planned in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns. Children will be directed to use available areas of shade when outside.

3. Hats

Educators, 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.

4. 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
- clothing with high UV protection factors (UPF), at least UPF15 but preferably UPF 50 .

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.

Note children who are playing outside on days where surface temperatures are high must wear shoes to minimise the risk of burns.

Families will be encouraged to supply sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) for children to wear outdoors when UV levels are 3 or above. These sunglasses are close fitting, wrap-around sunglasses that cover as much of the eye area as possible.

5. Sunscreen

All educators, staff and children will apply SPF30 or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours (or more often if washed or wiped off.) Educators will assist children to apply the sunscreen correctly if required. 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.

6. Role Modelling

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

- wearing a sun protective hats, clothing and sunglasses outside
- applying SPF30+ or higher broad-spectrum water-resistant sunscreen
- using and promoting shade

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

7. Education and Information

Educators will regularly include learning about sun safety in the curriculum and review the resources available at Generation SunSmart www.generationsunsmart.com.au Positive messages about sun safety and sun protection measures will be included in communications with families eg through newsletters and our service website.

8. 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.

9. Review

The Policy will be monitored and reviewed annually. The Nominated Supervisor will apply to join Cancer Council's National SunSmart Early Childhood Program and will participate in a SunSmart policy and program review every three years to maintain the SunSmart standards. See www.sunsmart.com.au

Extreme Heat

Extreme heat is usually defined as a period of abnormally and uncomfortably hot weather that could adversely affect people's health. The Department of Human Service and Health issues heat health alerts for each weather forecast district to subscribers. (Subscribe at <https://www2.health.vic.gov.au/public-health/environmental-health/climate-weather-and-public-health/heatwaves-and-extreme-heat/heat-health-alert-status>) This is based on calculated heat health temperature thresholds for each region.

Babies and young children are especially vulnerable to extreme heat. To protect the health of our children and educators/staff during periods of extreme heat educators will:

- Regularly offer children water to drink
- Regularly ask children if they would like to cool their faces with wet washers or by splashing water on their faces in the bathroom sink
- Ensure children are dressed in cool clothing eg singlets, short sleeves
- Keep children indoors in a cool, comfortable environment with air conditioning or fans
- Organise water play activities inside
- Use awnings or blinds to block the sun, particularly on sides of the service facing the sun
- Cancel or postpone excursions and outdoor activities
- Check the storage instructions for medications and take appropriate action eg move medication to fridge or request new medication supply if extreme temperature likely to damage medication
- Listen for bushfire messages if in a bushfire risk area
- Review information/messages on the Better Health Channel app
- Ensure children, including siblings of children at the service, are never left in parked cars
- Make available to families the Victorian Government brochure 'How to Cope and Stay Safe in Extreme Heat'
- Our Educators will include cold meals and snacks on the daily menu e.g. salads

When the period of extreme heat has subsided educators will:

- Open the windows if there is a cool breeze
- Allow children outside following our sun safety procedures

If there is a complete loss of power during a heatwave, educators will implement service procedures for emergency power (see Emergency Management and Evacuation Policy) including the use of battery operated fans to cool children. Families will be contacted to collect children if educators believe children's health is at risk from the heat.

Water Safety

The Approved Provider, Nominated Supervisor and educators understand the risks that water hazards pose and will undertake measures to ensure health and safety of all children in the service environment and during excursions.

A water hazard is anything that can hold enough water to cover a child's nose and mouth and includes:

- sinks, basins, fish tanks, fish bowls, baths
- swimming pools, portable pools, spas
- water courses, ponds, sandpits, clam shells
- water troughs, containers and buckets used for play, animal drinking containers
- pooling water.

Educators will:

- complete a risk assessment before allowing children to engage in water based activities at the service or on excursion and ensure all risks are minimised or eliminated where possible.
- ensure no child swims in any water without:
 - written permission from parents.
 - appropriate educator/child ratios in place and adequate supervision.
- closely supervise children at all times and never leave any child unattended near water. This includes:
 - constant monitoring of children within arm's length (1-2 metres)
 - careful and intentional positioning
 - scanning and moving around the environment
 - listening closely for sounds or the absence of noise
 - observing and anticipating children's behaviour
 - higher adult to child ratios if identified as requirement in risk assessment
 - presence of first aid trained staff.
- 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 ensure a safe environment and prevent accidents and illnesses related to water based activities at the service educators will:

- fill wading pools with less than 300 mm of water.
- ensure any swimming pool at the service complies with State government or council laws governing pools and the Building Code of Australia.
- ensure pool gate opens outward, is self-closing and self-latching on the first swing and has a latch that is more than 1.5m from the ground.
- ensure pool fence is secure, at least 1.2m high, has no vertical gaps more than 100mm apart and is no more than 100mm from the ground.
- ensure any boundary fences used as part of the child-safety barrier are at least 1.8 metres high on the side that faces the pool, with a 900mm non-climbable zone at the top inside of the fence.
- ensure that no pool pump, grate or suction device is broken or has missing parts.
- ensure pool chemicals are stored securely away from the pool area.

- remove any items or objects that could be used to climb into the fenced area of a pool, trough, or water storage unit e.g. chairs, bins, bikes, any overhanging trees.
 - display a Cardiopulmonary Resuscitation guide prominently in pool area.
 - ensure pool securely fenced if over 300mm deep.
 - cover all water containers like ponds, spas, nappy buckets, bathtubs or ensure they are inaccessible to children
 - immediately empty all portable water hazards (eg buckets and water troughs) after every use and store in a way that prevents water collecting in them (e.g. upright/inverted).
 - ensure children's play areas are safely fenced off from water hazards like rivers, dams, creeks, lakes, irrigation channels, wells.
 - check grounds after rain or watering and empty water that has collected in holes or containers.
 - ensure all pools and troughs in which children play are hygienically cleaned, disinfected and chlorinated (larger pools) in accordance with the instructions on the container. For larger pools educators will:
 - remove leaves and debris daily
 - check chlorine levels frequently
- For wading pools and trough educators will:
- remove leaves and debris daily
 - hose away surface dirt
 - scrub inside with disinfectant and rinse it away before refilling

Severe Storms and Lightning

The effects of severe storms and lightning can be catastrophic. Severe thunderstorms, for example, can produce large hail, damaging wind, lightning and heavy rainfall, which can cause death, injury and damage to property. Sometimes lightning may occur when there isn't a thunderstorm. Lightning may be seen, for example, during an intense bushfire or heavy snowstorm. It's important to remember that blue skies and lack of rain do not reduce lightning risk. People do not need to be hit directly by lightning to suffer injury. Electrical current can move along the ground or jump sideways from other objects.

The Nominated Supervisor will include severe storms and lightning activity in their risk assessment of potential emergencies, and all employees will take the steps identified to minimise the risks children and adults are exposed to during these events.

The Nominated Supervisor and educators will monitor storm activity using radar on the Bureau of Meteorology website www.bom.gov.au or app or if this is not available listen to the local radio station for storm warnings and updates.

When a severe storm threatens the service the Nominated Supervisor and educators will:

- ensure all children stay inside the service until the storm passes, sheltering in the strongest part of the premises if necessary
- secure or store any loose objects in the outdoor environment that could blow around in strong winds
- shelter and secure any animals
- secure all external doors and windows eg tape/board up windows and glass entrances

- use sandbags if required
- disconnect all electrical items, aerials and computer modems - cover and/or move away from windows
- park service vehicles under shelter or cover with firmly tied tarpaulins/blankets.

While sheltering inside during a severe storm, the Nominated Supervisor and educators will ensure they and all children stay well clear of windows, doors and any skylights, close curtains/blinds and avoid using a fixed telephone unless absolutely necessary due to lightning danger. The Nominated Supervisor will continue to monitor storm activity and call emergency services if required.

It is unlikely children would be on an excursion or at a bush play site if severe weather or lightning is threatening as the Nominated Supervisor and educators would be monitoring weather conditions beforehand. However, if educators are caught outdoors with children as a severe storm approaches, they will immediately seek shelter in the strongest most enclosed structure available if they are unable to return to the service before the storm reaches them.

After a severe storm passes, the Nominated Supervisor and educators will inspect the outdoor environment for fallen power lines, broken furniture and equipment etc to ensure it is safe before letting children outside to play.

Lightning

Lightning can strike more than 10 kms from the edge of a thunderstorm which is the minimum safe distance from a storm. If there is lightning activity, the Nominated Supervisor and educators will use what's known as the Flash to Bang rule. This involves counting the seconds between the flash of lightning and the bang of thunder as the storm approaches. Sound travels around 1 km every 3 seconds, so a count of 30 seconds means the storm is around 10 kms away. If the count nears 30, the Nominated Supervisor will ensure educators cancel all outdoor activities and move children inside or to a safe shelter if this is not possible. If the count is less than 30 educators will take immediate and urgent action to move children inside/to a safe shelter.

Educators will also use the Flash to Bang rule if there is an unexpected lightning storm while children are on an excursion or at a bush play site. In this case educators will seek shelter with the children in safe areas if they do not have time to return to the service. These include substantial, enclosed buildings, and enclosed vehicles if people do not touch any metal parts. Where these shelters are not available educators and children will shelter in hollows or on low ground, including clumps of low bushes and trees the same height eg forest, ensuring they are not the tallest objects in the area. Educators will remove any metal objects on their or the children's heads or bodies.

Educators will avoid sheltering with children in or near insubstantial structures like picnic sheds and shade shelters, metal structures like fences, gates, poles, high/open ground, water and

isolated or tall trees. They will not use umbrellas as this is unsafe when there is lightning. Educators will immediately move to a new location with children if their hair stands on end or they hear 'buzzing' from nearby rocks, fences etc.

The Nominated Supervisor and educators will keep children inside or in a safe shelter for at least 30 minutes after the last thunder clap or lightning strike to ensure the storm is a safe distance away. They will continue to monitor the Bureau of Meteorology radar and observe outside conditions before letting children outside.

Visitors

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting our service must sign in when they arrive at the service, and sign out when they leave.

Inspection and testing of electrical equipment

Services must ensure that electrical equipment is regularly inspected and tested by a competent person if the electrical equipment is supplied with electricity through an electrical socket and used in conditions where it could be damaged, including exposure to moisture, heat, vibration, mechanical damage, corrosive chemicals or dust. A record of the testing, which may be a tag attached to the equipment tested, must be kept until the equipment is next tested or disposed of and must specify:

- the name of the tester
- the date and outcome of the testing
- the date on which the next testing must be carried out.

Fire Equipment

All fire equipment at our service will comply with relevant laws and regulations, council requirements and the Building Code, and be maintained in line with the Australian Standard AS 1851-2012 (see Attachment D).

Back Care and Manual Handling

Manual handling means any activity requiring the use of force exerted by the person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.

Manual handling injuries can be the result of incorrect manual handling techniques, overuse, or from accidents. Injuries include back strains, and sprains in other parts of the body such as the neck, arm, shoulder and knee, bruising and lacerations.

Employers and managers have a legal duty to provide safe workplaces and implement safe workplace practices.

Principles of Preventing Manual Handling Injuries

1. Eliminate or reduce the amount of manual handling.
2. Reduce the amount of bending, forward reaching, and twisting, in all tasks.
3. Reduce worker fatigue.
4. Keep all equipment in good working order.
5. Keep the workplace environment safe.

The Nominated Supervisor will:

- provide annual training in manual handling and back care
- display written, current information regarding manual handling in the staff room
- 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 eg to help a child put their shoes on
- sit rather than bend eg to comfort a child, educators will sit on the floor and encourage the child to sit on their lap
- sit in an appropriate sized chair (or on the floor) so their upper legs are horizontal to hips and feet flat on the floor
- sit in an appropriate sized chair and table to complete writing tasks (eg programming)
- carry children with one arm under the child's buttocks and the other arm supporting the child's back, with the child facing them as close as possible to their body
- not carry a child on their hip because this can strain the back, and only carry children when necessary
- lift safely and avoid twisting, especially with awkward loads
- use a step ladder to reach above shoulder level
- avoid extended reaching forward eg leaning into low equipment boxes

- share the load if the equipment is heavy, long or awkward
- ask for help and organise a team lift when sliding, pulling or pushing equipment that is not easy to move e.g. trestles or gym mats
- rearrange surroundings to meet the needs of both children and adults where possible
- use equipment and furniture that can be moved around as safely and easily as possible
- store seldom-used objects up high between the shoulder-to-raised arm height
- avoid storing objects between a person's knuckles and the floor
- use mechanical aids like ladders and trolleys where possible to avoid lifting and stretching
- Reduce accidents by implementing good housekeeping practices including ensuring:
 - the floors and other walking surfaces are uncluttered, even and non-slippery
 - the environment is tidy
 - there is adequate space to work
 - equipment is maintained regularly
 - lighting is adequate.

How to Lift Safely

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

Avoid Twisting when Lifting

To avoid injuries result from twisting educators 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:

1. Ask a colleague who is willing and able to help, and ideally is fairly well matched with them in size and strength
2. Agree on a plan of action to achieve a coordinated lift
3. Appoint one person as team leader to 'call' the lift.

How to Assess the Correct Storage and Shelving Height

Correct storage and shelving height is important to prevent slips, falls and strains. When standing with feet together and hands by sides:

- the best height range for handling loads is around waist level
- the acceptable height for lifting is any point between a person's knuckle and shoulder.

Sources

ACECQA Policy and Procedure Guidelines

SA Policy and Procedure Guidelines

Education and Care Services National Law and Regulations

My Time Our Place

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

National Quality Standard

Occupational Health & Safety Act 2004

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

Cancer Council VIC Sample SunSmart policy for ECEC services

Work Safe Victoria: Children's services – occupational health and safety compliance kit

Australian Standards 1851-2005 "Maintenance of Fire Protection Systems and Equipment"

Building Code of Australia

Building Act 1993

Building Regulations 1994

Building Commission Practice Note 2013-05

Royal Life Saving Society Home Pool Safety Checklist

Royal Life Saving Society Wading Pools Checklist

Australian Standard 1926.1 Swimming Pool Safety

Kidsafensw: Playground surfacing

Heat health plan for Victoria

Vic Govt Better Health: How to cope and stay safe in extreme heat

Cancer Council VIC and the National SunSmart Early Childhood Program

Bureau of Meteorology 'Preparation and safety during thunderstorms' Australian Government

www.bom.gov.au

Get Ready Guide Qld Govt

Lightning Safety Recommendations NSW Sport and Recreation Outdoor Activities (based on Recommendations for lightning protection in sport, Makdissi and Brukner, Medical Journal of Australia 2002)

Education Standards Board SA 'Heat and bushfires: What to do?

NQF e-bulletin QLD 12.11.19

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Environmental Checklists

The following can be used as a guideline to produce Checklists for the service's individual needs.

Checklist: Outdoor

- **Building maintenance** – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Keep records of any damages and subsequent repairs.
- **Doors** – have finger jam protectors.
- **Dust mites, pet allergens** – regular dusting and vacuuming.
- **Fence** – outdoor play areas securely on all sides of from roads, water hazards, and driveways. Maintain fences at correct height. 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. Have at least two educators on premises at all times with vision of each other and the children.
- **Toys** – meet safety standards, age appropriate, maintained, and non-toxic.

Poison Safety Checklist

Week beginning: _____

Checklist	Yes	N o	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 eg bench tops, taps and tables	✓	
Linen eg tea towels and hand towels (if each child does not use the same mattress cover every day)	✓	
Door knobs	✓	
Floors.	✓	
Low shelves		✓
Other surfaces not 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 Mt h	3 Mt h	6 Mt h	12 Mt h	3 Yr	5 yr		
Fire Mains	1					Y	Y	Y			1851- Section 2 & 4
Fire Hydrants (including internal & external hydrants, boosters connection /s and water storage tanks	2	L-T				Y	Y		Y	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

Policy and Procedure Review Policy

National Quality Standards

QA4	4.2.1	Professional collaboration - Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.

QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.2.1	Continuous improvement - There is an effective self-assessment and quality improvement process in place.

National Regulations

Regs	31	Condition on service approval - quality improvement plan
	55-56	Quality improvement plans
	168	Education and care service must have policies and procedures
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies or procedures affecting ability of family to utilise service

Aim

As a part of our commitment to the National Quality Framework (NQF), our service will annually review our policies and procedures to ensure excellence and compliance. Our review processes also provides an important opportunity for families to offer their valuable input into the practices at the service and how best to meet the needs of each child being educated and cared for.

Related Policies

All Policies used by the Service

Who is affected by this policy?

Child
Educators
Families
Management

Implementation

- All policies and procedures will be made available to families during the enrolment and orientation period for their child.
- Educators will notify families of how to access policies and procedures and where they are located in the service.
- CommunityOSH will ensure that all policies and procedures are reviewed annually or more often if required. This gives both families and Educators opportunities to suggest elements that need to be improved.
- For Educators and management this will occur:
 - At Educators meetings.
 - At the policy review points.
 - In family meeting.
- For families this will occur:
 - Via newsletters.
 - At the policy review point.
 - At parent/Educators meeting.
- However, at any time of the year Educators and family members are invited to enquire and have input into the policies and procedures.
- All policies will be signed, sourced and dated at each review and Educators will continuously seek out relevant information to provide the best possible environment.
- All stakeholders at the service must be informed of any changes to policies. This will occur in writing and be provided to families, Educators, management, the committee and any other relevant individuals.
- The service will ensure that parents of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have a significant impact on—
 - (a) the service's provision of education and care to any child enrolled at the service; or
 - (b) the family's ability to utilise the service

Sources

Education and Care Services National Regulations 2011
National Quality Standard

Review

The policy will be reviewed annually.

The review will be conducted by:

Management, Employees, Families & Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Privacy and Confidentiality Policy

National Quality Standards

QA4	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.
QA5	5.1.2	Dignity and rights of the child - The dignity and rights of every child are maintained.
QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

National Regulations

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

Aim

Privacy Statement

Our service recognises that every individual has the right to ensure their personal information is accurate and secure, and only used or disclosed to achieve the outcomes for which it was initially collected. Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

Related Policies

Educator and Management Policy

Record Keeping and Retention Policy

Social Media Policy

Implementation

Service practices in relation to the Collection, Disclosure, Storage and Use of personal information outlined in this Policy are consistent with the Australian Privacy Principles, and apply where relevant to the personal information of our children, families, staff and volunteers.

Our Privacy Notice and Disclosure Statement are at the end of this Policy.

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 to promote learning under the Early Years Learning Framework, and information required to comply with the National Education and Care Law

and Regulations, Employment Laws, State/Territory Health Laws (eg immunisation requirements), and other Government laws.

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 Child Care Subsidy references.

In relation to enrolling children, the Approved Provider or 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.
- advise families about our Privacy and Confidentiality Policy and how to access it.
- attach a copy of our Privacy Notice to our Enrolment Form and other forms we use to collect personal information.
- verbally advise children's emergency contacts and authorised nominees that we have some of their personal information on file and explain the advice in the Privacy Notice.
- explain the advice in the Privacy Notice to individuals who provide personal information verbally (eg by phone).

We usually collect personal information directly from a parent or guardian either in writing or verbally, for example during enrolment, when completing waiting list applications, or as we establish a partnership with families in caring for and educating a child. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses.

We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child. For example, we may request a copy of a child's immunisation records where they are transferring to us from another Service, or where we request information about a child from a special needs educator or organisation. We will not request information without obtaining the consent of the individual (or parent) concerned.

In most cases, if we are unable to collect relevant personal information, we will be unable to enrol a child at the Service.

In relation to staff and volunteers, the Approved Provider or Nominated Supervisor will during the recruitment or engagement process:

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
advise staff and volunteers about our Privacy and Confidentiality Policy and how to access it.

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 (eg 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 eg for Child Care Subsidy, Immunisation status, or employment related 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.
- record the date personal information was collected or updated.
- update information in our physical or electronic records as soon as it's provided.

In addition the Approved Provider 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
- check contact details for staff and volunteers are current, including next of kin, at least annually.

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 secure using Employment Hero: HR Software, Payroll & Benefits Platform and at each program's OSH 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. Where possible, the destruction of records containing personal information will be overseen by more than one Educator.

- making sure employees and other relevant persons only have access to the personal information required to do their job
- 'de-identifying' personal information which may come into the public domain. For example, removing identifying names or details from newsletters etc.
- ensuring staff comply with our Social Media Policy (for example by obtaining authorisation from a child's parents before posting any photos of their child on the Service social media page, and not posting personal information on any social media page which could identify children or families.)
- ensuring confidential conversations with parents or with staff are conducted in a quiet area away from other children, parents and staff.

Breaches of Personal Information

The Approved Provider or Nominated Supervisor will implement the Service's Data Breach Response Plan and notify individuals and the Australian Information Commissioner (the Commissioner) if personal information is lost (hard copies or electronic), accessed or intentionally/unintentionally disclosed without authorisation, and this is likely to cause one or more persons serious harm.

Data Breach Response Plan

Employees must notify the Approved Provider or Nominated Supervisor about a breach or suspected breach of personal data as soon as they suspect the breach or become aware a breach has occurred. The Approved Provider or Nominated Supervisor will:

- quickly assess the situation to decide whether or not there has been a breach. This assessment must be completed within 30 days but given the potential for serious harm to individuals, should be completed as soon as possible
- record the nature of any data breach, and the steps taken to immediately contain the breach where possible and ensure it does not happen again. If necessary they will contact external experts for advice and guidance, for example on cybercrime (hacking) and information technology security measures like access, authentication, encryption and audit logs
- notify the Commissioner and the individuals where there is a risk of serious harm after a data breach
- liaise with their insurer to determine whether the insurance policy covers data breaches and any steps they need to take
- evaluate the effectiveness of their response to the data breach and implement improvements to the Plan if required after all notifications, records and remedial action are taken.

Serious harm

The Approved Provider or Nominated Supervisor will decide whether serious harm of a physical, psychological, emotional, financial or reputational nature is likely once fully informed about the type and extent of the breach. They will consider the type and sensitivity of the information, the type of security protecting the information if any (eg encryption) and how likely it is the information will be

used to cause harm to individuals. Examples of the kinds of information that may increase the risk of serious harm include sensitive information like an individual's health records, documents commonly used for identity fraud eg Medicare card, birth certificates and financial information.

The Approved Provider or Nominated Supervisor will also consider how long the personal information has been accessible because serious harm is more likely the longer it has been since the data breach.

Where a data breach occurs, there may be not always be a risk of serious harm. This may be the situation, for example, if a trustworthy person or organisation who has received personal information in error confirms they have not copied, and have permanently deleted the information, or where expert advice states it's unlikely encrypted data can be accessed.

Where they are satisfied there is no risk of serious harm, the Approved Provider or Nominated Supervisor are not required to notify individuals or the Commissioner about the breach. They may choose to advise the individuals concerned about the breach and the action taken. The Approved Provider or Nominated Supervisor will however appropriate keep records about the breach.

Notifying the Commissioner

Where there is a risk of serious harm after a data breach, the Approved Provider or Nominated Supervisor will prepare a Statement for the Commissioner which includes the name and contact details of the Approved Provider or Nominated Supervisor, a description of the data breach (including date occurred and detected and who obtained information), the type of information involved (why it may cause serious harm), and the steps individuals at risk of serious harm should take in response to the breach (eg steps to request new Medicare card or credit card). The Approved Provider or Nominated Supervisor will get specialist advice about the recommended steps if required. They may use the Notifiable Data Breach Form available online from the Office of the Australian Information Commissioner to notify the Commissioner.

Notifying Individuals

Where there is a risk of serious harm after a data breach, the Approved Provider or Nominated Supervisor will notify individuals about the breach as soon as possible using the most appropriate communication methods for the individuals concerned eg a telephone call, SMS, physical mail, social media post, or in-person conversation. The information provided is the same as that required for the Commissioner. It might also explain steps the Service has taken to reduce the risk of harm to individuals. The Approved Provider or Nominated Supervisor may notify everyone whose personal information was part of the breach or only those individuals at risk of serious harm. If this is not possible or practical, they may publish a copy of the Statement, for example on their website or Facebook page, and take steps to ensure individuals at risk of serious harm see the publication.

Access to personal information

Individuals may request access to their (or their child's) personal information and may request the correction of any errors. These requests may be made to the Approved Provider or Nominated Supervisor by telephone on 03 9977 3000 or email admin@commosh.edu.au or by mail PO Box 265, Richmond VIC 3121.

Personal information will be provided as soon as possible, and no later than 30 days from a request. We will provide the information in the form requested, for example by email, phone, in person, hard copy or electronic record unless it is unreasonable or impractical to do this for example due to the volume or nature of the information.

The Approved Provider or 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 (eg unfair dismissal claim) between the Service and the individual.
- giving access would reveal sensitive information about a commercial decision.

We may, however, provide the information in an alternative way for example by:

- deleting any personal information which cannot be provided
- providing a summary of the information
- giving access to the information in an alternative format
- allowing the individual to inspect a hard copy of the information and letting them take notes.

We will advise you promptly in writing if we are unable to provide access to the information, or access in the format requested. The advice will include the reasons for the refusal to provide the information (unless it is unreasonable to do this) and information about how to access our grievance procedure.

Correction of personal information

Individuals have a right to request the correction of any errors in their personal information. These requests may be made to the Approved Provider or Nominated Supervisor by telephone on 03 9977 3000 or email admin@commosh.edu.au or by mail PO Box 265, Richmond VIC 3121.

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 Approved Provider or 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 Approved Provider or Nominated Supervisor by telephone on 03 9977 3000 or email admin@commosh.edu.au or by mail PO Box 265, Richmond VIC 3121. 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 Regulations
Privacy Act 1988 (includes Australian Privacy Principles)
United Nations Convention on the Rights of the Child

Review

The policy will be reviewed annually by:

- Management

- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

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 (eg 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 eg for Child Care Subsidy, Immunisation status, or employment related 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.

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 99773000 or email admin@commosh.edu.au or by mail Po Boc 265 Richmond VIC 3121

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.

Record Keeping and Retention Policy

National Quality Standards

QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
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National Law

175	Offence relating to requirement to keep enrolment and other documents
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National Regulations

Regs	55	Quality improvement plans
	74	Documenting child assessments or evaluations for delivery of educational program
	87	Incident, injury, trauma and illness record
	92	Medication record
	145	Staff record
	146	Nominated supervisor (records)
	147	Other staff members (records)
	148	Educational leader (records)
	149	Volunteers and students (records)
	150	Responsible person
	151	Records of Educators working directly with children
	158	Children's attendance record is to be kept by approved provider
	160	Child enrolment records to be kept by approved provider
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record
	167	Record of service's compliance
	168(2)(l)	Education and Care Services must have policies and procedures in relation to governance and management of the service, including confidentiality of records
	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
Child Safe Policy
Enrolment Policy
Family Violence Safety Policy
HIV AIDS Policy
Immunisation and Disease Prevention Policy
Infectious Diseases Policy
Medical Conditions Policy
Privacy and Confidentiality Policy
Staffing Arrangements Policy

Who is affected by this policy?

Children
Families
Educators

Implementation

Records of Staff

The Approved Provider must ensure a record is kept of staff that includes:

- The name of the person currently designated as the **educational leader** at the service. This is a suitably qualified and experienced educator, co-ordinator or other person who leads the development and implementation of educational programs in the service.
- For **nominated supervisors and other staff members**
 - The full name, address and date of birth of any nominated supervisors and each other staff members of the service.
 - 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, and maintaining the enrolment requirements.
 - 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.
- A Working with Children Check with a record of the identifying number or current teacher registration number and expiry date.
- For Nominated Supervisors and Persons in Day to Day Charge, evidence the person has consented to the position and meets the minimum requirements to be placed in the position including, for example, a Compliance History Statements and a Prohibition Notice Declaration.
- For **Students and Volunteers:**
 - The full name, address and date of birth of each student or volunteer.
 - a record for each day on which the student or volunteer participates in the service, the date and hours of participation.
- For the **Responsible Person:**
 - the name of the responsible person at the centre-based service for each time that children are being educated and cared for by the service.
- For **educators working directly with children:**
 - The name of each educator.
 - The hours that each educator works directly with children. Please note that a staff roster or time sheet is sufficient record of this.

Records Relating to Enrolled Children

The following records will be kept in relation to enrolled children:

- **Documentation relating to evaluations** of the child's well being, development and learning
- **An Incident, Injury, Trauma and Illness Record** (within Incident, Injury, Trauma and Illness Policy), including:
 - **Details of any incident** in relation to a child or injury 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 person who witness the incident, injury or trauma
- The name of any person who the education and care service notified or attempted to notify of any incident, injury trauma or illness a child has suffered at the service and the time and date of the notification and notification attempts.
- The name and signature of the person making an entry in the record and the time and date that the entry was made.
- This record must be recorded as soon as is practicable, but not later than 24 hours after the incident, injury, trauma or onset of illness occurred.
- **A medication record** which includes the following:
 - The name of the child
 - The authorisation to administer medication (including self-administration is applicable) signed by a parent or a person named in the child's enrolment record as authorised to 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 person who administered the medication.
 - If another individual is required to check the dosage, the name and signature of that person.
- **A record of attendance for enrolled children**, including:
 - The full name of each child attending the service.
 - The date and time each child arrives and departs.
 - The signature of:
 - the person who delivers and collects the child when he or she arrives and departs or
 - the nominated supervisor or educator.
- **Child enrolment records** which include the following:
 - The full name, date of birth and address of the child.
 - The name, address and contact details of:
 - Each known parent of the child
 - Any person who is to be notified of any emergency involving the child if any parent of the child cannot be immediately contacted
 - Any person who is an authorised nominee
 - Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.
 - Any person who is authorised to authorise an educator to take the child outside the education and care service premises.

- Any person who is authorised to authorise the Service to transport the child or arrange transportation of the child
- Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.
- Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person.
- Gender of the child
- Language used in the child's home
- Cultural background of the child and parents (if applicable)
- Any special considerations for the child (e.g. cultural, religious, dietary requirements or additional needs)
- Authorisations signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the or nominated supervisor to seek:
 - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
 - Transportation of the child by any ambulance service.
- Authorisation to take the child on regular outings.
- The name, address and telephone number 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 person other than the approved provider.
- A record of any person in day to day charge of the education and care service.

The approved provider must ensure that the documents referred to above in relation to a child enrolled at the service are made available to a parent of the child on request. In line with this, if a parent's access to the kind of information referred to in this documentation is limited by an order of a court, the approved provider must refer to the court order in relation to the release of information concerning the child to that parent.

The record of compliance referred to above must be available for access on request by any person.

Insurance

Our service will keep a record of the **current insurance**, usually a certificate of currency.

Child Care Subsidy Records which include:

- Complaints made about compliance with the Family Assistance Law
- Any notice made to a state/territory agency about a child at risk of abuse or neglect
- Attendance record for each child at service (whether eligible for CCS and/or Additional CCS or not) including records of any absences
- Evidence that any absences in excess of the 42 days allowed meet the required criteria
- Copies of invoices and receipts for the payment of child care fees
- Copies of all Statements of Entitlement issued and any Statements advising a change of entitlement
- Complying Written Arrangements (CWAs) for each child (unless fees are not paid under this type of arrangement) which include names and contact details of provider and person responsible for paying fees, date arrangement starts, name and date of birth of child (or children), if care will be provided on a routine basis, and if so, details about the days on which sessions of care will usually be provided, and the usual start and end times for these sessions of care, whether care may be provided on a casual or flexible basis (in addition to, or instead of, a routine basis), details of fees to be charged eg via fee schedule or information available on website that the parties understand may vary from time to time
- All evidence to support background checks for specified personnel including persons with management or control of service and persons responsible for day to day operation of service (see Staffing Arrangements Policy)

Note record keeping requirements also apply in relation to **Child and Family Violence information Sharing Schemes** – refer Child Safe Policy and Family Violence Safety Policy.

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.
- If the case of any other record relating to a child enrolled at the education and care service. Until 3 years after the last date on which the child was educated and cared for by the service.
- If the record relates to the Approved Provider, until the end of 3 years after the last date on which the approved provider operated the education and care service.
- If the record relates to the nominated supervisor or staff member of an education and care service, until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.
- In the case of records required for Family Assistance Law/Child Care Subsidy purposes, 7 years
- In the case of any other record, 3 years after the date on which the record was made.

Storage of Records

Records made by our service will be stored in a safe and secure location for the relevant time periods as set out above and only made accessible to relevant individuals.

This location is Secure Storage Unit 453 Auburn Rd, Hawthorn VIC 3122

If a service is transferred under the law, documents relating to a child must not be transferred without the express consent of the child's parents.

Confidentiality and Storage of Records

The approved provider will ensure that information kept in a record is not divulged or communicated through direct or indirect means to another person other than:

- The extent necessary for the education and care or medical treatment of the child to whom the information relates.
- A parent of the child to whom the information relates, except in the case of information kept in a staff record.
- The Regulatory Authority or an authorised officer.
- As expressly authorised, permitted or required to be given by or under any Act or law.
- With the written consent of the person who provided the information.

Sources

Privacy Act 1988

Education and Care Services National Regulations

National Quality Standard

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Relationships with Children Policy

National Quality Standards

QA5	5.1.1	Positive educator to child interactions - Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
	5.1.2	Dignity and rights of the child - The dignity and rights of every child are maintained.
	5.2.1	Collaborative learning - Children are supported to collaborate, learn from and help each other.
	5.2.2	Self-regulation - Each child is supported to manage their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.

National Regulations

Regs	155	Interactions with children
	156	Relationships in groups

My Time, Our Place

LO1	Children feel safe, secure, and supported.
	Children develop their emerging autonomy, inter-dependence, resilience and sense of agency.
	Children develop knowledgeable and confident self identities.
	Children learn to interact in relation to others with care, empathy and respect.
LO2	Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.
	Children respond to diversity with respect.
	Children become aware of fairness.
	Children become socially responsible and show respect for the environment.

Aim

Our Service aims to ensure that all Educators form positive relationships with children that make them feel safe and supported in the Service. Educators will encourage positive relationships between children and their peers as well as with Educators and volunteers at the Service.

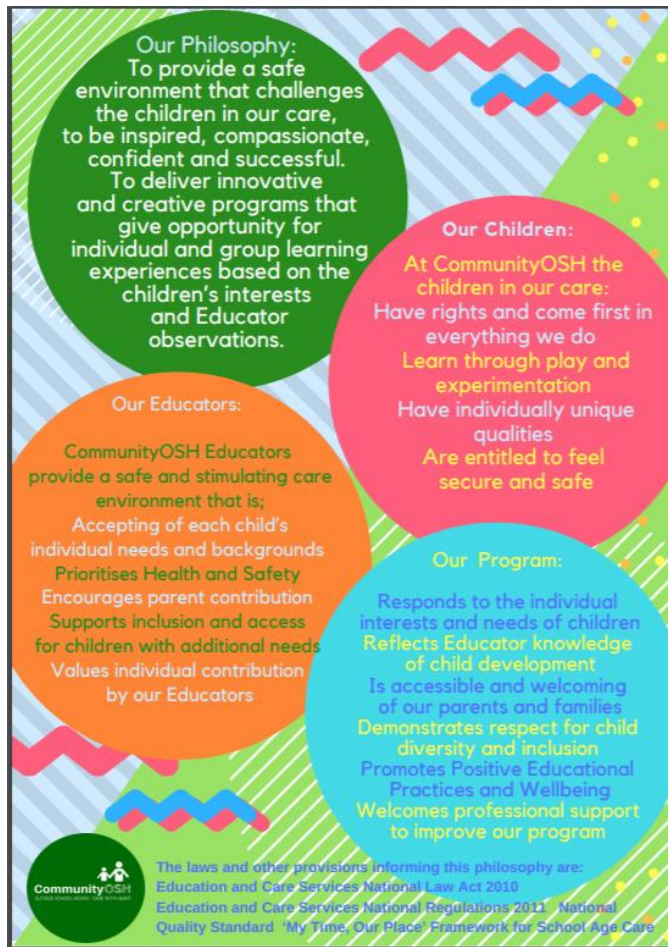
Related Policies

Additional Needs Policy
Continuity of Education and Care Policy
Enrolment Policy
Orientation for Children Policy
Physical Activity Promotion Policy

Implementation

Interactions with Children

Our Service's statement of philosophy will guide our interactions with children as follows:



In order to maintain positive interactions with children our service and Educators will maintain the following:

- Our service will provide a relaxed and happy atmosphere for the children.
- Our service will ensure mealtimes are relaxed and unhurried and Educators take the time to sit and talk with children.
- Our Educators will encourage children to initiate conversations about their experiences inside and outside the service as well as what is happening around them, express their ideas and feelings, share humour with the nominated supervisor, Educators, coordinators and Educators and seek assistance as they take on new challenges and try to do things for themselves.
- Our Educators and coordinators will respond sensitively and appropriately to children's efforts to communicate and engage them in sustained conversations about their interests in a positive manner.
- Our Educators will engage in two-way communication with children. That is, encourage children to have their own opinions, ideas and comments. Educators should support children with this and let them know that their ideas are valued.

- Our routines, as well as planned and spontaneous experiences will be organised to maximise opportunity for meaningful conversations between children and Educators and the service will ensure that all children have equal opportunity to engage in one to one and small group conversations with Educators.
- Our statement of philosophy and policy on interactions with children will be visible.
- Our Educators will participate in children's play using children's cues to guide their level and type of involvement while always maintaining a positive approach when responding to children and offering assistance.
- Our Educators will take into account our children's needs for independence and will enable them to spend a large amount of time with their peers, provide leadership opportunities and allow them to be involved in decision making processes.
- Our Educators will model reasoning, prediction and reflection processes and language.
- Our Educators will collaborate with children about routines and experiences.
- Our Educators will use techniques such as sign language and other resources and tools to support children with additional needs.
- Our Educators will use their interactions with children to support the maintenance of home languages and learning English as an additional language.
- Our Educators and coordinators will use information from their observations of interactions with children to extend the children's thinking and learning.
- Our nominated supervisor and Educators will learn more about the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families using the service.
- Our Educators will allow time to talk to parents about their children. This allows Educators to gain insight into their home life.
- Our service will implement strategies to assist all children to develop a sense of belonging and confidence through positive interactions between the children and Educators.
- Our service's roster will be planned in a way that promotes continuity for children.
- Our service will gather information from families in the enrolment form in order to be able to provide support for children during the settling in process.
- When children have special needs, our service will consult with other professionals or support agencies that work with children to gather information that will guide our interactions with these children. This information will be recorded in the child's file.
- Our service's approach to equity and inclusion will be documented in our statement of philosophy.
- Our service will ensure that Educators document the knowledge gained about children, through their interactions, in the child's file for reference for other Educators and will continually review the experiences that are planned for children in light of this information.

Group Relationships

In order to encourage respectful and positive relationships between children and their peers and Educators our service will adhere to the following practices:

- Our service will encourage children to participate in enjoyable interactions with their peers, respond positively to ideas, negotiate roles and relationships, contribute to shared play, and develop friendships.
- Our Educators will engage children in ongoing group projects that involve research, planning, problem solving and shared decision making.
- Our Educators will model strategies for children to initiate interactions and participate in group play and social activities and assist them when they have trouble understanding or communicating with each other.
- Our service will ensure that the children have many opportunities to learn about their responsibilities to other, connectedness and interdependence as learners, and the value of collaboration and teamwork.
- Our Educators will promote a sense of community in the service.
- Our service will coordinate the staffing and grouping arrangements to support positive relationships between children.
- Our Educators will support and promote children's interpersonal relationships and support the inclusion of children from diverse backgrounds and capabilities in group play, projects and experiences.
- Our Educators will learn about children's shared interests and will use this information to plan further experiences that provide collaborative learning opportunities.
- Our Educators will pre-empt potential conflicts or challenging behaviours by monitoring children's play and supporting interactions where there is conflict.
- Our service will ensure that the program and routines of the service will include regular opportunities for children to engage in social play and group experiences.
- Our service will ensure that food is being used appropriately and not as a reward or punishment.
- Our service will ensure that corporal punishment is not used as part of behaviour guidance or any other aspect of our interactions with children. Corporal punishment is never to be used in our service.
- Our Educators will consider whether the size and composition of groups enables children to develop positive relationships with their peers and Educators. They will minimise the time children spend in very large groups by offering activities where children are able to participate in smaller groups.

Behaviour Guidance

Positive Behaviour

Educators, staff and volunteers will model positive behaviour and guide children's behaviour in ways that promote their self-esteem by:

- encouraging children to be cooperative and helpful, to express their feelings and responses to others' behaviour confidently and constructively, and to respectfully guide the behaviour of other children when it is disrespectful or unfair
- supporting children to explore different identities and points of view, to negotiate their rights and the rights of others in a positive, respectful way and to communicate effectively when resolving disagreements
- discussing emotions and issues of inclusion and exclusion, fairness and bias

- encouraging children to listen to other children's ideas, consider alternate behaviour and co-operate to solve problems
- using positive language, gestures, facial expressions and tone of voice when redirecting or discussing children's behaviour with them, and remaining calm, gentle, patient and reassuring even when children strongly express distress, frustration or anger
- using their knowledge of children's personalities and friendships to help them manage their own behaviour and develop empathy
- using information from families about their children's social skills and relationship preferences to engage children in experiences that support their social development
- intervening sensitively when children have difficulty resolving a disagreement, and helping them remove themselves from situations where they are experiencing frustration, anger or fear
- interacting with children and teaching them how to play in different ways: movement play, object play (understanding and solving problems), imaginative play (emotional resilience, creativity and empathy), social play (friendship and belonging, rough and tumble play, celebrations and ritual play), storytelling (my world, myself and where I fit in), creative play (new behaviours and thoughts) role play
- promoting children's agency by allowing them to be as independent as possible, to try things they see for themselves and experience the consequences of their choices while considering the risk and benefit to others. This may include teaching children how to use things
- ensuring curriculum is mainly based on children's ideas and interests rather than being led by Educators
- setting up rooms and environments to foster positive behaviour e.g. room is interesting but not cluttered, defined and obstacle free walkways, resources are attractively displayed.
- ensuring activities are of interest to children e.g. are visual, smelly, have patterns,
- supporting children with strategies to deal with their raw emotions e.g. anger, fear, panic and being patient when children revert to old behaviour if they are stressed, tired, hungry etc. This includes listening empathetically to children when they express their emotions and reassuring them that it is normal to experience positive and negative emotions
- ensuring children's basic needs are met e.g. they are not hungry or tired
- supporting children who appear to be insecurely attached by sensitively building relationships with the child and family
- allowing children to have uninterrupted play where they can continue their engagement in learning as they explore and improvise, and not interrupting a child who is actively engaged in an activity, or forcing a child to share when they are engaged with a resource. Simple strategies may include introducing progressive snack or mealtimes.
- providing explicit instruction for routines and learning
- understanding that children's comprehension of vocabulary concepts or instructions may require support such as visuals, key word signing, two step instructions or allowing time for a child to process the instruction or information. This may be as simple as waiting three seconds after speaking to the child so they can process what has been said
- understanding that children may not be able to interpret or understand some words. For example, 'sharing' may not be understood as taking turns.

Inappropriate Behaviour

Educators and staff understand that inappropriate behaviour is a child's way of saying they need support. Educators will reflect on the reasons for the child's behaviour and develop strategies or a plan with the Nominated Supervisor which can be implemented by all Educators to ensure consistent responses to the child's behaviour at the service.

Children's behaviour may be inappropriate for a variety of reasons. Some of these include:

- insecure attachment to Educators or families
- emotional immaturity
- insufficient language skills to express their needs and wishes
- used to gaining attention from negative behaviour
- condition or number of toys, resources and equipment
- a diagnosed or undiagnosed spectrum disorder.

Depending on the reason for the behaviour, some strategies for dealing with inappropriate behaviour may include:

- ignoring the negative behaviour and praising the positive behaviour (while ensuring the safety of all children), and ensuring all body language is consistent with actions and words
- building strong social bonds through a focus on attachment theory and Circle of Security approaches
- using key words with signing and objects or visuals to help children with communication difficulties
- using minimal steps in directions then allowing time for a child to understand e.g. 3-5 seconds
- using terminology that children understand such as 'my turn' 'your turn' rather than assuming children understand e.g. children may not understand that saying "sorry" does not mean they can repeat the behaviour
- allowing children to develop their reasoning and emotional knowledge by helping them to reflect on their actions e.g. "Tommy, what are you doing?" "I saw you" "What were you about to do with ...?"
- not telling a child to do something but asking the child a question e.g. "What do we have to do so we can have play outside," rather than "put your bag away"
- talking with children about the consequences of their actions, our rules and why we have them
- adjusting the menu and the time that certain foods like fruit which are high in natural sugar are provided
- providing sufficient opportunities for exercise including running which can calm anxious or agitated children through the production of certain brain chemicals
- intentionally teaching behaviours like walking inside, never assuming children know how to do things or behave, and reaffirming those and other positive behaviours
- using empathy and putting themselves in the child's position to try and understand where the behaviour came from (rather than yelling at the end result of the behaviour)
- documenting incidences of inappropriate behaviour and when they are occurring and developing a behaviour plan with parents, schools and if relevant other professionals
- appointing one person (e.g. Nominated Supervisor) as a contact point for parents

Educators will not isolate, intimidate or subject children to corporal punishment to guide behaviour.

Parents will:

- work in partnership with Educators where concerns are raised about the behaviour of their child
- consent in writing where Educators believe liaising with relevant professionals to support the learning and development of their child and apply for funding to do this where necessary
- agree to work with Educators to minimise risk where the child's behaviour is a danger to children and Educators. This may include seeking professional support from, for example a paediatrician, speech pathologist or family support services, or reducing the hours of care until the child's behaviour is supported and risk to others is minimised.

If parents do not comply with these requirements, the Nominated Supervisor may suspend or terminate the child's enrolment after providing two weeks' notice. The Nominated Supervisor may, however, suspend or terminate a child's enrolment without providing two weeks' notice if he or she believes the child's behaviour poses an unacceptable risk to the welfare and safety of other children and Educators.

Inclusion

Australia is a pluralistic society regardless of specific regional variations in cultural profiles. In order to reduce bias and ensure that no child is excluded our service will abide by the following practices:

- Our service will promote and value cultural diversity and equity for all children, families and Educators from diverse cultural and linguistic backgrounds;
- Our service will recognise that children and adults from all cultures have similar needs and that each person is unique and valuable;
- Our service will develop a positive self-concept for each child and adult in the group by exploring the cultural backgrounds of each family and child;
- Our service will endeavour to provide a foundation that instils in each child a sense of self identity, dignity and tolerance for all people;
- Our service will increase the knowledge and understanding each child has about his or her own cultural ethnic heritage in partnership with their family, Educators and community and other children in the Service;
- Our service will explore family compositions, customs and lifestyles of children and families in many cultures;
- Our service will assist, in partnership with parents, extended family and the community in exploring their own "roots" as they involve children in the culturally diverse environment of the Service;
- Our service will provide support for fostered or adopted children to develop a sense of heritage and belonging;
- Our service will avoid common stereotypes and recognise individual differences within a cultural or ethnic group;
- Our service will assist wherever possible families who are new to Australia with a transition to a new and different culture.
- Our Educators will become aware of their own beliefs, attitudes, cultural backgrounds, their relationship with the larger society and their attitudes to people;
- Our Educators will acknowledge that they too have been influenced by their own background prejudices and their points of view;

- Our Educators will accept that all children can learn and that differences in lifestyles and languages does not mean ignorance;
- Our Educators will broaden their own cultural and ethnic group awareness and help children to understand themselves in relation to their family, community and other cultures;
- Our Educators will be actively involved in the development of appropriate resources, support and implement anti bias, cross cultural program throughout the Service environment which is reflective of all families/children and the diversity present in Australian society and network with community agencies involved with cross cultural issues wherever possible;
- Our Educators will be actively involved with children, showing respect, sharing ideas and experiences and asking questions.
- Our Educators will access and make available resources and information supporting the delivery of anti bias concepts in the program and attend regular training courses as required. Such resources will be integrated into the daily program and be made available to families.
- Our Educators will reflect on the service's philosophy and ensure that practices and attitude concur with the philosophy.
- Our Educators will work with families to encourage positive attitudes to diversity and an ant-bias ethos.
- Our Educators will ensure that casual workers or visitors to the service are aware of these practices and respect these values.
- Children will listen to music and practice singing songs in different languages;
- Children will learn words and phrases in a language not native to children in their group;
- Children will talk to other children using the words from their culture;
- Children will be encouraged to become increasingly independent wherever possible and be actively involved with their peers.
- Children will explore with foods from other cultures (e.g. have family members from different home cultures come in and cook, to have "food tasting" parties).
- Our service will encourage children to bring in real objects and artifacts used by their families that may be historical or typical of that child's/family's cultural group including food;
- Our service will help children to develop ease with and have a respect for physical, racial, religious and cultural differences.
- Our service will encourage children to develop autonomy, independence, competency, confidence and pride.
- Our service will provide all children with accurate and appropriate material that provides information about their own and other's disabilities and cultures.
- Our service will not isolate a child for any reason other than illness, accident or a prearranged appointment with parental consent.

Supporting Children through Difficult Situations

When a child, family, Educator or the service as a whole experiences a stressful or traumatic situation such as a bushfire, car accident, sudden illness or death, crime or violent situation it is important to provide appropriate support so they can recover from the ordeal. A child's reaction to a stressful or traumatic situation will depend on factors such as their age, stage of development and impact of the event on people around them. A child may react in ways that you don't expect and sometimes will act normally at first but be wary of a delayed reaction. Some reactions include:

- Physical symptoms such as stomach aches and headaches.
- Being anxious or clingy.
- Suffering from separation anxiety.
- Having sleeping problems or nightmares.
- Re-living the experience through drawing or play.
- Losing interest in activities.
- Loss of self-confidence.
- Regressing to "babyish" activities.

Our Educators will talk with a child about the event to bring any issues out into the open. The ways our Educators will approach this are:

- Reassuring the child that they are safe, but only if they really are.
- Talking to the child about what happened in a way that they will understand and without going into frightening or graphic detail. Our Educators will not leave out important information though, as children will fill in the gaps.
- Ensuring the child hasn't jumped to conclusions. Some children will think they are to blame in a tragic event; our Educators will make sure they know this isn't so.
- Talking about the event with appropriate people (for example, all children if the event has affected the whole service or the children that have been affected) and letting everyone have their say including children.
- Talking to the children about how people react to stressful or traumatic situations and that the feelings they are feeling are normal.

Coping Mechanisms

Some strategies that our Educators will use to help children cope in these situations are:

- Giving children a sense of control of their environment and life. Letting the child make decisions, for example, about the daily indoor or outdoor activities will make the child feel more in control.
- Allowing the children plenty of time to play and to do physical exercise; this will help the child burn off stress chemicals and allow for more sleep.
- Helping the children physically relax with quiet activities.
- Limiting stimulants like chocolate, lollies etc.

It is important to remember how you respond to the stressful or traumatic event will affect the child's response. Children look to their families and Educators to find ways to deal with a situation they probably don't understand. Children need their family members (and other adults who are close to them) to help them understand the situation and their emotions and also offer comfort and support. If adults are distressed about a situation it is important for them to seek help for themselves.

At the service, we wish to help in whatever way we can if your family has undergone a tragedy. Talk to Educators (or confidentially to the Nominated Supervisor) and we will endeavour to work with families and children to support all parties through the situation.

Should it be required, Educators will liaise with appropriate authorities, such as the Department of Education and Early Childhood Development, and follow any recommendations made by these authorities.

Bullying

In order to overcome bullying in our service, our Educators will be aware of the following information and maintain the following practices:

Our Educators will be aware of the following characteristics in children who bully -

- Children of all backgrounds can bully
- Preconceived notions of children who bully should be avoided
- The child who bullies may also be the victim of bullying
- The child who bullies will often think that they are innocent, and that the child being bullied is somehow deserving of this negative experience.

Our Educators will be aware of the following characteristics of victims of bullying -

- Children of all backgrounds can fall victim to bullying
- Preconceived notions of children who fall victim to bullying should be avoided
- Boys are victims of bullying more than girls.
- Victims may have low self-esteem, lack of confidence, lack social skills or be viewed as unpopular.
- It is important to remember that victims are often sensitive and easily hurt and feel incapable of preventing such negative experiences.

Our Educators will implement the following strategies to overcome bullying -

- Our Educators will practice all-encompassing and socially inclusive care.
- Programs will recognise, value and reflect the social and cultural diversity of our community.
- Our Educators will role model and actively encourage appropriate behaviours.
- Our Educators will form a close relationship with family members to work cooperatively to overcome instances of bullying.
- Our Educators will empower children by giving them responsibilities that will make them feel valued.
- Our Educators will help children deal with their anger. This includes offering alternative dispute resolution techniques that are socially acceptable.

- Our Educators will seek the support of children's services professionals when it is necessary.
- Our Educators will respond promptly to children's aggressive or bullying behaviour.

Biting

All individuals involved in the care of a child need to recognise that at times, some children, for a variety of reasons, attempt to bite other children.

Some reasons an older child may bite are to show deliberate signs of aggression.

In the event of a biting incident, Educators will abide by the following procedure:

- Check for broken skin.
- Clean all bites, regardless of whether the skin is broken or not.
- Apply a cold compress to the bitten area
- Our Educators will contact the families of the child who has bitten and the child that has been bitten as soon as possible. Families are then responsible for any follow up medical treatment.
- If the biter is a known infectious disease carrier or can be seen to have facial herpes and the victim's skin is broken, the Nominated Supervisor or Authorised Supervisor will convey this information to the family.
- Should the behaviour continue, our Educators will work in conjunction with families and, if necessary, external agencies, to develop a Behaviour Guidance plan for the child who is biting another child.
- Our Educators will complete an incident report for any occasion where a child bites and submit to the Nominated Supervisor.
- Monitor the behaviour of the child who has bitten and use distraction techniques to prevent the child reaching the point where the child feels the need to bite.

Sources

National Quality Standard
Education and Care Services National Regulations 2011
My Time, Our Place Framework for School Aged Care

Review

The policy will be reviewed annually.

Review will be conducted by: Management, Employees, Families & Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Rest, Relaxation and Clothing Policy (VIC)

National Quality Standards

QA2	2.1.1	Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
QA2	3.1.1	Fit for purpose - Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained
QA6	6.1.2	Parent views are respected - The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
	6.1.3	Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
QA7	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

National Law

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

National Regulations

Regs	81	Sleep and Rest
	82	Tobacco, drug and alcohol-free environment
	103	Premises, furniture and equipment to be safe, clean and in good repair
	105	Furniture, materials and equipment
	106	Laundry and hygiene facilities
	110	Ventilation and natural light
	168(2)(a)(v)	Education and Care Services must have policies and procedures relating to sleep and rest for children

My Time, Our Place

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

Our Service aims to meet each child's needs for rest and relaxation in a safe and caring manner that takes into consideration the preferences and practices of each child's family.

Related Policies

Enrolment Policy

Health, Hygiene and Safe Food Policy

Medical Conditions Policy

Physical Environment Policy

Staffing Arrangements Policy

Tobacco, Drug and Alcohol Policy

Implementation

The Nominated Supervisor will ensure:

- there is a comfortable and calm environment available for children to engage in rest and quiet activities or experiences.
- resting children are adequately supervised and Educator to child ratios are maintained at all times children are resting.
- a copy of this policy or is provided to parents at enrolment.

The Nominated Supervisor will ensure Educators, staff and volunteers:

- provide a range of active and restful experiences and environments and support children to make appropriate decisions regarding participation. Educators will consider the activities that children have participated in at school.
- accommodate each child's and family's preferences for rest and clothing to the extent they are consistent with our policies and requirements. This includes preferences related to a child's social and cultural heritage.
- communicate with parents about their child's routines at the service and at home.
- monitor the temperature of the rest environment to ensure it is comfortable without becoming too hot or cold.
- work with children to develop their understanding of the benefits of rest and relaxation. Children will be encouraged to communicate their needs and to make appropriate decisions.
- negotiate the need for rest and relaxation with children. Children will be encouraged to have input into the rules and routines that facilitate the rest and relaxation requirements of all children at the service.
- group children in a way that minimises overcrowding.
- respect the privacy needs of each child during times when they are dressing, using the toilet facilities or for personal hygiene needs.

Children's Clothing

Educators, staff and volunteers will discuss with parents the need for children to be dressed in clothes that:

- are suitable for the weather i.e. loose and cool in summer to prevent overheating and warm enough for cold weather including outdoor play in winter.
- protect them from the sun during outdoor play (refer Sun Protection Policy).
- allow children to explore and play freely.

- can get dirty when children play and engage in Service activities.
- include appropriate footwear so children can play comfortably and safely. i.e. thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely.
- are clearly labelled with the child's name.

Educators, and volunteers will:

- ensure children are protected from the sun during outdoor activities in accordance with the Sun Protection Policy.
- monitor children to ensure they are appropriately dressed for all weather, play experiences and rest.
- provide clean and appropriate spare clothing to children if needed.
- encourage children to use aprons for messy play and art experiences to protect their clothing.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

My Time Our Place

Work Health and Safety Act 2011

Work Health and Safety Regulations 2017

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
2025**

Date for next review: August

Sand Pit Policy

National Quality Standards

QA1	2.1.3	Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.
QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QA3	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained.
	3.2.1	Inclusive environment - Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
	3.2.2	Resources support play-based learning - Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.

National Regulations

Regs	168	Child safe environment policies and procedures
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Aim

Our Service recognises that sand pit play encourages children to develop their cognitive, language, physical, social and emotional skills in both planned and spontaneous activities. It assists children to develop a sense of agency whether they play independently or in collaboration with their peers while also promoting physical activity. We will ensure our sand pit is always hygienic and safe for all users.

Related Policies

Animal and Pet Policy

Incident, Injury, Illness or Trauma Policy

Physical Activity Promotion Policy

Physical Environment (Workplace Safety, Learning and Administration) Policy

Implementation

To ensure our sand pit is always a safe and hygienic place for children to play and learn the Nominated Supervisor will ensure:

- our sandpit has adequate drainage and can comfortably accommodate the number of children at our service. Adequate drainage includes the installation of a drainage membrane separating the sand from the gravel sub base or agriculture pipes.
- we use timber which has not been treated with Copper Chromium Arsenate (CCA).
- we use washed beach or river sand. Builders' /brick sand is not suitable.

- the sand is at least 500mm deep, and replenish the sand when it drops 100mm below the top edge of the sandpit.
- any natural elements we may incorporate into the sandpit (eg boulders) are positioned so they are stable, cannot be moved and have their sharp edges removed or rounded off. Boulders should be large enough to sit on or be used as building platforms.
- the sandpit is adequately shaded when used by children, and that our shade structures can be removed so sunshine can disinfect the sand.
- we clean the sand by regularly exposing it to sunshine and fresh air which are the most effective disinfectants.
- we rake sand pits before use and at regular intervals each day and carefully remove and dispose of any contaminated sand or dangerous/ foreign matter such as sharp objects or animal or human faeces and urine which could cause illness or infection in children or educators.
- we turn the sand over monthly to aerate it.
- change the sand at least annually but preferably every 6 months.
- remove toys from the sandpit at the end of each day.
- cover sand pits closely when they are not in use to prevent contamination with animal faeces and sharp or dangerous objects.
- ensure children and adults wash their hands with soap and water after playing in the sandpit.

The Nominated Supervisor will prepare a roster of educators who have responsibility for raking and turning the sand, and removing toys and covering the sand pit at the end of each day.

If sand is contaminated by animal or human faeces, blood or other body fluids an educator who has been supervising the children will immediately remove all children from the sandpit and then:

- Use a shovel and dispose of the contaminated sand in a plastic bag. Educators will wear suitable protective clothing eg gloves.
- Rake remaining sand at regular intervals during the day and leave exposed to the sun.
- Change sand completely if it is contaminated extensively.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

Staying Healthy Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition 2012 NHMRC

Sandpits Fact Sheet 2013 Kidsafe NSW

<https://www.kidsafensw.org/imagesDB/documents/Sandpits2021.pdf>

Timber in Playspaces Fact Sheet 2013 Kidsafe NSW

Occupational Health & Safety Act 2004

Occupational Health and Safety Regulations 2007

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: August 2024

Date for next review: August 2025

Social Media Policy

National Quality Standards

QA4	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.
QA5	5.1.2	Dignity and rights of the Child - The dignity and rights of every child are maintained.
QA6	6.1.2	Parent views are respected - The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

National Regulations

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

Aim

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.
- send or accept 'friend requests' from parents or family members that have children at the Service.
- post any information about what happens at the Service.
- post any photos taken at the service or on an excursion. If this occurs families will be contacted immediately. If possible, the social networking website will be contacted to delete the photos.
- post any material that is offensive, defamatory, threatening, harassing, bullying, discriminatory or otherwise unlawful.
- post any material that could bring their professional standing into disrepute.
- post any material that could damage the employment relationship, the employer's/Service's reputation or commercial interests, or bring the employer/Service into disrepute.
- pose as a representative of the employer or express views on behalf of the employer.
- use the service logo or email without permission.
- list the employer's name on a Facebook page without permission.
- disclose confidential, private or sensitive information.
- publicise workplace disputes.

Educators, 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 eg through defamation or bullying.

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 eg address.
- set high privacy or security settings on the account and consider whether to restrict access eg 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 eg prohibiting comments about the Service or families/children.
- regularly scan online content related to the Service.

Sources

National Quality Standard

Education and Care Services National Regulations 2011

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

**Last reviewed: August 2024
August 2025**

Date for next review:

Staffing Arrangements Policy

National Quality Standards

QA4	4.1.1	Organisation of educators - The organisation of educators across the service supports children's learning and development
QA7	7.1.3	Roles and Responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

National Law

Section	5	Definitions (nominated supervisor consent in writing)
	56	Notice of change to nominated supervisor
	56A	Notice of change of a nominated supervisor's name or contact details
	161	Offence to operate education and care service without nominated supervisor
	161A	Offence for nominated supervisor not to meet prescribed minimum requirements
	162	Offence to operate education and care service unless responsible person is present
	162A	Persons in day-to-day charge and nominated supervisors to have child protection training
	165	Offence to inadequately supervise children
	169	Offence relating to staffing arrangements
	170	Offence relating to unauthorised persons on education and care service premises
	173	Offence to fail to notify certain circumstances to Regulatory Authority
	174	Offence to fail to notify certain information to Regulatory Authority

National Regulations

Regulations numbered 240 and higher are state or transitional regulations

Reg	10	Meaning of actively working towards a qualification
	117A	Placing a person in day to day charge
	177B	Minimum Requirements for a person in day to day charge
	117C	Minimum Requirements for a Nominated Supervisor
	118	Educational Leader
	120	Educators who are under 18 to be supervised
	122	Educators must be working directly with children to be included in ratios
	123	Educator to child ratios—centre-based services
	126	Centre based services – general educator qualifications
	136	First aid qualifications
	150	Staff record must include name of responsible person at service each time children being educated and cared for by the service.
	173	Prescribed information to be displayed
	356	Qualifications for educators – children over preschool age
	358	Working with children check to be read

Aim

To ensure our supervision and staffing practices keep children safe at all times.

Related Policies

Child Protection Policy

Continuity of Education and Care Policy

Educator and Management Policy

Excursion Policy

Governance Policy

Supervision

Children's safety and wellbeing is taken very seriously at our service. 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. Educators supervising outdoors must position themselves to see as much of the play area as possible, and follow any playground supervision plans if relevant. They will also actively engage with children and not stand back and watch. Educators working directly with children must focus on the children and not other duties/activities. They will not group together in the outdoor environment except for brief, necessary discussions regarding the children.

In particular, children will be supervised:

- when resting or sleeping
- during hand washing and/or toilet times
 - while undergoing toilet training (they will not be left unsupervised in the bathroom)
- at the table when eating
- in any areas where risk is increased
- during any water activity (at least one educator close at all times)
- while moving between levels of the service.

Educators will ensure children only move between levels if they are accompanied by an educator, student or volunteer. Where the educator, student or volunteer needs to return to another group of children, they will hand over responsibility for supervising the children to the new educator by speaking with them and getting an acknowledgement from them that the children are now their responsibility. Children will move between floors using the stairs, and will only use the lifts where it is not practical or safe to use the stairs (eg children in wheelchairs, aggressive intruder in stairwell). At no time will children be allowed to use the stairs or lifts without adult supervision.

To ensure all children are accounted for during transitions between environments or rooms, Room Leaders will ensure a copy of the daily sign in sheet or similar record is used to check that all children under educators' supervision have made the transition.

There may also be times when minimum ratio requirements are not sufficient to ensure children are adequately supervised. On these occasions the Nominated Supervisor will assess the situation and when necessary ensure there are extra adults present to ensure children's health, safety and wellbeing.

Issues affecting the adequacy of supervision include:

- the number, ages and abilities of children
- the number and positioning of educators
- each child's current activity
- areas where children are playing, in particular the visibility and accessibility of these areas
- risks in the environment and experiences provided to children
- the educators' knowledge of each child and each group of children
- the experience, knowledge and skill of each educator.

Educators will ensure team members know when they leave the room or area, or finish their shift, and are aware of any particular issues that may require additional oversight of children. They will do this verbally and there must be acknowledgement by the other educator prior to leaving the environment. The register of educators working with children will be completed if the educator is leaving for any length of time (see attached template).

To further ensure children are always adequately supervised the Approved Provider or Nominated Supervisor, and where relevant Room Leaders, will ensure:

- only educators working directly with children are included in the educator to child ratio
- students, volunteers and any educator under eighteen years is supervised at all times by an educator eighteen and over
- no child is ever left alone with a visitor/ unauthorised person
- they promote continuity of care when organising rosters and a regular pool of relief educators
- any educators on a meal-break in the Service return to duty to supply adequate supervision in any emergency situation where adequate supervision of children is threatened. Relief staff requirements will be reviewed if educators begin to be regularly recalled

Responsible Person

A responsible person is:

- an approved provider
- a nominated supervisor
- a person who is in day to day charge of the service.

The Approved Provider, Nominated Supervisor and Person in Day to Day Charge will implement the following Responsible Procedure to ensure there is always a "responsible person" present at all times when caring for and educating children, and their name and position is clearly displayed in the main entrance of the Service.

If Nominated Supervisor present when service opens he or she will:

1. sign in on a Responsible Person sign in/out record
2. make sure their name and role (Nominated Supervisor) is clearly displayed in the main entrance
3. before they leave the service, handover the Responsible Person role to either the Approved Provider or Person in Day to Day Charge by:
 - talking directly to the Approved Provider or Person in Day to Day Charge
 - signing out of the Responsible Person record
 - making sure the Approved Provider or Person in Day to Day Charge signs in on the Responsible Person record
 - changing the name and position of the Responsible Person displayed in the main entrance to match that of the new Responsible Person

The Nominated Supervisor will not leave the service if the Approved Provider and Person in Day to Day Charge are both absent

4. when they return to the service, resume the Responsible Person role by:
 - talking directly to the person who took on the role when they were absent ie Approved Provider or Person in Day to Day Charge
 - signing in on the Responsible Person record
 - making sure the Approved Provider or Person in Day to Day Charge signs out on the Responsible Person record
 - changing the name and position of the Responsible Person displayed in the main entrance to their name and role

If the Approved Provider or Person in Day to Day Charge takes on the Responsible Person role while the Nominated Supervisor is absent, he or she will:

1. sign in on a Responsible Person sign in/out record
2. make sure their name and role is clearly displayed in the main entrance
3. stay at the service until the Nominated Supervisor returns and resumes the Responsible Person role, or before they leave the service, handover the Responsible Person role to another Responsible Person ie Approved Provider or Person in Day to Day Charge by:
 - talking directly to that person
 - signing out of the Responsible Person record
 - making sure the new Responsible Person signs in on the Responsible Person record
 - changing the name and position of the Responsible Person displayed in the main entrance to match that of the new Responsible Person

The Approved Provider or Person in Day to Day Charge will not leave the service if there is not another Responsible Person present to take on the role.

Nominated Supervisors and Persons in Day to Day Charge

The Approved Provider will make sure people appointed as a Nominated Supervisor or Person in Day to Day Charge are at least 18 and have:

the required skills to be a nominated supervisor or person in day to day charge eg has adequate knowledge and understanding about providing education and care including understanding of child protection obligations

can effectively supervise and manage the service

The Approved Provider will take all reasonable steps to ensure children's safety and wellbeing is protected and ensure the person is 'fit and proper' person to fill the role by:

- considering their age, qualifications and experience
- checking their child protection clearance is current
- getting a statement from person about their compliance history. Use 'compliance history statement' template on ACECQA website
- getting declaration from person that they're not a 'prohibited person'. Use 'prohibition notice declaration' on ACECQA website.

See 'Appointment of Nominated Supervisor' template attached.

Note a Nominated Supervisor will also make an informed decision based on these factors if they appoint a person in day to day charge.

A person who accepts a Nominated Supervisor position must consent in writing using ACECQA notification form NS01 which must be scanned and uploaded when notifying the Regulatory Authority through the NQA ITS about a change of Nominated Supervisor.

A person who accepts being in day to day charge must also consent in writing (see attached template). The nominated supervisor will keep a record of all persons who may be placed in day to day charge.

The Approved Provider or Nominated Supervisor will keep a record of all information and documentation supporting a person's appointment as Nominated Supervisor or in day to day charge.

The Approved Provider and Nominated Supervisor will comply with all the notification requirements relating to staff changes and staff details as outlined in the Governance Policy.

Educator to Child Ratios

The Approved Provider and Nominated Supervisor will ensure our educator to child ratios always meet the minimum requirements below.

- 1:15 (for children over preschool age).

In relation to ratios:

- The numbers of children do not include children being cared for in an emergency for no more than two consecutive days the service operates
- Students or volunteers will never be included in ratios unless they hold or are actively working towards a required qualification.
- More than one educator will be present when children are in attendance where possible

Educational Leader

The Approved Provider will appoint in writing a qualified and experienced Educational Leader to lead the development and implementation of the educational program.

Qualifications for Educators:

The Approved Provider and Nominated Supervisor will ensure:

- At least 50% of educators required to meet the ratio hold or are enrolled in and studying for, at least a qualification that is published on the national authority's website www.acecqa.gov.au in the list of approved diploma level qualifications for educators working with children over preschool age for Victoria
- All other educators must or, or be actively working towards, at least a qualification that is published on the national authority's website www.acecqa.gov.au in the list of approved certificate III level qualifications for educators working with children over preschool age for Victoria or begin obtaining this qualification within 6 months of starting to educate and care for children.

First Aid Qualifications

The Approved Provider or Nominated Supervisor will ensure that at least one educator, staff member or Nominated Supervisor present at the service:

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training.

If the service is situated within a school's grounds, the service will meet the first aid requirements if there is at least one school staff member in attendance and immediately available who holds a current first aid qualification and has completed current approved anaphylaxis and asthma management training.

An educator is taken to hold an approved first aid qualification or training if the educator holds an approved qualification or training as published on the ACECQA website.

Child Protection

The Approved Provider will ensure each Nominated Supervisor and Person in Day to Day Charge has successfully completed the child protection training (if any) or protocols required by the ACT government.

The Approved Provider and Nominated Supervisor will ensure all employees understand the current child protection law and their obligations under the law.

Fitness and Propriety

Working With Children Check

The Approved Provider or Nominated Supervisor will ensure that educators, staff, volunteers and students have a Working With Children Check before they work or volunteer at the service unless the person is:

- under 18 and works with children at the service only under the immediate supervision of an educator who has attained the age of 18 years or
- a volunteer and works with children at the service only under the immediate supervision of an educator who has attained the age of 18 years
- registered as a teacher under the Victorian Education and Training Reform Act 2006 and the approved provider, nominated supervisor or person in day to day charge of the service has checked the relevant register to ensure the person is registered. Further information is available at <http://www.workingwithchildren.vic.gov.au/>

Child Care Subsidy and PRODA

Any person with management or control of the Provider and persons responsible for the day to day operation of the service must be registered with the Federal Government's Provider Digital Access (PRODA) for administering Child Care Subsidy/Additional Child Care Subsidy. Any staff member nominated by a person who meets these criteria may also be registered as a service contact with PRODA. In addition to obtaining a Working with Children Check if required to hold one, the Approved Provider will ensure all registered persons meet the fitness and propriety requirements under the Family Assistance Law as follows:

For person with management or control of the Provider

- a certified copy of an Australian National Police Criminal History Check dated no more than six months before the application for approval
- an extract from the National Personal Insolvency Index Bankruptcy Search service provided by the Australian Financial Security Authority dated no more than three months before the application
- a current and historical personal name extract search of the Australian Securities and Investments Commission records dated no more than three months before the application
- evidence (computer printout) the person does not appear on the banned and disqualified register held by the Australian Securities and Investments Commission dated no more than three months before the application.

For persons responsible for the day to day operation of the service

- a certified copy of an Australian National Police Criminal History Check dated no more than six months before the application for approval

Rostering

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.

Where the employee's roster is changed without seven days notice, they will be paid overtime on the changed hours until seven days have passed from the date notice of the changed roster was given.

The Nominated Supervisor and the employee may agree to waive or shorten the seven day notice period. This agreement must be recorded in writing and form part of the time and wages records.

An employee may be transferred from one location to another within their rostered hours, and will be paid for the time taken to travel from one location to the other. Where an employee is required to permanently transfer to another location (other than by mutual agreement), they must be given seven days notice of the change or paid at the overtime rate until seven days have passed from the date notice was given.

Sources

Education and Care Services National Law and Regulations
National Quality Standard
Family Assistance Law
Workers Screening Act 2020
Working with Children Check Victoria

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Technology Usage Policy

National Quality Standards

QA1	1.1.1	Approved Learning Framework - Curriculum decision making contributes to each child's learning and development outcomes as communicators
	1.1.3	Program learning opportunities - All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
	1.2.1	Intentional teaching -Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
QA4	4.2.2	Professional Standards - Professional standards guide practice, interactions and relationships.

National Regulations

Regs	73	Educational programs
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My Time, Our Place

LO5	Children collaborate with others, express ideas and make meaning using a range of media and communication technologies
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Aim

The Service will encourage children to engage with media and technology for fun and to enhance learning to assist in the development of social, physical, emotional, cognitive, language and creative potential of each child.

Related Policies

Enrolment Policy

Education, Curriculum and Learning Policy

Social Networking Usage Policy

Who is affected by this policy?

Educators

Children

Family

Management

Implementation

Information technology (IT) devices include, but are not limited to, computers, laptops, iPads, tablets, Smart Boards, televisions (including smart TVs) and DVD players.

Service IT devices

- IT devices at the service may only be used for work relevant to the operations and activities of the service. Examples of these activities include administration, research, programming and professional development
- Educators will encourage children to use information technology to express ideas, access images, information and explore diverse perspectives. Technologies will be integrated into children's play and leisure activities
- Music, videos etc may be streamed if it is relevant to the children's learning or professional development undertaken by educators. However, streaming of this kind will only take place from websites where this can legally take place such as **iTunes** or **YouTube**
- Our service will discuss the protocols we have in place for accessing the computer and other technologies with children and parents. We will install software that blocks inappropriate websites and ensure children are supervised when accessing the internet and other technologies
- Television, DVDs and videos etc will be used where relevant to enhance curriculum activities and never used as a substitution for interactions and collaborative learning between educators and children, or to manage children's behaviour. Educators will sit with children to monitor and discuss any aspects of the content they are viewing, and will role model appropriate screen behaviours.
- All screen content viewed by children at the service must, for example:
 - assist in expanding the content of the curriculum
 - be suitable to the needs and development levels of each child watching
 - hold the interests of the children watching
 - be carefully selected with suitable content eg content depicting violence like graphic news reports will not be shown
 - be rated 'G' or 'PG' if relevant (eg videos).
- The time children spend watching content on IT devices at the service will be consistent with the Federal Government's *'Physical Activity and Sedentary Behaviour Guidelines'* ie no more than two hours per day. Educators will take into consideration the time children may also spend watching screen content or using electronic media for entertainment at home

Personal IT devices

Educators must not access personal IT devices (eg smart phones, iPads, tablets) while interacting with children or contributing to service ratios.

Any educators or staff members found to be using IT devices inappropriately will face an enquiry by management and other relevant parties to decide a course of action based

on the severity of their misconduct. Illegal conduct will be reported to the Police or appropriate authority. Outcomes of inappropriate or illegal conduct include termination of employment.

Educators will supervise children who are using personal IT devices to ensure content is appropriate and suitable for sharing with other children at the service. Educators may confiscate personal IT devices for the duration of the session if they believe content is inappropriate.

Sources

National Quality Standard

My Time Our Place Framework for School Age Care

Education and Care Services National Law and Regulations

Physical Activity and Sedentary Behaviour Guidelines – Federal Government

Review

The policy will be reviewed annually by:

- Management
- Employees
- Parents
- Interested Parties.

Reviewed: August 2024

Date for next review: August 2025

Tobacco, Drug and Alcohol Policy

National Quality Standards

QA2	2.2.1	2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QA4	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.

National Regulations

Reg	82	Tobacco, drug and alcohol free environment
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My Time Our Place

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

To ensure children, staff, families and visitors are not subjected to the dangers associated with tobacco, drugs and alcohol, and staff, families and visitors model and promote healthy lifestyles at all times.

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, staff, families and visitors free from the dangers of drugs, alcohol, tobacco and other smoke, including illegal substances, the following rules apply -

The consumption of tobacco, vapes, illegal drugs and alcohol is prohibited in all areas of the service including -

- Inside
- Outside in the playground
- Outside in the car-park
- On incursions or excursions at any point during the event
- While travelling with a child

- At educator meetings
- At parent meetings
- In any areas which can be viewed by our service children and families

Note apart from harmful chemicals, many vapes also contain nicotine, the same highly addictive substance found in tobacco cigarettes, and while some may not contain nicotine, vaping at the Service is prohibited as their use is inconsistent with promoting or modelling a healthy lifestyle.

Please note it is also illegal to smoke at our service or within four metres of any part of a pedestrian access point (entrance or exit) to the service while the service is providing education and care to children.

In relation to social events at the service involving service families:

- smoking or vaping is prohibited, whether in work hours or not
- alcohol may be consumed outside work hours if children are not present. Alcohol may only be brought into the service immediately prior to the commencement of the gathering, and only after all children have been collected. Any leftover alcohol will be removed from the premises immediately after the gathering concludes. Alcohol will not be stored for any length of time on service premises
- photos will be used to represent any alcoholic raffle prizes, and alcoholic prizes will not be stored on service premises.

Any alcoholic gifts given to educators will be removed from service premises immediately (eg placed in individual's car if this is not parked on service premises.)

Under no circumstances will any person attend the service if they are affected by alcohol or drugs, including prescription medication, if in any way the consumption of these items impairs their capacity to supervise, educate or care for children.

We will display No Smoking signs in the service and in the smoke free area, and provide families with access to relevant smoke-free resources from Health Vic.

Where relevant, our educators will engage children in conversations or learning experiences that promote the benefits of a tobacco, drug and alcohol free lifestyle.

Sources

Education and Care Services National Regulations 2011

National Quality Standard

My Time Our Place Framework for School Age Care

Occupational Health and Safety Act 2004

Tobacco Act 1987

Review

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

Last reviewed: August 2024

Date for next review: August 2025

Transport Policy

Aim

To ensure the safety of all children and adults while using public or private transport, including any vehicles owned by the service.

Implementation

The safety of each child and all employees is paramount. Transportation can pose additional risks for children depending on the mode of transport involved, how it's used and the way children move between the transport and service or other environment. The service we provide includes times when we transport children, or arrange transportation, between the service and another location, including their home, school or excursion destination. The Nominated Supervisor and educators will always follow service procedures to minimise this risk including those which follow.

The Nominated Supervisor will include the Transport Policy and Procedures in staff inductions and ensure all relevant staff receive practical training in relation to the requirements. Where children are regularly transported they will also diarise to rehearse the procedures at least once every 3 months, and maintain written records of the rehearsals and staff training.

Risk Assessments

This section of the Policy does not include transport of children on excursions as risk assessment requirements for excursions are covered in the Excursion Policy.

The Nominated Supervisor or educators will always complete a risk assessment to identify, assess and remove or reduce risks the transport may pose to the safety, health and wellbeing of and each child before children are transported unless the arrangement is 'regular transportation' (ie transportation where the circumstances are substantially the same on each occasion) and a risk assessment has been completed within the last 12 months. The risk assessment will cover:

- the proposed route and duration of the transportation
- the proposed pick-up location and destination
- the means of transport
- any requirements for seatbelts or safety restraints under the relevant state/territory law (for regular transportation consider whether this needs to be assessed more often than every 12 months if child grows etc)
- any water hazards
- the number of adults and children involved in the transportation
- the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required, given the risks involved
 - consider children's ages, whether or not they are mobile, and whether any have additional needs or medical conditions

- whether any items should be readily available during transportation (eg a mobile phone and list of emergency contact numbers for the children being transported)
- the process for entering and exiting the education and care service premises and the pick-up location or destination
- procedures for embarking and disembarking the transport, including how each child will be accounted for.

The Nominated Supervisor will nominate, as part of the risk assessment control measures:

- the driver (if using vehicle owned or operated by service)
- the lead educator/supervisor responsible for ensuring an excursion runs smoothly and children are adequately supervised, or for supervising children during trips that are not excursions
- the checker responsible for checking vehicle at end of trip (may be same as lead educator/supervisor).

The Nominated Supervisor will update risk assessments for regular transportation and obtain new authorisations from parents/guardians when circumstances that may affect transport arrangements change, including for example:

- weather conditions (summer versus winter, extreme weather events like heatwaves, floods and bushfires)
- changes in routes for example because of road works
- the numbers and vulnerabilities of children.

Authorisations for Transportation

This section of the Policy does not include transport of children on excursions as authorisation requirements for excursions are covered in the Excursion Policy.

Authorisation for a child to be transported must be given by a parent or other person named in the child's enrolment record as having authority to authorise transportation of a child unless the arrangement is 'regular transportation' and there's an authorisation which is less than 12 months old. The authorisation will include:

- the child's name
- the reason the child is to be transported
- if it's regular transportation, a description of when the child is to be transported
- if it's not regular transportation, the date the child will be transported
- a description of the proposed pick-up location and destination
- the means of transport
- the period of time during which the child is to be transported
- the anticipated number of children likely to be transported
- the anticipated number of staff members and any other adults who will accompany and supervise the children
- any requirements for seatbelts or safety restraints under the relevant state/territory law
- advice a risk assessment has been prepared and is available at the service
- advice written policies and procedures for transporting children are available at the service.

Transport Guidelines

This section and the rest of the Policy covers all situations where we transport or arrange transportation of children, including excursions. Where relevant, the guidelines and procedures in this Policy will also be used to educate children, families and the community about safely transporting children and related issues like road and pedestrian safety.

Drivers

The Nominated Supervisor will ensure persons are safe, responsible drivers before allowing them to transport children. The Nominated Supervisor will nominate the driver (if not using a commercial transport company) and ensure they are not included in ratios or responsible for supervising children as they cannot provide adequate supervision while operating the vehicle. In addition (if not using a commercial transport company) they will:

- make sure there are relief drivers available to fill in for any regular drivers
- keep copies of licenses and driving records which are less than 12 months old for drivers they approve to transport children and make sure drivers:
 - are at least 18 years old and fully licensed (no L or P plate drivers)
 - have a suitable driving history eg statement of demerit points
 - have proof of valid insurance and registration
 - are familiar with the first aid kit contents
 - can operate the fire extinguisher if required
 - have a clear working with children check if required
 - understand they must always comply with the road rules (eg no speeding or touching mobile phones)
 - understand they are responsible for paying any fines they incur
 - understand they must have a zero blood alcohol level when driving children
 - understand they must report any driving convictions incurred since the Nominated Supervisor reviewed their driving record
 - understand in relation to a vehicle operated by the service they must:
 - report any damage or maintenance needs to the Nominated Supervisor
 - ensure there's enough fuel to complete the trip (eg refuel when the tank moves below half full) and never refuel when children are in the vehicle.

Where bus companies are hired to transport children the Nominated Supervisor will discuss the company's policy on driver qualifications, driving history and maintenance procedures etc. to make sure they have reliable and consistent safety processes in place.

Safety Restraints

Seatbelts and restraints systems will be used as outlined in this policy which is based on the National Road Rules. We note the Australian Design Rules set out vehicle safety requirements including requirements for seatbelts and child restraint anchorage points.

Educators will assist motor vehicle drivers and bus drivers to ensure each child is transported safely at all times. The service understands that drivers of small vehicles carrying up to 12 people are responsible for road safety and ensuring each child under 16 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.

Vehicles built to carry up to 12 people including the driver

Generally educators and volunteers will follow the restraint arrangements which follow to ensure the safety of children. However, if a child is too small for a restraint specified for their age, they will be kept in their current restraint for as long as necessary. Likewise, if a child is too large for a restraint specified for their age, they may move to the next level of restraint.

Educators and volunteers will also comply with any current medical plans or certificates signed by a registered medical practitioner that states the child should not be restrained as outlined below while travelling in a vehicle (or bus) for medical reasons. Educators and volunteers will comply with the conditions in the medical certificate, and where possible, ensure the child travels in a rear seat. Medical certificates must have an expiry date.

The Approved Provider or Nominated Supervisor will ensure all safety restraints are safe, labelled with Australian Standard (AS/NZS1754) (restraints purchased overseas do not comply with Australian Standards and are not compatible with Australian vehicles), and have been professionally installed or checked by authorised fitter. They will also ensure there are sufficient restraints to meet the safety restraints requirements under the national Road Rules as detailed below.

Educators and volunteers will ensure:

- Each child under seven is secured in a child restraint or booster seat with seat belt or safety harness when travelling
- Babies up to six months of age are restrained in a rearward facing restraint with a built in 5 or 6 point harness
- Children from six months to under four years are restrained in a rearward restraint, or forward facing restraint with a built-in 6 point harness. Rear facing restraints offer better protection as long as the child fits in it
- Children from four years to under seven use a forward facing restraint or booster seat. A forward-facing child restraint offers better protection as long as the child fits in it
- Children under four years are not in the front row of a vehicle with two or more rows
- Children from four to under seven years only sit in the front row of a vehicle with two or more rows if all other seats are occupied by children the same age or younger in an approved restraint
- The number of children transported does not exceed vehicle rated seating capacities
- Children do not share a seat belt or child restraint
- All adults use available safety belts.

Buses

Buses are defined as vehicles built to carry over 12 people including the driver. The Nominated Supervisor, educators and volunteers will:

- ensure seatbelts/restraints are used if they're required to be fitted
- ensure seating capacity displayed on the compliance plate is not exceeded
- consider whether an alternative mode of transport should be used to ensure children's safety where restraints are not available.

Transport Procedures

To ensure children's safety all employees and volunteers will implement the **Transport Procedure** or **Transport Procedure Excursions** when transporting children to and from destinations. Under no circumstances will any child be transported if all of the guidelines and procedures in this Policy are not met.

Maintenance

To ensure vehicles owned or operated by the service are safe and hygienic, where relevant the Nominated Supervisor will:

- follow the recognised service schedule and organise an annual mechanical inspection, or sight evidence vehicle has had mechanical inspection within the last 12 months
- look for obvious maintenance issues eg bald tyres
- pay insurance, registration etc or sight evidence vehicle is registered and insured
- ensure check oil, water and tyres every month
- ensure vehicle is regularly cleaned
- ensure children can't access vehicles when they're not being used.

Car Park and Driveway Safety

Young children are at risk from moving vehicles in low speed 'off road' locations such as driveways and car parks. Studies have shown for example, there are large 'blind zones' behind many vehicles where drivers cannot see what's happening. The Approved Provider, Nominated Supervisor and staff will implement measures to remove or control the risks posed by any car park on the premises. They will complete a risk assessment to identify and control risks and may implement measures such as:

- speed signs with maximum car park speed limits
- parking signs advising parking limited to eg 5 minutes or reverse parking required
- one way signs so all vehicles drive through car park in the same direction
- wickets to control/block access in particular areas
- supervising area during drop offs and pick ups
- encouraging people collecting children to walk around vehicle before they leave.

Road Safety

Educators understand that children are vulnerable road users. They may think they can handle crossing a road by themselves but:

- 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 like road safety
- are unable to identify safe places to cross the road
- tend to act inconsistently in and around traffic.

Educators will closely supervise all children when outside the service near roads. They will hold children's hands, or if not practical to do this for all children, implement measures which keep children safe eg ensure children hold on to a rope at all times and wear high visibility vests.

Educators will regularly integrate learning about road safety into the curriculum. They will also provide information to families about children and road safety including:

- the key role families have in educating their children about road safety and the close supervision children require in and around traffic to keep them safe
- opportunities in day-to-day routines to discuss road safety with children eg on the way to the shops, service or school, while crossing roads (when and why it is safe to cross)
- the dangers involved in leaving children unattended in cars
- danger areas like car-parks, traffic lights, pedestrian crossings and driveways. In relation to driveways, it's vital to:
- *always supervise children* whenever moving a vehicle ie hold their hands. *Put children securely in the vehicle with you* if you're the only adult around, even if moving just a small distance
- *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* eg use security doors, fencing or gates.

Related Policies

Administration of Authorised Medication Policy

Delivery and Collection of Children Policy

Excursion Policy

Incident Injury Trauma and Illness Policy

Staffing Arrangements Policy

Sources

National Quality Standard

2.2.1 Supervision - Supervision At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

6.2.1 Transitions - Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities

7.1.2 Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service

7.1.3 Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Education and Care Services National Law

165 Offence to inadequately supervise children

167 Offence relating to protection of children from harm and hazards

Education and Care Services National Regulations

4 Definitions

99 Children leaving the education and care premises

102B Transport risk assessment must be conducted before service transports child

102C Conduct of risk assessment for transporting of children by the education and care service

102D Authorisation for service to transport children

168(2)(ga) Education and care service must have policies and procedures in relation to transportation if service transports or arranges transportation of children other than as part of excursion

Other

National Road Rules Model

National Guidelines for Safe Restraint of Children Travelling in Motor Vehicles – Kidsafe

Motor Vehicle Standards Act 1989 and Australian Design Rules Cwth

[Road Rules 2014](#)

Review

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

Reviewed: August 2024

August 2025

Date for next review:

Unenrolled Children Policy

National Quality Standards

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
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Aim

To ensure that Educators and the service are only responsible for children who are enrolled at our service to meet our legal requirements and child/Educator ratios.

Related Policies

Child Protection Policy
Enrolment Policy
Excursion Policy
Family Law and Access Policy
Orientation for Children Policy
Relationships with Children Policy
Staffing Arrangements Policy

Who is affected by this policy?

Child
Educators
Families
Management

Implementation

- On occasion, children who are not enrolled at our service may be present at the service.
- An example of this is when families come to pick up an enrolled child and they bring their other children with them.
- At times like this, the children who are not enrolled at the service are the responsibility of the adult that brought them to the service.
- We ask these adults to keep unenrolled children off any equipment at the service, and for the child to be accompanied by the adult at all times.
- Should a child who is not enrolled at the service attend an excursion with the service, they may only attend should the adult to child ratio not be compromised for enrolled children.
- Any child that is enrolled at the service on a temporary basis will be included in the Educator/child ratios.

Sources

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

Review

The policy will be reviewed annually.

The review will be conducted by:

- Management
- Employees
- Families
- Interested Parties

Reviewed: August 2024

Date for next review: August 2025

Whistleblower Policy

National Quality Standards

QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
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National Regulations

Regs	168	Policies and procedures are required in relation to governance and management of the service
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Aim

To help deter wrongdoing, and ensure individuals who disclose wrongdoing can do so safely, securely and with confidence that they will be protected and supported.

Related Policies

Governance Policy

Implementation

Actions which are inconsistent with our policies, procedures and values can harm the long-term sustainability of our business as well as our reputation. We encourage eligible whistleblowers to report instances of wrongdoing in line with the procedures outlined in this Policy, and take our obligations to protect those making disclosures very seriously. To ensure all staff and managers are aware of the Policy, Nominated Supervisors will include it in our induction procedures for all new staff and in our Educator Handbook, discuss it at staff meetings at least once a year and ensure information is posted on staff notice boards.

Qualifying for Protection

Disclosures made by 'eligible whistleblowers' about 'disclosable matters' are protected if the whistleblower makes:

- the disclosure directly to an 'eligible recipient'
- the disclosure to a legal practitioner to obtain legal advice or legal representation about the operation of the whistleblower provisions (even if advised there is no disclosable matter)
- an 'emergency disclosure' or 'public interest disclosure.'

Whistleblowers may still be protected even if the disclosure turns out to be incorrect.

Eligible whistleblowers

An eligible whistleblower is:

- an officer (eg company director, secretary or person who makes, or contributes to significant business decision) or employee (eg current and former employees who are permanent, part-time, fixed-term or temporary, trainees, managers, and directors)

- a supplier of services or goods (paid or unpaid) including their employees (eg current and former contractors, consultants, service providers and business partners)
- a company associate
- a relative, dependant or spouse of current and former employees, contractors, consultants, service providers, suppliers and business partners.

Disclosable matters

Only disclosable matters are protected under the Corporations Act. Disclosable matters involve information that a person can reasonably suspect concerns misconduct or an improper state of affairs. Misconduct includes fraud, negligence, default, breach of trust and breach of duty. There does not need to be unlawful conduct. There could instead be a systemic issue that the relevant regulator should know about to properly perform its functions. Disclosable matters also involve information a person reasonably suspects:

- is an offence or contravention of the Corporations Act 2001, the Australian Securities and Investments Commission Act 2001, the Banking Act 1959, the Financial Sector (Collection of Data) Act 2001, the Insurance Act 1973, the National Consumer Credit Protection Act 2009
- is an offence against any other law of the Commonwealth that is punishable by imprisonment for a period of 12 months or more
- represents a danger to the public or the financial system (even if there is no unlawful conduct)
- is prescribed by regulation.

Examples include:

- illegal conduct, such as theft, dealing in, or use of illicit drugs, violence or threatened violence, and criminal damage against property
- money laundering or misappropriation of funds
- offering or accepting a bribe
- financial irregularities
- failure to comply with, or breach of, legal or regulatory requirements
- engaging in or threatening to engage in detrimental conduct against a person who has made a disclosure or planning to make a disclosure.

Disclosable matters do not include personal work-related grievances like those listed below and these should be actioned following our Complaints/Grievance Policy and procedures:

- interpersonal conflicts between employees
- decisions that do not involve a breach of workplace laws
- decisions about the engagement, transfer or promotion of employees
- decisions about the terms and conditions of employment
- a decision to suspend or terminate employment, or implement performance improvement plan

However, a personal work-related grievance may still be protected if it includes information that includes a disclosable matter or the person seeks legal advice/representation about the whistleblower protections.

Public interest and emergency disclosures

There can be a 'public interest disclosure' to a journalist or parliamentarian if a whistleblower reasonably believes no action is being or has been taken in relation to a previous disclosure to ASIC (or another prescribed Commonwealth body), it's been at least 90 days since that disclosure, and they reasonably believe making a further disclosure is in the public interest.

There can be an 'emergency disclosure' to a journalist or parliamentarian if a whistleblower has previously disclosed information to ASIC or another prescribed Commonwealth body, and they reasonably believe the information concerns a substantial and imminent danger to the health or safety of one or more persons or the natural environment.

Whistleblowers must first notify in writing the organisation they initially disclosed to and advise they intend to make a public interest or emergency disclosure. In the latter case they must not disclose more information than necessary about the danger. We encourage whistleblowers to obtain independent legal advice before making a public interest or emergency disclosure to ensure relevant legal protections can be applied.

Eligible recipients

People who can receive disclosures include:

- a director, secretary or senior manager/executive of the business
- an internal or external auditor or actuary of the business
- ASIC or another Commonwealth body prescribed by regulation. (These organisations have information available online about the disclosure process. See for example ASIC Information Sheet 239 'How ASIC handles whistleblower reports')
- journalists and parliamentarians in the case of public interest and emergency disclosures.

Whistleblower protections

Legal protections include:

Identity protection (confidentiality) – It's illegal for anyone to disclose the identity of a whistleblower, or information that's likely to lead to their identification, unless it's reasonably necessary for investigating the issues raised, the whistleblower has consented, or their identity is disclosed to ASIC, the Federal Police, or a legal practitioner to obtain legal advice or representation about the whistleblower provisions. Whistleblowers can lodge a complaint with regulators like ASIC or the ATO if their confidentiality is breached

Protection from detrimental acts or omissions – It's illegal for a person to engage in threaten to or engage in conduct that causes a whistleblower or potential whistleblower

detriment. Detriment includes dismissal, adverse changes in their position or duties, discrimination, harassment, intimidation, harm or injury including psychological harm, or damage to a person's property, reputation, business or financial position. Detriment does not include processes like managing a whistleblower's unsatisfactory work performance or moving them to a different area to prevent detriment

Compensation and other remedies – A whistleblower can seek compensation and other remedies through the courts if they suffer loss, damage or injury because of the disclosure and the business failed to take reasonable precautions or exercise due diligence to prevent this. Whistleblowers may wish to seek independent legal advice and/or contact ASIC or the ATO

Civil, criminal and administrative liability protection – Whistleblowers are protected from civil liability (eg legal action for breach of employment contract, duty of confidentiality etc), criminal liability (eg prosecution for unlawfully releasing information) and administrative liability (eg disciplinary action for making disclosure) unless disclosure reveals misconduct on their part.

How to make a disclosure

We recognise the importance of ensuring disclosures can be made anonymously and/or confidentially, securely and outside business hours. Contact details for people who can receive disclosures are:

Bella Cooke – bella.c@commosh.edu.au

Kim Dyson – kim.d@commosh.edu.au

You can also lodge a report with ASIC through their online misconduct reporting form.

Our preference is for employees and external disclosers to make a disclosure to Bella Cooke Operations Manager in the first instance so we can address any wrong doing as soon as possible.

Whistleblowers are still protected if they choose to remain anonymous, including during and after an investigation. They may refuse to answer any questions they feel could reveal their identity. It's important, however, that we can contact an anonymous whistleblower to ensure an investigation can proceed and we can obtain further information if needed or provide feedback.

Handling and investigating a disclosure

The person receiving the disclosure will determine whether it qualifies for protection and if an investigation is required. They will focus on the information disclosed, not the whistleblower's motive for reporting, and consider whether the disclosure indicates a systemic issue within the business.

If an investigation is required the person receiving the disclosure will determine the scope of the investigation, who will lead it, if any technical, financial or legal advice is required and the timeframe for the investigation. All investigations will be conducted in an objective and fair way, and will not involve the whistleblower or any people or business areas involved in the disclosure. The person receiving the disclosure and the investigator(s) will implement the following measures to support and protect whistleblowers:

a) Anonymity

Where a whistleblower wishes to remain anonymous they may use the following methods of communication:

Email admin@commosh.edu.au or phone 03 99773000 and leave anonymous voicemail

b) Identity protection (confidentiality)

To reduce the risk that the whistleblower will be identified they will:

- obscure all personal information/references to the whistleblower including name and title
- refer to the whistleblower in a gender-neutral way
- ask the whistleblower if any of the information could identify them
- ensure only a very small number of people directly involved in the investigation know the whistleblower's identity (if they consent) or information which could identify them
- securely store all paper and electronic disclosure documents and materials
- limit access to all information to those directly involved in the investigation
- only send communications and documents to an email address or a printer that cannot be accessed by other staff.

Note it may be impossible to protect identity if the whistleblower has told others about their intentions, or they're one of a handful of people with access to the information, or they received information privately and in confidence.

c) Protection from detrimental acts or omissions

To protect whistleblowers from detriment they will:

- assess risk of detriment as soon as possible after receiving disclosure, and implement actions if required to protect the whistleblower eg transfer to another location, transfer to another role at same level, change way role is performed, reassign or relocate other staff involved
- provide advice about available support services eg counselling, professional or legal services
- provide advice about strategies to help manage stress, time or performance impacts

provide advice about how to lodge a complaint if detriment has already occurred and what actions the business may take. The complaint will be investigated in a confidential and

secure way by a senior manager who's not involved in dealing with disclosures, and the investigation findings and recommendation will be provided to the Approved Provider or Operations Manager for approval.

Jock Jeffries – jock.j@commosh.edu.au

Michelle Deen – michelle.d@commosh.edu.au

Where detriment has already occurred, the person receiving the disclosure will implement measures to protect the whistleblower. These may include taking disciplinary action against those who have caused the detriment, allowing the whistleblower to take extended leave, offering new training and career opportunities, and offering compensation or other remedies.

The person receiving the disclosure and the investigator(s) will also ensure people who may be mentioned in the disclosure are treated fairly and the investigation is fair and independent. As far as possible, the investigation will be handled confidentially, implementing measures such as those discussed above. The investigator(s) will determine when to tell a person named in a disclosure about the investigation. Telling a person too early may lead to the loss of vital information or evidence, or otherwise compromise the investigation. However, a person will be informed before any adverse outcomes are taken against them.

Training

The Operations Manager will organise regular training to ensure that all employees are aware of this Policy and relevant processes and procedures eg eligible disclosures, how to make a disclosure, and processes for protecting and supporting whistleblowers. The Operations Manager will also organise specialist training as required to ensure for example:

- Nominated Supervisors, Persons In Day to Day Charge, Educational leaders and Room Leaders understand how to deal effectively with disclosures
- eligible recipients understand their obligations under the Corporations Act and/or Taxations Act, their responsibilities to protect the identity of whistleblowers, that breaches of confidentiality may be prosecuted, and they must protect disclosers from detrimental outcomes.

Documenting, reporting and communicating investigation findings

We take any disclosure very seriously, and will regularly inform a whistleblower about the progress of the investigation (including through anonymous channels where required) and its outcome (unless it would be inappropriate to report the outcome). The frequency of the updates will be agreed with the whistleblower at the start of the investigation.

The method for documenting and reporting findings will depend on the nature of the disclosure. However, the outcome of the investigation will be provided to the Approved

Provider or Operations Manager in a secure format which preserves the confidentiality of the discloser for consideration and further action.

If a discloser is unhappy with the outcome of the investigation we will implement a review process to ensure our policy, processes and procedures were correctly followed. We will also advise the discloser they may lodge a complaint with a regulator like ASIC or the ATO.

Source

'Tax Whistleblowers' ATO <https://www.ato.gov.au>
Corporations Act 2001
Education and Care Services National Law and Regulations
National Quality Standard
Regulatory Guide 270: Whistleblower Policies ASIC Nov 2019
Taxation Administration Act 1953

Review

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

**Last reviewed: August 2024
2025**

Date for next review: August

Tax Whistleblowers

Qualifying for protection – Eligible Whistleblowers

To qualify for protection as a tax whistleblower you must:

- be or have been in a specific relationship with the business you're reporting about eg an employee, former employee, dependant, spouse
- report the business to the ATO or to an eligible recipient who can take appropriate action – this includes someone appointed by the business eg an internal auditor
- believe the information will help the ATO or recipient perform their duties under taxation law.

If you don't qualify for protection as a tax whistleblower, you can still make a 'tax tip-off.' In either case the ATO will make every effort not to disclose any information which would identify you. You may also choose to report anonymously.

Eligible Disclosures

This law protects eligible tax whistleblowers who make a disclosure:

- to the ATO if they think the information may help the ATO perform its duties under a taxation law in relation to the business which is the subject of disclosure
- to an eligible recipient if they
 - reasonably suspect the information they intend to provide indicates misconduct, or an improper state of affairs or circumstances, in relation to the tax affairs of the business
 - believe the information may help the eligible recipient perform their duties under a taxation law in relation to the business which is the subject of disclosure.

Eligible recipients

Eligible recipients are generally internal to the business which is the subject of disclosure, or have a relationship with the business eg a registered tax or BAS agent who provides services to the business.

How tax whistleblowers are protected

a) Identity protection It's illegal for someone to disclose the identity of whistleblowers, or information that's likely to lead to their identification. However, whistleblowers may consent to sharing their identity. If their identity needs to be disclosed to an authorised body like the ATO or an auditor to assist in the investigation, the information must be treated confidentially, and all reasonable steps taken to reduce the risk the whistleblowers' identity will be revealed.

Whistleblowers' identity is also protected in court proceedings. Their identity, or documentation likely to uncover their identity, is not required to be disclosed to a court or tribunal unless the court thinks it's necessary.

b) Disclosures to a legal practitioner are protected Disclosure to a lawyer to obtain legal advice or representation in relation to tax whistleblower law is protected, even if a person does not qualify to be an eligible tax whistleblower.

c) Civil, criminal and administrative liability protection Whistleblowers are protected from civil, criminal and administrative liability in relation to their disclosure. Any information incriminating them will not be treated as admissible evidence in criminal or penalty proceedings. If the disclosure reveals a breach in the whistleblower's personal tax affairs they may have immunity against any criminal or penalty proceedings. This immunity does not prevent the ATO from issuing a tax assessment or imposing an administrative penalty in respect of their tax liability. However, the ATO may treat the disclosure as a voluntary disclosure in determining penalties for any unpaid tax.

d) Detrimental conduct protection Disclosures are protected from detrimental conduct. It's illegal for anyone to cause detriment to whistleblowers in relation to a disclosure, or suspected disclosure. For example, whistleblowers can't be dismissed, harassed or intimidated, harmed or injured by their employer or have their property, business or your financial position damaged.

e) Compensation and other remedies Whistleblowers can receive compensation if a court finds they suffered detriment in relation to their disclosure. Remedies include paying damages, reinstating employment, an injunction to prevent or stop detrimental conduct and an apology.

Work Health and Safety Policy

National Quality Standards

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QA3	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained.

National Regulations

Regs	168	Policies and procedures are required in relation to health and safety
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Aim

We aim to do everything possible to protect the health, safety and welfare of all Educators and other people who may be affected by our operation including our children and their families.

Implementation

Duty of Care

The Approved Provider and Nominated Supervisor will ensure he or she takes all reasonable steps to ensure the health and safety of all Educators, staff, volunteers, children, their families and any other people impacted by the service operations. This includes identifying and eliminating or reducing all reasonably foreseeable hazards and providing appropriate training and instruction. Our Educators, staff and volunteers will also ensure they take reasonable care for their own health and safety and that their conduct does not adversely affect the health and safety of other people.

Consultation, Cooperation and Coordination

Our service will share information about health and safety matters with Educators, staff, and volunteers and encourage them to express their views or raise issues. We will involve our Health and Safety Representative in the consultations where applicable.

Our service will consult with Educators, staff, and volunteers when:

- identifying hazards and assessing risks arising from work
- proposing changes that may affect the health and safety of workers
- carrying out activities prescribed by the Work Health and Safety Regulation.

Our service will also consult with Educators, and volunteers when making decisions about:

- ways to eliminate or minimise risks
- the adequacy of their facilities
- consultation procedures
- resolving health and safety issues
- monitoring their health and safety or the safety of workplace conditions
- how to provide health and safety information and training.

Consultation with our Educators, volunteers and health and safety representatives (if applicable see below) means:

- relevant work health and safety information is shared
- they have a reasonable chance to express their views
- they are given a reasonable opportunity to contribute to the decision-making process
- their views are taken into account
- they are advised of the outcome of the consultation in a timely manner.

Our Educators and volunteers are entitled to:

- elect a health and safety representative
- request the formation of a health and safety committee
- cease unsafe work
- have health and safety issues resolved in accordance with an agreed issue resolution procedure
- not be discriminated against for raising health and safety issues.

Health and safety representatives

Our Educators and staff can elect Health and Safety Representatives (HSRs). If a request is made for a HSR, our Approved Provider/Nominated Supervisor will:

- commence negotiations with workers about the number of HSRs and any deputy HSRs, and which workers will be represented by the HSRs (in groups called work groups) within 14 days. Workers from multiple services can be part of the same work group.
- give all Educators and staff the chance to nominate as a HSR and to vote in an election if there is more than 1 candidate.
- notify workers of the outcome of the negotiations as soon as possible.

The Approved Provider/Nominated Supervisor must keep a current list of all HSRs and deputy HSRs and display a copy at the workplace. The list must also be given to the Workplace Health and Safety Regulator.

A HSR can:

- inspect the workplace of their work group
- accompany a workplace health and safety inspector during an inspection
- be present at an interview with a worker that the HSR represents (with their consent) and the Approved Provider/Nominated Supervisor or an inspector about health and safety issues
- request a health and safety committee be established
- monitor compliance measures by the Approved Provider/Nominated Supervisor
- represent the work group in health and safety matters
- investigate complaints from members of the work group
- inquire into any risk to the health or safety of workers in the work group
- request the assistance of any person, including a union, whenever necessary.
- issue Provisional Improvement Notices in the form and manner prescribed in the legislation (these Notices must be adhered to and displayed)

- direct workers to cease unsafe work where the HSR considers there is a serious health and safety risk if consultations the Approved Provider/Nominated Supervisor do not resolve the issue.

Our service will ensure HSRs and deputy HSRs:

- are never prevented from carrying out any of their duties
- are able to give people assisting them access to the workplace
- can take paid leave to attend to their health and safety duties
- can take paid leave to attend an initial work health and safety course or annual refresher training approved by the regulator within 3 months of their request to attend. We will pay the course costs and reasonable expenses
- can access any resources, facilities and assistance that they reasonable require to undertake their duties.

HSRs or Deputy HSRs are elected for 3 years unless they leave the work group, are disqualified, resign or the majority of workers they represent agree they should not represent them. They are not personally liable for anything done, or not done, in good faith while carrying out their role.

Health and Safety Committees

A Health and Safety Committee (HSC) can facilitate cooperation between the Approved Provider and Educators, staff and volunteers in developing and implementing measures to ensure health and safety at our service.

At least 5 of our Educators, staff, and volunteers, or our HSR, can request the establishment of a HSC. We will establish a HSC within 2 months of a request. We can also establish a HSC without a request. At least half the members of a HSC won't have been nominated by the Approved Provider /Nominated Supervisor. A HSR can consent to be a member of the committee.

Our service will ensure:

- a HSC has access to any information related to workplace hazards and the health and safety of workers, except for personal or medical information which would identify individual workers.
- a HSC meets at least once every three months or at any reasonable time at the request of at least half of the committee members
- HSC members are able to take paid leave to comply with their health and safety duties.

Notification of Death, Serious Injury or Illness

The Approved Provider/Nominated Supervisor must notify the Workplace Health and Safety Regulator as soon as they become aware of a death, or a serious injury or illness that results in:

- immediate treatment as an in-patient in a hospital, or
- immediate treatment for:
 - the amputation of any part of the body
 - a serious head injury
 - a serious eye injury
 - a serious burn

- the separation of skin from an underlying tissue (such as degloving or scalping)
 - a spinal injury
 - the loss of a bodily function
 - serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness is:

- any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work:
 - with micro-organisms
 - that involves providing treatment to a person
 - that involves contact with human blood or body substances, or
 - involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

A dangerous incident is also notifiable under the legislation. Dangerous incidents include:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel

The approved provider or nominated supervisor must notify the regulator by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. If notified by telephone, the regulator may require a written notice of the incident within 48 hours. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by the regulator.

Source

Education and Care Services National Regulations 2011
National Quality Standard
Work Health and Safety Act 2011
Work Health and Safety Regulation 2011

Review

The policy will be reviewed annually.

The review will be conducted by: Management, Employees, Families & Interested Parties

Last reviewed: August 2024
2025

Date for next review: August

