



Quality Area 2

Policies and Procedures

Acceptance and Refusal Authorisation Policy

Administration of First Aid Policy

Administration of Medicine Policy

Adventurous Play Policy

Anaphylaxis Management Policy

Arrival and Departure Policy

Asthma Management Policy

Bush Fire Policy SA

Closed Circuit Television System (CCTV) Policy

Children's Belongings Policy

Child Protection Policy (SA)

Child Safe Environments Policy (SA Services)

Clothing Policy

Control of Infectious Diseases Policy

Cyber Safety Policy

Cystic Fibrosis Management Policy

Death of a Child at the Service

Death of a Staff Member at the Service

Dealing with Infectious Diseases Policy

Dental Health Policy

Diabetes Management Policy

Earthquake Management Policy

Emergency Evacuation Policy

Epilepsy Management Policy

Excursion/Incursion/Extra-Curricular Activities Policy

Flood Management Policy

Furniture and Equipment Policy

Handwashing Policy

Head Lice Policy

Health and Safety Policy

Immunisation Policy

Incident, Illness, Accident and Trauma Policy

Lockdown Policy

Managing an Aggressive Person/Visitor Policy

Managing an Aggressive Dog Policy

Medical Conditions Policy

Mobile Device Usage Policy

Nutrition and Food Safety

Out of Hours Babysitting Policy

Photography Policy
Rest Time Policy
Road Safety Policy
Safe Arrival of Children Policy
Safe Transportation Policy
Safe Storage of Hazardous Chemicals Policy
Sick Children Policy
Sick Staff Policy
Snake Awareness Policy
UV Sun Safety Policy
Supervision Policy
Tobacco, Drug and Alcohol Free Policy
Two Way Radio Policy
Water Safety Policy
Working Alone Policy
Work Health and Safety Policy

ACCEPTANCE AND REFUSAL AUTHORISATION POLICY

Under the Education and Care Services National Law and National Regulations, education and care services are required to obtain written authorisation from parents/guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld. An authorisation is given where a person who has legal responsibility for a child gives permission to another person to do something or to make a decision on that person's behalf. Authorisations are usually authenticated by a signature- either in written form or as an electronic signature. All authorisations and refusals are to be kept in the child's enrolment record.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incidents and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
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

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards
Sec. 175	Offence relating to the requirement to keep enrolment and other documents

Sec. 167	Offence relating to the protection of children from harm and hazards
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement- anaphylaxis or asthma emergency
99	Children leaving the education and care service
102	Authorisation for excursions
102C	Conduct a risk assessment for transporting children by the education and care service
102D	Authorisation for service to transport children
157	Access for parents
160	Child enrolment records to be kept by approved provider
161	Authorisation to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy Child Protection Policy Child Safe Environment Policy Cyber Safety Policy Delivery of Children to, and collection from Education and Care Service Premises Policy Diabetes Management Policy Emergency and Evacuation Policy	Enrolment Policy Epilepsy Management Policy Excursion/Incursion Policy Governance Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nutrition Food Safety Policy Orientation of Families Policy Record Keeping and Retention Policy Safe Arrival of Children Policy Safe Transportation Policy Sun Safety Policy Water Safety Policy
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PURPOSE

Our priority is ensuring the health, safety and wellbeing of children. We aim to ensure that all educators, staff, students and volunteers of the Service are consistent in how authorisations are managed and what constitutes a correct authorisation and what does not, which consequently may lead to a refusal.

Our governance and quality management processes are effective and transparent and meet all regulatory requirements.

Decisions around refusing an authorisation will be made on a case-by-case basis by the OSHC Service in accordance with the nominated supervisor, Police, regulatory authority or other authorities.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service

IMPLEMENTATION

Our OSHC Service will ensure we comply with the current Education and Care Services National Regulations, and have policies and procedures in place in relation to the acceptance and refusal of authorisations which require parent or guardian written authorisation to be provided in matters including:

- Administration of medication to children
- Self-administration of medication
- Administration of medical treatment, dental treatment, and general first aid treatment.
- Emergency Ambulance transportation
- Transportation- including regular outings and regular transportation
- Safe Arrival of children to the OSHC service
- Excursions
- Incursion attendance
- Taking of photographs by people other than educators
- Water based activities
- Enrolment of children, including providing details of persons nominated to authorise consent for medical treatment, to collect children from the service, or trips outside the service premises
- Children leaving the premises in the care of someone other than a parent or guardian
- Children having access to the internet and/or an email account

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE THAT:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- the Acceptance and Refusal Authorisation Policy is reviewed and maintained by the OSHC Service management and adhered to at all times by educators and staff
- policies and procedures are readily accessible to nominated supervisors, coordinators, educators and staff and students and available for inspection
- all staff and educators follow the policies and procedures of our OSHC Service
- parent/guardians are provided with a copy of relevant policies for our Service or are aware of how they can be accessed
- an enrolment record is kept for each child that includes authorisations signed by a parent or a person authorised to
 - to consent to seek medical treatment from a registered medical practitioner, hospital or ambulance service
 - transportation by an ambulance service
 - to authorise the education and care service to transport the child or arrange transportation for the child
- documentation relating to authorisations contains:
 - the name of the child enrolled in the service
 - date
 - signature of the child's parent/guardian and authorised nominee as named on the enrolment form
- all staff understand circumstances that may lead to refusal of an authorisation
- the right of refusal is exercised if written or verbal authorisations do not comply with National Regulations or Child Protection Legislation. If an authorisation is refused by the OSHC Service, it is best practice to document:
 - the details of the authorisation
 - why the authorisation was refused, and
 - actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, the action taken to ensure that the child was collected (Refer to Refusal of Authorisation Record)

- all parents/guardians have completed the authorised person's section of their child's enrolment form including authorised nominees (refer to Enrolment Policy), and that the form is signed and dated before the child commences at the OSHC Service
- attendance records are maintained for all children attending the OSHC Service
- a written record of all visitors to the OSHC Service, including time of arrival and departure and reasons for visit is documented
- educators/staff do not administer medication without the written authorisation of parent/guardian or authorised nominee named in the enrolment record as authorised to consent to the medical treatment of the child, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma Management Policy, Anaphylaxis Management Policy, Diabetes Management Policy, and Epilepsy Management Policy)
- where a child requires medication to be administered by educators/staff, that an Administration of Medication Record is completed, and authorisation provided by the parent/guardian or authorised nominee and included with the child's record (Refer to Administration of Medication Policy)
- where a child over preschool age, and is authorised by the parent or guardian to self-administer medication, this is recorded in the Administration of Medication Record
- when a child requires emergency medical treatment for conditions such as anaphylaxis or asthma compliance for authorisation is waived. In accordance with National Regulations (R. 93) the OSHC Service can administer medication in these circumstances without authorisation. If these situations occur, the approved provider/management will be required to contact the parent/guardian as soon as practicable after the medication has been administered and emergency services. Notification to the Regulatory Authority is required within 24 hours of a serious incident
- parents/guardians and the child's health practitioner are consulted to determine the circumstances that the child could self-administer their medication as per their ASCIA Action Plan for Anaphylaxis or Asthma Foundation Action Plan for Asthma
- a location to store self-administered medication is determined by the OSHC service (asthma, anaphylaxis or diabetes medication must be stored in an easily accessible location)
- educators and staff only allow a child to participate in regular outings and regular transportation with the written authorisation of a parent/guardian or authorised nominee name in the child's enrolment record
- educators and staff allow a child to participate in excursions only when the written authorisation of a parent/guardian or authorised nominee named in the child's enrolment record is received and documented (refer to Excursion Policy, Safe Transportation Policy *and Safe Arrival of Children Policy*)

- educators/staff allow a child to depart the OSHC Service only:
 - with a person who is the parent/guardian or authorised nominee named in the child's enrolment record; or
 - with a person authorised by a parent or authorised nominee; or
 - in accordance with the written authorisation of the parent; or authorised nominee; or
 - on an excursion; or
 - in the case of a medical emergency or another emergency (Refer to Delivery of Delivery of Children to, and collection from Education and Care Service Premises Policy and Emergency Evacuation Policy).
- there are procedures in place if an inappropriate person, or a person who does not appear to be fit to take care of the child attempts to collect the child from the OSHC Service or poses a risk to the safety of children or staff (refer to Delivery of Children to, and collection from Education and Care Service Premises Policy)
- families are notified at least 14 days before changing the policy or procedures (Reg. 172).

EDUCATORS WILL:

- follow the policies and procedures of the OSHC Service
- ensure that written authorisation is provided by the parent or other person named in the child's enrolment record for a regular outing or regular transportation
- ensure that parents/guardians sign and date permission forms for excursions prior to the excursion being implemented
- allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee
- check that parents/guardians or an authorised nominee sign the attendance record as their child arrives and departs from the OSHC Service
- administer medication only with the written authorisation of a parent/guardian or authorised nominee as per the Administration of Medication Record, except in the case of an emergency, including an asthma or anaphylaxis
- allow a child over pre-school age to self-administer medication under the following circumstances:
 - a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication.
 - medication is stored safely by an educator, who will provide it to the child when required
 - supervision is provided by an educator whilst the child is self-administering.

- a recording is made in the medication record for the child that the medication has been self-administered
- allow a child to depart from the Service only:
 - with the person who is a parent/guardian or authorised nominee named in the child's enrolment record; or
 - or a person authorised by a parent or authorised nominee; or
 - in accordance with the written authorisation of the parent/guardian; or authorised nominee; or
 - on an excursion; or
 - in the case of a medical emergency or another emergency (Refer to *Delivery of Children to, and collection from Education and Care Service Premises Policy and Emergency Evacuation Policy*).
- follow procedures if an inappropriate person attempts to collect a child from the Service and poses a risk to the safety of the children and staff (for example, an intoxicated person).
- inform the Approved Provider when a written authorisation does not meet the requirements outlined in Service's policies.

FAMILIES WILL:

- read and comply with the policies and procedures of the OSHC Service
- complete and sign the authorised nominee section of their child's enrolment form before their child commences at the Service
- ensure that changes to nominated authorised persons are provided to the Service in a timely manner
- advise nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the Service
- sign and date permission forms for regular transportation and regular outings
- sign and date permission forms for excursions
- sign the attendance record as their child arrives and departs from the Service
- provide written authorisation on the Administration of Medication Form when their child requires medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records
- provide a Medical Management Plan or Action Plan from their child's health practitioner regarding circumstances by which the child could self-administer their medication (e.g.: Asthma inhaler)
- be familiar with circumstances where authorisations may be refused/no applicable.

REFUSAL OF AUTHORISATIONS

All authorisations which are incomplete or incorrectly recorded are to be returned to the parent or guardian for required adjustments. Written or verbal authorisation may be refused if the authorisation does not comply with National Regulations or Child Protection Legislation. The approved provider or nominated supervisor will inform the parent or guardian the reason why the written or verbal authorisation does not meet National Regulations or policy procedures.

The parent or guardian will be provided a copy of this *Acceptance and Refusal of Authorisation Policy* and procedure. Management will discuss an alternative arrangement with the family following the refusal of authorisation. If an authorisation is refused by the Service, it is best practice to document details surrounding the refusal (See *Refusal of Authorisation Record*).

Examples when an authorisation may be refused include:

- requests relating to dietary restrictions that are not related to medical reasons
- an authorised person collecting the child appears to be under the influence of drugs or alcohol
- the authorisation breaches a parenting order
- the authorisation breaches a service policy (person under the age of 16 collecting a child)
- medication to be provided to a child is not in original container or prescribed to the child or other breach of *Administration of Medication Policy*
- a breach of *Excursion/Incursion Policy* where the person providing consent for the excursion is not listed as a parent/guardian or authorised nominee on the enrolment form

AUTHORISATION REQUIREMENTS

Authorisation documents are required for the following situations and must have details recorded as specified:

Administration of Medication	<ul style="list-style-type: none"> • Name of the child • Administration of Medication Record is signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication • Authorisation is provided by a parent or guardian for the child to self-administer medication as per their Action Plan • Name of the medication to be administered • Clearly indicate time and date medication was last administered • Clearly indicate the time and date the medication is to be administered • Dosage of the medication to be administered • Method of dosage (eg: oral or inhaled) • Whether the medication is to be self-administered (asthma, diabetes)
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	<ul style="list-style-type: none"> • Period of authorisation (actual days and dates: from and to). • Parent/Carer name and signature • Date the authorisation is signed • Medication must be in its original container and bearing the correct child's name • Medication is not past its expiry or use-by date • Medication is administered in accordance with any instructions attached to the medication or provided by a registered medical practitioner • A second person checks the signed Administration of Medication Record, checks the dosage of the medication, and witnesses its administration • The educator administering medication and witness must write their full name and sign the medication record • Details of the administration must be recorded in the medication record • Supervision is provided by an educator whilst a child is self-administering medication • A recording is made in the medication record for the child that the medication has been self-administered
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<p>Medical treatment of the child including transportation by an ambulance service</p> <p>(Included and authorised initially as part of the child's enrolment record):</p>	<ul style="list-style-type: none"> • Name of the child • Authorisation to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service • Authorisation for the transportation of the child by an ambulance service • Name, address and telephone number of the child's registered medical practitioner or medical service • Child's Medicare number • Name of the parent or guardian providing authorisation
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<p>Emergency Medical Treatment</p> <p>(included and authorised initially as part of the child's enrolment record or as updates during enrolment):</p>	<ul style="list-style-type: none"> • The Service is able to seek emergency medical assistance for a child as required (i.e. medical practitioner, ambulance or hospital) without seeking further authorisation from a parent or guardian in the case of an emergency, including for emergencies relating to medical conditions noted on the enrolment form.
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<p>Collection of Children</p> <p>(included and authorised initially as part of the child's enrolment record or as updated during enrolment)</p>	<ul style="list-style-type: none"> • Name of the child • Name of the parent or the guardian of the child or the authorised nominee on the enrolment form providing authorisation • Name of the person/s authorised by a parent or authorised nominee named in the child's enrolment record to collect the child from the premises • Signature of the person providing authorisation and date of authorisation
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<p>Transportation (other than as part of an excursion)</p>	<p>If the transportation is 'regular transportation' the authorisation is only required to be obtained once in a 12-month period. The authorisation must state:</p> <ul style="list-style-type: none"> • Name of the child • the reason the child is to be transported • if the authorisation is for regular transportation, a description of when the child is to be transported and the date the child is to 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 during the transportation • any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported • that a risk assessment has been prepared and is available at the education and care service • that written policies and procedures for transporting children are available at the education and care service
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<p>Excursions</p>	<p>The authorisation must state:</p> <ul style="list-style-type: none"> • Name of the child • Date of the excursion • Reason for the excursion • Proposed destination for the excursion • Method of transport to be used • Route to be taken to and from the excursion • Period of time away from premise- include time leaving premise and time returning to premise • Proposed activities to be undertaken by the child during the excursion • Anticipated number of children likely to be attending the excursion • Ratio of educators attending the excursion to the number of children attending the excursion • Number of staff members and any other adults who will accompany and supervise the children on the excursion (including parents, students, volunteers) • Statement that a risk assessment has been prepared and is available at the service • Name of the parent or guardian-providing authorisation • Relationship to the child • Signature of the person providing authorisation and date of authorisation • Details of any water hazards and risks associated with water-based activities (to be included in risk assessment). • Items that should be taken on the excursion
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Regular outing	<p>A regular outing means 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 relevant to the risk assessment are the same on each outing. Written authorisation only needs to be given once in a specified 12-month period for a regular outing. (Reg. 102(5)). If the conditions of the regular outing change, a new authorisation is required. The written authorisation must include:</p> <ul style="list-style-type: none"> • Name of the child • a description of when the child is to be taken on the regular outings • a description of the proposed destination • method of transportation (including walking) • any requirements for seatbelts or safety restraints • proposed activities to be undertaken • proposed time the child will be away from the premises • anticipated ratio of educators to the anticipated number of children • that a risk assessment has been prepared and is available at the service
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Confirmation of Authorisation	<ul style="list-style-type: none"> • All authorisation forms received (including the initial enrolment form) are to be checked for completion • All authorisations (excluding the initial enrolment form) are checked to ensure that the authoriser (name and signature) is the nominated parent or guardian a person named on the enrolment form as having authority to authorise • If incomplete or inappropriately signed, the authorisation form should be returned to the parent or guardian for correction • Children will be suspended from any activity requiring authorisation until the appropriate form has been correctly completed and signed
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CONTINUOUS IMPROVEMENT/REFLECTION

The Acceptance and Refusal Authorisation Policy will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Authorisation Form Alternative Authorisation Form Consent to Administer Enrolment Form	Enrolment Form Inclusions Refusal of Authorisation Procedure Refusal of Authorisation Register
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Australian Children’s Education & Care Quality Authority. (2014).
 ACECQA. (2021). Policy and procedure guidelines. [Acceptance and refusal of authorisations.](#)
 Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework.](#)
 Cancer Council. Preventing cancer: Sun protections: <https://www.cancer.org.au/preventing-cancer/sun-protection/>
 Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (2023).

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY2025
VERSION NUMBER	V11.01.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • small edits within policy • additional related policies added • new section added - Refusal of Authorisations • additional points added to authorisation inclusions • sources updated and checked for currency 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JANUARY 2023	<ul style="list-style-type: none"> • annual policy maintenance • section- Nominated Supervisor/Responsible person merged with Approved Provider/ Nominated Supervisor/Management will ensure section (double up of points) • hyperlinks checked and repaired as required • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	JANUARY 2024	
JANUARY 2022	<ul style="list-style-type: none"> • Policy reviewed as part of review cycle • See below for edits (September 2021) 	JANUARY 2023	

ADMINISTRATION OF FIRST AID POLICY

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed. First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the

context of an out of school hours service where educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs 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	Safety	Each child is protected
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, practiced and implemented

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.167	Offence relating to the protection of children from harm and hazards
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
90	Medical conditions policy
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement-anaphylaxis or asthma emergency
97	Emergency and evacuation procedures
101	Conduct a risk assessment for excursions
102C	Conduct a risk assessment for transporting of children by the education and care service
136	First aid qualifications

137	Approval of qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168 (2)(a)(iv)	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy Child Safe Environment Policy Dealing with Infectious Diseases Policy Diabetes Management Policy Emergency and Evacuation Policy Enrolment Policy Epilepsy Management Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Responsible Person Policy Record Keeping and Retention Policy Safe Transportation Policy Sick Child Policy Sun Safety Policy Supervision Policy Water Safety Policy Work Health and Safety Policy
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PURPOSE

Our Out of School Hours Care (OSHC) Service has a duty of care to provide and protect the health and safety of children, families, educators, and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Ensure the environment is safe and other people are not in danger of becoming ill or injured
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Relieve pain if possible
- Monitor ill or injured persons and promote recovery
- Provide immediate and effective first aid to children or adults
- Apply additional first aid if the condition does not improve

‘First aid can reduce the severity of an injury or illness and in extreme cases, could mean the difference between life and death.’ (Safe Work Australia).

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT IS RESPONSIBLE FOR:

- ensuring educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- ensuring families are aware of this *Administration of First Aid Policy*
- taking every reasonable precaution to protect children at the OSHC Service from harm and/or hazards that can cause injury [Reg.136]
- ensuring that the following qualified people are in attendance **at all times** the service is providing education and care to children
 - at least one educator, staff member or nominated supervisor who holds a current ACECQA approved first aid qualification
 - at least one educator, staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training
 - at least one educator, staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training
(one staff member may hold one or more of the three qualifications)

OR

if children are being educated and cared for at a service premises on the site of a school, one of the following must be in attendance at the school site and be immediately available in an emergency [sub regulation (1)]

- at least one staff member of the school who holds a current approved first aid qualification

- at least one staff member of the school who has undertaken current approved anaphylaxis management training
- at least one staff member of the school who has undertaken approved emergency asthma management training
- staff maintain current ACECQA approved first aid qualification and ACECQA approved anaphylaxis and asthma management training every 3 years and renew cardio-pulmonary resuscitation every 12 months
- appointing a nominated first aid officer
- ensuring a risk assessment is conducted prior to an excursion, regular outing, or when providing transportation to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]
- providing and maintaining an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards including transportable first-aid kits to be used on excursions and when providing transportation [Reg. 89]
- providing and maintaining a transportable first aid kit that can be taken to excursions and other activities [Reg. 89]
- ensuring that first aid training details are recorded and kept up to date on each staff member's record
- ensuring there is an induction process for all new staff, including casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans
- ensuring that families/parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the Incident, Injury, Trauma and Illness Record
- ensuring the Regulatory Authority is notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the OSHC Service [Reg 12, 176]
- ensuring that staff members are offered support and debriefing subsequent to a serious incident requiring the administration of first aid
- ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the OSHC Service
- keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

- ensuring parents/guardians provide written consent (via the enrolment record) for service staff to administer first aid
- ensuring parents/guardians provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital [Reg 161(1)(a)]

A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- implement and follow the *Administration of First Aid Policy* and procedure
- maintain current ACEQCA approved first aid qualification
- refresh their CPR skills annually [Reg. 136]
- support staff when dealing with a serious incident and/or trauma
- maintain an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards
- maintain a transportable first aid kit/s that can be taken to excursions and other activities
- monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached
- dispose of out-of-date materials and supplies appropriately
- ensure safety signs showing the location of first aid kits are clearly displayed
- ensure that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA
- keep up to date with any changes in the procedures for the administration of first aid
- contact families immediately if a child has had a head injury whilst at the OSHC Service
- ensure that appropriate documentation is being recorded by the Nominated Supervisor / Responsible Person regarding incidents, injury, trauma, and illnesses and the administration of first aid.
- ensure families are notified of any event requiring first aid administration as soon as practicable but no later than 24 hours after the incident, injury or trauma requiring first aid

Documentation of the following must be recorded as per Education and Care Services National Regulation 87:

- name and age of the child
- circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, first aid provided or

- medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.
- ensure families are notified of any event requiring first aid administration as soon as practicable but no later than 24 hours after the incident, injury or trauma requiring first aid

EDUCATORS WILL:

- implement appropriate first aid procedures when necessary, by adhering to the service's Administration of First Aid Procedure
- maintain current ACECQA approved first aid qualifications, and qualifications in approved anaphylaxis management and emergency asthma management as required (Safe Work Australia recommends first aid qualifications should be renewed every three years)
- renew cardio-pulmonary resuscitation every 12 months
- ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensure that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record accurately
- conducting a risk assessment prior to an excursion, regular outing or when providing regular transportation of children to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]

PARENTS WILL:

- read and comply with the policies and procedures of the OSHC Service
- sign OSHC Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child
- provide the required information for the Service's medication record
- provide written consent (via the enrolment record) for Service staff to administer first aid and call an ambulance if required
- be contactable, either directly or through emergency contacts listed on the child's enrolment record
- notify educators of any change in condition of their child's health that may impact the child's care and require the administration of first aid (ACECQA, 2021).

FIRST AID KIT

The Approved Provider of the OSHC Service will ensure that first aid kits are kept in accordance with National Education and Care Service Regulations (regulation 89).

ALL FIRST AID KITS AT THE SERVICE MUST:

- be suitably equipped
- not be locked
- not contain paracetamol
- be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service
- be easily accessible to staff and educators
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit
- be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not degraded or expired
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- be easily recognisable
- be easy to access and if applicable, located where there is a risk of injury occurring
- be stocked with precautionary items such as sunscreen and water if using outdoors
- be taken on excursions
- be maintained in proper condition and the contents restocked as required.

Our First Aid delegated individual responsible for maintaining all First Aid kits at the OSHC Service is:

FIRST AID OFFICER	
Name	Nathan Fiegert
Role	Assistant Director

Number of First Aid Kits Responsible for at the Service:	2
Additional First Aid Officer:	Nathan Heath

These individuals are responsible for conducting and maintaining each first aid kit by complying with the First Aid Checklist, certifying each kit has the required quantities, items are within their expiry dates, and sterile products are sealed. This will occur after each use or if unused, at least annually.

Individuals along with the Nominated Supervisor will also consider whether the first aid kits and components are appropriate and effective for the Service's hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the Nominated Supervisor.

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

FIRST AID KIT CHECKLIST

Our Service will use the Checklist provided by the **Childcare Centre Desktop**. The checklist will be completed annually to ensure first aid kits are equipped and maintained.

Safe Work Australia's First Aid in the Workplace Code of Practice also provides a guide to what to include in a First Aid Kit. (Appendix E- Example of contents)

<https://www.safeworkaustralia.gov.au/doc/model-codes-practice/model-code-practice-first-aid-workplace>

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at our OSHC Service and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to assist us in making an informed decision about what to include.

For further advice on first aid in the workplace, refer to the following website for state and territory specifications.

<https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/first-aid>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Administration of First Aid Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of First Aid Procedure	First Aid Certificate Register
Dental Accident Procedure	Head Injury Guide and Procedure
First Aid Checklist	Illness Management Procedure
First Aid Kit Fact Sheet Guide	Incident, Injury, Trauma or Illness Record

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
 Australian Children’s Education & Care Quality Authority. (2023). Policy and procedure guidelines- [Administration of First Aid Policy Guidelines](#)
 Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023)
 Revised National Quality Standard. (2018).
 Safe Work Australia First Aid in the Workplace Code of Practice: [First Aid in the Workplace](#)
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR		MAY 25
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025	
VERSION NUMBER	V11.11.23			
MODIFICATIONS	NOVEMBER <ul style="list-style-type: none"> regulation amendment re: CPR training to be completed annually additional information re: Regulation 136 Subregulation (1)- where the OSHC service premises is located on the site of a school MAY <ul style="list-style-type: none"> policy maintenance additional information added- CPR annual training recommended hyperlinks checked and repaired as required minor formatting edits within text continuous improvement/reflection section added Childcare Centre Desktop Related resources section added link to Western Australian Education and Care Services National Regulations added in ‘Sources’ 			

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MAY 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required 	MAY 2023
OCTOBER 2021	<ul style="list-style-type: none"> Policy reviewed and included suggested guidelines from ACECQA Administration of First Aid Policy (August 2021) Additional legislative requirements added Additional related policies 	MAY 2022

ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required by children at the Out of School Hours Service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child.

Under the Education and Care Services National Law and Regulations, early childhood services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the service (reg 92).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs 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	Safety	Each child is protected.
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, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

90	Medical conditions policy
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90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
90 (2)	The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration
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
136	First Aid qualifications
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed

RELATED POLICIES

Administration of First Aid Policy Dealing with Infectious Disease Policy Child Protection Policy Code of Conduct Policy Delivery of Children to, and collection from Education and Care Service Premises Diabetes Management Policy Enrolment Policy Epilepsy Policy	Family Communication Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Sick Children Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

To ensure all educators of the Out of School Hours Service understand their liabilities and duty of care to meet each child's individual health care needs. To ensure all educators are informed of children diagnosed with a medical condition and strategies to support their individual needs. To ensure that all educators are specifically trained to be able to safely administer children's required medication with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the OSHC Service.

SCOPE

This policy applies to children, families, staff, educators, the Approved Provider, Nominated Supervisor, management, children and visitors of the OSHC Service.

IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the OSHC Service to ensure the safety of children and educators. The Service will follow legislative guidelines and adhere to the National Quality Standard to ensure the health of children, families, and educators at all times.

For children with a diagnosed health care need, allergy or relevant medical condition a Medical Management Plan must be provided prior to enrolment and updated regularly. A Risk Minimisation Plan and Communication Plan must be developed in consultation with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child. (see Medical Conditions Policy).

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- medication is only administered by the OSHC Service with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication [Regulation 92(3)(b)]
- enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child
- medication provided by the child's parents must adhere to the following guidelines:
 - the administration of any medication is authorised by a parent or guardian in writing
 - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
 - medication is from the original container
 - medication has the original label clearly showing the name of the child
 - medication is before the expiry/use by date.
- the Administration of Medication Record is completed for each child
- a separate form must be completed for each medication if more than one is required
- any person delivering a child to the Service must not leave any type of medication in the child's bag or locker. Medication must be given directly to an educator for appropriate storage upon arrival.

- written and verbal notifications are given to a parent or other family member of a child as soon as practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners
- if medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent of the child is notified as soon as practicable
- if the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- reasonable steps are taken to ensure that medication records are maintained accurately
- medication forms are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the Service
- children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
- educators receive information about Medical Conditions and Administration of Medication Policies and other relevant health management policies during their induction
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition as detailed in Medical Management Plans, Asthma or Anaphylaxis Action Plans
- written consent is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required
- families are informed of the Service's medical and medication policies
- safe practices are adhered to for the wellbeing of both the child and educators.

EDUCATORS WILL:

- not administer any medication without the written authorisation of a parent or person with authority, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted
- ensure medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept in a separate location, inaccessible to children
- ensure adrenaline autoinjectors are kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and **not** locked in a cupboard. A copy of the child's medical management plan should be stored with the adrenaline autoinjector

- ensure that two educators administer and witness administration of medication at all times. One of these educators must have approved First Aid qualifications as per current legislation and regulations.
- Both educators are responsible for:
 - checking the Administration of Medication Record completed by the parent/guardian
 - checking the prescription label for:
 - the child's name
 - the dosage of medication to be administered
 - the method of dosage/administration
 - the expiry or use-by date
 - confirming that the correct child is receiving the medication
 - signing and dating the Administration of Medication Form
 - returning the medication back to the locked medication container.
- follow hand-washing procedures before and after administering medication
- discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered)
- seek further information from parents/guardian, the prescribing doctor or the Public Health Unit before administering medication if required
- ensure that the instructions on the Administration of Medication Record are consistent with the doctor's instructions and the prescription label
- ensure that if there are inconsistencies, medication is not to be administered to the child
- invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English
- ensure that the Administration of Medication Record is completed and stored correctly including name and signature of witness and date and time of administration
- observe the child post administration of medication to ensure there are no side effects
- respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication
- if a child is not breathing or having difficulty breathing following administration of any medication, the educator will contact emergency services on 000 immediately.

FAMILIES WILL:

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form

- provide the OSHC Service with a Medical Management Plan prior to enrolment of their child if required
- develop a Risk Minimisation Plan for their child in collaboration with management and educators and medical practitioner for long-term medication plans
- complete and sign an Administration of Medication Record for their child requiring medication whilst they are at the OSHC Service
- update (or verify currency of) Medical Management Plan annually or as the child's medication needs change
- be requested to sign consent to use creams and lotions should first aid treatment be required (list of items in the first aid kit provided at enrolment)
- keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- adhere to our OSHC Service's Sick Children Policy and Control of Infectious Disease Policy
- keep children away at home while any symptoms of an illness remain
- keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication
- advise the OSHC Service if their child has taken any medication with them to school. The Administration of Medication record may be emailed to the Service if necessary.
- complete the Administration of Medication record if dropping off their child in the morning, and the educator will sign to acknowledge the receipt of the medication. The educator will then ensure this medication is taken to school with the child where school policy regarding medication will be adhered to (e.g. giving medication to the class teacher).
- provide any herbal/naturopathic remedies or non-prescription medications (including Paracetamol) with a letter from the doctor detailing the child's name and dosage.

SELF-ADMINISTRATION OF MEDICATION

A child over pre-school age may self-administer medication under the following circumstances:

- a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication
- medication is stored safely by an educator, who will provide it to the child when required
- supervision is provided by an educator whilst the child is self-administering
- a recording is made in the Administration of Medication Record for the child that the medication has been self-administered

- the Administration of Medication Record is signed by the parent upon collection of their child acknowledging the dose and time of administration of medication (e.g.: Asthma inhaler, Diabetic treatment)

GUIDELINES FOR ADMINISTRATION OF PARACETAMOL:

- families must provide their own Paracetamol for use as directed by a medical practitioner
- Paracetamol will be kept in the locked medication container for emergency purposes should authorised collectors are not contactable
- to safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter stating the reason for administering, the dosage and duration it is to be administered for except for in emergency situations (onset of fever whilst at the Service).
- administration of Paracetamol must follow the procedure for Administration of Medication
- an Administration of Medication and/or Administration of Paracetamol Record will be completed recording the educator's full name, signature, time and date of administration
- if a child presents with a temperature whilst at the Service, the family will be notified immediately and asked to organise collection of the child as soon as possible
- the family will be encouraged to visit a doctor to find the cause of the temperature. While waiting for the child to be collected, educators will:
 - remove excess clothing to cool the child down
 - offer fluids to the child
 - encourage the child to rest.
 - monitor the child for any additional symptoms
 - maintain supervision of the ill child at all times, while keeping them separated from children who are well.

MEDICATIONS KEPT AT THE SERVICE

- any medication, cream or lotion kept on the premises will be checked monthly for expiry dates.
- a list of First Aid Kit contents close to expiry or running low will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies
- if a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required
- it is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary

- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE.
- families are required to complete an Administration of Medication Record for lotions to be administered.

EMERGENCY ADMINISTRATION OF MEDICATION [Reg.93 (5)]

- in the occurrence of an emergency and where the administration of medication must occur, the OSHC Service must attempt to receive verbal authorisation by a parent of the child named in the child's enrolment form who is authorised to consent to the administration of medication
- if a parent of a child is unreachable, the OSHC Service will endeavour to obtain verbal authorisation from an emergency contact of the child named in the child's enrolment form, who is authorised to approve the administration of medication
- If all the child's nominated contacts are non-contactable, the Service must contact a registered medical practitioner or emergency service on 000
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form.
- The Service will contact the regulatory authority within 24 hours as soon as practicably possible (if urgent medical attention was sought or the child attended hospital)
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

EMERGENCY INVOLVING ANAPHYLAXIS OR ASTHMA

- for anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the Asthma or Anaphylaxis Action Plan provided by the parent/guardian. [National Asthma Council (NAC) or ASCIA]
- in the event of a child not known to have **asthma** or **anaphylaxis** and appears to be in severe respiratory distress, the emergency plans for first aid must be followed immediately.
 - an ambulance must be called immediately
 - place child in a seated upright position
 - give 4 separate puffs of a reliever medication (e.g.: Ventolin) using a spacer if required.
 - repeat every 4 minutes until the ambulance arrives
- in the event of a child not known to be diagnosed with **anaphylaxis** and appears to be an **anaphylaxis** emergency where any of the following symptoms are present, an EpiPen must be administered
 - difficulty/noisy breathing

- swelling of the tongue
- swelling or tightness in throat
- difficulty talking
- wheeze or persistent cough
- persistent dizziness or collapse pale and floppy

(Sydney Children’s Hospitals Network – 2020)

The OSHC Service will contact the following (as required) as soon as practicably possible:

- Emergency Services 000
- a parent of the child
- the regulatory authority within 24 hours (if ~~an ambulance was called~~ urgent medical attention was sought or the child attended hospital).

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

CONTINUOUS IMPROVEMENT/REFLECTION

The *Administration of Medication Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Administration of Medication Procedure Administration of Medication Record	Managing a Medical Condition Procedure Medical Communication Plan Medical Risk Management Plan
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SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 Australian society of clinical immunology and allergy. ascia. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
 Australian Government Department of Education. (2022). *My Time, Our Place: Framework for School Age Care in Australia*. V2.0
 Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2018).
[Education and Care Services National Regulations](#). (2011).
 Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
 Guide to the National Quality Framework. (2017). (Updated 2023).
 National Health and Medical Research Council. (2012). (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

NSW Department of Health: www.health.nsw.gov.au

Revised National Quality Standard. (2018).

The Sydney Children's Hospital Network (2020)

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V9.04.23		
MODIFICATIONS	<ul style="list-style-type: none"> • minor formatting edits within text • update to new EYLF reference (V2.0) • hyperlinks checked and repaired as required • Continuous Improvement section added • Childcare Centre Desktop Resource section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
APRIL 2022	<ul style="list-style-type: none"> • review of policy/sources checked for currency • additional information included related to observing children post administration of medication/side effects/management • minor changes to reflect National Regulations • reference to Administration of Paracetamol record 	APRIL 2023	
APRIL 2020	rearrangement of some points for better flow addition of information inclusion of Medical Management Plan additional information re: anaphylaxis or asthma emergency	APRIL 2021	

ADVENTUROUS (RISKY AND NATURE) PLAY POLICY

'Being adventurous is about creating opportunities for children (and adults) to explore and test their own capacities, to manage risk and to grow as capable, resourceful and resilient children and adults.'

(National Quality Standard, Professional Learning Program, 2013).

We acknowledge that it is sometimes difficult to find the right balance between allowing children to engage in adventurous play in our physical environment indoors and outdoors, whilst preventing serious injuries.

Our OSHC Service is committed to supporting families to understand the importance and benefits of risk taking through adventurous play for their children. We believe that for children to learn effectively and prepare for life-long skills, it's important for them to experience challenging situations in our physical environment that is managed effectively to minimise negative outcomes, not eliminate risk.

Our natural local environments assist children to gain an understanding of nature and gain a respect for the living and non-living environments within their world. By more involvement and play within the Australian bush, children can create and be inspired by nature and the natural resources it provides. Children are also able to gain a better understanding of our First Nations people, the Aboriginal and Torres Strait Islanders (First Nations,) who are connected to the land, water, plants, animals, mother earth and father sky within the natural bushland of Australia.

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1.1	Approved Learning Framework	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators
1.2.1	Intentional Teaching	Educators are deliberate, purposeful, and thoughtful in their decisions and actions
QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.2	Upkeep	Furniture and equipment are safe, clean and well maintained.

3.2	Use	The service environment is inclusive, promotes competence and supports exploration and play-based learning.
3.2.1	Inclusive environment	Outdoor and indoor spaces are organised and adapted 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.
QUALITY AREA 6: COLLABORATIVE PARTENERSHIPS WITH FAMILIES AND COMMUNITIES		
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing
6.2.3	Community engagement	The service builds relationships and engages with its community

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 167	Offence relating to protection of children from harm and hazards
Sec. 51	Approved number of places must not be exceeded
73	Educational programs
78	Food and beverages
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
97	Emergency and evacuation procedures
101	Conduct of risks assessment for excursion
102	Authorisations for excursions
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
109	Toilet and hygiene facilities
113	Outdoor space—natural environment
114	Outdoor space—shade
115	Premises designed to facilitate supervision
136	First Aid qualifications

155	Interactions with children
156	Relationships in groups
158	Children's attendance record to be kept by approved provider
167	Record of services compliance
168	Policies and procedures are required in relation to enrolment and orientation
171	Policies and procedures to be kept available

RELATED POLICIES

Administration of First aid Policy Acceptance and Refusal of Authorisation Policy Child Protection Policy Child Safe Environment Policy Delivery of Children to and Collection from Education and Care Services Premises Policy Emergency Evacuation Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Excursion/Incursion Policy Interactions with Children, Families and Staff Policy	Medical Conditions Policy Nutrition and Food Safety Policy Physical Environment Policy Safe Transportation Policy Sleep and Rest Policy Snake Awareness Policy Sun Safety Policy Supervision Policy Water Safety Policy Work Health and Safety Policy
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PURPOSE

We acknowledge the important developmental benefits of adventurous and risky play such as psychological, perceptual, physical/motor skills and social development. (Sandseter, 2010). We encourage educators to support children's curiosity by providing them with opportunities to access risks and manage situations appropriately. We aim to support and respond to children's physical development by offering an environment that provides open-ended, dynamic, stimulating and challenging learning opportunities for all children. We recognise the importance of investigating, researching and being involved within the natural environment of our surrounding bushland in Australia, as well as learning and using natural resources found within our local environment for play and sustainable living. By encouraging children to understand our natural resources and environment they are building an understanding of the First Nations People within Australia and learning ways of being more sustainable for our world.

SCOPE

This policy applies to management, the approved provider, nominated supervisor, students, staff, families, visitors (including contractors) and children of the OSHC Service.

WHAT IS ADVENTUROUS PLAY?

Adventurous play, sometimes referred to as 'risky play' is a natural part of children's play and can often be described as a thrilling and exciting activity, involving a risk of physical injury and play that provides opportunities for challenge, testing limits, exploring boundaries and learning about injury risk (Sandseter (2007); Little & Wyver, 2008). Involvement in adventurous play provides children with opportunities to explore and test their own capacity, access risks and manage situations, master new skills, extend their limits and learn life skills. Research shows that success and failure of adventurous play motivates children to try again and work out different ways of doing things, increases their physical and motor skills and teaches them about their own limits. (Sandseter, 2011; Tovey, 2010).

In our endeavour to create a physical environment that is always safe for all children, we may be creating a physical environment that inadvertently limits adventure and risk-taking. The National Quality Standard (2.1.3) aims to encourage "the educational leader and educators to foster physical and psychological development in children by encouraging physical activity that is challenging, extends thinking and offers opportunities to take manageable risks." (2018, p: 68).

IMPLEMENTATION

Our OSHC Service will continually determine whether a learning environment is dangerous, or a potential learning opportunity may encourage risk taking.

Children are faced with risks every day. Rather than trying to eliminate all risks from children's play, our OSHC Service will identify the possible risks and make informed decisions about whether the benefit for children's development and learning outweighs the risks and protect children from any potential harm. We will ensure that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury (Section 167 National Law).

In addition, Educators will conduct daily safety checks to identify potential risks and hazards. According to Curtis (2010), a hazard is something that is inherently dangerous and needs to be immediately remedied. For example, a climbing structure with sharp edges, a broken fence or gate.

Educators will use positive language to support and encourage children to engage in adventurous and risky play, modify activities to ensure all experiences are inclusive and promote competence and exploration.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/EDUCATORS WILL ENSURE:

- risk assessments are conducted to identify potential hazards, assess the risks and minimise any risks that could potentially cause harm or injury to children
- *an Excursion Risk Assessment Management Plan or Regular Outing - Risk Assessment Management Plan* for Nature/Forest Play is conducted to identify potential hazards, assess the risks and minimise any risks that could potentially cause harm or injury to children
- a thorough risk assessment is conducted prior to a Nature/Forest Play session, the Risk Assessment is to be approved by the approved provider
- the *First Aid Policy* and procedures are always followed while children are attending the Nature/Forest Play
- to engage in critical reflection as a team and with the children about the risks and benefits of a new activity or process (see: ACECQA- [Talking about Practice: Adventurous Play. Developing a culture of risky play](#))
- daily inspection of the outdoor learning environment is undertaken to identify any potential risk of harm to children as per our Health and Safety Policy
- educators always employ 'active' supervision techniques
- educators provide direct, constant and proximal monitoring of children undertaking activities that involve some risk and recognising when the ratio of educators to children needs to be increased (eg: carpentry, water activities, climbing)
- management will notify the Regulatory Authorities of any serious incident within 24 hours of the incident.
- parents are notified as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the service. Details of the incident/situation are to be recorded on the Incident, Injury, Trauma and Illness Record.
- they actively encourage and acknowledge children's competence to assess risks and possible consequences (It is important to involve children in the risk assessment process, as this provides added benefits of being able to talk through hazards, learn about assessing and managing appropriate risks for themselves.)
- children of all ages and abilities are provided with authentic learning experiences aimed to challenge children's capabilities, manage risk and grow as capable resourceful and resilient children (and adults)

- children are encouraged to take risks through the use of positive language, guidance and enthusiasm
- children are not pushed or forced to do something they are not sure about
- they provide a challenging and adventurous learning environment that supports children's curiosity, adventure and motivation
- children's growth mindset is respected and educators acknowledge them as competent and capable learners
- educators trust in children's abilities and judgement whilst scaffolding their learning
- children learn new skills in a safe environment through supervision and adherence to the correct educator to child ratios
- to mentor and support families' knowledge about the benefits of providing children with adventurous play experiences
- children are not denied the value of an experience because it may appear to be dangerous
- their duty of care is upheld and taken seriously
- they continue to meet their legal obligations and responsibilities as documented in the NQS and Education and Care Services National Law and Regulations.

ADVENTUROUS PLAY ENCOURAGES CHILDREN TO:

- Problem-solve
- Develop skills in negotiating (including risks)
- Build resilience, perseverance and persistence
- Extend their balance, orientation skills and coordination
- Become aware of their own capabilities and limits
- Make appropriate risk decisions
- Develop self-regulation
- Take acceptable risks
- Make decisions
- Learn about the consequences (positive and negative) of risk taking
- Gain confidence and independence
- Become creative and curious
- Learn how to use equipment safely

WHAT IS NATURE/FOREST PLAY?

Our OSHC Service provides children the opportunity to regularly participate in an in-nature program as a part of their enrolment. Children have the opportunity to explore and engage with the natural world, fostering a connection to the environment and an appreciation for nature. An in-nature pedagogy incorporates time spent by children and educators outside the approved children's education and care service premises with a focus on nature. (ACECQA, NQF Review (2019)).

The purpose of the Nature/ Forest Play should be clearly identified by providing information on how the Nature / Forest Play supports the educational program and contributes to the outcomes for children. Our OSHC Service will conduct a risk assessment prior to Nature/ Forest Play with consideration given to:

- dog awareness with children and educators
- danger of snake and suitable bandages in first aid kit
- guidance to children about stranger danger
- what emergencies may occur and what we need to be prepared for
- medication needs and possible illnesses
- authorisations for all children prior to participation in the program
- sun safety clothing and sunscreen
- water safety (if applicable)
- weather conditions
- travel and possible unexpected delay
- ratios maintained in both service and excursion
- supervision appropriate for children's developmental needs
- Child safe principles
- procedures and policies relating to excursions and transportation to be followed before children attend Nature/ Forest Play, including authorisations

ITEMS TO BE TAKEN ON NATURE/FOREST PLAY

The approved provider/ nominated supervisor must ensure that the following items are taken during participation of Nature/ Forest Play, as per the risk assessment:

- appropriate number of suitably equipped first aid kits
- fully charged and operating mobile phone
- emergency contact information details for all children participating
- medication for children requiring medical and relevant medical management plans

- items required for Nature/ Forest Play - such as sunscreen, hats, change of clothes, other equipment, wet weather gear
- child's attendance record
- food and water as required

NATURE/FOREST SCHOOL PLAY ENCOURAGES CHILDREN TO:

- use natural items for sustainability
- develop skills in natural local environments
- build a respect and understanding of local customs and traditions
- build knowledge of Australian and Torres Strait Islander People
- develop an understanding of First Nations connection to land, water, plants, animals, Mother Earth and Father Sky
- develop a personal connection and understanding with nature
- help to make future appropriate decisions for our world
- develop a sense of wellbeing, inner strength and confidence from nature

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Adventurous (Risky and Nature) Play Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCES

Australia Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

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Coster, D. & Gleeve, J. (2008) *Give us a go! Children and young people's views on play and risk-taking. Play Day.*

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<https://www.kidsafensw.org/safety/playground-safety/challenging-play-risky/>

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[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V4.11.23		
MODIFICATIONS	NOVEMBER 2023 <ul style="list-style-type: none"> Additional information relating to Nature/Forest Play added to policy Policy title change to Adventurous (Risky and Nature) Play Policy AUGUST 2023 <ul style="list-style-type: none"> policy maintenance - no major changes to policy small typo fixed Continuous improvement section added link to Western Australian Education and Care Services National Regulations added in ‘Sources’ 		
POLICY REVIEW	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
AUGUST 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text to improve flow of wording hyperlinks checked and repaired as required 	AUGUST 2023	
AUGUST 2021	New policy developed for OSHC Services	AUGUST 2022	

ANAPHYLAXIS MANAGEMENT POLICY

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. Anaphylaxis is a

severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs 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	Safety	Each child is protected
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, practiced and implemented

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW NSW	
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

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Enrolment Policy Family Communication Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Supervision Policy
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PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis. We aim to minimise the risk of an anaphylactic reaction occurring at our Out of School Hours Care (OSHC) Service by following our Anaphylaxis Management Policy and implementing risk minimisation strategies. We ensure all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the OSHC Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to provide

- a. a safe environment for children free of foreseeable harm and
- b. adequate Supervision of children

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our OSHC Service. Staff members including relief staff need to be aware of children at the OSHC Service who suffer from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of children's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plans, risk management plans and if required, medication.

BACKGROUND

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening.

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g., cashews)
- Cow's milk
- Fish and shellfish
- Wheat

- Soy
- Sesame
- Certain insect stings (particularly bee stings)

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis and response to anaphylaxis within the Out of School Hours Care Service is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens, and the implementation of preventative measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. Communication between the OSHC Service and families is vital in understanding the risks and helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Children at risk of anaphylaxis will not be enrolled into the OSHC Service until the child's personal ASCIA Action Plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

The [ASCIA Action Plans](#) meet the requirements of regulation 90 as a medical management plan. It is imperative that all educators and volunteers at the Service follow a child's ASCIA Action Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

The OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's ASCIA Action Plan in prominent positions within the Service.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL ENSURE:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- if the answer is yes, the parents/guardians are required to provide a ASCIA Action Plan signed by a registered medical practitioner **prior** to their child's commencement at the Service [see section below- In Family Day Care Services where a child is diagnosed as 'at risk of anaphylaxis]
- parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy
- that all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service
- that staff are provided with ASCIA anaphylaxis e-training (every THREE years) to provide consistent and evidence-based approaches to prevention, recognition and emergency treatment of anaphylaxis including training in the administration of the adrenaline auto-injection device.
- all staff have undertaken training in administration of the adrenaline auto injection device and cardiopulmonary resuscitation (CPR) at least every 12 months
- staff responsible for preparing, serving and supervising food for children with food allergies should undertake the National Allergy Strategy All about Allergens for CEC online food allergen management training/ or similar
- that all staff members are aware of
 - any child at risk of anaphylaxis enrolled in the service
 - the child's individual ASCIA Action Plan
 - symptoms and recommended immediate action for anaphylaxis and allergic reactions and,
 - the location of their EpiPen® / Anapen® device
- that a copy of this policy is provided and reviewed during each new staff member's induction process

- that updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families.
- anaphylaxis risk management plans are developed prior to any excursion or incursion consistent with Regulation 101
- ensure that at least one general use adrenaline injector is available at the Service in case of an emergency- Regulation 89. First Aid Kits.

MANAGEMENT STRATEGIES WHERE A SCHOOL AGED CHILD IS DIAGNOSED AT RISK OF ANAPHYLAXIS. THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until an ASCIA Action Plan signed by a medical practitioner is provided by the family.
- develop and document a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service (particular attention should be given to mealtimes as this is a significant risk for children with food allergies)
- ensure the ASCIA Action Plan includes:
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for the allergy/anaphylaxis (signs and symptoms)
 - first aid/emergency action that will be required
 - administration of adrenaline autoinjectors
 - ASCIA Action Plan
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed
- ensure that a child who has been prescribed an adrenaline auto-injection device is **not** permitted to attend the OSHC Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- ensure that all staff in the Service know the location of the auto-injection device kit
- collaborate with parents/guardians to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation

- request parental permission to display a child's ASCIA Action Plan in key locations at the OSHC Service, for example, in the main area of the OSHC service, near the kitchen, and/or near the medication cabinet
- ensure action plans are easily accessible to educators and other staff if privacy is a concern
- display ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) in key locations in the OSHC Service
- ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation, and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels
- ensure supervision is managed consistently across mealtimes to maintain effective risk minimisation strategies
- ensure that a notice is displayed prominently in the main entrance of the OSHC Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173) (2)(f))
- ensure that all relief staff members in the OSHC Service have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- display an emergency contact card by the telephone
- ensure that a staff member accompanying children outside the OSHC Service carries a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided whenever any changes have occurred to the child's diagnosis or treatment.

CHILDREN WHO CARRY THEIR OWN ADRENALINE AUTOINJECTOR IN OUTSIDE OF SCHOOL HOURS CARE SERVICES

In some cases, children over preschool age attending an Out of School Hours Care Service as part of a before/after school or vacation care program might carry their own adrenaline auto-injector. Children at risk of anaphylaxis usually only carry their own adrenaline auto-injector once they travel independently to and from school. This often coincides with high school or the latter years of primary school. To ensure compliance with the National Quality Framework an authorisation for a child over preschool age to self-administer medication is required (Regulation 96).

Where a child over preschool age carries their own adrenaline auto-injector it is advisable that the OSHC Service requests the child's parent to provide a second adrenaline auto-injector to be kept on the Service premises in a secure location, as it should not be relied upon that the auto-injector is always being carried on their person.

If a child does carry an auto-injector device, the exact location should be easily identifiable by OSHC staff. Hazards such as identical school bags in before and after school care should be considered. Where an auto-injector device is carried on their person, a copy of the child's medical management plan should also be carried.

EDUCATORS WILL:

- read and comply with the Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy
- ensure that a complete auto-injection device kit (which must contain a copy the child's ASCIA Action Plan is signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the OSHC Service
- ensure a copy of the child's ASCIA Action Plan is visible and known to staff, visitors, and students in the OSHC Service
- always follow the child's ASCIA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly
- ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- always check a meal before it is given to a child with anaphylaxis
- ensure tables and bench tops are washed down effectively after eating
- ensure all children wash their hands upon arrival at the OSHC Service and before and after eating
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days
- ensure that the auto-injection device kit is:
 - stored in a location that is known to all staff, including relief staff
 - NOT locked in a cupboard
 - easily accessible to adults but inaccessible to children
 - stored in a cool dark place at room temperature

- NOT refrigerated
- contains a copy of the child's medical management plan
- ensure that the auto-injection device kit containing a copy of the ASCIA Action Plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the OSHC Service e.g., on excursions that this child attends or during an emergency evacuation
- regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- provide information to the OSHC Service community about resources and support for managing allergies and anaphylaxis.

FAMILIES WILL:

- inform staff at the OSHC Service, either on enrolment or on diagnosis, of their child's allergies
- provide staff with an ASCIA Action Plan giving written consent to use the auto-injection device in line with this action plan and signed by the registered medical practitioner
- develop an anaphylaxis risk minimisation plan in collaboration with the Nominated Supervisor and other Service staff
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- comply with the Service's policy that a child who has been prescribed an adrenaline auto-injection device is **not** permitted to attend the Service or its programs without that device
- maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry
- assist staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- notify the OSHC Service if their child has had a severe allergic reaction while not at the service- either at home or at another location
- read and be familiar with this policy
- identify and liaise with the nominated staff member primarily caring for their child
- notify staff of any changes to their child's allergy status and provide a new anaphylaxis medical management plan in accordance with these changes
- notify staff of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes

If a child suffers from an anaphylactic reaction the Service and staff will:

- Follow the child's ASCIA Action Plan - administer an adrenaline injector
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours

In the event where a child who has **not been diagnosed as at risk of anaphylaxis, but who appears to be having an anaphylactic reaction:**

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline autoinjector
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours.

REPORTING PROCEDURES

Any anaphylactic incident is considered a serious incident (Regulation 12).

- staff members involved in the ~~situation~~ incident are to complete an Incident, Injury, Trauma and Illness Record, which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the Incident, Injury, Trauma and Illness Record
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the Incident, Injury, Trauma and Illness Record will be placed in the child's file
- the Nominated Supervisor will inform the OSHC Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)

- staff will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical Action Plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

EDUCATING CHILDREN ABOUT ALLERGIES AND ANAPHYLAXIS

Allergy awareness is regarded as an essential part of managing allergies in childcare services. Our Service will:

- talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make _____ sick', 'this food is not good for _____', and '_____ is allergic to that food'.
- help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions (e.g., itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny)
- with older children, staff will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is share
- encourage empathy, acceptance and inclusion of the allergic child.

CONTACT DETAILS FOR RESOURCES AND SUPPORT

[Allergy Aware- A hub for allergy awareness resources](#) A project developing national Best Practice Guidelines and supporting resources for the prevention and management of anaphylaxis in schools and children's education and care services (April 2022)

[Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#) provide information on allergies. The ASCIA Action Plans for Anaphylaxis are device-specific and must be completed by a medical practitioner. <https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> Current ASCIA Action Plans are the 2023 versions, however previous versions (2022 and 2021) are still valid for use throughout 2023. There are three types of ASCIA Action Plans for Anaphylaxis and a First Aid Plan. The 2023 plans have been reformatted for the first time in 20 years.

- ASCIA Action Plan (**RED**) are for children or adults with medically confirmed allergies, who have been prescribed adrenaline autoinjectors (Plans are available for EpiPen® or Anapen®)

- ASCIA Action Plan for Drug (Medication) Allergy (**DARK GREEN**) for children or adults with medically confirmed drug (medication) allergies, who have NOT been prescribed adrenaline injectors.
- ASCIA Action Plan for Allergic Reactions (**GREEN**) is for children or adults with medically confirmed food or insect allergies who have not been prescribed adrenaline autoinjectors
- ASCIA First Aid Plan for Anaphylaxis (**ORANGE**)

[Allergy & Anaphylaxis Australia](#) is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and other resources are available for sale from the Product Catalogue on this site.

Allergy & Anaphylaxis Australia also provides a telephone support line for information and support to help manage anaphylaxis: Telephone 1300 728 000.

[Royal Children’s Hospital Anaphylaxis Advisory Support Line](#) provides information and support about anaphylaxis to school and licensed children’s services staff and parents. Telephone 1300 725 911 or Email: anaphylaxisadviceline@rch.org.au

[NSW Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

ADDITIONAL INFORMATION

SOUTH AUSTRALIA (SA)
Supporting children and students with anaphylaxis and severe allergies

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Anaphylaxis Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children’s Education & Care Quality Authority. (2021) [Dealing with Medical Conditions in Children Policy Guidelines](#)

ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions:

<https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Standard. (Amended 2023).

National Allergy Strategy. (2021). [Best practice guidelines for anaphylaxis prevention and management in schools](#)

[and children's education and care \(CEC\) services \(Guidelines\).](#)

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.). New South Wales Department of Education and Communities. (2014). *Anaphylaxis Guidelines for Early Childhood Education and Care Services*.

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V10.07.23		
MODIFICATIONS	<ul style="list-style-type: none"> • Annual policy maintenance • Reference to medical management plan as: ASCIA Action Plans • ASCIA Action Plans information updated for 2023 versions • Links checked and repaired where required • Continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required • hyperlinks edited to the name of the document where possible 	JULY 2023	
OCTOBER 2021	Additional information re: best practice from National Allergy Strategy- October 2021	JULY 2022	

ASTHMA MANAGEMENT POLICY

Asthma is a chronic health condition affecting approximately 15% of children. It is one of the most common reasons for childhood admission to hospital. Community education and correct asthma management will assist to minimise the impact of asthma. It is generally accepted that children under the age of six do not have the skills or ability to recognise and manage their own asthma effectively. Our Happy Valley OSHC Service recognises the need to educate its staff and families about asthma and to promote responsible asthma management strategies.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs 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	Safety	Each child is protected
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, practiced and implemented

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a 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
89	First aid kits
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
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

REALTED POLICIES

Administration of First Aid Policy Administration of Medication Policy Enrolment Policy Family Communication Policy Handwashing Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Supervision Policy
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PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for medical conditions including asthma management. We aim to provide a safe and healthy environment for all children enrolled at the Out of School Hours Care (OSHC) Service. We believe in providing children with asthma the ability to participate in the programmed learning activities and experiences ensuring an inclusive environment is upheld. We ensure all staff, educators and volunteers follow our Asthma Management Policy and procedures and children's medical management plans.

SCOPE

This policy applies to children, families, staff, management the approved provider, nominated supervisor, students and visitors of the OSHC Service.

DUTY OF CARE

We are committed to be an Asthma Friendly Service as outlined by Asthma Australia. This means:

- the majority of staff have current training in Asthma First Aid and routine Asthma management
- at least one staff member is on duty at all times children are in attendance at the Service who holds a current ACECQA-approved Emergency Asthma Management certificate

- Asthma Emergency Kits (AEKs) are accessible to staff and include in-date reliever medication
- Asthma First Aid posters are on display and information is available for staff and parents
- policies are Asthma Friendly

Source: Australian Children's Education & Care Quality Authority (acecqa.gov.au)

Our Out of School Hours Care (OSHC) Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide

- a safe environment free from foreseeable harm and
- adequate Supervision for children.

Staff members, including relief staff, need to be aware of children at the OSHC Service who suffer from allergies, including asthma and know enough about asthma reactions to ensure the safety and wellbeing of the children. Management will ensure all staff are aware of children's medical management plans and risk management plans.

BACKGROUND:

Asthma is defined clinically as the combination of variable respiratory symptoms (e.g. wheeze, shortness of breath, cough and chest tightness) and excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'). Source: Asthma Handbook

Asthma is a chronic lung disease which can be treated but not cured. Asthma affects affect approximately affecting approximately 1 in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. Our Out of School Hours Service recognises the need to educate the staff and parents/guardians about asthma and to promote responsible asthma management strategies.

Asthma causes three main changes to the airways inside the lungs, and all these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways

- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Legislation that governs the operation of approved Out of School Hours Services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our Service will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the Education and Care Services National Regulations.

ASTHMA AND COVID-19

There is no specific data as yet to suggest people with asthma are at greater risk of contracting COVID-19 however as this is a serious respiratory illness, anyone with asthma should implement strict hygiene measures to protect themselves and others.

Health practitioners have encouraged parents of children with asthma to:

- update their child's asthma medical management/action plan with their general practitioner
- ensure their child uses their reliever and preventer medicines (if required) as prescribed
- ensure their child continues taking medication to keep their asthma well controlled
- practice good hygiene and other measures to reduce contact with people who may be infected
- have their child tested for COVID-19 if they develop any symptoms (cough, fever, shortness of breath, sore throat)

(Asthma Australia, June 2020)

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Happy Valley OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all relevant medical policies and procedures will be provided to all educators and volunteers and families of the Service and reviewed on an annual basis. It is important that communication is open between families and educators to ensure appropriate asthma management.

It is imperative that all educators and volunteers at the Happy Valley OSHC Service follow each individual child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

MANAGEMENT AND NOMINATED SUPERVISOR WILL ENSURE:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record
- if the answer is yes, the parents/guardians are required to provide a medical management plan and signed by a registered medical practitioner **prior** to their child's commencement at the Service [see section below- In Services where a child is diagnosed with asthma]
- parents are provided with a copy of the Service's Medical Conditions Policy, Asthma Management Policy and Administration of Medication Policy upon enrolment of their child
- written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service as per Regulation 136(c)
- all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- all educators have completed anaphylaxis management training and emergency asthma management training
- that all staff members are aware of
 - any child identified with asthma enrolled in the service
 - the child's individual medical management plan/action plan
 - symptoms and recommended first aid procedure for asthma and
 - the location of the child's asthma medication
- all staff members are able to identify and minimise asthma triggers for children attending the Service where possible
- upon employment at the OSHC Service all staff will read and be aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies
- children with asthma are not discriminated against in any way
- children with asthma can participate in all activities safely and to their full potential
- Asthma Australia's Asthma First Aid for posters are displayed in key locations at the Service

- that medication is administered in accordance with the Administration of Medication Policy
- that in the event of a serious incident such as a severe asthma attack, notification to the regulatory authority is made within 24 hours of the incident
- communication between management, educators, staff and parents/guardians regarding the Service's Asthma Management Policy and strategies are reviewed and discussed regularly to ensure compliance and best practice
- that updated information, resources, and support for managing asthma is regularly provided for families.

IN SERVICES WHERE A CHILD DIAGNOSED WITH ASTHMA IS ENROLLED, THE NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan developed in consultation with parents and the child's medical practitioner is provided
- develop and document a risk minimisation plan in collaboration with parents/guardian [see Risk Minimisation Plan section]
- discuss with the requirements for completing an Administration of Medication Record for their child
- discuss authorisation for children to self-administer asthma medication if applicable. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian and the child's medical management team
- ensure the medical management plan includes:
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for asthma (signs and symptoms)
 - list of usual asthma medicines including doses and self-medication (if applicable)
 - response for an asthma emergency including medication to be administered
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed
- keep a copy of the child's asthma medical management plan and risk minimisation plan in the enrolment record
- ensure families provide reliever medication and a spacer (including a child's face mask, if required) whilst their child attends the OSHC Service

- collaborate with parents/guardians to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's asthma whilst at the Service [see Communication Plan section]
- ensure that a staff member accompanying children outside the Service carries a copy of each child's individual asthma medical management action plan and required medication
- ensure an Administration of Medication Record is kept for each child to whom medication is to be administered by the Service
- ensure families update their child's asthma medical management/action plan regularly or whenever a change to the child's management of asthma occurs
- regularly check the expiry date of reliever medication and ensure that spacers and facemasks are cleaned after every use
- discussions occur regarding authorisation for children to self-administer asthma medication if applicable. Any authorisations for self-administration must be documented in the child's Medical Management Plan and approved by the OSHC Service, parents/guardian and the child's medical management team

EDUCATORS WILL:

- ensure they are aware of the Service's Asthma Management Policy and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, and Asthma medical management/action plans)
- maintain qualifications for approved emergency asthma management training [recommended as best practice]
- be able to identify and, where possible, minimise asthma triggers as outlined in the child's Asthma medical management plan and risk minimisation plan
- ensure the first aid kit, children's personal asthma medication and Asthma medical management/action plans are taken on excursions or other offsite events, including emergency evacuations and drills
- administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the Service's Administration of Medication Policy
- ensure any asthma attacks are clearly documented in the Incident, Injury, Trauma or Illness Record and advise parents as a matter of priority, when practicable
- consult with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma

- communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensure that children with asthma are not discriminated against in any way
- ensure that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

FAMILIES WILL:

- inform staff, either on enrolment or on initial diagnosis, that their child has asthma
- read and be familiar with the Service's Asthma Management Policy
- provide a copy of their child's Asthma medical management/action plan to the Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- provide written authorisation to the OSHC Service for their child to self-administer medication (if applicable)
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and other service staff
- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Out of School Hours Care Service
- provide an adequate supply of appropriate asthma medication and equipment for their child
- provide an updated plan at least annually or whenever medication or management of their child's asthma changes
- communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms

If a child suffers from an asthma emergency the Service and staff will:

- Follow the child's asthma medical management/action plan
- If the child does not respond to steps within the Asthma medical management/action plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

REPORTING PROCEDURES

Any incident involving serious illness of a child while the child is being educated and cared for by the Service for which the child attended, or ought reasonably to have attended a hospital e.g., severe asthma attack is considered a serious incident (Regulation 12).

- staff members involved in the incident are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the Incident, Injury, Trauma and Illness Record
- place a copy of the record in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- staff will be debriefed after each serious incident and the child's individual medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

RISK MINIMISATION PLAN FOR A CHILD WITH DIAGNOSED ASTHMA

The staff, together with the parents/guardians of a child with asthma, will discuss and agree on a risk minimisation plan for the emergency management of an asthma attack based on the child's asthma medical management/action plan. This plan will be included as part of, or attached to, the child's asthma medical management/action plan and enrolment record.

The plan will assess and minimise risks relating to the child's diagnosed health care need including any known allergens. Strategies for minimising the risk are developed and implemented.

The risk minimisation plan is to be updated whenever the child's medical management plan is changed or updated.

Common asthma triggers include:

- viral infections- such as colds, flu and respiratory conditions
- cigarette smoke
- physical exercise
- allergens- mould, pollens, pets

- irritants in the environment- dust, pollution, wood/bush fire smoke
- weather- changes in air temperature or thunderstorms
- chemicals and strong smells- perfumes, cleaning products
- stress or high emotions (including laughter or crying)

Betterhealth.vic.gov

COMMUNICATION PLAN

A communication plan will be created in accordance with our Medical Conditions Policy. The communication plan will be developed in collaboration with parents/guardians. It will detail the negotiated and documented manner to communicate any changes to the child's medical management plan and risk management plan for the child with relevant staff, educators, and volunteers.

Any changes to a child's medical management plan and risk minimisation plans will be documented in the communication plan.

RESOURCES

[Asthma First Aid A4 Poster](#)

[Asthma Action Plan](#)

[FIRST AID FOR ASTHMA CHILDREN UNDER 12](#)

[Aiming for Asthma Improvement in Children](#)

[Supporting the Continuity of Asthma Care \(for patients with severe asthma during Coronavirus \(COVID-19\) pandemic\)](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Asthma Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Asthma Australia <https://asthma.org.au>

Australian Children's Education & Care Quality Authority. (2021). [Dealing with Medical Conditions in Children Policy Guidelines](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Framework (2017). (Amended 2023).

National Asthma Council Australia. (2015). *Australian asthma handbook: Quick reference guide*.

<https://www.asthmahandbook.org.au/>

National Asthma Council Australia. (2019). *My asthma guide*. <https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/brochures/my-asthma-guide>

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.). [Revised National Quality Standard](#). (2018). [Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V9.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance - no major changes to policy hyperlinks checked and repaired as required minor formatting edits within text continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY/SEPTEMBER 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required (updated in September) 	JULY 2023	
JULY 2021	<ul style="list-style-type: none"> Major changes/rearrangement of policy for consistency with related medical conditions policies (anaphylaxis, diabetes, epilepsy) deletion of repetitive statements in all sections new sections added- <i>'In services where a child is diagnosed with asthma'</i> and <i>'Reporting procedures'</i> Policy review includes ACECQA policy guidelines/components (June 2021) 	JULY 2022	

BUSHFIRE POLICY- SOUTH AUSTRALIA

Bushfires are an inherent part of Australia's environment. Bushfires can significantly impact on lives, property and the environment. The basic factors that determine whether a bushfire will occur include the presence of fuel, oxygen, and an ignition source. The intensity and speed the bushfire will spread depends on the current temperature, fuel load (fallen bark, leaf litter, small branches), fuel moisture (dry fuel will burn quickly, damp or wet fuel may not burn at all), wind speed, and slope angle.

Emergency management arrangements for fire safety differ within each state and territory and are determined by the State Emergency Services or combined emergency service agencies. This policy reflects information related to Out of School Hours Care Services located in Queensland.

The National Law requires early childhood education services to ensure that every reasonable precaution is taken to protect children from any harm or hazard likely to cause injury, including bush fires.

Regulations 97 and 168 (2) of the Education and Care Services National Regulations require that every early childhood education and care service in Australia, including Out of School Hours Care Services has an emergency and evacuation policy and procedure which includes:

- a risk assessment to identify the potential emergencies that are relevant to the service
- instructions for what must be done in the event of an emergency and evacuation procedures
- an emergency and evacuation floor plan, and
- the rehearsal of emergency and evacuation procedures every 3 months.

This policy outlines the strategies and procedures the OSHC Service will adhere to in the event of a bush fire, including information about closures during an emergency evacuation, and forms part of our Service's **Emergency Management Plan (EMP)**. The EMP records the emergency management arrangements to ensure every reasonable precaution to protect children, staff, and visitors from harm and hazard is maintained at all times.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
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	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Meaning of serious incident	
Conditions on service approval (safety, health and wellbeing of children)	

First Aid Kits
Administration of medication
Emergency and evacuation procedures
Telephone or other communication equipment
Policies and procedures are required in relation to: Emergency and evacuation
Education and care services must have policies and procedures
Policies and procedures are to be followed

RELATED POLICIES

Administration of First Aid Policy Emergency and Evacuation Policy Family Communication Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

We aim to ensure every reasonable precaution is taken to protect children and staff from harm and hazards likely to cause injury, including potential injury from bushfires. The potential for extreme fire conditions varies greatly throughout Australia, both in frequency and severity. Each state and territory have varying mandatory regulations for implementing policies and procedures for being safe in areas where bushfires occur. Our OSHC Service will adhere to the regulations outlined by the Education and Standards Board (ESB) and other special requirements such as building regulations, traffic restrictions or emergency announcements that may apply to the area our service is located.

SCOPE

This policy applies to children, families, staff, educators, management, the approved provider, nominated supervisor and visitors of the OSHC Service.

IMPLEMENTATION

It is vital for the OSHC Service to be informed and prepared for bush fire conditions and respond appropriately during periods of high fire danger or local bush fire activity. This policy and related procedure, is to be implemented should a bush fire threaten our Service. During peak bush fire season, the nominated supervisor will monitor fire ratings through relevant authorities on a daily or hourly basis and communicate with all stakeholders as required. We are aware of the Australian Fire Danger Rating System (AFDRS) and have appropriate fire safety equipment installed and maintained at all times. Our

Emergency Management Plan (EMP) ensures all staff are trained to use fire safety equipment and through regular training, understand evacuation procedures in case of an emergency.

DEFINITIONS

The Australian climate is frequently hot, dry, and susceptible to drought. The widely varied fire seasons are reflected in the continent's different weather patterns. For most of southern Australia, the danger period is summer and autumn.

A 'Bush fire prone area' is an area of land that can support a bushfire or is likely to be subject to bushfire attack. Bush fire prone maps are prepared by local councils and governments within each state and territory. Baseline data for bushfire prone areas is referred to as Bushfire Attack Level (BAL).

Australian Fire Danger Rating (AFDRS): provides an indication of the possible consequences of a fire. This rating is standardised across all Australian states and territories from September 2022. The higher the fire danger rating, the more dangerous the conditions. The AFDRS uses four tiers of fire danger from Moderate to Catastrophic. The AFDRS are maintained and updated by emergency services in each state or territory.

Emergency Management Plan (EMP): identifies the nature and range of possible emergencies and hazards to which children and staff may be exposed and the response and procedure in the event of an emergency. Effective planning and preparation of the EMP within the workplace ensures optimal response to emergencies should they occur. A risk assessment to identify potential emergencies that impact the service form the basis of the EMP.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- ensure the Emergency Management Plan (EMP) is updated regularly inclusive of Emergency and Evacuation policies and procedures (see Appendix 2 for further information about inclusions)
- consult with relevant authorities for guidance and advice on the management of bushfire risk and emergencies (including schools if the OSHC is located on school grounds)
- establish an Incident Management Team (IMT) to lead the implementation of the Emergency and Evacuation Plan- (e.g., Chief Warden, planning officer, communications officer, operations officer) or in smaller services, assign multiple roles for educators/staff
- ensure a back-up communication device is kept in a permanent location and is always available in an emergency. Example: designated fully charged mobile phone

- conduct a risk assessment to identify a potential bush fire risk to the OSHC Service
- ensure the risk assessment considers-
 - prevention measures the OSHC Service will take prior and during the bush fire period
 - procedures to be taken when there is a bush fire in the local district including onsite (shelter-in-place) and offsite evacuation procedures
 - response measures the OSHC Service will take if confronted with a bush fire hazard or emergency
 - identified evacuation assembly areas and evacuation routes (it is recommended that the plan contains two external (off-site) evacuation assembly areas if practical to do so)
 - what assistance will be required to evacuate children at the service (including non-ambulant children and consideration for multi-story buildings)
 - emergency communication arrangements in case of power outages- designated landline, Emergency Positioning Indicator Radio Beacon (EPIRB), satellite phone, designated mobile phone
 - the use of a battery-operated radio in its shelter-in-place location or emergency kit
 - when evacuating children, if the weather is hot, do the children need footwear?
 - what mechanisms are in place to ensure the transfer of real-time information, such as weather forecasts, bush fire activity, site closures and emergency operations
 - how parents will know where to locate their child if evacuated
 - procedures to ensure children are only released to persons authorised to collect them
 - procedures to ensure correspondence is made to feeder schools
 - mechanisms to ensure visitors and contractors are aware of the service's emergency response procedures
 - location of flammable substances/materials (gas storage bottles and fixed tanks)- ensure these are secured and controlled
- contact the local council or check Government of South Australia to determine if the OSHC Service is located in a bush fire prone area <https://www.sa.gov.au/topics/business-and-trade/building-industry/building-rules-regulations-and-information/bushfire>
- ensure a current emergency and evacuation floor plan of the OSHC Service and instructions for what to do in an emergency are clearly displayed in a prominent position near each exit of the service
- exit signs are displayed over emergency exits, emergency exits are free from debris and obstructions and are easy to open
- ensure emergency drills, including a bush fire drill and shelter-in-place on site are practiced with educators and children every 3 months [see Bush Fire Response Procedure]

- ensure a record is kept of each emergency evacuation drill practiced
- ensure the Service and educators are prepared for bush fire conditions and prepared to respond quickly and appropriately during high fire danger periods
- ensure all fire safety equipment is installed and maintained regularly- (fire extinguishers, fire panels, smoke detectors, long hoses with nozzles, buckets etc. See: Appendix 1: Fire and Safety Equipment)
- ensure all fire safety equipment is easily accessible, has clear signage and operating instructions displayed and are clear of vegetation or debris
- ensure all outdoor taps are in working order
- communicate with staff, educators, and families about bush fire preparation information and provisions
- discuss Bush Fire Response Procedure at team meetings and make any amendments as required
- ensure local emergency services have current contact details, including mobile number for emergency contact after hours
- ensure clear and effective communication procedures during an emergency are rehearsed to test its effectiveness in an emergency
- organise and communicate with off-site evacuation sites about emergency arrangements.
- ensure the Australian Fire Danger Rating (AFDRS) is checked daily through Australian Government Bureau of Meteorology <http://www.bom.gov.au/?ref=hdr> or South Australia Country Fire Service <https://www.cfs.sa.gov.au/home/>
- provide a battery-operated radio for emergencies
- ensure gutters are cleaned out and free from dry leaves and other debris
- trim trees to 2m from the Service building (recommended best practice)
- ensure flammable items are removed from the service
- ensure boundaries, outdoor areas and driveways are clear of dry grass, long grass, dead vegetation, thick and continuous shrubs, leaves, dead limbs/trees and other combustible materials
- consult with neighbouring property/land owners or local council if neighboring properties pose a fire risk
- ensure driveways are accessible for fire emergency vehicles, clear of overhanging branches and archway structures
- ensure broken or unused equipment are disposed of and not stored at the service
- ensure rubbish bins are secure with closed lids, emptied on a regular basis and located away from the services Shelter-In-Place location
- consider the services Shelter-In-Place location ensuring it can accommodate all children and staff, with access to toilets and water

- ensure all emergency exits are clear and accessible at all times
- conduct an 'emergency first aid kit / backpack audit' to ensure emergency contact information and supplies are current (see Appendix 3 for suggested inclusions).
- ensure all records of attendance of children, staff and volunteers is accurate for each session of care
- ensure current emergency phone numbers are near the phone, including emergency services and the Regulatory Authority and in the contacts of designated mobile phones
- monitor the bush fire situation when the rating is above High through internet or radio
- upon advice from relevant authorities (Department of Education or Fire Authority) not accept children for care on days when there is a catastrophic danger rating
- cancel any outdoor activities on days where air quality due to bushfire smoke may cause harm to children [see Bush Fire Smoke Procedure]
- be prepared for closures of the Service on days when Catastrophic Fire Danger Rating (AFDRS) is issued (as advised by the relevant authority)
- notify the Regulatory Authority in the event of any closures or damage to premises within 24 hours or as soon as possible via the NQA ITS or email if there is no access to phones
- at a reasonable time after the incident has occurred, consider asking emergency services to review the service's incident response

EDUCATORS WILL:

- assist in the development and review of the OSHC Service's Emergency Management Plan (EMP)
- examine the Service grounds during their daily indoor and outdoor safety checks to ensure flammable and/or combustible materials (e.g., dead leaves and bark, chemicals) have been removed
- ensure they are familiar with the daily Australian Fire Danger Rating System (AFDRS)
- ensure the emergency first aid kit / backpack is organised and stored in an area that is easily accessible
- become familiar and confident with the OSHC Service's emergency evacuation policies and procedures
- participate in emergency drills, including Bush Fire Response procedures at least every 3 months
- become familiar with the Service's emergency exits
- be aware of the designated assembly area
- eliminate all papers around the OSHC Service, including artwork, posters, displays and emptying garbage bins if advised that bush fires are in the local district
- keep up to date with professional development and training about bush fires and emergency evacuation

- be familiar with their role and responsibilities in the event of a bush fire.

CONTINUOUS IMPROVEMENT/REFLECTION

Our Bush Fire Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

STATE SPECIFICATIONS

SOUTH AUSTRALIA

- A bushfire 'risk rating' is applied to Early Childhood Services and pre-schools in a bushfire prone area which is based on their Bushfire Attack Level (BAL)
- [List of high bushfire risk schools, preschools and kindergartens](#)
- The BAL measures the Service's potential for exposure to ember attack, radiant heat and direct flame in the event of a bush fire. The four categories are:
 - R1 Extreme/Very high-risk
 - R2 High risk
 - R3 Medium/Low risk
 - NR Non-rated
- Services with a risk rating R1 and R2 are required to have a specific bushfire response plan as well as their general emergency management plan.
- During the months of August and September, early childhood services in R1 and R2 sites are required to prepare for the annual fire danger season.
- Catastrophic fire danger days- services located in R1 or R2 risk areas will be directed to close automatically on these days
- Country Fire Service – hotline 1800 362 361 <https://www.cfs.sa.gov.au/home/>
- [Bushfire and your Child's School or Preschool](#)
- Australian Fire Danger Rating System (AFDRS):
https://www.cfs.sa.gov.au/site/bans_and_ratings.jsp

RESOURCES

ACECQA- [Managing Emergency Situations in Early Education and Care Services](#)

[Australian Government Department of Education](#) – Emergency and natural disaster assistance

Bushfire Emergency Planning Guideline [A guide to planning for bushfire emergency](#)

[Emerging Minds](#) Bushfire preparedness for your family

[Be You](#) resources- Bushfires and mental health

[NSW Department of Education Developing your Service's Emergency Management Plan and Procedures \(updated April 2022\)](#)

[NSW Department of Education Service site bushfire grassfire readiness checklist](#)

South Australian Country Fire Service <https://www.cfs.sa.gov.au/home/>

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).

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<https://www.education.sa.gov.au/sites/default/files/bushfire-and-your-childs-school-or-preschool-brochure.pdf>

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Revised National Quality Standard. (2018).

Victoria State Government Education and Training. Managing bushfire and grassfire risks in early childhood services.

(2023). <https://www.vic.gov.au/managing-bushfire-grassfire-risks-early-childhood-services>

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 2024
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V3.6.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • hyperlinks checked and repaired as required • minor formatting edits within text • updated Appendix 1 checklist (DOE NSW -May 2023) 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
OCTOBER 2022	<ul style="list-style-type: none"> • Review of policy against recommendations for bushfire/grassfire readiness checklist (NSW resource used for best practice) • Updated Australian Fire Danger Rating System information • new section- Continuous Improvement/Review added 	JUNE 2023	

APPENDIX 1

Management must ensure emergency equipment and maintenance testing is registered and kept up to date. All fire equipment must be clearly identified and operating instructions displayed.

FIRE AND SAFETY EQUIPMENT

	✓
Portable fire extinguisher/s, including correct colour code	
Fire blanket/s in kitchen and cooking areas	
Fire hose and reels	
Fire hydrants	
Water storage tank – check connections for fire appliances	
Fixed water pressure pumps	
Emergency generator/power system	
Water supplies and equipment	
Sprinklers (including any roof mounted and irrigation systems)	
Alarms	
First aid materials	
Fire blankets	
Communication systems	
Other e.g., Roller shutters on shelter-in-place location	
Nominated staff have been instructed in, and the operation of fire protection equipment practised	
Fire safety equipment, including hydrants are clear of vegetation and are easily accessible and visible	
The service has equipment to safely move children if necessary	
All fire protection equipment has clear signage and operating instructions are displayed.	

Department of Education (VIC) Early Childhood site bushfire readiness review checklist

APPENDIX 2

The purpose of the Emergency Management Plan is to ensure the health, safety and wellbeing of all staff, children and visitors at our Service in the event of an emergency.

EMERGENCY MANAGEMENT PLAN inclusions

- Name and address of the Service
- Early childhood service facility profile (description of the service)
- Emergency contact details of Service (including designated mobile phone number)
- Incident Management Team structure and contact details and responsibilities
- Incident Management Team responsibilities- pre-emergency/during emergency/post-emergency
- Communication tree- Process for notifying, alerting and reporting emergencies
- Educators/staff trained in first aid (names and contact details)
- Emergency response procedures (on-site evacuation/relocation procedure; off-site evacuation procedure; lock down procedure; lock out procedure; shelter-in-place procedure)
- Arrangements for children/students and educators/staff with additional support needs
- Parent/family emergency contact details
- Evacuation diagram and procedures including assembly points and transportation arrangement if required to evacuate
- Essential services on premises- location of hydrants and water main
- A site-specific **Risk Assessment** identifying the particular emergency and hazards, assessing the risks they present and details on how your service will manage these.
- For **Bush Fire Policy** the Risk Assessment will detail-
 - prevention measures the Service will take prior and during the bush fire period
 - procedures to be taken when there is a bush fire in the local district
 - response measures the service will take if confronted with a bush fire hazard or emergency
- Emergency response drills schedule
- Emergency kit checklist
- Testing of equipment
- Response procedures for specific emergencies – indicate process for making decisions
 - warning staff and children
 - evacuation
 - shelter and assembly area
 - location of designated emergency exits
 - location of fire hoses/extinguishers/ fire blankets
 - location of first aid kits
- Recovery measures to support the return to the Service and routines
- Notification to Regulatory Authority

- Trauma counselling and description

APPENDIX 3

EMERGENCY KIT CONTENTS CHECKLIST

Use the list below as a **guide** on what is required to maintain your Emergency Kit

EMERGENCY KIT CONTENTS	✓
Small portable First Aid kit	
Copy of Bush Fire policy & Emergency Management Plan	
Copy of Service's site plan identifying exits from building, safe spaces to shelter and assembly points	
Emergency contact details for children	
Emergency contact details for staff	
Details of additional/medical needs of staff and children	
Potentially required medications (e.g. EpiPen, asthma inhaler)	
Charged mobile phone/s	
Phone chargers to suit any mobile phone likely to be used in an emergency	
Fully charged UHF radio (remote locations) with charger	
Portable battery powered radio	
Torch and spare batteries	
Whistle/s	
Service keys	
Staff safety vests	
Bottled water and disposable cups	
Non-perishable snacks (such as biscuits/crackers, dried fruit, energy/muesli bars)	
Spare nappies, baby wipes, and gloves	
Tissues	
Sunscreen and spare hats	
Garbage bags	

Other	
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CHILDREN'S BELONGINGS POLICY

We acknowledge that children may bring certain personal belongings with them to the Outside School Hours Care (OSHC) Service each day, and as such, it is important to clarify responsibilities, and ensure items brought to the Service are safe and appropriate. This policy therefore outlines the types of belongings that children may bring with them on a regular basis and the level of associated responsibility.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interactions with children
156	Interactions in groups
168	Education and care services must have policies and procedures

RELATED POLICIES

Dealing with Complaints Policy Enrolment Policy	Family Communication Policy Orientation of Families Policy Respect for Children Policy
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PURPOSE

To ensure children, families and educators are aware of their responsibility regarding children's belongings, including keeping them safe.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

It can be distressing for children to misplace their toys from home or other personal belongings whilst attending OSHC. At times toys from home can also cause conflict between children. Children often want to share or show other children or staff special items from home, but these treasures may be inadvertently broken or lost. To save the upset and heartache, parents are requested to encourage children to leave their toys at home, unless they are essential to a child's emotional wellbeing and/or sense of belonging (security items).

We have numerous stimulating, challenging and educational toys and resources catering to a range of children's interests that are available to play with each day/session.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR, EDUCATORS AND STAFF WILL:

- allow children to bring personal belongings to share with others and understand that children may frequently have items in their bag that they have taken to school for news. Items may include special items from gifts, holiday souvenirs, or items relating to a current interest- provided parents /guardians approve these items to be brought to the Service and are considered safe for all children to hold or view
- facilitate opportunities for children to share their toys/news items with others to encourage:
 - children's social development
 - the development of language skills-assisting children to verbalise thoughts, fears, and feelings
 - the cultural and social understandings of all children involved in group time activities and

- opportunity for development of special interests for the group
- remind families that if they allow children to bring items to the OSHC Service it is completely at the family's own risk as the OSHC Service does not take responsibility for any damaged, lost or stolen items
- re-iterate our policy, that if personal belongings are particularly valuable, fragile, or hold irreplaceable emotional value, it is recommended that the child bring in the item, show it to friends and educators, and then have the educator put them in a safe place. This allows for the child to share the excitement and experience without the risk of loss or damage.
- provide appropriate storage for lost property that will be available to children and families at all times
- manage any grievances or concerns related to lost, damaged, or stolen property of the children in accordance with the Grievance Policy and procedure
- request that if children wish to bring in DVD/Blu-ray, music, or electronic game, these should be discussed with management and be 'G-rated'. Although media rated 'PG' (Parental Guidance) is generally appropriate for children, it cannot be assumed that all parents want their children exposed to this rating
- ensure that personal belongings are returned to the correct family.
- encourage children who bring special belongings into care to place them in a special designated box to reduce the prospect of them becoming lost or broken. For added security this box will be placed in a position that requires the assistance of an educator to access.
- allow children to wear dress-up clothes to the service for specific 'mufti days' or special occasions, however, they will need to be appropriately attired for safe play and meet sun safe requirements
- seek family assistance in preventing their children bringing accessories or violent toys from home such as guns, knives, swords, or other weaponry. Such items can encourage violent play and may present a danger to the child and others within our OSHC environment. Any such toys will be removed from the child immediately and placed in the reception area/front entry for parental collection at the end of the day.
- take as much care as possible in ensuring that children's clothing items are returned to their correct family. The labelling of all items can help us achieve this. However, the OSHC Service cannot take responsibility for damaged, lost or stolen items.
- actively encourage children to care for their belongings by:
 - reminding children appropriately when belongings need to be placed in storage. (For example, lunch box into bag.)
 - providing suitable storage to keep belongings safe-bag storage areas

- negotiating a secure and safe position with families for any item or personal belonging that is either special, expensive, or at risk of being damaged but is nevertheless being left at the OSHC Service.
- inform families through relevant newsletters and publications such as the Family handbook of appropriate personal belongings required at the OSHC service each day.
- encourage families to check their child's bag to ensure no inappropriate personal belongings are accidentally brought from home or left in their child's bag including:
 - medication
 - lotions or creams
 - plastic bags
 - items with button cell batteries or batteries in general
 - sharp items such as scissors or inappropriate items/items intended for use outside the service or items used when camping or
 - any other item that may be considered dangerous to other children in the OSHC Service

FAMILIES WILL:

- be responsible for providing the child with appropriate belongings and property required for active participation in all service activities and experiences. This property may include (but is not limited to):
 - enclosed footwear and weather appropriate clothing (if not in school uniform)
 - wide brim hat
 - suitable school bag (backpack)
 - appropriate food and lunch box for snacks (if required)
- ensure all personal property and belongings are clearly named or labelled.
- check children's bags before arriving at the OSHC Service to ensure their child's bag does not contain unsafe items for an early childcare service

COMFORT TOYS

School age children rarely require a security/comfort item. However, if this is required (particularly by Kindergarten children) we recommend children bring something such as a favourite book, small soft toy etc.

We encourage families to communicate specific needs of their child directly with educators and staff.

CONTINUOUS IMPROVEMENT/REFLECTION

Our Children's Belongings Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Early Childhood Australia Code of Ethics. (2016).

[Education and Care Services National Regulations](#). (2011).

Privacy Act 1988.

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V5.03.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy review • reviewed content of appropriate toys, accessories permitted to be brought to OSHC Service • sources updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MARCH 2023	<ul style="list-style-type: none"> • policy maintenance • minor formatting edits within text • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in ‘Sources’ 	MARCH 2024	
MARCH 2022	<ul style="list-style-type: none"> • minor edits 	MARCH 2023	
MARCH 2021	<ul style="list-style-type: none"> • addition of related regulations • minor edits 	MARCH 2022	

CHILD PROTECTION POLICY (South Australia)

Our Out of School Hours Care (OSHC) Service is committed to providing a child safe environment where children and young people’s safety and wellbeing is supported and children feel respected, valued and encouraged to reach their full potential. Our OSHC Service embeds the National Principles for Child Safe Organisations and promotes a culture of safety and wellbeing to minimise the risk of child abuse or harm to children and young people whilst promoting children and young people’s sense of security and belonging. We will ensure all employees and volunteers understand the meaning, importance and benefits of providing a child safe environment and critically, understand their obligations and

requirements as Mandatory Notifiers. All education and child development staff are considered mandated notifiers under the *Children and Young People (Safety) Act 2017*

At all times, management, staff, educators and volunteers will treat children and young people with the utmost respect and understanding. Our OSHC Service fosters cultures of openness so that:

- children and young people know what to do if they believe they have been subject to inappropriate behaviour, placed at risk of have experienced harm
- staff, educators, and volunteers can identify children and young people suspected to be at risk
- management, staff, educators, and volunteers are aware of their duty to report children and young people suspected to be at risk to the Child Abuse Report Line and take other measures to establish, promote and ensure child safe environments.

Department of Human Services- [Safe Environments for children and young people](#).

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training
S165	Offence to inadequately supervise children
S167	Offence relating to protection of children from harm and hazard
84	Awareness of child protection law
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
147	Staff records
155	Interactions with children
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

LEGISLATION

Children and Young People (Safety) Act 2017	Child Safety (Prohibited Persons) Act 2016
Statutes Amendment (Child Sexual Abuse) Act 2021	

RELATED POLICIES

Child Safe Environment Policy (SA) Code of Conduct Policy Family Communication Policy Health and Safety Policy Interactions with Children, Family and Staff Policy Privacy and Confidentiality Policy Recruitment Policy (SA)	Respect for Children Policy Responsible Person Policy Staffing Arrangements Policy Student, Volunteer and Visitor’s Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

All educators, staff and volunteers are committed to identifying harm or risk of harm to children and young people at the OSHC Service. We comprehend our duty of care responsibilities to protect children and young people from all types of abuse and adhere to our legislative obligations at all times.

We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children and young people. Our OSHC Service will act in the best interest of each child and young person, assisting them to develop to their full potential in a secure and child safe environment.

SCOPE

This policy applies to management, the Approved Provider, Nominated Supervisor, students, staff, families, visitors (including contractors) and children of the OSHC Service.

SCOPE

This policy applies to management, the approved provider, nominated supervisor, students, staff, families, volunteers visitors and children and young people of the OSHC Service.

DEFINITIONS

Children and young people at risk

A child or young person will be ‘at risk’ if:

- they have suffered harm (being harm of a kind against which a child or young person is ordinarily protected); or
- there is a likelihood they will suffer harm; or
- there is a likelihood that the child or young person will be removed from the State (whether by their parent or guardian or by some other person)
- the parents or guardians are unable or unwilling to care for them, have abandoned them, cannot be found or are dead
- they are of compulsory school age and are persistently absent from school without explanation
- they are homeless or of no fixed address

Meaning of harm

Section 17 of the Safety Act defines ‘harm’ to mean physical or psychological harm (either caused by an act or omission), including harm caused by sexual, physical, mental or emotional abuse or neglect.

Psychological harm does not include emotional reactions such as distress, grief, fear or anger that are a response to the ordinary vicissitudes of life.

Reasonable Grounds

Refer to the need to have an objective basis for suspecting that a child or young person is, or may be at risk of harm include:

- when your own observations of a particular child's behaviour and/or injuries lead you to suspect a child is, or may be, at risk of harm, or harm is occurring
- when a child or young person tells you, they are at risk of harm or have been harmed
- when a child or young person tells you that they know of someone who has been harmed (they may possibly be referring to themselves)
- when you hear about risk or harm to a child or young person from someone who is in a position to provide reliable information, perhaps a relative or friend, neighbour or sibling of a child who is at risk.

Mandatory reporting is the legislative requirement under the *Children and Young People (Safety) Act 2017* for certain people to report to the Department of Child Protection if they suspect on reasonable grounds that a child is, or may be at risk of harm.

Mandatory reporters or notifiers are listed in Section 30 of the *Children and Young People (Safety) Act* and include-

- teachers employed as such in a school (within the meaning of the *Education and Early Childhood Services (Registration and Standards) Act 2011*) or a pre-school or kindergarten
- employees of, or volunteers in, an organisation that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children and young people, being a person who:
 - provides such services directly to children or young people, or
 - holds a management position in the organisation the duties of which include responsibility for, or direct supervision of, the provision of those services for children and young people.
- officer or employee of a prescribed organisation (as per section 114) who holds a management position in the organisation, the duties of which include direct responsibility for, or direct supervision of, the provision of services to children.

Duty of Care

Mandatory notifiers have a duty of care that extends beyond a report to the Child Abuse Report Line (CARL). The needs of a child and their family may be supported through support services who can offer assistance to provide additional support, health services and counselling to families.

According to the *Children and Young People (Safety) Act 2017*, mandated notifiers (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on *reasonable grounds* a child or young person is, or may be, at risk of harm.

WORKING WITH CHILDREN CHECK

Our OSHC Service will register with the Department of Human Services (DHS) Screening Unit and verify all staff, educator, students and volunteer Working with Children Checks in accordance with the *Child Safety (Prohibited Persons) Act 2016*.

INDICATORS OF HARM OR RISK TO CHILDREN AND YOUNG PEOPLE

Types of risk and harm against children and young people are:

- Sexual harm and grooming
- Physical harm
- Domestic and family violence
- Emotional harm
- Neglect
- Substance use and/or mental health or social and emotional wellbeing that impacts the safety and wellbeing of the child or young person

(See: <https://www.childprotection.sa.gov.au/reporting-child-abuse/indicators-abuse-or-neglect>)

CHILD ABUSE REPORT LINE (CARL)

Mandatory notifiers in SA have a legal obligation to report or notify the Department for Child Protection if they suspect a child or young person is, or may be at, risk of harm. Notification must be made to the Child Abuse Report Line (CARL): 13 14 78. All concerns must be reported/notified where a child or young person is suspected to be in imminent danger of:

- harm
- injury
- chronic neglect
- or when the concerns are for an infant under 12 months old
- or when the concerns are for a child or young person who is in care of the department.

If the child is Aboriginal, you should also provide the Clan group of the child, if known.

Or if at immediate risk, report to South Australia Police (SAPOL) on 000. The person who identifies the harm is the person to make the report.

Under the Statutes Amendment (Child Sexual Abuse) Act 2021, failure to report child sexual abuse or failure to protect a child from sexual abuse are regarded as criminal offences and may result in a penalty of imprisonment.

IMPLEMENTATION

Our OSHC Service aims to protect children and young people from harm or risk of harm and endorses high quality practices in relation to protecting children. Educators have an important role to support children and young people and to identify concerns that may jeopardise their safety, welfare, or wellbeing including:

- A duty of care to ensure that reasonable steps are taken to prevent harm to children
- Obligations are met under child protection legislation
- Obligations are met under work, health and safety legislation.

To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to maintain current knowledge of child protection and Mandatory Reporter requirements by completing Child Protection Awareness Training every three years.

THE APPROVED PROVIDER /NOMINATED SUPERVISOR WILL ENSURE:

- educators, staff, students and volunteers have knowledge of and adhere to this policy
- families are aware of this *Child Protection Policy*
- any responsible person in day-to-day charge of the OSHC Service has successfully completed a course in child protection approved by the Regulatory Authority
- all educators', staff, volunteers' and students' Working with Children Checks are verified (unless the person is under the age of 14) BEFORE the person begins working with children
- a record is kept and updated of each person's WWCC number and expiry date
- they meet all requirements as mandatory reporting obligations and responsibilities to report suspected risk of harm to the SA Child Abuse Report Line (CARL) 13 14 78 or if at immediate risk of harm report to South Australia Police (SAPOL) on 000
- all employees, volunteers and students are:
 - provided with a copy of the current *Child Protection* and *Child Safe Environment Policies* as part of the induction process at the Service
 - supported to foster a Child Safe Culture within the service
 - provided with support to adhere to a zero-tolerance stance against harm or risk of harm to a child
 - aware of indicators showing a child or young person may be at risk of harm or significant risk of harm
 - aware that neglecting to report child protection concerns may be deemed a criminal offence
- training and development are provided for all educators, staff, and volunteers in child protection on an annual basis

- educators and staff are provided with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers
- educators are provided with training and ongoing supervision to ensure they understand that child safety is everyone's responsibility, and they adhere to the Child Safe Standards
- access is provided to all educators and staff regarding relevant legislations, regulations, standards and other resources to help educators, staff, and volunteers meet their obligations
- records harm or risk of harm are kept in line with our *Privacy and Confidentiality Policy*
- to notify the regulatory authority through the NQA-ITS (within 7 days) of any incident or allegation where it is reasonably believed that physical harm and/or sexual abuse of a child or young person has occurred or is occurring while the child is being educated and cared for by the OSHC Service
- all allegations of harm and/or sexual abuse are managed with confidentiality and according to the *Children and Young People (Safety) Act 2017*
- educators or staff report any concerns they may have about inappropriate actions of any other employee that involves children or young people to management
- records relating to child sexual abuse that has or is alleged to have occurred are kept for at least 45 years (recommendation not mandatory)

EDUCATORS/STAFF WILL:

- contact the police on 000 if there is an immediate risk of harm to a child or young person
- be able to recognise indicators of harm or risk to children and young people
- respect what a child or young person discloses, taking it seriously and follow up on their concerns through the appropriate channels
- comprehend their obligations as mandatory reporters and their requirement to report any situation where they believe, on reasonable grounds, that a child is at risk of harm to the Child Abuse Report Line 13 14 78 (available 24 hours/7 days a week).
- refer families to appropriate agencies where concerns of harm do not meet the threshold of harm
- promote the welfare, safety, and wellbeing of children at the OSHC Service, fostering a Child Safe culture
- allow children to be part of decision-making processes where appropriate
- foster a culture of openness and respect where children and young people feel safe to disclose risk of harm to children
- prepare accurate records recording exactly what happened, conversations that took place and what was observed to pass on to the relevant authorities to assist with any investigation

- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people
- NOT investigate suspicion of harm or risk of harm but collect only enough information to substantiate concerns and pass on to the Child Abuse Report Line or police
- participate in Child Protection training as required
- identify and notify any concerns around staff, educator or volunteer behaviour or conduct to management of the OSHC Service.

DOCUMENTING A SUSPICION OF HARM

If educators or staff have concerns about the safety of a child or young person they will use the Child Protection [notification checklist](#) to record required information before phoning the Child Abuse Report Line.

Educators or staff will:

- record their concerns in a non-judgmental and accurate manner as soon as possible
- record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child)
- not endeavour to conduct their own investigation
- document as soon as possible so the details are accurate including:
 - full name of child or young person, age, date of birth, address
 - concerns/allegations
 - the child or young person's current situation
 - cultural background and considerations
 - disability information
 - the location of the child or young person, parent or caregiver and alleged perpetrator
 - when and how did you find out about the allegation of harm or risk of harm.

DOCUMENTING A DISCLOSURE

A disclosure of harm emerges when someone, including a child or young person, tells you about harm that has happened or is likely to happen. When a child or young person discloses that he or she has experienced harm or are at risk of harm, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child or young person. It is also a chance to help the child or young person connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

WHEN RECEIVING A DISCLOSURE OF HARM, THE EDUCATOR/STAFF MEMBER WILL:

- remember the child or young person may be experiencing a crisis
- listen carefully
- control your own expressions of panic or shock

- take what the child or young person says seriously
- use their own vocabulary
- tell the child or young person that this has happened to other children and that some adults do wrong things
- reassure the child or young person that they have done the right thing by telling you
- tell the child or young person you will do your best to support them but do not make promises you may not be able to keep
- explain to the child or young person that you need to tell someone who can help them
- use open ended questions to clarify the situation and gain sufficient information for Child Abuse Report line staff to make an informed assessment.

Our OSHC Service is committed to providing support to children, young people, families, educators or staff who have made a report regarding child protection, with a focus on upholding strict confidentiality throughout the process. Our primary concern is the well-being and safety of the child or young person, and we will work closely with relevant authorities, professionals, and support networks to ensure that the child or young person's best interests are met throughout the process. Our dedicated support system will assist educators and staff in navigating this challenging process while safeguarding their privacy and professional well-being.

CONFIDENTIALITY

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the notification should not inform the suspected perpetrator (if known). This ensures the matter can be investigated without contamination of evidence or pre-rehearsed statements. It also minimises the risk of retaliation on the child for disclosing.

SHARING OF INFORMATION

The *Children and Young People (Safety) Act 2017 Act* allows information to be shared with certain persons or bodies to perform functions related to providing services and support to children and young people, when the information relates to health, safety or wellbeing of children and young people, or if it is necessary to manage risks to children and young people.

The [Information sharing and confidentiality practice guide](#) supports staff and educators to:

- share information and collaborate with others to promote the safety and wellbeing of children, young people, families and carers
- know when information must be shared, may be shared or should not be shared
- understand the interconnection between the Children and Young People (Safety) Act 2017 and the Information Sharing Guidelines for Promoting Safety and Wellbeing (ISG) and how together, they provide a strong framework for appropriate information sharing

- understand the process and decision-making steps that must be followed when sharing information; and
- ensure children and young people's right to safety is paramount in decisions to share information and is not overridden by other considerations such as privacy or confidentiality.

PROTECTION FOR REPORTERS

All reporters are protected against retribution for making or proposing to make a report under section 163 of the [Children and Young People \(Safety\) Act 2017](#).

A mandatory notifier's identity will not be disclosed unless:

- is made with the consent of the person who gave the notification, or
- is required or authorised by the Chief Executive or under the Act, or
- is made by way of evidence and the court or tribunal is satisfied the disclosure is of critical importance in the proceedings and failure to admit it would prejudice the proper administration of justice
- is reasonably necessary for the performance of the person's official functions and duties, or the functions and duties of a state authority relating to the protection of children and young people from harm, or
- is reasonably necessary to prevent harm, or further harm, being caused to a child or young person to whom the information relates.

BREACH OF CHILD PROTECTION POLICY

All educators and staff working with children have a duty of care to support and protect children and young people. A breach is any action or inaction by any individual within the service, including children and young people, that fails to comply with any part of the policy. Educators and staff must ensure they take all reasonable steps to ensure children are protected from harm and hazard at all times education and care is provided at the service. Educators, staff and families are encouraged to discuss with management any concerns regarding situations that may compromise or breach professional boundaries that may place children at risk of harm.

MANAGING A BREACH IN CHILD PROTECTION POLICY

Management will investigate any breaches to this policy in a fair, unbiased and supportive manner by:

- liaising with Department of Child Protection (DCP) for appropriate processes to ensure chain of evidence is not destroyed or compromised
- not investigating the allegation whilst the Child Abuse Report Line or the Police are conducting an investigation
- removal of any educator or staff member (who is the subject of allegations) from a role with contact with children or young people until authorities conclude their investigation

Management may undertake an investigation if the Child Abuse Report Line or the Police are not conducting their own investigation or if their action has concluded. Management will:

- give the educator/staff member the opportunity to provide their version of events
- document the details of the breach, including the versions of all parties
- record the outcome clearly and without bias
- ensure the matters in relation to the breach are kept confidential
- reach a decision based on discussion and consideration of all evidence.

OUTCOME OF A BREACH IN CHILD PROTECTION POLICY

Staff members or educators who fail to adhere to this policy may be in breach of their terms of employment. Visitors or volunteers who fail to comply to this policy may face termination of their engagement. Depending on the nature of the breach outcomes may include:

- emphasising the relevant element of the child protection policy and procedure
- providing closer supervision
- further education and training
- providing mediation between those involved in the incident (where appropriate)
- disciplinary procedures, including dismissal of employment, if required
- reviewing current policies and procedures and developing new policies and procedures if necessary.

EDUCATING CHILDREN ABOUT PROTECTIVE BEHAVIOUR

Our program will educate children and young people

- about acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age-appropriate level and understanding
- about their right to feel safe at all times
- to say 'no' to anything that makes them feel unsafe or uncomfortable
- about how to use their own knowledge and understanding to feel safe
- to identify feelings that they do not feel safe
- the difference between 'good' and 'bad' secrets
- that there is no secret or story that cannot be shared 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.

RESOURCES FOR INDICATORS OF HARM OR RISK TO CHILDREN AND YOUNG PEOPLE

Government of South Australia Department of Child Protection

<https://www.childprotection.sa.gov.au/reporting-child-abuse/indicators-abuse-or-neglect>

NAPCAN- <https://www.napcan.org.au/napcan-brochures/>

Child Safe Organisations- <https://childsafefhumanrights.gov.au>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Child Protection Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Child Protection Notification Procedure	Child Protection Report Form
Child Protection Notification Record	

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).

Australia Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

Australian Government Australian Institute of Family Studies. (2018). Australian child protection legislation: <https://aifs.gov.au/cfca/publications/australian-child-protection-legislation>

Australian Government: Australian Institute of Family Studies. (2017). Mandatory reporting of child abuse and neglect: <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

Children and Young People (Safety) Act 2017

Child Safety (Prohibited Persons) Act 2016

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Government of South Australia. Department for Child Protection <https://www.childprotection.sa.gov.au/>

Government of South Australia. Department of Child Protection. *Information sharing guidelines*.

Government of South Australia. Department of Human Services. Screening Unit. <https://screening.sa.gov.au/home>

Revised National Quality Standard. (2018).

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V5.11.23		
MODIFICATIONS	NOVEMBER <ul style="list-style-type: none"> • additional points added following review from DHS • Working with Children Check information edited (most information in Child Safe Environment Policy) • record keeping of child protection records recommendation added MARCH <ul style="list-style-type: none"> • recommended time to keep child protection records added • major rewrite of policy to reflect legislation changes to threshold from ‘abuse and neglect’ to ‘harm or risk of harm’ for reporting to 		

	the Child Abuse Report Line (CARL) <ul style="list-style-type: none"> deleted content that was repeated or deemed unnecessary by Department of Human Services (DHS) rewording to ensure overarching terminology- 'harm and risk of harm' is used to cover neglect and various forms of abuse links updated where required continuous improvement section added CCD related resources added 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
AUGUST /NOVEMBER 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required NOV: added legislation related to SA in Sources Related policies include: New SA policies for Child Safe Environment/Recruitment 	AUGUST 2023

CHILD SAFE ENVIRONMENT POLICY (SA)

The United Nations Convention on the Rights of the Child (UNCRC) outline that children and young people have a right to be safe and cared for, no matter where they are or who they are with. Children have the right to be protected from violence, abuse or neglect. When working with children and young people, it is important to understand children's rights and needs.

We are advocates for children and have a strong commitment to child safety and establishing and maintaining a child safe environment. Children's safety and wellbeing are paramount at our Service. Our Out of School Hours Care (OSHC) Service embeds the National Principles for Child Safe Organisations and promotes a culture of safety and wellbeing to minimise the risk of harm to children whilst promoting children's sense of security and belonging.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected
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, practiced and implemented.

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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QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN

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.
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EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS

S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training
S165	Offence to inadequately supervise children
S166	Offence to use inappropriate discipline
S167	Offence relating to protection of children from harm and hazards
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
97	Emergency and evacuation procedures
99	Children leaving the education and care service premises
102(A-D)	Transportation of children (risk assessments and authorisations)
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios- centre based services
136	First aid qualifications
145	Staff record
149	Volunteers and students
155	Interactions with children

162	Health information to be kept in enrolment record
165	Record of visitors
166	Children not to be alone with visitors
167	Record of service's compliance
168 (h)	Education and care services must have policies- Providing a child safe environment
170	Policies and procedures to be followed
171	Policies and procedures to be kept available

RELATED LEGISLATION

Children & Young People (Safety) Act 2017	Child Safety (Prohibited Persons) Act 2016
<i>Statutes Amendment (Child Sexual Abuse) Act 2021</i>	

RELATED POLICIES

Child Protection Policy Code of Conduct Policy Cyber Safety Delivery of Children to, and Collection from Education and Care Service Premise Policy Emergency and Evacuation Policy Excursion/Incursion Policy Furniture and Equipment Safety Policy Injury, Incident, Trauma and Illness Policy Interactions with Children, Families and Staff Policy Medical Conditions Policy Nutrition and Food Safety Policy Photograph Policy	Physical Environment Policy Probation Induction and Orientation Policy Recruitment Policy (SA) Safe Arrival of Children Policy Safe Storage of Hazardous Chemicals Policy Safe Transportation of Children Policy Staffing Arrangements Policy Student, Volunteer and Visitor's Policy Sun Safe Policy Supervision Policy Technology Policy Tobacco Drug Alcohol Free Policy Water Safety Policy Work, Health and Safety Policy
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PURPOSE

Our Out of School Hours Care Service (OSHC) has a legal and ethical responsibility to provide a safe and friendly environment where all children are respected, valued and encouraged to reach their full potential. Children's safety and wellbeing is paramount, and we aim to take all practical steps to protect children from harm, ensuring a healthy and safe environment. Our OSHC Service provides children and staff with an environment free from the use of tobacco, alcohol and illicit drugs.

SCOPE

This policy applies to children, families, staff, volunteers, students, educators, approved provider, nominated supervisor, management and visitors of the OSHC Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place for providing a child safe environment and take reasonable steps to ensure those policies and procedures are followed. (Regulation 168, Regulation 170). The National Law requires management to ensure all children being educated and cared for are adequately supervised and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury. Our focus is to build a child safe environment which is reflected in our Service policies and procedures and understood and practiced by all children, young people, families, educators, staff, visitors, volunteers and students.

‘Child safety is everyone’s responsibility.’ (A guide to the Child Safe Standards. p.26. 2020)

KEY TERMS- DEFINITIONS

Code of Conduct	Together with a code of ethics, the code of conduct helps guide interactions between management, educators and staff, as well as informing the service decision-making processes relating to professional standards
Disclosure	The process where a child or young person conveys or attempts to convey that they are being or have been harmed.
Harm	Section 17 of the Safety Act defines ‘harm’ to mean physical or psychological harm (whether caused by an act or omission), including harm caused by sexual abuse or physical, mental or emotional harm or neglect.
Information sharing	Refers to sharing or exchanging information, including personal information about or related to, harm in organisational contexts. The terms refer to sharing information between (or within) organisations, as well as sharing information with professionals who provide key services for children.
Mandatory notifier	A person who is required to notify known and suspected cases of harm or risk of harm to a child to the Child Abuse Report Line (CARL) on 13 14 78

All teachers and staff working within an education and care setting are mandated notifiers.

Mandatory reporting The legislative requirement for selected classes of people to report suspected cases of harm and risk of harm.

National Principles for Child Safe Organisations

Reflect ten child safe standards recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse and are the vehicle for giving recommendations relating to the standards.

Rights of the Child Human rights belonging to all children, as specified in the United Nations Convention of the Rights of the Child.

Wellbeing Sound wellbeing results from the satisfaction of basic needs. It includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity, and resilience.

Working with Children (WWCC)

People over the age of 14 years working or volunteering with children in South Australia must, by law, have a valid, not prohibited Working with Children Check. A Working with Children Check is an assessment of whether a person poses an unacceptable risk to children. As part of the process, the Screening Unit will look at criminal history, child protection information and other information.

Definitions sourced from

ACECQA. (2023). Policy and procedure guidelines. *Providing a Child Safe Environment*.

Government of South Australia. (2022). Human Services. *Creating a child safe environments policy*.

COMMITMENT TO THE SAFETY OF CHILDREN AND YOUNG PEOPLE (National Principles 1-10)

Our OSHC Service is committed to being a child safe organisation placing the protection of children as a priority of our responsibilities and obligations. Our *Child Safe Environment Policy* complies with the Children and Young People (Safety) Act 2017, Child Safety (Prohibited Persons) Act 2016 and the National Principles for Child Safe Organisations. The Child Safe Standards recommended by the Royal Commission provide guidance for our Service to ensure our policies and procedures, strategies and attitudes, ensure children's safety is paramount and that we continue to improve our child safe culture and practices.

Our OSHC Service has a zero tolerance to harm or risk of harm to a child or young person, and we are committed to the safety, participation and empowerment of all children. We ensure all staff, educators, volunteers and students have undertaken current child protection training and understand their obligations as mandatory reporters. We promote diversity and tolerance and aim to form equitable and positive relationships with children. We ensure children and young people participate in decisions

affecting them and listen and respect their suggestions and ideas as detailed in our *Interactions with Children, Families and Staff Policy*. We respond to any concerns, disclosures, allegations or suspicions of harm by reporting to the Department for Child Protection's Child Abuse Report Line.

We are committed to diversity and welcome all children and young people regardless of their abilities, sex, gender or social economic or cultural background.

Our Service will not tolerate bullying or harassment and our *Behaviour Guidance: Bullying Policy* and procedure outlines the preventative strategies and supervision implemented by our Service to deal with bullying and help protect children. Our priority is to ensure the safety and wellbeing of children and young people, and encourage positive relationships.

[Primary policies – Behaviour Guidance: Bullying; Code of Conduct; Interactions with Children, Families and Staff]

COMMUNICATION (National Principles 2 and 3)

We aim to build and maintain positive and respectful relationships with children, families, staff and educators of our OSHC Service and prioritise a child safe environment. We communicate regularly and clearly with all stakeholders and ensure our policies and procedures are available to staff, educators, students, employees, volunteers, families and children and young people. (Reg. 170). Our policy folder is available on the service website. We welcome and encourage children, young people and families to share feedback and evaluation of our policies and procedures through surveys, feedback or discussions with management.

[Primary policies – Child Protection; Code of Conduct; Interactions with Children, Families and Staff]

PARTICIPATION OF FAMILIES, CHILDREN AND YOUNG PEOPLE (National Principle 2)

Our OSHC Service ensures families are always welcome and feel comfortable asking questions on how we prioritise child safety. We provide a range of opportunities for consultation and collaboration about decisions about their child's safety whilst at our Service including:

- policy and procedure review
- child protection
- allegations/grievance procedures
- sun safety
- written authorisations- parenting orders
- code of conduct
- inclusivity and supporting children and young people with diverse needs.

We promote a respectful, child safe culture where children concerns are always responded to, and children and young people feel empowered to participate in decisions and provide feedback to educators and staff. Our Service provides opportunities for conversations with children and young people about their rights and encourages children and young people to speak up if they are feeling unsafe or worried. We provide multiple channels for children and young people to lodge complaints, tailoring these options to their communication preferences based on their feedback. We work individually with children and young people about the type of support they may require to participate in the complaints procedure.

[Primary policies – Dealing with Complaints, Interactions with Children Families and Staff]

CODE OF CONDUCT (National Principles 4 and 6)

Management, educators, staff, volunteers and students will adhere to our OSHC Service's *Code of Conduct Policy*. Our Code of Conduct Policy clearly outlines expectations regarding behaviour and describes the principles, values, and ethical guidelines that guide our staff and stakeholders in their interactions and activities. All educators and staff members are made fully aware that following breaches of the Code of Conduct and role responsibilities may result in disciplinary action which may lead to termination of employment. Individuals can report any concerns they may have about inappropriate actions of any educator, staff, student or volunteer that involves children or young people to management, ensuring a prompt and thorough response to maintain a safe and secure environment for all.

All educators and staff will:

- promote a culture of child safety and wellbeing in all aspects of our OSHC Service's operations
- adhere to our *Child Safe Environment Policy*, *Child Protection Policy* at all times
- ensure all staff, educators, volunteers and students have undertaken current child protection legislation training
- provide adequate supervision of children at all times
- ensure the safe use of online environments
- take reasonable action to protect children and young people from harm and risk of harm
- ensure the service premise is free from the use of tobacco, illicit drugs and alcohol
- be responsible for their own, and others health and safety
- be a positive role model to children and young people
- respect children and young people's privacy and dignity at all times
- listen and respond appropriately to the views and concerns of children and young people
- report any allegations of harm or risk of harm to CARL as mandatory reporter and make an internal report after you have reported to CARL

- notify the approved provider and/or the regulatory authority within 24 hours of any serious incident or complaint as per the National Regulations
- encourage children and young people to 'have a say' on issues that are important to them.

Staff, educators, students and volunteers must:

- not discriminate against any child or young person, because of age, gender, cultural background, race, ethnicity or disability
- not put children or a young person at risk of harm- refusing food/play, making threats, exposing children to inappropriate language or material (movies, internet, photos)
- not develop any 'special' relationships with children or young people that could be seen as favouritism such as the offering of gifts or special treatment
- not be under the influence of drugs or alcohol while working; bring alcohol or drugs onto the premises
- not smoke or vape in or on surrounding areas of the Service.

[Primary policies – Code of Conduct; Privacy and Confidentiality; Probation Induction and Orientation; Technology; Tobacco, Drug and Alcohol-Free Policy]

RECRUITMENT (National Principle 5)

Our OSHC Service maintains a rigorous and consistent recruitment, screening and selection process to ensure the best staff members and educators are employed based on skills, qualifications, experience and suitability for the position available. All staff and educators participate in robust interviews and have reference checks completed to ensure the applicant's suitability to the role, previous experiences and their commitment to child safe values and practices. All staff and educators are provided with a comprehensive induction process which outlines our Code of Conduct, identifying and responding to harm and risk of harm, grievance processes, and work health and safety. New employees (including the nominated supervisor and staff members), students and volunteers are to familiarise themselves with the Child Protection Policy to understand the Child Protection Law and their obligations and mandatory reporting duties to ensure the safety and well-being of children at the service.

[Primary policies- Probation Induction and Orientation Policy; Recruitment]

WORKING WITH CHILDREN CHECK (National Principle 5)

Working in conjunction with the Child Safety (Prohibited Persons) Act 2016 and Education and Care Services National Regulations, the safety, welfare and wellbeing of children is paramount within our

Service and community. A Working with Children Check (WWCC) issued by the Screening Unit of the Department of Human Services is a requirement for people who work in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct. The result of a Working with Children Check is either Not Prohibited and is valid for five years, or prohibited, which means they cannot work with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

We are registered with the Department of Human Services (DHS) Screening Unit and link all Working with Children Checks. We also verify all staff, educator, students and volunteer Working with Children Checks in accordance with the *Child Safety (Prohibited Persons) Act 2016*. Management is responsible for the periodic review and maintenance of up-to-date records of volunteer, staff, and educator's Working with Children Check, including the Working with Children Check number and the date on which each Working with Children Check expires. Once an employee provides their *Not Prohibited* Working With Children Check, management will verify the Working With Children Check with the DHS Screening Unit to ensure that it is valid and current. The Working with Children Check will be placed in the individual's file. For existing staff and educators, we will verify they have renewed their Working with Children Check every 5 years and record the status as *Not Prohibited*.

Management will immediately contact the Department of Human Services Screening Unit when we become aware of certain information regarding any person involved with our organisation, including any serious criminal offence, child protection information, or disciplinary or misconduct information.

Management will verify all student and volunteer WWCCs prior to placement. Any visitor who has direct contact with children will be required to provide a WWCC for verification prior to coming into contact with children (*best practice*). The approved provider will keep a record for each day a student or volunteer participates in the service including date and hours of participation.

[Primary policy – Child Protection, Recruitment, Staffing Arrangements, Student, Volunteer and Visitor]

PHYSICAL ENVIRONMENT- SUPERVISION AND SAFETY CHECKLISTS (National Principles 5 and 6)

Children's safety is embedded in our day-to-day practices. We ensure effective and adequate supervision is provided to children at all times consistently, while ensuring educator to child ratios are met at all times. Educators will employ 'active supervision' strategies within the service environment and when participating in excursions or transporting children or young people. Consideration will be made for the different ages and abilities of children and young people, and the activities that may require different levels of supervision.

To ensure compliance with regulations, we will only include educators in the educator to child ratio who are working directly with the children and ensure a current roster and a sign on/sign off record are available to verify this. Staff rosters and routines ensure adequate supervision of children is always provided.

Through conducting risk assessments, we assess and manage risks in the physical environment collaborating with children to develop behaviour guidelines for play including adventurous play to ensure their safety. Educators have a sound understanding of their duty of care and responsibilities in ensuring a child safe environment. Educators conduct regular safety checks to maintain basic standards of safety within our OSHC Service venues. We believe that child safety is a shared responsibility at all levels within our OSHC Service. Children and young people are encouraged to speak up about their safety and the safety of their friends by telling an educator if they feel unsafe in a particular situation or environment.

Educators will complete the following daily checklists to assist and record inspections of the physical environment where foreseeable risks may be evident and cause harm or injury to a child.

Any findings that require attention will be either dealt with immediately or submitted into the maintenance book depending on priority. The Approved Provider/ Nominated Supervisors and Principals of primary schools must be notified of any areas that need immediate attention within the Service venue. [Primary policies – Code of Conduct, Supervision, Health and Safety, Staffing Arrangement, Supervision]

CHILD PROTECTION (National Principle 6)

Children and young people always have a right to be safe and protected. To comply with legislation and ensure a child safe environment, all educators, staff, volunteers and students are advised of current child protection law and understand any obligations under the law. Supervision is effective to ensure they understand that *child safety is everyone's responsibility*.

All management (with direct responsibility or contact of children or young person), educators and staff, volunteers and students are mandatory notifiers and have a legal obligation to notify the Department for Human Services if they suspect a child or young person is, or may be at, risk of harm. Notification must be made to the Child Abuse Report Line (CARL) on 13 14 78 or if at immediate risk, report to South Australia Police (SAPOL) on 000. All reports of suspected child sexual abuse are to be made to the SA Police.

Neglecting these obligations could potentially be deemed a criminal offence.

All staff and educators are provided with up-to-date training about child protection law and their obligations under this law and to ensure they are confident in following the reporting guidelines within South Australia and adhere to our *Child Protection Policy*. (Reg 84). Management will ensure training and development are provided for all educators, staff, and volunteers in child protection on an **annual** basis.

Through continual education and training, educators and staff are equipped with the knowledge, skills and awareness to keep children safe. Training gives educators and staff confidence to identify, respond and report harm and risk of harm to a child or young person. Coordinators or responsible persons in day-to-day charge must complete a course in child protection approved by the Regulatory Authority on an annual basis. All staff must refresh their knowledge about mandatory reporting each year.

To protect children and young people and ensure their safety, welfare and wellbeing, management is responsive to report allegations or convictions of harm or risk of harm to a child or young person and child related misconduct by any staff member, educator, volunteer or contractor to the screening unit in the Department of Human Services. [\[Safe environments for children and young people\]](#).

Our OSHC Service is committed to providing support to children, young people, families, educators or staff who have made a report regarding child protection, with a focus on upholding strict confidentiality throughout the process. Our primary concern is the well-being and safety of the child or young person, and we will work closely with relevant authorities, professionals, and support networks to ensure that the child or young person's best interests are met throughout the process. Our dedicated support system will assist educators and staff in navigating this challenging process while safeguarding their privacy and professional well-being.

[Primary policy – Child Protection]

REPORTING AND RESPONDING TO GENERAL COMPLAINTS (National Principle 6)

Feedback from children, young people, families, educators, staff and the wider community is fundamental in creating an evolving Childcare Service working towards the highest standards of care and education. We ensure educators, staff, volunteers and students are well informed about the different ways children may express concerns, distress and disclose harm as well as the process for responding to disclosures from children - including a complaint that alleges a child is exhibiting sexual behaviours that may be harmful to the child or another child. (ACECQA 2023)

We aim to investigate all complaints and grievances with a high standard of equity and fairness. Our OSHC Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence.

The approved provider will place a prominently displayed notice in the foyer area of our service, providing contact information, including the name and telephone number for lodging complaints. Educators and staff will receive guidance on the complaint/grievance policy and procedure and the process for reporting complaints during their service induction. Families, children and young people will be advised of the complaint/ grievance policy and procedure and how to report complaints during orientation of enrolment. All grievances and complaints will be treated seriously and as a priority, in accordance with the *Dealing with Complaints Policy* and procedure. Any complaints that allege a breach of the National Law and Regulations or alleges that the health, safety and wellbeing of a child or young person at the service may have been compromised will be documented and reported to the Regulatory Authority within 24 hours. In the event that the child, young person or family is dissatisfied with the complaints process, they are advised they have the option to reach out to the Regulatory Authority or South Australian Equal Opportunities Commissioner (for complaints relating to discrimination - www.eoc.sa.gov.au (08) 8207 1977) for further assistance.

[Primary policy – Dealing with Complaints]

RISK ASSESSMENT & RISK ASSESSMENT TOOL (National Principle 8)

It is a legislative requirement that all services implement a risk management system where they identify and manage hazards and risks within the workplace to ensure a child safe environment. Strategies are in place to make sure child safety (through the National Principles for Child Safe Organisations) and Education and Care National Regulations are embedded across our Service. The key principles of risk management include:

1. Identifying all hazards or potential hazards in the service/residence/venue
2. Assess the risk of harm or potential harm for each hazard
3. Control or manage the risk – Risk Rating Matrix
4. Monitor and improve safety – Risk Assessment Action Plan
5. Evaluate and Review

It is the responsibility of Coordinators or Responsible persons in day-to-day charge to complete a risk assessment where children's safety may be jeopardised and when organising an excursion/incursion. Children's safety must be incorporated into everyday practice within the OSHC Service. Common hazards which may require a risk assessment include:

- cross-infection and infectious disease
- administration of medication
- anaphylaxis procedures and management
- building and equipment (including storage)
- inadequate space for conducting activities and experiences
- hazardous chemicals
- electrical appliances
- food preparation and storage
- environmental influences such as shade, noise etc
- sun safety
- children's behaviours
- water safety
- fire equipment
- pets and/or animals
- inadequate supervision of children
- children's activities and experiences
- Work Health and Safety such as manual handling
- non-compliance risk
- hot drinks
- transportation of children and young people (regular outing and regular transportation)
- excursions
- organisation culture (child-safe culture)
- physical contact
- training
- online activities
- electrical devices (photographs/videos)
- privacy and confidentiality
- potential emergencies
- natural disasters
- safe arrival of children

[Primary policies – Emergency and Evacuation; Incident, Injury, Trauma and Illness; Safe Arrival of Children; Safe Transportation of Children; Sun Safety; Administration of First Aid; Medical Conditions; Child Protection; Code of Conduct; Behaviour Guidance]

EMERGENCY AND EVACUATION PROCEDURES

Management will ensure that copies of the emergency and evacuation floor plan is displayed in prominent positions near each exit of the service premises, including indoor and outdoor learning areas. All staff and educators are familiar with emergency evacuation procedures and regulatory requirements. Rehearsals for emergency and evacuation procedures, including lock downs, are conducted at least once every 3 months. Records will be kept for all rehearsals.

[Primary policy- Emergency and Evacuation Policy]

ARRIVAL AND DEPARTURE AUTHORISATION

Our OSHC Service prioritises children's safety at all times. Staff and educators will only release children or young person, to an authorised person as named on the child's enrolment form. Management will request families provide current court orders, and parenting plans to ensure our records are up to date.

National Regulations require our OSHC Service to keep a record of children and visitor's arrival and departures, with the signatures of the person responsible for verifying the accuracy of the record and the identity of the person collecting the child or young person.

Educators will work in collaboration with our *Delivery of children to and Collection from Education and Care Premises Policy* and *Student, Volunteers and Visitor's Policy* to ensure children feel safe and secure at all times.

To ensure children's safety, staff and educators have a clear understanding of their legal obligation to check identification when a person is collecting a child from their residence or venue. To maintain compliance, parents, staff and educators will complete a written note if they authorise a person who is not on their emergency contact form to pick up their child.

[Primary policies - Delivery of children to and Collection from Education and Care Premises; Safe Arrival of Children; Student Volunteers and Visitor's]

ONLINE SAFETY (National Principle 8)

Our OSHC Service is committed to create and maintain a safe online environment with support and collaboration with children, young people, staff, educators, families and community. Management ensures anti-virus and internet security systems are installed to block access to unsuitable web sites, newsgroups and chat rooms.

Our OSHC Service ensures backups of important and confidential data is made regularly and either stored securely offline, or online. Software and devices are updated regularly to avoid any breach of confidential information.

Written authorisation is requested as part of the enrolment process for children to use computers/tablets; have their photo taken and published as part of promotional marketing or on the app program used by the service. The identity of a child is not published on any platform.

Personal mobile phones are not used to take photos or video of children or young people at the Service.

Only educational software programs and apps that have appropriate content and have been examined prior to allowing their use are used in the Service. Children are always supervised using any technology.

[Primary policies – Cyber Safety; Technology; Privacy and Confidentiality, Code of Conduct]

EQUIPMENT, FURNITURE & MAINTENANCE RECORD

There are several factors that can contribute to a hazard, such as a deprived program, insufficient supervision and dilapidated equipment. To ensure a child safe environment free from hazards, our OSHC service has implemented practices and continue to monitor Service policies and procedures that uphold Australian Safety Standards.

The venue of our OSHC Service, and all equipment and furniture used within the service are audited to ensure all aspects are safe, clean and in good repair. We understand that hazards are specific to developmental stages of children. Educators are aware that toys and equipment need to be checked to ensure they are safe and developmentally appropriate for school aged children from Kindergarten to Year 6. Regular checks occur within the OSHC Service to ensure that all toys, furniture and equipment are in good condition and working order.

[Primary policy – Furniture and Equipment Safety Policy]

STORAGE OF HAZARDOUS SUBSTANCES

We reduce the risk of harm to children, young people and educators by using eco-friendly products. Our OSHC Service will endeavour to provide a safe environment where necessary chemical and hazardous equipment are safely stored away from children and handled appropriately.

Out of School Hours Care educators will keep a register of hazardous chemicals used within the service, including Safety Data Sheets (SDS).

[Primary policies – Safe Storage of Hazardous Chemicals, Administration of Medication]

CONTINUOUS REVIEW (National Principle 9)

To ensure we maintain a culture of continuous improvement, we will ensure our child safe practices are regularly reviewed, evaluated and improved. We aim to ensure all educators, staff, student and volunteers understand and effectively implement our policies and procedures to provide a child safe environment at our OSHC Service. Our policies are reviewed annually and a new Child Safe Environment Compliance Statement will be lodged with the Department of Human Services every 5 years or whenever a policy is adjusted.

We will regularly review and monitor the effectiveness of our Child Safe policies and procedures and invite children, young people, staff members, educators, families and communities to contribute to their development. Any updates or revisions will be communicated to all stakeholders.

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).
 ACECQA. (2023). Policy and procedure guidelines. [Providing a Child Safe Environment- Policy Guidelines](#)
 Australia Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
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 Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0, 2022](#)
 Australian Human Rights Commission (2020). *Child Safe Organisations*. <https://chidsafe.humanrights.gov.au/>
 Children and Young People (Safety) Act 2017
 Child Safety (Prohibited Persons) Act 2016
 Children’s Health and Safety – An analysis of Quality Area 2 of the National Quality Standard
 Criminal Law Consolidation Act 1935
 Education and Care Services National Regulations. (Amended 2023).
 Government of South Australia Human Services [Child safe environments](#)
 Government of South Australia. Department of Human Services. Guideline to writing a policy
 Government of South Australia. Department for Child Protection <https://www.childprotection.sa.gov.au/>
 Government of South Australia. Department of Child Protection. Information sharing guidelines.
 National Principles for Child Safe Organisations
 Revised National Quality Standard. (2018).
[United Nations Convention of Rights of the Child, \(1989\). \(UNCRC\)](#)
 Work Health and Safety Act, (2011).

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V2.11.23		
MODIFICATIONS	<ul style="list-style-type: none"> • Policy reviewed following recommendations of wording and inclusions from DHS regarding the Child Safe Environments Compliance Statement (CSEC) • annual policy maintenance • updated content to reflect NQF review and legislation changes re: embedding the National child safe principles; child protection law • additional related policies added • sources updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
SEPTEMBER 2022	New policy drafted for services in South Australia	NOVEMBER 2023	

CLOTHING POLICY

Children and young people need protective, comfortable and appropriate clothing and footwear to explore their environment and participate freely in experiences. Clothing needs to protect children and young people from injury and sun exposure whilst promoting self-help abilities. Appropriate footwear will fit a child's foot correctly and ensure comfort. Educators will also dress to prevent injury and sun exposure and will be encouraged to dress in a professional and respectful manner, being positive role models for children and young people.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.

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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

168	Education and care services must have policies and procedures
168(2)(ii)	Policies and procedures are required in relation to sun protection
170	Policies and procedures are to be followed

RELATED POLICIES

Children's belongings Policy Family Communication Policy Health and Safety Policy Multi-Cultural Policy	Respect for Children Policy Sun Safety Policy Supervision Policy
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PURPOSE

We aim to ensure the safety and comfort of all children and young people by providing appropriate clothing guidelines for children, parents and staff utilising and working at the OSHC Service.

Children and young people being clothed appropriately enables them to play without risk of sunburn and serious injury caused by inappropriate footwear or clothing. Children and young people are more at ease, comfortable, and less anxious when they are dressed for warmth during winter or not over-dressed during summer or wearing safe footwear when climbing outdoor play equipment or participating in physical activity.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, management, and visitors of the OSHC Service.

IMPLEMENTATION

Effective clothing strategies, including appropriate clothing for sun protection are important factors in ensuring a child feels safe and secure at our OSHC Service. Whilst children will generally attend the

Service in their school uniform, this policy is in place to support families' understanding of appropriate clothing for casual days, or during vacation care.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- Ensure that a Sun Safety Policy is developed and maintained.
- Ensure that educators are provided with personal protective equipment (e.g. gloves etc.) to facilitate cleaning and health protection measures.
- Provide information for educators about suitable clothing and footwear expectations for the education and care work environment.
- Provide information for families about suitable clothing and footwear. This information will also be available at the Service using a variety of communication strategies including newsletters, brochures, websites and posters.
- Ensure educators are aware and abide by the Sun Safety Policy.
- Ensure the children are educated about appropriate clothing.

EDUCATORS WILL:

- Consult with families about the individual needs of children with respect to different values and beliefs associated with clothing and footwear.
- Monitor children's clothing and footwear to ensure compliance with the Sun Protection Policy and to support the safety, comfort and well-being of every child.
- Consider clothing and footwear needs associated with excursions or planned learning experiences and communicate clearly with families about the need for extraordinary protective clothing requirements.
- Provide protective clothing, such as aprons, for messy play experiences. Children will be encouraged by educators to wear protective clothing during messy play.
- encourage children and young people to use their self-help skills where appropriate to put on and remove clothing and shoes to meet their needs. Educators will observe and monitor younger children to ensure their clothing and footwear is appropriate for the environment and weather conditions
- monitor the UV rating to ensure children are dressed appropriately for the weather and are adequately protected (e.g. appropriate footwear)
- convey respect for children and appreciate their individuality, whilst developing their understanding of safe clothing and footwear for play and the weather
- encourage children to make choices in relation to getting dressed and the clothing they wear

- respect children’s privacy and modesty when having children change their clothes or dressing themselves, ensuring that individual and/ or cultural needs and preferences are understood and catered for.
- show respect for children and young people and appreciate their individuality by allowing them to make some decisions about the clothes they wear

FAMILIES WILL:

- Provide spare clothing in children’s bags during school vacation periods to allow for dirty clothing and changing weather conditions.
- Dress children appropriately, including footwear.
- Ensure their child is clothed in an appropriate manner which will allow them to explore and play freely and not restrict them using equipment while at play.
- Not dress their children in good/expense clothing.
- Ensure children are appropriately protected from the sun – (please refer to Sun Safety Policy for further directives on hats and clothing).
- Ensure children’s clothing accommodates varying weather conditions. i.e. be loose and cool in summer to prevent overheating and warm enough for cold weather – including outdoor play. At all times educators will monitor children to ensure they are appropriately dressed for all weather, play experiences, rest and sleep routines.
- Ensure children have appropriate footwear that enables them to play comfortably and not cause safety concerns. i.e. thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely- nor is this footwear appropriate for school.
- Ensure clean and appropriate spare clothing is available in children’s school bags if required.
- Ensure all clothing and belongings are clearly labelled with the child's name.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Clothing Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 Cancer Council Australia: www.cancer.org.au
 Community Child Care Co-Operative
[Education and Care Services National Regulations](#). (Amended 2023).
 Guide to the National Quality Framework. (2017). (Amended 2023).
 Raising Children Network –<http://raisingchildren.net.au>

Revised National Quality Standard. (2018).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

[Western Australian Education and Care Services National Regulations](#)

Work Health and Safety Act 2011 (Cth).

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 2024
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V4.6.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • hyperlinks checked and repaired as required • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JUNE 2021	<ul style="list-style-type: none"> • Minor edits to policy • National regulations added 		JUNE 2022
JUNE 2020	information about respecting cultural diversity added Additional sections added –Dress up clothes sources checked for currency		JUNE 2021

CYBER SAFETY POLICY

Cyber safety is the safe and responsible use of Information and Communication Technologies (ICT). It involves being respectful of other people online, using good 'netiquette' (internet etiquette), and above all, is about keeping information safe and secure to protect the privacy of individuals. Our Out of School Hours Care Service (OSHC) is committed to create and maintain a safe online environment with support and collaboration with staff, families and community. As a child safe organisation, our Service embeds the Child Safe Standards and continuously address risks to ensure children are safe in physical and online environments.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
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.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP

7.1.2	Management System	Systems are in place to manage risk and enable the effective management and operation of a quality service.
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EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

84	Awareness of child protection law
168	Education and care services must have policies and procedures
181	Confidentiality of records kept by approved provider
195	Application of Commonwealth Privacy Act 1988
196	Modifications relating to National Education and Care Services Privacy Commissioner and Staff

RELATED LEGISLATION

Child Care Subsidy Secretary's Rules 2017	Family Law Act 1975
A New Tax System (Family Assistance) Act 1999	
Family Assistance Law – Incorporating all related legislation as identified within the Child Care Provider Handbook https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook	

RELATED POLICIES

CCS Data Policy CCS Personnel Policy CCS Governance Policy Child Safe Environment Policy Code of Conduct Policy Dealing with Complaints Policy Enrolment Policy Family Communication Policy	Fraud Prevention Policy Personnel Policy Privacy and Confidentiality Policy Programming Policy Photography Policy Record Keeping and Retention Policy Technology Usage Policy
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PURPOSE

To create and maintain a cyber safe culture which works in accordance with our Service philosophy and privacy and legislative requirements to ensure the cyber safety of children, educators and families.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

TERMINOLOGY	
ICT	Information and Communication Technologies
Cyber safety	Safe and Responsible use of the internet and equipment/device, including mobile phones.
Netiquette	The correct or acceptable way of using the internet

IMPLEMENTATION

Cyber Safety encompasses technologies such as the Internet, and electronic communication devices, software programs including mobile phones and other wireless technology. With increasing sophisticated and affordable communication technologies, there is a candid need for children and young people to be methodically informed of both the benefits and risks of using these new technologies and provide safeguards and awareness for users to enable them to control their online experiences and the appropriate use of all technologies.

EDUCATIONAL SOFTWARE PROGRAM

Our Service uses Xplor which is a password protected private program for children, educators and families to share observations, photos, videos, daily reports and portfolios. Families are able to view their child/children's learning and development and contribute general comments relating to their child or comment on an observation or daily report.

Educators are alerted via email and on their dashboard when a family member has added a comment.

Likewise, families are alerted via email when a relevant educator has posted about their child.

Access to a child's information & development is only granted by their primary guardians. No personal information is shared with any third party.

CCS Software

Our OSHC Service uses Xplor which is a third-party software system to access the Child Care Subsidy System (CCSS). The software is used to manage the payment and administration of the Child Care Subsidy (CCS).

Review of CCS software: The Approved Provider will ensure the CCS software has policies and procedures regarding safe storage of sensitive data before using the software, the Approved Provider will review the privacy policy of the CCS software on a yearly basis or as required. The Director/ Nominated Supervisor will advise the Approved Provider as soon as possible regarding any potential threat to security information and access to data sensitive information. Any breaches of data security will be notified to the Office of the Australian Information Commissioner (OAIC) by using the online [Notifiable Data Breach Form](#).

All Personnel using the software will have their own log in username and password. Each Personnel who is responsible for submitting attendances and enrolment notices to CCSS will be registered with PRODA as a Person with Management or Control of the Provider or as a Person with Responsibility for the Day-to-Day Operation of the Service.

The Approved Provider will review staff log ins on a monthly/ yearly basis and ensure this procedure is followed by all staff who access CCS software to submit data to CCS.

Review of CCS Software Procedure:

Review	How often	By Whom
All staff use an individual log-in to access CCS software	Upon employment, Yearly, As required	Approved Provider and Director/ Nominated Supervisor
Privacy policy of CCS software	Initial access to CCS software Yearly As required	Approved Provider
Any breaches of sensitive data relating to Enrolments	Upon notification	Approved Provider

CONFIDENTIALITY AND PRIVACY:

- the principles of confidentiality and privacy extend to accessing or viewing and disclosing information about personnel, children and/or their families, which is stored on the OSHC Service's network or any device
- privacy laws are such that educators or other employees should seek advice from Service management regarding matters such as the collection and/or display/publication of images (such as personal images of children or adults), as well as text (such as children's personal writing)
- a permission to publish form must be signed by parents/guardians to ensure children's privacy, safety and copyright associated with the online publication of children's personal details or work
- Department of Education SA guidelines are followed regarding issues of privacy, safety, and copyright associated with the online publication of children's personal details or work
- all material submitted for publication on the Service Internet/Intranet site should be appropriate to the Service's learning environment
- material can be posted only by those given the authority to do so by the Service management
- the OSHC Service management should be consulted regarding links to appropriate websites being placed on the Service's Internet/Intranet (or browser homepages) to provide quick access to sites.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- all staff, families and visitors are aware of the OSHC Service's *Code of Conduct and Confidentiality and Privacy Policies*
- the OSHC Service works with an ICT (Information and Communication Technology) security specialist to ensure the latest security systems are in place to ensure best practice. These can block access to unsuitable web sites, newsgroups and chat rooms. However, none of these tools are fool proof - they cannot be a substitute for active parental involvement in a child's use of the Internet.
- backups of important and confidential data are made regularly (monthly is recommended)
- backups are stored securely either offline, or online (using a cloud-based service)
- software and devices are updated regularly to avoid any breach of confidential information.
- families are referred to the Dealing with Complaints Policy and procedure when raising concerns regarding digital technologies and personal data
- all staff are aware that a breach of this policy may initiate appropriate action including the termination of employment

- notification is made to the Office of the Australian Information Commissioner (OAIC) by using the online [Notifiable Data Breach Form](#) in the event of a possible data breach. This could include:
 - a device containing personal information about children and/or families is lost or stolen (parent names and phone numbers; dates of birth, allergies, parent phone numbers).
 - a data base with personal information about children and/or families is hacked
 - personal information about a child is mistakenly given to the wrong person (for example: child developmental report, confidential information)
 - this applies to any possible breach within the Service or if the device is left behind whilst on an excursion.

EDUCATORS WILL:

- ensure to use appropriate netiquette and stay safe online by adhering to OSHC Service policies and procedures
- keep passwords confidential and not share with anyone
- log out of sites to ensure security of information
- never request a family member's password or personal details via email, text, or Messenger
- report anyone who is acting suspiciously or requesting information that does not seem legitimate or makes you feel uncomfortable (See 'Resources' section for where to report)
- obtain permission for children to use computers is obtained by parents/guardians as part of the enrolment procedure
- ensure that children are never left unattended whilst a computer or mobile device is connected to the internet
- personal mobile phones are not used to take photographs, video or audio recordings of children at the OSHC Service or whilst participating on excursions (vacation care outings)
- only use educational software programs and apps that have been thoroughly examined for appropriate content prior to allowing their use by children
- provide parents and families with information about the apps or software programs accessed by children at the OSHC Service
- provide online safety for children by adhering to policies and procedures that align to the National Child Safety Principles - Child Safe Standards
- ensure that appropriate websites are sourced for use with children prior to searching in the presence of children
- use a search engine such as 'Kiddle' rather than Google to search for images or information with children (See 'Resources' section)

- ensure privacy filters and parental control settings are turned on and used when children are accessing digital technologies online

FAMILIES WILL:

- be aware that when sharing anything using technologies such as computers, mobile devices, email, or any device that connects to the internet it is important you and everyone else invited to your account understands about netiquette and staying safe online and ensures privacy laws are adhered to.
- be aware that when it comes to your own children, it is your choice what you share outside of the OSHC Service. Remember though that young children cannot make their own decisions about what gets published online so you have a responsibility to ensure that whatever is shared is in your children's best interests.
- be mindful of what you publish on social media about your child as this may form part of their lasting digital footprint.
- Consider installing Family Friendly Filters to limit access to certain types of content on devices such as mobile phones and computers.
- Consider installing parental controls on streaming services to ensure children are not able to access inappropriate material.
- be aware that sometimes other children in the Service may feature in the same photos, videos, and/or observations as their children. In these cases, families are never to duplicate or upload them to the internet/social networking sites or share them with anyone other than family members
 - access further information about eSafety to help protect their children and be cyber safe.

Cyber bullying

Schools in all jurisdictions have policies related to bullying, including online, or cyber bullying. Our OSHC Service has a duty of care to children under various legislative frameworks to ensure the environment is safe, inclusive, respectful and free from risk of harm. We reject all forms of bullying behaviour.

Cyber bullying will respond appropriately to cyberbullying by reporting this behaviour immediately to management and seek further advice from the police. Our OSHC Service implements strategies suggested through Bullying. No Way!

BREACH OF POLICY

Staff members or educators who fail to adhere to this policy may be in breach of their terms of employment and may face disciplinary action. Visitors or volunteers who fail to comply to this policy may face termination of their engagement.

RESOURCES

Australian Government eSafety commission <https://www.esafety.gov.au/educators>

Bullying. No Way! www.bullyingnoway.gov.au

eSmart Alannah & madeline foundation www.esmart.org.au

Kiddle is a child-friendly search engine for children that filters information and websites with deceptive or explicit content: <https://www.kiddle.co/>

SCAMWATCH (Australian Competition & Consumer Commission: This website has been set up to receive information on scams that can then be provided to the public. To report an online scam or suspected scam, use the form found here:

<https://www.scamwatch.gov.au/report-a-scam>

More information on online fraud and scams can be found on the Australian Federal Police website:

<https://www.afp.gov.au/what-we-do/crime-types/cyber-crime>

Notifiable Data Breaches scheme (NDB) can be made through the Australian Government Office of the Australian Information Commissioner

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Cyber Safety Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

CCS Compliance Checklist and Audit Cyber Safety Procedure Data Breach Response Procedure	Data Breach Response Template Data Security Procedure and Checklist Privacy Audit
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SOURCES

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework.](#)

Australian Government eSafety Commission (2020) www.esafety.gov.au

Australian Government Department of Education. *Child Care Provider Handbook (2023)*

<https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook>

Australian Government Office of the Australian Information Commissioner (2019)

<https://www.oaic.gov.au/privacy/notifiable-data-breaches/about-the-notifiable-data-breaches-scheme/>

Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023).
 Privacy Act 1988.
 Revised National Quality Standard. (2018).
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V13.03.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy review • added reference to the National Child Safe Principles • minor edits within policy for grammatical structure (Families will:) • breach of policy section added • additional section added for Childcare Centre Desktop resources • sources checked for currency and repaired as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MARCH 2023	<ul style="list-style-type: none"> • Update of Department name from Department of Education, Skills, and Employment to Department of Education • policy maintenance (March 2023) • minor formatting edits within text- moved data breach information to Approved Provider/NS role • hyperlinks checked and repaired as required • link to Western Australian Education and Care Services National Regulations added in 'Sources' • Continuous Improvement/Reflection section added 	MARCH 2024	
MARCH 2022	<ul style="list-style-type: none"> • Edits to ensure adherence to CCS data protection • Addition of Dealing with Complaints Policy • Parental controls- privacy filters added • Sources checked 	MARCH 2023	

DEALING WITH INFECTIOUS DISEASES POLICY

The National Quality Standard requires education and care services implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, staff,

educators and families. The spread of infections in the education and care environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. Our Out of School Hours Care (OSHC) Service will minimise children's and staff's exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.

Our Service will provide up-to-date information and advice to parents, families and educators sourced from the Australian Government Department of Health, Australian Health Protection Principal Committee (AHPPC) and state Ministry of Health about infectious diseases as required. Recommendations from the Health Department will be strictly adhered to at all times.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs 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	Safety	Each child is protected.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 172	Offence to fail to display prescribed information
Sec.174(2)(a)	Serious incident- any emergency for which emergency services attended
12	Meaning of serious incident
77	Health, hygiene and safe food practices
83	Staff members and family day care educators not to be affected by alcohol or drugs
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

90	Medical conditions policy
92	Medication record
93	Administration of medication
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
172(2)(g)	a notice stating that there has been an occurrence of an infectious disease at the premises
173	Prescribed information to be displayed
175(2)(c)	Prescribed information to be notified to the Regulatory Authority- (2) any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service

RELATED POLICIES

Administration of Medication Policy Child Safe Environment Policy Code of Conduct Policy Dental Health Policy Enrolment Policy Family Communication Policy Governance Policy Hand Washing Policy Health and Safety Policy	Immunisation Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Physical Environment Policy Pregnancy in Early Childhood Policy Privacy and Confidentiality Policy Rest Time Policy Work Health and Safety Policy
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PURPOSE

Children encounter many other children and adults within the OSHC Service environment which can result in the contraction of infectious illnesses. Our Service has a duty of care to ensure that children families, educators, and visitors of the Service are provided with a high level of protection during the hours of the Service's operation. We aim to minimise cross-contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our Service.

This policy communicates clear directions and guidance about protocols and actions to be followed to avoid adversely affecting the safety and health of children, other staff members and visitors to the service. A simple, safe and effective way of protecting individuals and others within the community against harmful diseases is immunisation.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations, the approved provider must ensure policies and procedures are in place in relation to dealing with infectious diseases. (ACECQA, August 2021).

Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the Staying healthy: Preventing infectious diseases in early childhood education and care services (Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the Australian Government- Department of Health and local Public Health Units in our jurisdiction as per the Public Health Act. Recommendations for managing positive cases of COVID-19 in early education and care is provided by SA Health.

The need for exclusion and the length of time a person is excluded from the Service depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

This policy must be read in conjunction with our other Quality Area 2 policies:

- Immunisation Policy
- Incident, Illness, Accident and Trauma Policy and
- Medical Conditions Policy and
- Handwashing Policy

PREVENTING INFECTIOUS DISEASES

Children often enter school and education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections. Given the close physical contact children have with other children in OSHC it is very easy for infectious diseases and illnesses to spread through normal daily activities as

germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs or symptoms of illness.

Our OSHC Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:

- effective hand washing hygiene
- cough and sneeze etiquette
- use of gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the OSHC Service
- encouraging use of the outdoors environment
- ensuring adequate ventilation
- encouraging children, educators or staff to seek medical attention and get tested if they show symptoms of an infectious disease or virus, including COVID-19.

IMMUNISATION REQUIREMENTS

Immunisation is a reliable way to prevent many childhood infectious diseases. When enrolling a child in an Out of School Hours Care Service, parents will be asked to provide an Immunisation History Statement. Should a child not be fully immunised according to the National Immunisation Program Schedule, they will not be prevented from enrolling.

- Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS)
- Educators and other staff at our OSHC Service are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC). Our OSHC Service recommends educators and children keep up to date with vaccinations for COVID -19
- Staff are required to provide an *Immunisation History Statement* from the Australian Immunisation Register (AIR) and/or records from their general practitioner to management for their staff record if requested.

- Vaccination is important. Not only can staff members catch a potentially serious infection such as measles or whooping cough, but they could also then inadvertently pass it onto children in their care who are too young to have had their vaccinations or to women who may be pregnant.
- Exclusion periods and notification of infectious diseases are guided by the *Australian Government- Department of Health* and local public health units in our jurisdiction as per the Public Health Act. These apply to children and staff at the Service. In the event of an outbreak of a vaccine preventable disease at our OSHC Service, staff who are not vaccinated will be notified and should be excluded from the workplace. [See: *Immunisation Policy* for further information]

EXCLUDING CHILDREN FROM THE OSHC SERVICE

When a child or young person has been diagnosed with an illness or infectious disease, the OSHC Service will refer to information about recommended exclusion periods from the **Public Health Unit (PHU)** and *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

[Minimum periods for exclusion from childcare services](#)

- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from *Staying healthy: Preventing infectious diseases in early childhood education and care and Public Health Unit, or Department of Health*).
- If a vaccine preventable disease occurs in the Service, children who have not been fully immunised will be excluded from care; staff who are not vaccinated will be notified and should be excluded from the workplace
- Management will check all children's Immunisation records and alert parents as required
- Children who have had diarrhoea will be requested to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT AND REGULATORY AUTHORITY (Reg. 175 (2) (c))

Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public transport, and works with health specialists and doctors to help prevent the transmission of diseases to other people.

The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify the Public Health Unit of patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Under the Commonwealth Privacy Acts, patient information is only released/disclosed where it is lawfully required or authorised. Management is required to notify the local Public Health Unit (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases.

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus

Notification is also required for:

- an outbreak of 2 or more people with gastrointestinal or respiratory illness in a two-day period
- Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak.

THE APPROVED PROVIDER /NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- all new employees are provided with a copy of this policy as part of their induction process
- families are aware of this *Dealing with Infectious Diseases Policy* upon enrolment

- children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the OSHC Service
- an Immunisation History Statement for each child is requested on enrolment regarding the child's immunisation status (AIR) and any medical conditions
- a staff immunisation record that documents each staff member's previous infection or immunisations (including dates) is developed and maintained
- the OSHC Service implements recommendations from [*Staying healthy: Preventing infectious diseases in early childhood education and care services*](#) to maintain a healthy environment
- that all information regarding the prevention of infectious diseases is sourced from a recognised health authority [Australian Government Department of Health](#)
- exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all staff, children, parents, families and visitors
- the Public Health Unit is notified as soon as possible after they are made aware that a child enrolled has a vaccinated preventable disease
- the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)
- after confirmation that a child is suffering from an infectious disease, and as soon as practical, the family of each child enrolled in the Service must be notified whilst maintaining the privacy of the ill/infectious child. Communication may be:
 - verbal
 - through a letter from the educator or approved provider
 - via electronic message- text message or email
 - notice clearly displayed at the OSHC Service
- families are advised that they are requested to alert the Service if their child is diagnosed with an infectious illness, including COVID-19
- daily attendance records for staff, children and visitors are up to date at all times
- safe health and hygiene practices are implemented at all times
- educators and staff routinely role model hand washing, hand drying, cough and sneeze etiquette
- effective environmental cleaning policies and procedures are adhered to all times
- children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette)

- families are provided with relevant sourced materials and information on infectious diseases, health, and hygiene including:
 - the current National Immunisation Schedule
 - exclusion guidelines in the event of a vaccine preventable illness at the Service for children that are not immunised or have not yet received all their immunisations
 - advice and information regarding any infectious diseases in general and information regarding any specific infectious illnesses that are suspected/present in the Service.
- all educators are mindful and maintain confidentiality of individual children's medical circumstances
- that opportunities for educators to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided
- that opportunities for staff, children, and families to have access to health professionals by organising visits/guest speakers to attend the service to confirm best practice are provided
- families are advised to keep children at home if they are unwell. If a child has been sick, they must be well for 24hrs before returning to the OSHC Service. If the illness is related to gastroenteritis the child is not to return to the Service for up to 48 hours (see: exclusion periods)
- to complete the register of *Incident, Injury, Trauma or Illness* and/or document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring in the Service
- educators or staff who have diarrhoea or an infectious disease do not handle food for others and are not to return to work until they have been symptom free for 48 hours
- any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time.

Educators will ensure:

- that any child suspected of having an infectious illness is responded to and their health and emotional needs supported at all times
- any child suspected of having an infectious illness is isolated from other children and supervised whilst waiting for collection by parents or guardian
- that appropriate health and safety procedures are implemented when treating ill children- wear disposable gloves, face mask or other PPE if needed
- families are aware of the need to collect their unwell child/ children as soon as practicable from the OSHC Service

- after confirmation that a child is suffering from an infectious disease, and as soon as practical, the family of each child must be notified whilst maintaining the privacy of the ill/infectious child.
Communication may be:
 - verbally
 - through a letter from the educator or Approved Provider
 - posting a note or sign at the entry of the residence
 - via electronic message- text message or email
- all resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected- (cushions, pillows, toys)
- their own immunisation status is maintained, and the Approved Provider/Nominated Supervisor is advised of any updates to their immunisation status
- opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette
- consideration is given to the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day
- they adhere to the OSHC Service's health and hygiene policy including:
 - hand washing
 - daily cleaning of the service
 - wearing gloves (particularly when in direct contact with bodily fluids)
 - appropriate and hygienic handling and preparation of food
 - wear face masks if mandated by PHU
- they maintain up-to-date knowledge with respect to Health and Safety through on-going professional development opportunities

PREVENTION STRATEGIES FOR MINIMISING THE SPREAD OF DISEASE WITHIN OUR SERVICE

STAFF AND EDUCATORS WILL ENSURE:

- full adherence to the NHMRC childcare cleaning guidelines
- surfaces are cleaned first with detergent and water before using disinfectants. (Disinfectants cannot kill germs unless areas are clean)
- mops used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry sink and then air-dried.
- that a daily clean is carried out on other surfaces that may transmit germs such as high touch objects including doorknobs, tables, remotes, light switches, low shelving, etc. This will be increased, if an

outbreak has been recorded in the Service or to minimise the risk of transmission of a virus such as COVID-19

- that if a child has a toileting accident, the items are placed in a plastic bag with the child's name on it. The plastic bag will be stored in a sealed container labelled 'soiled/wet clothing' for parents to take home.
- all washable toys/equipment out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination and recorded with the date and a signature as evidence.
- toys and equipment (that are difficult to wash) will be washed with detergent (or soap and water) and air-dried in sunlight
- washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry (toys will not be washed in the dishwasher at the same time as dishes). All toys and equipment that have been cleaned will be recorded on the toy cleaning register.
- floor surfaces will be cleaned on a daily basis after each meal and at the end of each day
- toilets/bathrooms will be cleaned whenever needed throughout the day using detergent and water followed by disinfectant and paper towel
- when cleaning up spills of faeces, vomit or urine off floors, bathrooms etc. educators will use disinfectant on the surface after cleaning it with detergent and warm water
- pregnant staff members should not assist in toileting or cleaning up toileting accidents to prevent unexpected cross contamination and risk of contracting Cytomegalovirus (CMV). (see Pregnancy in Early Childhood Policy)

FAMILIES WILL:

- adhere to the OSHC Service's policies regarding *Dealing with Infectious Diseases, Immunisation and Incident, Injury, Trauma and Illness* and adhere to exclusion requirements
- adhere to the Service's restrictions of entry into the Service in the event of an outbreak of an infectious disease or virus
- adhere to the Service's policy regarding Hand Washing
- exclude their child from care if they display symptoms of an infectious illness or disease or in the event of a vaccine preventable disease occurs in the OSHC Service and their child is not immunised fully
- alert the Service if their child is diagnosed with an infectious illness, including COVID-19
- advise the OSHC Service of their child's immunisation status, by providing approved written documentation for the Service to copy and place in the child's file

- advise the OSHC Service when their child’s immunisation/medical condition is updated to ensure that immunisation and medical records are up to date
- adhere to the Service’s risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus.

RESOURCES

[Gastro Pack NSW Health](#)

[Minimum periods for exclusion from childcare services](#)

NSW Health [Stopping the spread of childhood infections factsheet.](#)

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Dealing with Infectious Diseases Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Hand Washing Procedure	Immunisation Register
Illness Management Procedure	Incident injury trauma and illness Record
Illness or Infectious Disease Register	Reporting Infectious Diseases Procedure

SOURCES

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework.](#)

ACECQA. (2021). Policy and procedure guidelines. (2021). [Dealing with Infectious Diseases.](#)

Australian Government Department of Health *Health Topics* <https://www.health.gov.au/health-topics>

Australian Government. Department of Health (2019). *National Immunisation Strategy for Australia 2019-2024* https://www.health.gov.au/sites/default/files/national-immunisation-strategy-for-australia-2019-2024_0.pdf

[Australian Government Department of Health Australian Health Protection Principal Committee \(AHPPC\)](#)

Department of Human Resources: National Immunisation Program Schedule: <https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023). [Education and Care Services National Regulations.](#) (Amended 2023).

Medicare Australia (Department of Human Services): <https://www.humanservices.gov.au/individuals/medicare>

National Health and Medical Research Council (NHMRC): <https://www.nhmrc.gov.au/>

National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*

NSW Government. Department of Education. Managing COVID cases. <https://education.nsw.gov.au/early-childhood-education/coronavirus/managing-covid-cases>

NSW Government Department of Health. Vaccination requirements for child care.

https://www.health.nsw.gov.au/immunisation/Pages/childcare_ga.aspx

NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>

Public Health Act 2010

Public Health Amendment Act 2017

Public Health Regulation 2012

Public Health and Wellbeing Regulations 2019 Victoria

Queensland Government. Department of Education. Information for early childhood service providers, Managing COVID-19 safely. <https://alt-qed.qed.qld.gov.au/covid19/early-childhood-service-operations/information-for-early-childhood-service-providers>

Queensland Health [Information for parents about infectious diseases and exclusion periods in Queensland early childhood education centres and schools](#)

Revised National Quality Standard. (2018).

Safe Work Australia

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V13.03.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • deleted reference to 'Sick Children Policy' (now merged with Incident, Injury, Trauma and Illness Policy) • deleted managing COVID-19 positive case section • merged '<i>nominated supervisor/ responsible person educator</i>' section • order of some statements moved within paragraphs for consistency and repetition • minor formatting edits within text • hyperlinks checked and repaired as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MARCH 2023	<ul style="list-style-type: none"> • Change of name of policy from <i>Control of Infectious Diseases</i> to <i>Dealing With Infectious Diseases</i> • Edits to COVID-19 practices and references • removal of reference to the COVID-19 Management Policy • policy maintenance • hyperlinks checked and repaired as required • minor formatting edits within text • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added 	MARCH 2024	

	<ul style="list-style-type: none"> link to Western Australian Education and Care Services National Regulations added in 'Sources' 	
MARCH 2022	<ul style="list-style-type: none"> deleted information about a confirmed COVID-19 case replaced by <i>Managing a positive case of COVID-19 in an OSHC Service</i> services must check with their state regulatory authority for current guidelines for managing a positive case of COVID-19 as definitions of close contacts and management of cases may change minor edits sources checked for currency 	MARCH 2023

UNEXPECTED DEATH OF A CHILD AT A SERVICE POLICY

The unexpected death of a child at an Out of School Hours Care (OSHC) Service is a traumatic event and the impact on educators, children and families can cause emotional turmoil, which can overwhelm usual coping skills. A policy providing comprehensive procedures is therefore crucial to ensure a coordinated response and ensure the mandatory reporting requirements to the regulatory authorities are followed.

As a result of the suddenness of such an event, well-trained and experienced staff can experience strong emotions and traumatic stress responses. The role of our OSHC Service is to help restore a sense of safety for all children, educators, and families as soon as possible following a traumatic event.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 174	Offence to fail to notify certain information to Regulatory Authority

12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
168	Policies and procedures are required in relation to health and safety
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy	Medical Conditions Policy Unexpected Death of a Child at a Service Policy
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PURPOSE

Our OSHC Service will ensure that management, staff and educators follow the procedures and principles within this policy and that immediate and appropriate action is taken to notify relevant authorities in the event of the death of a child whilst at the Service. There are a number of legal requirements to adhere to in the tragic event of the death of a child at a service as outlined below.

SCOPE

This policy applies to children, families, management, Approved Provider, Nominated Supervisor, students, volunteers, visitors (including contractors) and staff of the OSHC Service.

SERIOUS INCIDENTS

Within this policy a notifiable incident relates to a fatality in the workplace due to:

- (a) an injury sustained in the course of a work activity
- (b) the result of someone else's work activity or
- (c) natural cases such as heart attacks and strokes.

Under the Work Health and Safety Act (2011) legislation, all businesses are mandated to immediately notify **SafeWork** if a notifiable incident occurs. If the regulator stipulates, the incident site must be preserved until an inspector arrives or directs otherwise.

- (d) Phone: 13 10 50

- (e) Phone: 13 10 50

NOTIFICATION OF A SERIOUS INCIDENT

Although there is no specific requirement stipulated in the National Law and National Regulations for reporting a death of a staff member, the approved provider must notify the state regulatory body if any circumstance arises at the service that may pose a risk to the health, safety or wellbeing of a child or children attending the service [Section 174(2) (a) and Regulation 176 (2) (a)].

The unexpected death of a staff member could be viewed as a serious incident. Notification to the regulatory authorities must be made within 24 hours. This must be done by logging into the National Quality Agenda IT System (NQA IT System).

KEEPING CHILDREN'S RECORDS

In the event of the death of a child whilst being cared for at the Service, records must be kept for 7 years from the date of the child's death. [Regulation 183 (c)]

INITIAL ACTION AND IMPLEMENTATION

Management and educators will ensure that immediate and appropriate action is taken in the event of the death of a child whilst at the OSHC Service by following and implementing the following procedures:

1. assess the situation as per service and First Aid procedures for any immediate danger to other children and/or staff
2. provide immediate First Aid and/or CPR in accordance with current First Aid training
3. call emergency services immediately requesting an ambulance
4. management/Responsible person will call the parents/guardian of the child and arrange to meet at the hospital (cooperate with emergency services and adhere to their protocols)
5. the Service must not advise parents of the death of their child: medical staff/emergency services will advise families of the situation.
6. notify Regulatory Authorities including the Police Department
7. notify the Approved Provider (if not at the service).
8. the Responsible person will complete in detail the Service's Incident, injury, trauma and illness form
9. the Approved provider will log the incident on the NQA TI System, attaching incident form and evidence. <https://www.acecqa.gov.au/resources/national-quality-agenda-it-system>
10. notify SafeWork [in your state/territory] within the first hour of the incident/fatality occurring
11. secure the area around where the fatality occurred to prevent further incident or injury and to adhere to any non-disturbance requirements for notification of a notifiable incident under Work Health and Safety Act 2011

12. management/Approved provider will contact the insurance company.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL:

- follow directions/protocols provided by the Regulatory Authority/ SafeWork. Request support for protocols when notifying families and children; sharing information with a coordinated and effective response and assistance to manage social media adhering to privacy and confidentiality laws
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- demonstrate sensitivity, open mindedness and a balanced approach
- ensure that parents, families, children and educators receive adequate and appropriate post-incident support
- recognise and support cultural needs
- ensure all evidence is preserved
- maintain accurate and detailed record keeping
- contact their legal representative for support and direction
- establish protocols for staff and Educators to discuss the traumatic event
- advise staff of social media protocol for the event
- provide professional and sensitive communication with families of the Service
- engage the services of health care professionals (counselling and support for staff)
- cooperate on an ongoing basis with inter-agencies involved in the investigation.

CARING FOR THE WELLBEING OF EDUCATORS, CHILDREN AND FAMILIES

Our OSHC Service will engage health professionals who may include child and family counsellors and psychologists to support our educators during this profoundly difficult time. Health professionals will assist educators to be sensitive and mindful of the impact such an event has had on all stakeholders. With professional guidance and support, we will encourage children to express their emotions and feelings and implement strategies to assist and guide children's process of grieving and re-engage children in learning. Educators will support children's understanding of grief and loss by:

- answering questions simply and honestly
- allowing children to express their emotions and feelings
- provide appropriate comfort
- implement a range of learning experiences to express their thoughts- drawing, movement, play
- create a safe space for time alone when needed

Our OSHC Service will seek advice and support from health professionals to provide appropriate materials to send home to families to assist in understanding the effects of trauma on children and possible changes in behaviour following the unexpected death of a child in our service.

CONTINUOUS IMPROVEMENT/REFLECTION

Our Unexpected Death of a Child Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SUPPORT SERVICES

beyou	1300 224 636	www.beyou.edu.au
Beyond Blue	1300 224 636	www.beyondblue.org.au
Headspace	1800 650 890	www.headspace.org.au
Lifeline	13 11 14	www.lifeline.org.au
Kid's Help Line	1800 551 800	https://kidshelpline.com.au
Compassionate Friends of Victoria	1300 064 068	www.compassionatefriendsvictoria.org.au/
National Centre for Childhood Grief	1300 654 556	https://childhoodgrief.org.au/contact-us/
Rainbows	03 9798 7005	https://rainbows.org.au/

SOURCES

Australian Centre for Grief and Bereavement: <http://www.grief.org.au>

Australian Child & Adolescent Trauma, Loss & Grief Network:

http://earlytraumagrief.anu.edu.au/files/ACATLGN_grief_and_loss.pdf

Australia Children's Education & Care Quality Authority. (2023). *Guide to the National Quality Framework*.

Education and Care National Regulations. (Amended 2023).

Occupational Health and Safety Act 2004.

What Do We Tell the Children When Someone Dies? http://www.adac.org.au/siteF/resources/l_children_gt.pdf

Work Health and Safety Act 2011.

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
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POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V7.10.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy review • sources and links to support services checked for currency 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
OCTOBER 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • hyperlinks checked and repaired as required • new section- Continuous Improvement/Review added • minor formatting edits within text • link to Western Australian Education and Care Services National Regulations added in 'Sources' • clarification regarding notification to Regulatory Authority via NQAITS within 24 hours 	OCTOBER 2023	
OCTOBER 2021/JANUARY 2022	<ul style="list-style-type: none"> • policy reviewed as part of annual cycle • minor edits (inclusion of OSHC reference) • additional support services added • sources checked for currency • additional information added to assist management (Jan 22) 	OCTOBER 2022	
DECEMBER 2020	<ul style="list-style-type: none"> • Minor editing and formatting • Sources checked for currency • Page numbers inserted 	OCTOBER 2021	

UNEXPECTED DEATH OF A STAFF MEMBER AT A SERVICE POLICY

The sudden and unexpected death of a staff member at an Out of School Hours (OSHC) Service is a traumatic event and can have a profound impact on other staff, educators, children and families. As a result of the suddenness of such an event, well-trained and experienced staff can experience strong emotions and traumatic stress responses. The role of our OSHC Service is to ensure our workplace promotes the health and wellbeing of all staff and provides a safe, healthy and supportive environment in which to work. Should a serious incident occur, our OSHC Service will ensure mandatory reporting requirements are followed and support is provided to assist all staff, children and families deal with distress, grief and bereavement.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 174	Offence to fail to notify certain information to Regulatory Authority
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
168	Policies and procedures are required in relation to health and safety
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy	Medical Conditions Policy Unexpected Death of a Child at a Service Policy
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PURPOSE

Our OSHC Service will ensure that management and educators follow the procedures and principles within this policy and that immediate and appropriate action is taken to notify relevant authorities in the event of the death of a child whilst at the Service. There are a number of legal requirements to adhere to in the tragic event of the death of a staff member at a service as outlined below.

SCOPE

This policy applies to children, families, Approved Provider, Nominated Supervisor, students, volunteers, visitors (including contractors), management and staff of the OSHC Service.

SERIOUS INCIDENTS

Within this policy a notifiable incident relates to a fatality in the workplace due to:

- an injury sustained in the course of a work activity
- the result of someone else's work activity or
- natural cases such as heart attacks and strokes.

Under the Work Health and Safety Act (2011) legislation, all businesses are mandated to immediately notify **SafeWork**, if a notifiable incident occurs. If the regulator stipulates, the incident site must be preserved until an inspector arrives or directs otherwise.

Phone: 13 10 50

NOTIFICATION OF A SERIOUS INCIDENT

Although there is no specific requirement stipulated in the National Law and National Regulations for reporting a death of a staff member, the approved provider must notify the state regulatory body if any circumstance arises at the service that may pose a risk to the health, safety or wellbeing of a child or children attending the service [Section 174(2) (a) and Regulation 176 (2) (a)].

The unexpected death of a staff member could be viewed as a serious incident. Notification to the regulatory authorities must be made within 24 hours. This must be done by logging into the National Quality Agenda IT System (NQA IT System).

INITIAL ACTION AND IMPLEMENTATION

Management, staff, and educators will ensure that immediate and appropriate action is taken in the event of the death of a staff member whilst at the OSHC Service by following and implementing the following procedures:

1. assess the situation as per service and First Aid procedures for any immediate danger to other staff and children
2. provide immediate First Aid and/or CPR in accordance with current First Aid training
3. call an Ambulance immediately on 000
4. assess the situation as per First Aid procedures for any immediate danger to other staff and/or children
5. management/Responsible person will call the emergency contact person of the staff member
6. Notify Regulatory Authorities and Safe Work
7. take care not to disturb the incident site until police or inspector from SafeWork arrives
8. the Responsible person will complete in detail the Service's Incident, Injury, Trauma and Illness record
9. the management/Responsible person will advise the school principal of the incident, if required

10. management/approved provider will contact the Service's insurance company
11. the approved provider will log the incident on the NQA IT System, attaching incident form and evidence within 24 hours of the death.

<https://www.acecqa.gov.au/resources/national-quality-agenda-it-system>

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL:

- transition children away from the area
- demonstrate sensitivity, open mindedness and a balanced approach to managing the incident
- recognise and support cultural needs of staff, children and families
- ensure all evidence is preserved
- maintain accurate and detailed record keeping
- contact their legal representative for support and direction
- establish protocols for staff and Educators to discuss the traumatic event
- advise staff of social media protocol for the event
- provide professional and sensitive communication with families of the OSHC Service
- engage the services of health care professionals (counselling and support for staff)
- cooperate on an ongoing basis with inter-agencies involved in the investigation
- provide support and comfort to the family of the colleague (phone calls, reassurance, legal advice, workers compensation information etc.)

CARING FOR THE WELLBEING OF EDUCATORS, CHILDREN AND FAMILIES

Our OSHC Service will support staff members who may be deeply affected by the loss of a colleague by the following actions:

- provide grief counselling as soon as possible
- foster a culture of compassion, understanding and respect
- be present as a team to support one another on a day-to-day basis
- provide opportunities for staff to grieve privately (flexible rostering where possible)
- contact other childcare services or providers in your network/community to assist with emergency support if needed (providing the opportunity for colleagues to attend the funeral if appropriate)
- closely monitor staff for ongoing suffering and offer immediate support
- discuss employee leave entitlements (sick, FACS, long service, unpaid)
- promote self-care for all staff in the workplace.

Our OSHC Service will be sensitive and mindful of the impact of such an event has on all stakeholders and engage professional health professionals to provide information, guidance and support for staff, educators, children and families.

Educators will support children’s understanding of grief and loss by:

- answering questions simply and honestly
- allowing children to express their emotions and feelings
- provide appropriate comfort
- implement a range of learning experiences to express their thoughts- drawing, movement, play
- create a safe space for time alone when needed

CONTINUOUS IMPROVEMENT/REFLECTION

- Our Unexpected Death of a Staff member at the Service Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SUPPORT SERVICES

beyou	1300 224 636	www.beyou.edu.au
Beyond Blue	1300 224 636	www.beyondblue.org.au
Headspace	1800 650 890	www.headspace.org.au
Lifeline	13 11 14	www.lifeline.org.au
Kid’s Help Line	1800 551 800	https://kidshelpline.com.au
Compassionate Friends of Victoria	1300 064 068	www.compassionatefriendsvictoria.org.au/
National Centre for Childhood Grief	1300 654 556	https://childhoodgrief.org.au/contact-us/
Rainbows	03 9798 7005	https://rainbows.org.au/

CONTACT DETAILS FOR REGULATORS

To notify a ‘notifiable incident’ contact your local regulator:

Jurisdiction	Regulator	Telephone	Website
South Australia	SafeWork SA	1800 777 209	safework.sa.gov.au

Jurisdiction	Regulator	Telephone	Website
Commonwealth	Comcare	1300 366 979	comcare.gov.au

SOURCES

Australian Centre for Grief and Bereavement: <http://www.grief.org.au>
 Australian Child & Adolescent Trauma, Loss & Grief Network:
http://earlytraumagrief.anu.edu.au/files/ACATLGN_grief_and_loss.pdf
 Education and Care National Regulations. (Amended 2023).
 Guide to the National Quality Standard. (Amended 2023).
Occupational Health and Safety Act 2004.
 Safe Work Australia: www.safeworkaustralia.gov.au
Work Health and Safety Act 2011.
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V3.10.23		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy review - no major changes sources checked for currency and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
OCTOBER 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy hyperlinks checked and repaired as required new section- Continuous Improvement/Review added minor formatting edits within text link to Western Australian Education and Care Services National Regulations added in 'Sources' 	OCTOBER 2023	
OCTOBER 2021	<ul style="list-style-type: none"> New policy drafted for OSHC services 	OCTOBER 2022	

DELIVERY OF CHILDREN TO, AND COLLECTION FROM EDUCATION AND CARE SERVICE PREMISES

Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place for the delivery of children to, and collection from, service premises and take reasonable steps to ensure those policies are followed. (ACECQA 2021).

Arrival and departure times are planned to promote a smooth transition between home and our Service for before and after school care, and vacation care. The opportunity to build secure, respectful and reciprocal relationships between children and families is promoted during arrival and departure times where educators have the opportunity to engage in conversations with families and support each child's well-being.

Arrival and departure times are planned to promote a smooth transition between home and our Out of School Hours Care (OSHC) Service for before and after school care, and vacation care. The opportunity to build secure, respectful and reciprocal relationships between children and families is promoted during arrival and departure times where educators have the opportunity to engage in conversations with families and support each child's well-being.

To ensure the health and safety of children at our Service, our Delivery of children to and collection from Education and Care Service Premises Policy is strictly adhered to, allowing only nominated authorised persons to collect children at any time throughout the day. The daily sign in and out register is not only a legally required document to record children's attendance as per National Law and Regulations but is also used as a record of the children on the premises should an emergency evacuation be required to be implemented.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
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, practiced and implemented.

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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EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training
S165	Offence to inadequately supervise children
S167	Offence relating to protection of children from harm or hazard
S170	Offence relating to unauthorised persons on education and care service premises
84	Awareness of child protection law
86	Notification to parents of incidents, injury, trauma and illness
87	Incident, injury, trauma and illness record
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
102	Authorisations for excursions
102AAB	Safe arrival of children policies and procedures
102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
102B	Transport risk assessment must be conducted before service transports a child
102C	Conduct of risk assessment for transporting children by education and care service
102D	Authorisation for service to transport children
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios- centre-based services
157	Access for parents
158	Children's attendance record to be kept by approved provider
160	Child enrolment records to be kept by approved provider and family day care educator

161	Authorisations to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of Medication Policy Child Protection Policy Child Safe Environment Policy Code of Conduct Policy Dealing with Infectious Diseases Policy Emergency Evacuation Policy Enrolment Policy Incident, Injury, Trauma and Illness Policy	Handwashing Policy Orientation of New Families Policy Privacy and Confidentiality Policy Safe Arrival of Children Policy Safe Transportation Policy Student, Volunteer and Visitor Policy Termination of Enrolment Policy Work Health and Safety Policy
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PURPOSE

We aim to ensure the protection and safety of all children, staff members, and families accessing the OSHC Service. Educators and staff will only release children to an authorised person as named by the parent/guardian on the individual child's enrolment form.

SCOPE

This policy applies to children, families, staff, the approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Our OSHC Service has detailed processes, guidelines and practices for the delivery and collection of children to ensure the safety and wellbeing of each individual child. We ensure that all educators, educator assistants and staff implement these.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- families are aware of this *Delivery of children to, and collection from an Education and Care Service Premises Policy*
- a risk assessment is conducted in conjunction at least once every 12 months, to identify any risks or hazards that may pose a risk to children's health, safety or wellbeing as they travel between our OSHC Service and any other service which provides education and care to children (See: *Safe Transportation of Children Policy*)
- adequate supervision is provided when children arrive and depart the service premises
- relevant educator to child ratios are adhered to at all times
- accurate attendance records are kept
- children only leave the education and care premises in the care of a parent or authorised person or in accordance with written authorisation as per Regulation 99
- enrolment records are kept for each child enrolled in the Service including the name, address and contact details of
 - any emergency contacts
 - any authorised nominee
 - any person authorised to consent to medical treatment or administration of medication
 - any person authorised to give permission to the educator to take the child off the premises
 - any person who is authorised to authorize the education and care service to transport the child or arrange transportation of the child
 - details of any court order, parenting orders or parenting plan
 - authorisations for the service to take the child on regular outings
 - authorisations for the service to take the child on regular transportation
 - any medical management plan, anaphylaxis medical management plan or risk minimisation plan
- should any serious incident occur, an Incident, injury, trauma or illness record must be completed (see Incident, Injury, Trauma and Illness Policy and Procedure)
- in the case of a serious incident occurring, the regulatory authority must be notified within 24 hours through the [NQA IT System](#)
- all new educators and staff are provided with an induction to the Service including an understanding of this policy

- all educators and staff are provided with procedures and training on how they will verify the identity of an authorised nominee, or a person authorised by the parent or authorised nominee to collect the child (including procedures of what to do when an unauthorised person attempts to collect a child)

ARRIVAL AT SERVICE:

- all children need to be signed in by an authorised person. Note: the signing in of a child is verification of the accuracy of the attendance record. Information required on the register includes the child's name, the date and time and the signature of the person dropping off the child
- children are required to wash their hands upon arrival or use the hand sanitiser provided
- the parent/authorised nominee must also advise staff who will be collecting the child/children
- families will be reminded to sign their child/children into the OSHC Service and will be encouraged to do so immediately upon arrival to avoid forgetting
- should families forget to sign their child/children in, National Regulations require the Nominated Supervisor or an educator to sign the child in
- sign in sheets/attendance records are to be used as a record in the case of an emergency to account for all children
- children are to be sighted by an educator before the parent or person responsible for the child leaves. This ensures that the educator is aware that the child has arrived and is in the building.
- a child's medication needs, or any other important or relevant information should be passed on to one of the child's educators by the person delivering the child
- the educator will check that the family has completed an Administration of Medication Record and store the medication appropriately, away from children's reach
- in order for children to feel secure and safe, it is important that children and families are greeted upon arrival by a member of staff and have the chance to say goodbye to the person dropping them off
- in the case of a separated family, either biological parent is able to add a contact in writing unless a court order is provided to the Nominated Supervisor stating that one parent has sole custody and responsibility.

DELIVERY TO SCHOOL

Educators and staff will:

- implement procedures for the safe handover of children between our OSHC Service and an educational facility as per our Safe Arrival of Children Policy and procedure
- ensure documentation is correctly and clearly communicated with all stakeholders

- accurate attendance records are kept up-to-date recording:
 - the time and date children arrive and depart the OSHC Service
 - the signature of the person who has collected or delivered the child to our OSHC Service
- follow the Safe Transportation Policy at all times if traveling between our OSHC Service and another education facility
- ensure families complete a Safe Travel Agreement Form prior to children travelling between our OSHC Service and an educational facility
- will be signed out of the OSHC Service and escorted to the designated before-school play area where the teacher on playground duty will be advised of their arrival

DELIVERY TO SCHOOL:

- Children will be signed out of the Service from 8:30am onwards but not later than 8:45am other than Kindy children who will be signed out at 9:00am.
- All Reception at least until Term 2, Kindergarten children and children with additional needs (as required) will then be escorted to their classroom and supported as required to put their bags away and prepare for the day (lunches, homework etc. in the designated place)
- Children will not allowed to leave the service until 8:30am when a teacher is on playground duty with the exception of children attending Fitness Club at 8:10am on Tuesday and Thursday mornings or children in Year 6/7 who are on traffic at 8:25am.

COLLECTION FROM SCHOOL:

- An educator will collect all Kindergarten, Reception children at least until Term 2 and children with additional needs (as required) from their classroom before escorting them to the Service and signing them in.
- Children in first to sixth grade will make their way to the Service and be signed in by Educators.

ABSENT OR MISSING CHILDREN:

- Parents must advise Service staff as early as possible of their child/children's absence.
- If a child has not arrived at the Service and the parent has not made contact with the Service to advise of absence 15 minutes prior to children being escorted to school, an Educator will contact the parent to clarify and confirm the situation.
- If a child is collected from the school early due to illness or other reasons the parent must notify the Service, using the Service's telephone message bank if the Service is unattended.
- If a child does not arrive at the Service at the expected time an Educator will:

- Ask children in the school playground if they have seen the child or know where he/she is (phone parents to confirm if children say the child left school early).
- Ask the child's teacher and/or office staff if they know of the child's whereabouts.
- Ring the child's parent/s to enquire if they know of their child's whereabouts.
- If parents believe the child should be at school, search the school classrooms and premises with assistance of teachers and any available persons.
- Immediately contact the school principal or delegate.
- If the child cannot be found during this search, the child must be considered missing.
- If the parents have been contacted and the child is subsequently found, the Educator must immediately contact the parents to let them know.
- complete an incident, injury, trauma and accident record as soon as possible

MISSING CHILDREN:

If a child is considered missing, an Educator or staff member will:

- Contact the police by dialling **000**.
- Contact the child's parents.
- Contact the school to inform them of the missing child.
- Notify the regulatory authority within 24 hours of becoming aware of a serious incident

DEPARTURE FROM OSHC SERVICE

- Children may only leave the OSHC Service premises if the child leaves:
 - in accordance with the written authorisation of the child's parent or authorised nominee named in the enrolment record; or
 - taken on an excursion or on transportation provided or arranged by the OSHC Service with the written authorisation of the child's parent or authorised nominee; or
 - given into the care of a person or taken outside the premises; or
 - because the child requires medical, hospital or ambulance care or treatment; or
 - because of another emergency (evacuation due to bush fire, flood, severe storm)
- in the case of an emergency, where the parent/guardian or a previously authorised nominee is unable to collect the child, the parent or person responsible for the child (as listed on enrolment form as having a parenting role) may telephone the service and arrange an alternative person to pick up the child. This contact must then be confirmed in writing to the Service (email, text, or letter).

- parents/guardians are to advise their child’s educator if someone different is picking up their child, both verbally and on the sign in/out sheet. This person is to be named on the enrolment form or added in writing to Management as an authorised nominee for the child.
- photo identification must be sighted by a Primary Contact Educator before the child is released. If educators cannot verify the person’s identity, they may be unable to release the child into that person’s care, even if the person is named on the enrolment form.
- all children must be signed out by their parent (or a person authorised by the parent-authorised nominee) when the child is collected from our Service including each child’s name, date and time they depart. If the parent or other person forgets to sign the child out, they will be signed out by the Nominated Supervisor or educator.
- parents/guardians are requested to arrive to collect their child/children by 6.15pm
- no child will be withheld from an authorised contact or biological parent named on the enrolment form unless a current court order is on file at the OSHC Service
- in the case of a particular person (including a biological parent) being denied access to a child, the service requires a written notice (court order) from a court of law.
 - educators will attempt to prevent that person from entering the service and taking the child; however, the safety of other children and educators must be considered
 - educators will not be expected to physically prevent any person from leaving the service
 - in such cases, the parent with custody will be contacted along with the local police and appropriate authorities
 - where possible the educator will provide police with the make, colour, and registration number of the vehicle being driven by the unauthorised person, and the direction of travel when they left the Service
 - a court order overrules any requests made by parents to adapt or make changes
- in the case of a serious incident occurring, as described above, the regulatory authority must be notified within 24 hours through the [NQA IT System](#)
- 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.
- if the person collecting the child appears to be intoxicated or under the influence of drugs, and educators feel that the person is unfit to take responsibility for the child, educators will:
 - discuss their concerns with the person, without the child being present if possible, and
 - suggest they contact another parent or authorised nominee to collect the child
 - follow procedures to protect the safety of children and staff of the education and care service as per Child Protection Law and Child Protection Policy

- contact the Police and other regulatory authorities (Child Protection Hotline 132 111)
- if an authorisation to collect a child is refused by the Service, it is best practice to document the actions for evidence to authorities (refer to Refusal of Authorisation Record).
- at the end of each day educators will check indoor and outdoor premises including all rooms and storage rooms and storage sheds to ensure that no child remains on the premises after the service closes
- children may leave the premises in the event of an emergency, including medical emergencies as outlined in our Emergency Evacuation Policy
- details of absences during the day will be recorded.

DELIVERY AND COLLECTION OF CHILDREN DURING VACATION CARE

During periods of Vacation Care, policies and procedures will be followed as per *Arrival at Service*, and *Departure from Service* sections within this policy.

VISITORS

- to ensure we can meet Work Health and Safety requirements and ensure a child safe environment, individuals visiting our Service must sign in when they arrive at the service and sign out when they leave. It is also a requirement of the National Regulations that Visitors are not left alone with children at any time.

LATE COLLECTION OF CHILDREN

- If there are children still present at the Service upon closing, a minimum of two Educators must also be present.
- Instruction to parents; “Please remember that our Educators have families to go home to and their own children to collect by a designated time. If you are late to collect your child two Educators have to stay behind and therefore both have to be paid overtime. To cover this, a late fee of \$15 per 15 minute block will be charged (e.g. if you are 5 minutes late you will be charged for a 15 minute block. If you are 20 minutes late you will be charged for two 15 minute blocks, etc.”)
- If you know that you are going to be late, please notify the Service and make arrangements for someone else to collect your child.
- If you have not arrived by 6:15pm you will be contacted. If we are unable to contact you and your child has not been collected, we will call alternative contacts as listed on your enrolment form to organise the collection of your child by one of them.

- Due to licensing and insurance purposes, if by 7:00pm neither you nor any of your authorised contacts are available or contactable, we may need to take your child to the police station for you to collect.
- A sign will be displayed at the Service notifying you of your child’s whereabouts. If this occurs we will be obligated to contact Family and Community Services and inform them of the situation.
- If a child is collected late more than twice in a term they can be denied access to the service.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Administration of Medication Record Authorisation Form Alternative Authorisation Form Late Collection of Child Letter	Late Delivery of a Child Letter Refusal of Authorisation Register Safe Travel Agreement Form Visitor sign in sign out record
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CONTINUOUS IMPROVEMENT/REFLECTION

The *Delivery of children to, and collection from Education and Care Service Policy* will be reviewed on an annual basis in conjunction with children, families, educators and staff.

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).
 Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
 Australian Children’s Education & Care Quality Authority (ACECQA). 2023. [Policy and Procedure Guidelines. Delivery to, and Collection from Education and Care Services](#).
 Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023)
 National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
 Revised National Quality Standard. (2018).
 Safe Work Australia (2020)
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025

VERSION NUMBER	V13.01.24	
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • regulations and content added re: Safe Arrival of Children • removal of statements that were introduced during the COVID pandemic re: COVID-19 risk assessment/management/AHPPC sources • sources checked for currency 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	<ul style="list-style-type: none"> • annual policy maintenance • removal of COVID-19 risk mitigation strategies (services may amend to suit their unique context) • additional information added to 'Continuous Improvement' section • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	JANUARY 2024
OCTOBER 2021/JAN 2022	<ul style="list-style-type: none"> • Policy reviewed to align with Policy Guidelines from ACECQA August 2021 • Additional section added for Approved Provider/Nominated Supervisor/Responsible Person roles • minor edits to reflect changes to ECEC services re: COVID-19- statements in red must be contextualised to each OSHC service. • Policy reviewed Jan 2022 as part of annual review. 	JANUARY 2023

DENTAL HEALTH POLICY

Good oral health is important for good general health and wellbeing for children. It allows children to eat, speak, socialise and learn without pain or discomfort. Early Childhood Services and Out of School Hours Care Services are ideal settings for promoting the importance of good dental health to children and families.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

2.1	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.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child.

EDUCATION AND CARE SERVICES NATIONAL REGULATION

92	Food and beverages
87	Incident, injury, trauma and illness record

RELATED POLICIES

Administration of First Aid Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Nutrition and Food Safety Policy
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PURPOSE

We aim to promote children's general wellbeing by creating an environment that supports healthy dental and oral health habits and practices that can be maintained throughout the child's life. Our Out of School Hours Care (OSHC) Service will provide food and drinks with consideration to the sugar content and ensure that drinking water is always available.

SCOPE

This policy applies to children, families, staff, approved provider, nominated supervisor and management of the Out of School Hours Care Service.

IMPLEMENTATION

Our OSHC Service believes it is important for all children to practice a high level of dental hygiene. We follow the guidelines of the Australian Dental Association and State Government Health Departments when caring for children's teeth.

We provide information and guidelines on good dental health practices, which are implemented into the daily routine, including swish and swallow after mealtimes, providing information about brushing teeth and tooth friendly snacks and drinks, and going to the dentist.

To minimise the risk of cavities forming we encourage children to eat nutritious foods and to avoid sticky and sugary foods. All food served and prepared at our OSHC Service comply with these guidelines by providing a variety of recommended vegetables, fruit, and dairy products. Children will be encouraged to drink water.

MANAGEMENT/THE APPROVED PROVIDER/NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL:

- ensure that food and drinks provided by the OSHC Service adhere to recommendations from organisations such as Munch and Move and Get Up and Grow, and recognised authorities.
- always ensure children have access to safe drinking water
- provide information to families about the Child Dental Benefits Schedule (CDBS)
- ensure enrolment form contains up to date information about each child's family dentist (in case of emergency).

EDUCATORS WILL:

- provide opportunities to discuss dental health education and food and drink choices to support dental health with children
- provide resources to support dental health learning such as books, posters, 'giant' teeth and toothbrushes, etc.
- pay particular attention to meal and snack times to ensure healthy food is being eaten.
- provide dental care information to families through newsletters, posters, web links and brochures

DENTAL EMERGENCIES:

It is important for educators to be aware of how to manage dental accidents and emergencies. Our OSHC Service will:

- ensure there is an educator on duty with current first aid qualifications to follow dental accident procedures
- ensure procedures for Administering First Aid are adhered to (including completing a Illness, Accident or Trauma record)
- ensure families are notified of any injury as soon as is reasonably practicable
- ensure that the phone number of an emergency dentist is located near the office phone.
- ensure children are supervised at all times to minimise accidents and incidents.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Dental Health Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of First Aid Procedure Dental Health Procedure	Incident Injury Trauma and Illness Record
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SOURCE

Australian Children’s Education & Care Quality Authority. (2014).

Australian Dental Association <https://www.ada.org.au/Dental-Health-Week-2020>

Australian Government Services Australia Child Dental Benefits Schedule

<https://www.servicesaustralia.gov.au/individuals/services/medicare/child-dental-benefits-schedule>

Dental Health Services Victoria: <https://www.dhsv.org.au/oral-health-advice/Professionals/early-childhood>

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (2017). (Amended 2023)

National Childcare Accreditation Council (NCAC) (2006). Ask a child care adviser: Dental health. *Putting Children First*, 18, 10-12.

Raising Children Network: www.raisingchildren.net.au

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V7.9.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy review • links to health programs added within policy • sources checked for currency • continuous improvement/reflection section added • CCD related resources added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
SEPTEMBER 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • hyperlinks checked and repaired as required • link to Western Australian Education and Care Services National Regulations added in ‘Sources’ 	SEPTEMBER 2023	
SEPTEMBER 2021	<ul style="list-style-type: none"> • no major changes • sources checked for currency and updated 	SEPTEMBER 2022	

DIABETES MANAGEMENT POLICY

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that educators and staff within the Out of School Hours Care (OSHC) Service understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications. Most younger children will require additional support from the service and educators to manage and monitor their diabetes whilst in attendance however, older children may be working towards independence and learning to self-monitor blood glucose and insulin injecting.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	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	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
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
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy	Incident, Injury, Trauma and Illness Policy
Administration of Medication Policy	Medical Conditions Policy
Enrolment Policy	Privacy and Confidentiality Policy
Family Communication Policy	Supervision Policy

PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for medical conditions including diabetes. Our Out of School Hours Care (OSHC) Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency occurring for any child whilst at our Service by supporting young people with diabetes, working in partnership with families and health professionals, and following the child's medical management plan.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the OSHC Service.

DUTY OF CARE

Our OSHC Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to provide

- e. a safe environment and
- f. adequate supervision at all times.

Our OSHC Service will ensure all staff members, including relief staff, have adequate training and knowledge about diabetes and know what to do in an emergency to ensure the health and safety of children (especially regarding hypoglycaemia and safety in sport). Management will ensure all staff are aware of children's medical management plan and risk management plans.

DESCRIPTION

Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.

Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs including having families provide written permission to display the child's medical management plan in prominent positions within the FDC residence or venue.

A copy of our Medical Conditions Policy and Diabetes Management Policy will be provided to all educators, volunteers, and families of the OSHC Service. It is important that communication is open between families and educators so that management of diabetes is effective.

Children diagnosed with diabetes will not be enrolled into the OSHC Service until the child's medical management plan is completed and signed by their medical practitioner or diabetes team and the

relevant staff members have been trained on how to manage the individual child's diabetes. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators and volunteers at the OSHC Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

MANAGEMENT, NOMINATED SUPERVISOR / RESPONSIBLE PERSON WILL ENSURE THAT:

- before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy, Medical Conditions Policy and Administration of Medication Policy
- each child with type-1 diabetes has a current individual diabetes medical management plan prepared by the child's diabetes medical specialist team, at or prior to enrolment
- discussions occur regarding authorisation for children to carry diabetes equipment with them and the self-administration of Blood Glucose testing and insulin injecting. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian, and the child's medical management team
- a child's diabetes medical management plan is signed by a registered medical practitioner or paediatrician and inserted into the enrolment record for each child. This will include all information on how to manage the child's diabetes on a day-to-day basis as well as the emergency management of the child's medical condition. Information may include:
 - blood glucose testing- BG meter
 - insulin administration
 - food, carbohydrate counting
 - how to store insulin correctly
 - how the insulin is delivered to the child- as an injection or via an insulin pump/
Continuous Glucose Monitoring CGM
 - oral medicine the child may be prescribed
 - managing diabetes during physical activities and excursions
 - permission for the child to self-administer blood glucose testing and insulin injecting

- a risk minimisation plan will be developed in collaboration with parents/guardian and cover the child's known triggers and where relevant other common triggers which may lead to a diabetic emergency
- a Communication Plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the status of the child's medical condition, and this policy and its implementation within the Service prior to the child starting at the OSHC Service
- all staff members including volunteers are provided with a copy of the Diabetes Management Policy and the Medical Conditions Policy which are reviewed annually
- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff members have completed first aid training approved by ACECQA at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the OSHC Service's premises
- when a child diagnosed with diabetes is enrolled, all staff attend regular professional training on the management of diabetes and, where appropriate, emergency management of diabetes
- at least one staff member who has completed accredited training in emergency diabetes first aid is present in the Service at all times whenever a child /child with diabetes are in attendance at the Service [not mandated but regarded as best practice]
- there is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal whenever the child attends the service
- consideration is given as to how and where insulin is stored and the safety of sharps disposal
- the family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment
- all staff members are trained to identify children displaying the symptoms of a diabetic emergency and are aware of the location of the diabetic medical management plan, required insulin/food as well as the risk minimisation plan
- all staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the OSHC Service, their individual symptoms of low blood sugar levels, and the location of their medical management/action plans and risk minimisation and communication plans
- individual child's medical management plans will be displayed in key locations throughout the Service
- a staff member accompanying children outside the OSHC Service to attend excursions, or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the diabetes medical management /action plan for children diagnosed with diabetes

- the programs delivered at the OSHC Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential
- all staff and volunteers at the Service are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes medical management plan
- updated information, resources and support is regularly given to families for managing childhood diabetes
- meals, snacks and drinks that are appropriate for the child and are in accordance with the child's diabetes Medical Management plan are available at the Service at all times
- eating times are flexible and children are provided with enough time to eat
- Diabetes Australia are contacted for further information to assist educators to gain and maintain a comprehensive understanding about managing and treating diabetes
- applications for additional funding opportunities are made if required to support the child and educators.

EDUCATORS WILL:

- read and comply with the Diabetes Management Policy, Medical Conditions Policy and Administration of Medication Policy
- know which child/ren are diagnosed with diabetes, and the location of their monitoring equipment, diabetes medical management and risk management plans and any prescribed medications
- perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's diabetes medical management plan if these are abnormal
- communicate with parents/guardians regarding the management of their child's medical condition as per their communication plan
- ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the OSHC Service
- follow the strategies developed for the management of diabetes at the OSHC Service
- ensure a copy of the child's diabetes medical management plan is visible and known to staff within the Service
- take all personal medical management/action plans, monitoring equipment, medication records, and any prescribed medication on excursions and other events outside the Service
- recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes medical management/action plan

- ensure a suitably trained and qualified educator will administer prescribed medication if needed according to the medical management/action plan and in accordance with the Service's Administration of Medication Policy
- record any medication in the Administration of Medication Record
- identify and where possible minimise possible triggers as outlined in the child's medical management plan and risk minimisation plan
- increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days, as well as during periods of high-energy activities
- ensure appropriate supplies of insulin administration equipment, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays
- maintain a record of the expiry date of the prescribed medication relating to the medical condition to ensure it is replaced prior to expiry
- ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g., glucose tablets, glucose jellybeans, etc.

FAMILIES WILL ENSURE THEY PROVIDE THE SERVICE WITH:

- details of the child's health condition, treatment, medications, and known triggers
- their doctor's name, address and phone number, and a phone number for an authorised nominee and/or emergency contact person in case of an emergency
- written authorisation for their child over preschool age to self-administer medication (if applicable)
- a medical management plan following enrolment and **prior** to the child starting at the Service is completed by their child's diabetes team (paediatrician or endocrinologist, general practitioner and diabetes educator). The plan should include:
 - when, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
 - what meals and snacks are required including food types/groups amount and timing
 - what activities and exercise the child can or cannot do
 - whether the child is able to go on excursions and what provisions are required
 - what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
 - what action to take in the case of an emergency
 - an up to date photograph of the child
- the appropriate monitoring equipment needed according to the diabetes medical management plan- blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks

- an adequate supply of emergency insulin for the child at all times according to the medical management plan
- information regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition and management of their condition
- any changes to their child's medical condition including the provision of a new diabetes Medical Management Plan to reflect these changes as needed
- all relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact on the management of their diabetes

DIABETIC EMERGENCY

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency.

- a) very **low** blood sugar (hypoglycaemia, usually due to excessive insulin), and
- b) very **high** blood sugar (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from:

- too much insulin or other medication
- not having eaten enough carbohydrate or other correct food
- a meal or snack has been delayed or missed
- unaccustomed or unplanned physical exercise or
- the young person has been more stressed or excited than usual

SIGNS & SYMPTOMS

HYPOGLYCAEMIA (HYPO)

If a child is wearing a CGM device, it will sound an alert when they are below their target range. Symptoms can vary between each young person.

If caused by low blood sugar, the child may:

- feel dizzy, weak, tremble and feel hungry
- look pale and have a rapid pulse (palpitations)
- sweat profusely
- feel numb around lips and fingers
- change in behaviour- angry, quiet, confused, crying
- become unconsciousness or have a seizure

HYPERGLYCAEMIA (HYPER)

If caused by high blood sugar, the child may:

- feel excessively thirsty
- have a frequent need to urinate
- feeling tired or lethargic
- feel sick
- be irritable
- complain of blurred vision
- lack concentration
- have hot dry skin, a rapid pulse, drowsiness
- have the smell of acetone (like nail polish remover) on the breath
- become unconsciousness

If a child suffers from a diabetic emergency the Service and staff will:

- Always provide adult supervision
- Follow the child's diabetic medical management /action plan
- If the child does not respond to steps within the diabetic medical management/action plan, immediately dial 000 for an ambulance
- Continue first aid measures and follow instructions provided by emergency services
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

REPORTING PROCEDURES

Any incident involving serious illness of a child which requires urgent medical attention or hospitalisation is regarded as a serious incident. The following is required:

- staff members involved in the situation are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the Incident, Injury, Trauma and Illness Record
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the Incident, Injury, Trauma and Illness Record will be placed in the child's file
- the Nominated Supervisor will inform the Service management about the incident

- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours as per regulations
- staff will be debriefed after each incident and the child's individual medical management plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used

For more information, contact the following organisations:

Diabetes Australia

<https://www.diabetesaustralia.com.au/contact-us>

Juvenile Diabetes Research Foundation: www.jdrf.org.au

National Diabetes Services Scheme- An Australian Government Initiative

<https://www.ndss.com.au/living-with-diabetes/about-you/young-people/living-with-diabetes/school/>

State and Territory specific information

Diabetes South Australia: <https://www.diabetessa.com.au/>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Diabetes Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

As 1 Diabetes (2017) - <http://as1diabetes.com.au/>

Australian Children's Education & Care Quality Authority. (2021). [Dealing with Medical Conditions in Children Policy Guidelines](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Standard. (Amended 2023)

National Diabetes Services Scheme (NDSS). *Mastering diabetes in preschools and schools*. (2020).

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V7.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required • continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required 	JULY 2023	
JULY 2021	<ul style="list-style-type: none"> • Policy review includes ACECQA policy guidelines/components (June 2021) • additional regulations added • rearranged some content within policy for better flow • changes to medical management/action plan for consistency with other medical conditions policies • self-administration of medication added • additional section added: reporting procedures • sources checked for currency 	JULY 2022	

EARTHQUAKE MANAGEMENT POLICY

Earthquakes are a unique encounter in Australia. They are unpredictable and transpire without warning. Australia is located away from tectonic plate boundaries where large earthquakes occur more frequently. However, Australia can still experience potentially damaging earthquakes, which are caused by the sudden release of stress that slowly builds up across the plate as it moves northeast. To ensure the safety of children, educators, staff and families, education and care services should be prepared for earthquakes, minimising risks and implementing explicit management strategies if required.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

2.2	Safety	Each child is protected.
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.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
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 AND REGULATIONS	
Sec 174(2)(a)	Serious incident - Any emergency for which emergency services attended
Sec 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
Sec 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
4	Definitions "multi-storey building" and "storey"
12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy	Health and Safety Policy
Delivery of Children to and Collection from	Incident, Injury, Trauma and Illness Policy
Education and Care Services Premises	Lockdown Policy
Emergency and Evacuation Policy	Record Keeping and Retention Policy
Family Communication Policy	Supervision Policy

DEFINITION

An earthquake is a shaking of the surface of the Earth's crust. They strike without warning and can vary in severity. Earthquakes are the result of a sudden release of stored energy in the Earth's crust that creates seismic waves. The severity of an earthquake is measured using the Richter Scale.

Over the last 80 years, there has been 17 earthquakes registering 6 or more on the Richter Scale.

PURPOSE

Preparing for an earthquake requires our Out of School Hours Care (OSHC) Service to learn what should be done before, during and after an earthquake in order to minimise the risk of children, and staff being injured.

SCOPE

This policy applies to children, families, educators, Approved Provider, Nominated Supervisor, management and visitors of the Out of School Hours Care Service.

IMPLEMENTATION

Management will ensure that the OSHC Service is as 'earthquake safe' as possible by having clear strategies and procedures in place for implementation before, during and after the earthquake. (Based on geographical location, earthquake history and general logic, adopting the following procedures will be at the discretion of Service Management.) This policy reminds educators, staff, volunteers and students of the procedure to follow in the event of an earthquake emergency.

BEFORE AN EARTHQUAKE

Preparing for an earthquake will help reduce damages to the OSHC Service's structure and prevent injuries to children, families, educators and staff.

THE APPROVED PROVIDER/MANAGEMENT AND EDUCATORS WILL:

- ensure obligations under the *Education and Care National Law and Regulations* are met and understood by all educators and staff
- ensure emergency and evacuation policies and procedures are available for inspection at the OSHC Service's premises at all times
- conduct Earthquake drills in accordance with the Emergency Evacuation Calendar. The drills will be conducted on different days over the week, ensuring that all children participate in the drill. The earthquake drills will be recorded using the Emergency Evacuation Rehearsal Record and discussed at team meetings to ensure continuous improvement
- emergency evacuation rehearsals (drills) will be practiced every three months, including identifying safe places within the Service to go with the children in case of an earthquake
- ensure families are informed when an emergency evacuation rehearsal or drill has occurred
- ensure each room or area has an Emergency Evacuation Bag located in a prominent position
- regularly audit and restock Emergency Evacuation Bags
- ensure emergency evacuation plans are displayed in prominent positions near each exit and in the indoor and outdoor learning environments
- ensure all educators, including casual/relief educators and staff members, are familiar with our Earthquake Management Policy, procedures and regulatory requirements
- ensure new educators, staff, volunteers and students are provided with information and training about our Earthquake Management Policy and procedures during induction
- ensure Emergency Contact numbers are displayed in a prominent position within the OSHC Service
- practice **DROP, COVER** and **HOLD** or **DROP AND BE TURTLE SAFE** –with children
- Drop, Cover and Hold or Drop & be a Turtle safe involves children learning to:
 - Drop on your hands and knees, cover your head and neck with your arms, crawl only as far as needed to reach cover from falling objects.
 - Hold onto any durable furniture until the shaking stops and you are told it is safe to come out by an adult.
- identify safe places within the OSHC Service to go with the children when an earthquake strikes.
- This may be a strong table that you can hold on to the table legs to keep it from moving away and assist in protecting the children and yourselves.
 - a) Next to an interior wall, away from windows that can shatter cause injury
 - b) Ensure it is a place that is away from tall furniture that can fall
- check the OSHC Service insurance policy to ensure earthquake inclusion
- seek qualified advice to ensure the OSHC Service building is compliant

- ensure shelving is secured to the wall and open shelving has 'lips' to prevent equipment sliding off during an earthquake
- ensure equipment is stored securely and safely
- conduct annual risk assessments to identify, monitor and eliminate any hazards that may occur during an earthquake
- submit a serious incident notification to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children

DURING AN EARTHQUAKE

When an earthquake begins it will happen suddenly with rapid shaking. Management, educators and children are to immediately apply what they have practiced during the drills.

MANAGEMENT AND EDUCATORS WILL

- Call 'EARTHQUAKE – DROP, COVER & HOLD or DROP AND BE A TURTLE'
- Assist children to get into the correct position

If inside – move away from windows, heavy objects or shelves.

- Drop Cover and Hold preferably under a sturdy table
- keep clear of windows and overhead fittings

If outside – move away from trees, powerlines, building and then Drop, Cover and Hold

- Drop to the ground
- Cover your head and neck with arms and hands
- Hold on until the shaking stops
- Protect babies with your body or mattresses if available
- Once the shaking stops and management has confirmed it is safe, educators and children will be given the 'ALL CLEAR'

AFTER AN EARTHQUAKE

Once the shaking has ceased, management and educators need to begin implementing a recovery plan as you prepare for the chance of any aftershocks occurring.

MANAGEMENT AND EDUCATORS WILL:

- stay calm and reassure children

- evaluate the need to evacuate if there are fires, gas leaks or other structural damage that requires immediate evacuation
- call 000 for Emergency Services and seek and follow advice
- implement Emergency Evacuation Procedures
- if evacuation is required, move to a safe location and be aware of hazards
- check attendance list for children, staff and visitors
- contact parents if evacuation is required
- turn off electricity, gas and water. Check water, gas and electric lines for damages. If any damages are present, turn off the water and electricity
- assess any injuries that may have occurred and provide first aid
- do not run outside, unless evacuation of the building is needed due to damage
- report any damages to Emergency Services
- turn on the radio and listen as Emergency Services will broadcast the most appropriate advice for the OSHC Service
- stay out of the OSHC Service building if it is damaged and unsafe
- following the emergency evacuation, an Emergency Evacuation Incident Report and an Incident, Injury, Trauma and Illness Record will be completed
- the approved provider will make a notification of a serious incident to a regulatory authority (within 24 hours) through the [NQA IT System](#) when emergency services have attended an education and care service in response to an emergency, rather than as a precaution or for any other reason

DEALING WITH TRAUMA

Emergencies and natural disasters are extremely stressful, and it is normal for children and adults to feel overwhelmed and distressed. People cope with trauma in many different ways. Children look to adults for reassurance, care and opportunities to share their feelings. It is important for educators to understand the impact of disasters and seek help when needed.

The Approved Provider/Nominated Supervisor will support educators to provide information to parents and families following any emergency or natural disaster including:

- will the OSHC Service be open in the days and weeks ahead?
- how to find alternative care and education
- how to contact services for support with dealing with trauma

Several organisations offer support for educators in these situations:

[Emerging Minds](#)

BeYou- [Trauma informed practice](#)

[BeYou Educator Wellbeing after a natural disaster](#)

PREPARING FOR AN EMERGENCY

Australian Government Department of Education. Help in an Emergency

<https://www.education.gov.au/child-care-package/help-emergency>

[Australian Government Bureau of Meteorology http://www.bom.gov.au/](http://www.bom.gov.au/)

[Queensland Fire and emergency services](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Earthquake Management Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Government Department of Education (2020). Help in an emergency

Australian Government –Department of Home Affairs. [Emergency management](#)

Australian Government – Geoscience Australia

<http://www.ga.gov.au/news-events/news/latest-news/australian-earthquakes-explained>

[Education and Care Services National Regulations](#). (2011).

New Zealand Government Get Ready ShakeOut

<https://www.shakeout.govt.nz/how/schools/>

Queensland Government Emergency services and safety <https://www.qld.gov.au/emergency/dealing-disasters/disaster-types/earthquakes>

Revised National Quality Standard. (2018).

Work Health and Safety Act 2011.

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V3.01.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • regulation re: notification to regulatory authority added • sources checked for currency and repaired as required 		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	<ul style="list-style-type: none"> Sources checked for currency Minor edits throughout policy Additional information regarding emergency drills to be conducted every 3 months (reg 97) Additional section added for Continuous Improvement link to Western Australian Education and Care Services National Regulations added in 'Sources' 	JANUARY 2024
JUNE 2022	New Policy developed for OSHC Services	JANUARY 2023

EMERGENCY AND EVACUATION POLICY

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place for emergency and evacuation and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

Emergency and evacuation situations may arise for a variety of reasons, often suddenly and unexpectedly. It is vital that if an emergency situation arises, staff are confident to manage the situation effectively and efficiently, maintaining the safety and wellbeing of children, families and visitors.

Ensuring that educators and children know what to do in an emergency situation requires vigilant planning and practice. Regularly practicing the drills for emergency situations also provides an opportunity to help support and build on children's coping mechanisms and resilience.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
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, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		

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 AND REGULATIONS

Sec 174(2)(a)	Serious incident - Any emergency for which emergency services attended
Sec 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
Sec 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
4	Definitions "multi-storey building" and "storey"
12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy	Family Communication Policy
Administration of First Aid Policy	Health and Safety Policy
Bush Fire Policy	Incident, Injury, Trauma and Illness Policy
Child Safe Environment Policy	Lockdown Policy
Delivery of Children to, and collection from Education and Care Service Premises	Record Keeping and Retention Policy
Enrolment Policy	Sun Safety Policy
	Supervision Policy

PURPOSE

Our Out of School Hours Care (OSHC) Service has a duty of care to maintain the safety and wellbeing of each child, educator, and all using or visiting the OSHC Service during an emergency or evacuation situation. We are committed to identifying risks and potential hazards of emergency and evacuation

situations by conducting thorough risk assessments on an annual basis and continually plan for further risk minimisation and improvement to our policy and procedures.

SCOPE

This policy applies to children, families, staff, Approved Provider, Nominated Supervisor, students, volunteers, visitors and management of the OSHC Service.

IMPLEMENTATION

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury, or illness to persons, or damage to the Service's premises. Emergency situations may pose a risk to an individual's health and safety. It is important that services identify potential emergencies that may be specific to their location and environment. Severe heat or heatwaves, also pose an immediate risk to young children and require risk mitigation strategies to be implemented. [See: *Sun Safety Policy*].

An emergency is any event, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of children at the service. (Guide to the NQF)

Circumstances under which an emergency evacuation will occur may include:

- Fire within the building or playground
- Fire in the surrounding area where the OSHC Service may be in danger
- Flood
- Cyclone, severe storm or dust storm or other natural weather event
- dangerous animal, insect or reptile
- Terrorist threat
- Other circumstances may include:
 - gas explosion, traffic accident, or any event which could render the building unsafe (eg: earthquake).

The approved provider, in conjunction with educators of the OSHC Service, will conduct a comprehensive risk assessment in order to identify any risk/s or hazards associated with potential emergencies that may affect the safe evacuation of children from the OSHC Service.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance that may affect the safe evacuation of children. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our OSHC Service. If a risk concerning the safe evacuation of a child is identified during the risk assessment, the approved provider must update the *Emergency and Evacuation Policy* and procedure as soon as possible. The risk assessment is to be stored safely and securely and kept for a period of 3 years.

THE AUSTRALIAN WARNING SYSTEM (AWS)

- The Australian Warning System (AWS) is a nationally consistent, three-tiered approach designed to make warnings clearer and lead people to take action during emergencies like bushfire, flood, storm extreme heat and severe weather. The warning system comprises of levels, action statements, hazard icons, colours and shapes. <https://www.ses.nsw.gov.au/about-us/our-warnings/>

The three warning levels are:

- **Advice (Yellow):** An incident has started. There is no immediate danger. Stay up to date in case the situation changes. Monitor conditions.
- **Watch and Act (Orange):** There is a heightened level of threat. Conditions are changing and you need to start taking action now. Prepare to leave/evacuate. Do not enter flood water.
- **Emergency Warning (Red) :** An Emergency Warning is the highest level of warning. You need to take action immediately. Leave/evacuate (immediately by am/pm/hazard timing).

When there is an Emergency Warning, educators need to prepare for possible emergency evacuation and implement the procedures effectively to ensure the safety of all children, staff, families and visitors in the Service.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT AND EDUCATORS WILL ENSURE:

- obligations under the *Education and Care National Law and Regulations* are met
- emergency and evacuation policies and procedures are available for inspection at the OSHC Service's premises at all times
- the Approved Provider will conduct an annual risk assessment to identify potential emergencies that are relevant to the OSHC Service
- the approved provider will review the risk assessment after becoming aware of any circumstance that may affect the safe evacuation of children from the OSHC Service

- relevant stakeholders/authorities are consulted for advice and guidance to improve risk mitigation strategies as part of our emergency and evacuation plan (School Principal, police, fire, parents/families)
- an Emergency Management Plan (EMP) is developed and updated
- all staff and educators have a thorough understanding of the [Australian Warning System \(AWS\)](#)
- the [Bureau of Meteorology \(BOM\)](#) will be checked regularly to monitor emergency situations and warnings relevant to our Service location
- consideration is made to evacuate non-ambulant children evacuating the premises resulting in enhanced ratios
- emergency rehearsals should involve school students and staff if OSHC is located on a school site (if applicable)
- emergency evacuation plans are displayed in prominent positions near each exit at the OSHC Service premises including both the indoor and outdoor learning areas
- the emergency and evacuation procedures include instructions for what must be done in the event of an emergency
- the plan includes a floor plan for ease of reference with clearly defined assembly points and clearly marked exit routes from all locations
- all exits have exit signs clearly visible
- there are no obstructions in hallways, stairways or emergency exits
- all educators, including casual/relief educators and staff members, are familiar with our Emergency and Evacuation Policy, procedures and regulatory requirements
- new staff, volunteers and students are provided with information and training about our Emergency and Evacuation Policy and procedures during induction
- all staff are aware of their roles and responsibilities in event of an emergency situation
- Emergency evacuation rehearsals (drills) will be practiced **every three months** by the responsible person, all staff members, volunteers, and children present on the day
- National Regulations state that evacuation rehearsals are to be practiced every 3 months: However, to ensure best practice our Service will conduct emergency evacuation drills in a weekly block once a term so that all children and staff experience an evacuation on a regular basis.
- spontaneous rehearsals also take place during the year to assist in refining risk management procedures and evacuation procedures
- each time a planned or spontaneous emergency evacuation drill is performed it is to be timed and documented in the Emergency Evacuation Rehearsal Record.

- after reflection, notes on any areas that need improving or revising are to be documented in the Emergency Evacuation Rehearsal Record. Educators will discuss and implement strategies to make continuous improvement to procedures which will be documented in the Service's Staff Meeting minutes and Quality Improvement Plan (QIP).
- in the event of limited educators (e.g., early morning or late afternoon), staff members are to work together to perform the duties as per the evacuation plan (the roster must include a Responsible Person being on the premises at all times to take responsibility and delegate duties). This scenario will be discussed and documented in the Service's Staff Meeting Minutes (WHS).
- regular communication with families includes information about emergency and evacuation procedures
- families are informed when a rehearsal or drill has occurred
- at least one staff member or one Nominated Supervisor who holds current ACEQCA approved first aid qualifications, approved anaphylaxis management and emergency asthma management training is in attendance at all times
- each room has an Emergency Evacuation Bag located in a prominent position
- Emergency Evacuation Bags are regularly audited and restocked as required
- an up-to-date register of emergency telephone numbers for children is maintained. A copy of the current list will always be available in the Emergency Evacuation Bag
- portable First Aid Kits are readily available in case of an emergency evacuation
- Medical Management Plans for children are able to be accessed easily
- children's medication is collected during an evacuation
- all fire extinguishers, fire blankets, fire hoses, and other emergency equipment located throughout the Service will be inspected and tested at six monthly intervals by an authorised company as per the Australian Safety Standard AS 1851-2012: Maintenance of Fire Protection Systems and Equipment.
- extinguishers will be emptied, pressure tested, and refilled every five years
- all tests performed on emergency equipment and the date on which it was tested will be recorded on a label or metal tag attached to the unit. Certificates to verify testing will be filed.
- ensure smoke detectors are regularly tested and batteries replaced annually
- staff and educators have access to an operating telephone or other means of communication at all times (mobile phone)
- in the event of an operating telephone or no other means of communication, the Service will consider closure of the OSHC Service (See *Closure of Service* below)
- emergency telephone numbers will be displayed prominently throughout the Service in the kitchen, office, staff room and each area where children are educated and cared for

- Our emergency telephone list (located next to the telephone) includes the numbers for:
 - Police
 - Local fire station
 - Rural Fire Service
 - State Emergency Services (SES)
- following the emergency evacuation or an incident that poses a risk to the health and safety of children attending the OSHC Service, an *Emergency Evacuation Incident Report* and an *Incident, Injury, Trauma and Illness Record* will be completed
- the approved provider will make a notification of a serious incident to a regulatory authority (within 24 hours) through the [NQA IT System](#) when emergency services have attended an education and care service in response to an emergency, rather than as a precaution or for any other reason or following an incident that poses a risk to the health and safety of children attending the OSHC Service
- ensure the regulatory authority is notified within 24 hours via the [National Quality Agenda IT System \(NQAITs\)](#) if the OSHC Service is required to close for a period of time as a result of a local emergency (Reg.175 (2)(b))
- the approved provider will notify the Department of Education (CCS) if the OSHC Service is required to close for a period of time as a result of a local emergency (Reg.175 (2)(b)).

Emergency and Evacuation Procedure Guidelines

(include who is responsible for the implementation of each step)

As per regulation 97, the emergency and evacuation procedures must set out-

- a) instructions for what must be done in the event of an emergency; and
- b) an emergency and evacuation floor plan
- c) if the education and care service premises is located within a multi-storey building shared with other occupants and on a storey with no direct egress to an assembly area—
 - I. all possible evacuation routes from each storey on which the premises is located; and
 - II. the evacuation routes that are proposed to be used in an evacuation; and
 - III. how all children will be safely evacuated from the premises, including non-ambulatory children; and
 - IV. the stages in which an evacuation will be carried out; and
 - V. the identity of the person in charge of an evacuation; and
 - VI. the roles and responsibilities of staff members during an evacuation; and

VII. the arrangements made with the other occupants of the multi-storey building in relation to the evacuation of the multi-storey building.

- the Nominated Supervisor/Approved Provider will make the final call to whether to evacuate the premises due to an emergency situation
- contact 000 for local emergencies- provide name, address and nearest cross street, reason for evacuation, phone contact number, number of children and adults evacuating
- guidance will be provided by the relevant emergency service (Fire service, SES, Police)
- move all children and visitors to identified evacuation/emergency assembly area as indicated on the Emergency and Evacuation Plan
- collect Emergency Evacuation Bag, Medical Management Plans and associated children's medication
- collect First Aid Kit
- check daily attendance record and visitor record
- once children are safely evacuated, administer first aid if required
- remain calm and reassure children
- once emergency services arrive, contact parents/emergency contacts
- await instructions from relevant emergency services for re-entering premises or alternative evacuation procedure

FAMILIES WILL:

- ensure contact details are kept up to date
- provide emergency contact details on their child's enrolment form and advise the service of any change of name or phone number
- ensure the attendance record for their child is completed each day
- ensure they are aware of the service's Emergency and Evacuation Policy and procedures
- follow the directions of the Approved Provider/Incident Manager in the event of an emergency or evacuation

CLOSURE OF THE SERVICE

There may be times where the normal operation of the OSHC Service is disrupted, and the service is required to close temporarily during a planned or unplanned emergency occurrence. Situations that affect the normal operation include a local emergency which poses a risk to the health and safety of children attending the service, or where the service is inaccessible or is deemed unsafe for children or staff, or the emergency services/authority have directed the service to close.

Situation where the OSHC Service may consider closure include:

- A period of local emergency, or emergency event

- Flooding
 - Health emergency (i.e., pandemic)
 - Bushfire
 - Cyclone
 - Unexpected absence of staff where ratios are unable to be met
 - Severe outbreak of illness or disease
 - Lack of access to operating phone/communication means
 - Damage or vandalism to the service
 - Chemical hazard
 - Earthquake
- The approved provider or nominated supervisor will consult with emergency services/local authorities regarding the closure of the OSHC Service
 - Our OSHC Service will ensure families are informed of emergency closures as soon as practicable to ensure immediate collection of children
 - In the event of a planned closure, management will advise families as reasonably practicable through SMS/social media/phone calls/email to provide details of the planned closure including the period of closure
 - Our OSHC Service will notify the regulatory authority of the service closure within 24 hours of an incident
 - Our OSHC Service will notify the Department of Education through CCS Software or PEP of the Service closure within 24 hours.

DEALING WITH TRAUMA

Emergencies and natural disasters are extremely stressful, and it is normal for children and adults to feel overwhelmed and distressed. People cope with trauma in many different ways. Children look to adults for reassurance, care and opportunities to share their feelings. It is important for educators to understand the impact of disasters and seek help when needed.

The Approved Provider/Nominated Supervisor will support educators to provide information to parents and families following any emergency or natural disaster including:

- will the service be open in the days and weeks ahead?
- how to find alternative care and education
- how to contact services for support with dealing with trauma

Several organisations offer support for educators in these situations:

[Emerging Minds](#)

BeYou- [Trauma informed practice](#)

PREPARING FOR AN EMERGENCY

Australian Government Department of Education Resources- [Help in an emergency](#)

[Australian Government Bureau of Meteorology](#)

JURISDICTION SPECIFIC WEBSITE DETAILS FOR EACH STATE

SOUTH AUSTRALIA (SA)
<ul style="list-style-type: none"> • Country Fire Service: www.cfs.sa.gov.au • South Australia Police: www.police.sa.gov.au • South Australian State Emergency Service: www.ses.sa.gov.au

CONTINUOUS IMPROVEMENT/REFLECTION

The Emergency and Evacuation Policy will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP RESOURCES

Emergency Bag Audit	Emergency Support Services Template
Emergency Evacuation Incident Report	EMP evacuation diagrams-images
Emergency Evacuation Procedure	Extreme Weather Procedure
Emergency Evacuation Rehearsal Record	Multi-Storey Building Emergency and Evacuation Procedure
Emergency Management Plan (EMP)	Multi-Storey Building Risk Assessment

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).
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 Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
 Australian Children’s Education & Care Quality Authority. (2023). [Multi Storey Buildings: Evacuations and Approvals](#)
 Australian Government Department of Education. (2023). [Help in an emergency](#)
 Australian Government Department of Home Affairs. [Emergency Management](#)
 Australian Government. National Emergency Management Agency. Australian Warning System.
<https://www.australianwarningsystem.com.au>
 Early Childhood Australia Code of Ethics. (2016).
[Education and Care Services National Regulations](#). (Amended 2023).

Fire Protection Association Australia: www.fpa.com.au/

Fire System Services: <http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html>

NSW Department of Education. (2023). [Emergency Planning, Management, Response and Recovery](#)

NSW Rural Fire Service: www.rfs.com.au

Revised National Quality Standard. (2018).

Work Health and Safety Act 2011.

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V10.09.23		
MODIFICATIONS	<p>JANUARY</p> <ul style="list-style-type: none"> annual review of policy additional information added re: closure of a service due to an emergency or evacuation situation <p>SEPTEMBER</p> <ul style="list-style-type: none"> review of policy to include additional considerations for multi-storey buildings (NQF review) new resources from CCD added sources updated 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JANUARY 2023	<ul style="list-style-type: none"> annual policy maintenance minor formatting edits within text additional information Australian Warning System (AWS) hyperlinks checked and repaired as required continuous improvement/reflection section added link to Western Australian Education and Care Services National Regulations added in 'Sources' update to DESE to Department of Education 	JANUARY 2024	
NOVEMBER 2021/DECEMBER 2021	<ul style="list-style-type: none"> Policy reviewed and included suggested guidelines from ACECQA <i>Emergency and Evacuation Policy Guidelines</i> (June 2021) Additional legislative requirements added Additional related policies Additional section added- <i>Families will</i> Reviewed as part of annual review cycle 	JANUARY 2023	
JANUARY 2021	<ul style="list-style-type: none"> Restructure of policy- some sections 	JANUARY 2022	

	<ul style="list-style-type: none"> • moved for better flow • deleted repetitive points • procedure guidelines modified and extended • additional section- Dealing with Trauma • sources checked for currency 	
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EPILEPSY MANAGEMENT POLICY

Epilepsy refers to recurring seizures where there is a disruption of normal electrical activity in the brain that can cause momentary lapses of consciousness, or sudden loss of body control (Epilepsy Australia, 2019). The effects of epilepsy can vary, some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Out of School Hours (OSHC) Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

NATIONAL QUALITY STANDARD (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs 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	Safety	Each child is protected
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, practiced and implemented

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
89	First aid kits
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
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Enrolment Policy Family Communication Policy Handwashing Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Supervision Policy
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PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for medical conditions. Our OSHC Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members who have been diagnosed with Epilepsy. The aim of this policy is to ensure that educators, staff, and families are aware of their obligations in supporting children with epilepsy and work in

partnership with families and health professionals to manage seizures by following the child's medical management plan.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the OSHC Service.

DUTY OF CARE

Our OSHC Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to provide

- g. a safe environment free from foreseeable harm and
- h. adequate supervision for all children at all times.

Staff members including relief staff need to know enough about epilepsy and the management of seizures to ensure the safety and wellbeing of the children.

BACKGROUND AND LEGISLATION

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not. Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child's abilities, learning and skills will be affected by seizures. Because the child's brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop.

The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have a Medical Management Plan. It is important that all those working with children living with epilepsy have a thorough understanding of the effects of seizures, required medication and appropriate first aid.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. National Regulations of the Education and Care Services requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of

duty of care and best practice, it is recommended that all educators have current approved first aid qualifications.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs including having families provide written permission to display the child's medical management plan in prominent positions within the Service.

A copy of our Medical Conditions Policy and Epilepsy Management Policy will be provided to all educators, volunteers, and families of the OSHC Service. It is important that communication is open between families and educators so that management of epilepsy is effective.

Children diagnosed with epilepsy will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL ENSURE:

- before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with epilepsy are provided with a copy of the Epilepsy Management Policy, Medical Conditions Policy and Administration of Medication Policy
- all children enrolled at the OSHC Service with epilepsy must have an epilepsy medical management plan, seizure record and, where relevant, an emergency action plan, signed by a registered medical practitioner and a copy filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner and/or neurologist.
- the medical management plan will describe the prescribed medication for that child and the circumstances in which the medication should be administered

- individual epilepsy medical management will be displayed in key locations throughout the Service
- a risk minimisation plan is developed in consultation with the parents of a child diagnosed with epilepsy outlining procedures 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.
- that no child who has been prescribed epilepsy medication attends the OSHC Service without their medication
- they collaborate with parents/guardians to create and implement a communication plan and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy, and its implementation
- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff, including volunteers, are provided with a copy the Medical Conditions Policy and Epilepsy Management Policy annually
- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff members have completed first aid training approved by ACECQA at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Service's premises
- all staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the OSHC Service
- all staff members are trained to identify children displaying the symptoms of a seizure and are aware of the child's epilepsy medical management plan and required medication (if applicable)
- updated information, resources and support is regularly given to families for managing epilepsy
- that a staff member accompanying children to or from school, or outside the Service on excursions or to events carries the prescribed medication and a copy of the epilepsy medical management/action plan for children diagnosed with epilepsy
- that they notify the Regulatory Authority of any serious incident of a child while being educated and cared at the service within 24 hours.

EDUCATORS WILL:

- read and comply with the Epilepsy Management Policy, Medical Conditions Policy and Administration of Medication Policy
- ensure a copy of the child's epilepsy medical management plan is visible and known to staff and volunteers in the OSHC Service

- recognise the symptoms of a seizure and treat appropriately and in accordance with the child's epilepsy medical management plan in the event of a seizure
- record all epileptic seizures according to the epilepsy medical management plan
- take all personal epilepsy medical management plans, seizure records, medication records, and any prescribed medication when delivering or collecting the child from school, or on excursions and other events outside the Service
- ensure a suitably trained and qualified educator will administer prescribed medication when needed according to the in accordance with the Service's Administration of Medication Policy.
- identify and where possible, minimise possible seizure triggers as outlined in the child's epilepsy medical management plan and risk minimisation plan
- ~~consult~~ communicate with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- ensure that children with epilepsy can participate in all activities safely and to their full potential
- increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, parties and family days
- maintain a record of the expiry date of the prescribed epilepsy management medication so as to ensure it is replaced prior to expiry

FAMILIES WILL:

- provide information upon enrolment or on diagnosis, of their child's medical condition-epilepsy.
- provide staff with an epilepsy medical management plan developed and signed by a registered medical practitioner for implementation within the OSHC Service
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide permission for their child to self-administer medication if required as stated in their child's Medical Management Plan signed by the registered General Practitioner or neurologist
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with prescribed medications each day their child attends care at the OSHC service
- maintain a record of the expiry date of medication and ensure it is replaced prior to expiry
- notify staff of any changes to their child's medical condition including the provision of a new epilepsy medical management plan to reflect these changes as needed
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.

If a child (known to have an epileptic condition) suffers from an epileptic emergency the OSHC Service will:

- Follow the child's medical management /action plan
- Protect the child from injury- remove any hazards that the child could come into contact with
- 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 immediately by dialling 000 if:
 - 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
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident through the [NQA IT System](#) (as per regulations)

If a child (NOT known to have an epileptic condition) suffers from an epileptic emergency, the OSHC Service will follow the above procedure.

DEFINITIONS

FOCAL SEIZURES

<p>Focal Seizures without impaired consciousness</p>	<p>Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas.</p> <p>Consciousness is NOT impaired and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (e.g. limp, stiff, jerking). If sensory areas of the brain are involved the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.</p>
<p>Focal Seizures with impaired consciousness</p>	<p>Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes.</p> <p>Consciousness is lost and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure.</p> <p>Often the person's actions are clumsy and they will not respond normally to questions and commands. Behaviour may be confused and they may exhibit automatic movements and behaviours e.g. picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures.</p> <p>Following the seizure the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.</p>
<p>Focal Seizures becoming bilaterally convulsive</p>	<p>Focal seizures may progress due to spread of epileptic activity over one or both sides of the brain. Formerly called secondarily generalised seizures, bilaterally convulsive seizures look like generalised tonic-clonic seizures</p>

GENERALISED SEIZURES

<p>Tonic-clonic Seizures</p>	<p>Tonic-clonic seizures produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Shallow or 'jerky' breathing, bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur.</p> <p>The seizures usually last one to three minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused. If the seizures last more than five minutes an ambulance should immediately be called.</p>
<p>Absence Seizures</p>	<p>Absence seizures (previously called petit mal seizures) produce a brief cessation of activity and loss of consciousness, usually lasting less than 10 seconds. Often the momentary blank stare is accompanied by subtle eye blinking and mouthing or chewing movements. Awareness returns quickly and the person continues with the previous activity. Falling and jerking do not occur in typical absences.</p>
<p>Myoclonic Seizures</p>	<p>Myoclonic seizures are sudden and brief muscle contractions usually only lasting a second or two, that may occur singly, repeatedly or continuously. They may involve the whole body in a massive jerk or spasm, or may only involve individual limbs or muscle groups. If they involve the arms, they may cause the person to spill what they were holding. If they involve the legs or body the person may fall.</p>
<p>Tonic Seizures</p>	<p>Tonic seizures are characterised by generalised muscle stiffening, lasting 1-10 seconds. Associated features include brief cessation of breathing, colour change and drooling.</p> <p>Tonic seizures often occur during sleep. When tonic seizures occur suddenly with the child awake they may fall violently to the ground and injure themselves. Fortunately, tonic seizures are rare and usually only occur in severe forms of epilepsy.</p>
<p>Atonic Seizures</p>	<p>Atonic seizures produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward ('head nods'), but may cause sudden collapse and falling ('drop attacks').</p>

Source: Epilepsy Australia (2019)

RESOURCES/POSTERS

[Animated Seizure First-Aid video for children](#)

[Seizure first aid posters](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Epilepsy Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

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Revised National Quality Standard. (2018).

The Royal Children’s Hospital Melbourne:
http://www.rch.org.au/neurology/patient_information/about_epilepsy/
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V7.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required 	JULY 2023	

EXCURSION/INCURSION/EXTRA-CURRICULAR ACTIVITIES POLICY

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for managing excursions (Reg. 168) and take reasonable steps to ensure policies and procedures are followed.

Excursions/incursions/extra-curricular activities enhance children's learning by providing them the opportunity to participate in curriculum planned activities and experiences to extend on their skills and knowledge in the current interest topic. Our OSHC Service recognises that excursions provide opportunities for children to explore the wider community as a group and extend on the educational program provided.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 4: STAFFING ARRANGEMENTS		
2.2	Safety	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.1	Supervision	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.2	Incident and emergency management	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
4 (1)	Definition regular outing
89	First Aid Kits
90	Medical conditions policy
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
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
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
123	Educator to child ratios-centre-based services
136	First Aid qualifications
151	Record of educators working directly with children
158	Children's attendance record to be kept by approved provider
160	Child enrolment records to be kept by approved provider and family day care educator
161	Authorisations to be kept in enrolment record
168	Policies and procedures are required
170	Policies and procedures to be followed
Sec. 51(4A)	Conditions of service approval- ensure number of children educated and cared for by the service at any one time does not exceed the maximum number of children specified in the service approval
Sec.165	Offence to inadequately supervise children
Sec.167	Offence relating to protection of children from harm and hazards

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of Medication Policy Administration of First Aid Policy Child Safe Environment Policy Code of Conduct Policy Delivery of Children to, and Collection from and Education and Care Service Premises Educational Program Policy Emergency Evacuation Policy	Family Communication Policy Incident, Incident, Trauma and Illness Policy Interaction with Children, Family and Staff Policy Medical Conditions Policy Privacy and Confidentiality Policy Respect for Children Policy Safe Transportation Policy Sun Safety Policy Supervision Policy Water Safety Policy
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PURPOSE

To ensure that all excursions and incursions undertaken by the Outside School Hours Care Service are planned and conducted in a safe manner, maintaining children's health, safety and wellbeing at all times in accordance with Education and Care National Regulations. We believe excursions/incursions provide the children with the opportunity to expand and enhance their skills and knowledge gaining insight into their local and the wider community.

SCOPE

This policy applies to children, families, educators, staff, management, approved provider, nominated supervisor, and visitors of the OSHC Service.

IMPLEMENTATION

Excursions and incursions will be conducted with the children's safety and wellbeing in mind at all times. We will regularly schedule incursions and visitors to our OSHC Service however, if we feel an excursion will benefit the children and offer a valuable experience, we will adhere to the National Regulations and Service policies and procedures to plan and manage an experience that is enjoyable for children. This policy relates to excursions that may be a 'regular outing' or a one-off excursion for a particular purpose and incursions, where visiting performers, groups or community services may visit our OSHC Service.

Children who are enrolled in our OSHC Service may participate in extra-curricular activities that are organised separately from our OSHC. Our OSHC will support children to participate in extra-curricular activities located within school grounds.

DEFINITIONS (Effective 1 October 2020)

Excursion: means an outing organised by an education and care service or family day care educator but does not include an outing organised by an education and care service provided on a school site if-

- (a) a child or children leave the education and care service premises in the company of an educator and
- (b) the child or children do not leave the school site

Extra-Curricular Activities: means an activity organised separately from the OSHC Service that children may attend during OSHC operating hours. Examples include music lessons, dance class, choir lessons.

Regular outing: in relation to an education and care service, means a walk, drive or trip to and from a destination

- (a) that the service visits regularly as part of its educational program; and
- (b) where the circumstances relevant to the risk assessment are substantially the same on each

Incursion: means an activity organised by our Service, whereby an outside body is employed or engaged to visit the service to run an educational program and to promote culture and diversity. This could include a visit from the Rural Fire Service, an Aboriginal Cultural awareness group, science or reptile show or a musical or drama performance. Some incursions may be offered free of charge whilst others may incur a small participation cost.

CONSIDERATIONS FOR EXCURSIONS AND INCURSIONS

The purpose of the excursion should be clearly identified by staff providing information on how the excursion or incursion supports the educational program and contributes to the outcomes for children.

Excursions/incursions should be planned in advance and consideration given to the:

- time away from the OSHC service
- availability of toilet and washing facilities
- access to safe drinking water
- adequate health and hygiene practices
- possible risk to children (identified in risk assessment)
- accessibility for all children
- transportation
- cost
- weather- wet weather arrangements
- teaching children safety procedures and responsibilities whilst on an excursion
- communication with parents and families
- Risk Assessment documentation provided by the excursion venue
- safety and wellbeing of children whilst at the OSHC service whilst participating in an incursion (identified in risk assessment)

EXCURSION/INCURSION RISK ASSESSMENT

The Approved Provider or Nominated Supervisor must conduct a risk assessment which reflects regulation 101 before an authorisation is scheduled under regulation 102 to determine the safety and appropriateness of the excursion/incursion. If the excursion involves transporting children, the risk assessment must adhere to **all** components of regulations 101 and 102, 102B, 102C (effective March 2023)

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL ENSURE:

- an Excursion/Incursion Risk Assessment is developed prior to any excursion or incursion [see: Excursion Risk Management Plan, Regular Outing Risk Management Plan, Incursion Risk Management Plan]
- a responsible person (or coordinator) is appointed to oversee the organisation of the excursion/incursion
- families are notified about the excursion using an Excursion Permission letter and written authorisation must be provide by a parent or other person named in the child's enrolment record
- families are notified about any incursion and if permission is required for participation, an Incursion Permission letter provided for parent or carer consent for their child to participate

- families have a right to view the risk assessment prior to the excursion/incursion upon request in which the Service must comply with ensuring all information is available
- the risk assessment must
 - identify and assess possible risks that the excursion/incursion may pose to the health, safety and wellbeing of any child being taken on the excursion or participating in the incursion
 - specify how the identified risks will be managed and minimised
 - ensure Working with Children Checks are conducted for all adults visiting the service on incursions
 - ensure the visiting group/performance is covered by insurance
 - consider the proposed route and destination for the excursion and
 - identify any water hazards
 - reflect on any risks associated with water-based activities
 - consider the transport to and from the proposed destination for the excursion
 - consider the duration of the transportation
 - consider any requirements for seatbelts or safety restraints under a law for our state/territory jurisdiction
 - the process for entering and exiting the education and care service premises and the pick-up location or destination (as required)
 - procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking
 - consider the ratio of adults to children involved in the excursion
 - consider the risks posed by the excursion/incursion, the number of educators or other responsible adults required to provide supervision, and whether any adults with specialised skills are required to ensure children's safety (eg: lifesaving skills)
 - consider the planned activities
 - determine the duration of the excursion
 - consider items that should be taken on the excursion (mobile phone, emergency contacts, first aid kit, medical plans, etc.).
 - consider strategies to ensure supervision is consistent at all times during the excursion-transitions, toileting, departure from the service and conclusion of the excursion

If the excursion is a regular excursion or 'regular outing' a risk assessment authorisation is only required to be carried out once in a 12-month period however must be regularly reviewed. If circumstances around the excursion change, a new risk assessment is required.

PARENT/FAMILIES AUTHORISATION

The Approved Provider/Nominated Supervisor must ensure:

- that a child is not taken outside the OSHC Service premises on an excursion unless written authorisation has been provided
- the authorisation must be given by a parent or other authorised person named in the child's enrolment record as having authority to authorise transportation of a child
- the authorisation form must state:
 - the child's name
 - the reason the child is to be taken outside the premises/transported
 - the reason the child is to be transported (if transportation is included in the excursion)
 - if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outing
 - the date the child is to be taken on the excursion and transported (unless the authorisation is for a regular outing)
 - a description of the proposed pick-up location destination for the excursion
 - the method of transport to be used for the excursion
 - the proposed activities to be undertaken by the child during the excursion
 - the period the child will be away from the premises
 - the period of time during which the child is to be transported
 - the anticipated number of children likely to be attending the excursion
 - the anticipated educator to child ratio attending the excursion to the anticipated number of children attending the excursion
 - the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion
 - any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
 - that a risk assessment has been prepared and is available at the Service
 - that written policies and procedures for transporting children are available at the Service
- if the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period
- parental authorisation may be required for incursions if identified in the risk assessment or if a cost is required
- authorisations must be kept securely in the child's enrolment records.

STAFFING ARRANGEMENTS

The Approved Provider/Nominated Supervisor will ensure that:

- adequate supervision is provided for children and the educator to child ratio for school age care is always maintained as per National Regulations
- consider:
 - the number, age and ability of children
 - the number and physical positioning of educators
 - each child's current activity
 - risks related to the mode of transport (for example: walking)
 - visibility and accessibility
 - the experience and skill of each educator
- additional educators/staff are engaged to provide care and support to children with additional needs
- educators are aware of their responsibility to provide supervision to other responsible adults or volunteers assisting on the excursion
- educators are aware the procedures to follow in the event of an emergency
- at least one educator or the nominated supervisor must hold current First Aid qualification, approved emergency Asthma management and approved anaphylaxis management training

ITEMS TO BE TAKEN ON AN EXCURSION

The Approved Provider/Nominated Supervisor must ensure that the following items are taken on all excursions, as per the risk assessment:

- appropriate number of suitably equipped first aid kits
- fully charged and operating mobile phone
- emergency contact information details for all children participating on the excursion
- medication for children requiring medical and relevant medical management plans
- items required for excursion circumstances- such as sunscreen, hats, other equipment
- child attendance record

TRANSPORTATION FOR EXCURSION

Excursions involving transportation must adhere to the *Safe Transportation Policy* including ensuring a risk assessment has been completed prior to children being transported by the service and authorisation for the service to transport children as part of the excursion. It is a requirement of the National Regulation that the means of transport is stated on the risk assessment record and parent authorisation

record. Information must be included in the risk assessment about the process for embarking and disembarking the means of transport, including how each child is to be accounted for.

The means of transport may mean:

- **Walking**

Educators must ensure children and adults use the safest footpaths and safe crossings where possible, such as pedestrian crossings and traffic lights

Educators will ensure all children and adults obey road rules

Educators will ensure children follow the 'stop, look, listen and think' process when walking near roads

Educators will remain vigilant that no child runs ahead or lags behind the group

- **Bus**

the Nominated Supervisor must ensure that the seating capacity as displayed on the compliance registration is not exceeded. All children must sit on seats, preferably with, or close to an adult.

Any requirements for seat belts or safety restraints under law must be followed depending on the vehicle used. If the bus has seat belts, they must be worn at all times.

NATIONAL CHILD RESTRAINT LAWS FOR VEHICLES

- children aged from four years old but under seven years old cannot travel in the front seat of a vehicle with two or more rows, unless all other back seats are occupied by children younger than seven years in an approved child restraint or booster seat
- children aged from seven years old but under 16 years old who are too small to be restrained by a seatbelt properly adjusted and fastened are strongly recommended to use an approved booster seat
- children in booster seats must be restrained by a suitable lap and sash type approved seatbelt that is properly adjusted and fastened, or by a suitable approved child safety harness that is properly adjusted and fastened.

Source: NSW Government Centre for Road Safety, 2017.

EXTRA-CURRICULAR ACTIVITIES

Our OSHC Service will support children to participate in extra-curricular activities that may be organised within school grounds during OSHC operating hours. Communication between families and the school or the extra-curricular activity organisation (e.g., third party music teacher/provider) is paramount to the support provided to children to participate in the activity, families are to make arrangements between the extra-curricular organisation/coordinator regarding attendance for their child. Examples of extra-curricular activities may include music lessons, dance classes, team sports, drama classes or chess club.

Families are required to complete the *Extra-Curricular Authorisation Form* and are responsible for informing the OSHC Service of any changes to attendance at extra-curricular activities.

Children attending extra-curricular activities will be signed out of the attendance record by OSHC educators and signed back into the OSHC Service upon return.

A Risk Assessment will be completed for all extra-curricular activities that children attend during OSHC operating hours. The Risk Assessment will include the following information:

- details of the extra-curricular activity
- date and time of extra-curricular activity
- location and duration of extra-curricular activity
- reason for extra-curricular activity
- name and contact details of extra-curricular coordinator
- the route the children will take to walk to the extra-curricular activity
- if children require an escort to the extra-curricular activity

Children will not be able to participate in extra-curricular activities unless prior written authorisation for the child to leave the OSHC Service has been obtained by the family. Authorisation for regular extra-curricular activities will be obtained each term.

INSURANCE

Management must review their insurance policy prior to the excursion/incursion to ensure liability is protected by the OSHC Service. A copy of the insurance policy should be kept within the service's vehicle at all times.

CHECKING FOR CHILDREN'S SAFETY

Educators will ensure:

- children's attendance records are taken on excursions
- all children are accounted for when embarking/disembarking the bus
- children's names are marked off as they enter and leave the vehicle including time and date
- a thorough check is made of the vehicle to ensure no child is left in the vehicle (a second person should repeat this check for safety)
- the vehicle is parked to avoid other vehicles, driveways or car parks
- the vehicle is parked as close as possible to the OSHC premises or visiting venue
- children only disembark the vehicle when it is safe to do so
- head counts are conducted at least every 30 minutes whilst on the excursion
- bathrooms and toilets are checked for any potential hazard before children enter, and children are escorted to the bathrooms and supervised

LOST CHILD DURING AN EXCURSION/EXTRA-CURRICULAR ACTIVITY

In the event of a child being unaccounted for during an excursion or following an extra-curricular activity, educators will immediately:

- inform another educator and provide supervision for groups
- conduct a head count
- ask children/parent helpers/other educators if they have seen the missing child
- check with the extra-curricular activity coordinator if they aware of the missing child's location
- search the premises
- check organised meeting points (use mobile phone to contact other educators)
- alert the venue management and request that an announcement is made
- if the child is still unaccounted for after checking as above, the nominated supervisor, educator will contact the Police on 000 and report the incident
- the nominated supervisor will contact parents/guardian
- educators will reassure other children and provide supervision
- the Approved Provider must make a notification to the Regulatory Authority within 24 hours of a serious incident

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Excursion/Incursion/Extra Curricular Activities Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Excursion Risk Assessment Management Plan	Extra-Curricular Authorisation Form
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SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2021). Policy and procedure guidelines- *Excursions Policy Guidelines*

Australian Government Department of Education (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)

Education and Care Services National Law Act 2010.

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (2018). (Updated 2023).

Kidsafe Victoria *Road Safety* <https://www.kidsafevic.com.au/road-safety/>

Kids and Traffic Early Childhood Road Safety Education Program (NSW) [Transporting Children Safely](#)

NSW Government Centre for Road Safety. (2017)

Road Transport (Safety & Traffic Management) Act 1999.

Revised National Quality Standard. (2018).

Victoria State Government Education and Training *Early Childhood Professionals*

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V9.05.23		
MODIFICATIONS	<ul style="list-style-type: none"> • additional information added for Extra Curricular Activities • continuous improvement/reflection section added • Information added regarding new regulations related to safe transportation • additional resources section added • link to MTOP (V2.0) added to sources • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MAY 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text 	MAY 2023	
OCTOBER 2021	<ul style="list-style-type: none"> • Policy reviewed and included suggested guidelines from ACECQA <i>Excursions Policy Guidelines</i> (June 2021) • Additional legislative requirements added • Additional related policies 	MAY 2022	

FLOOD MANAGEMENT POLICY

Floods are a natural phenomenon that occur when water covers land that is usually dry. Flooding most commonly occurs from heavy rainfall when natural watercourses cannot carry the excess water. Flooding can also be caused by storm surges as a result of a tropical cyclone, or severe storm, a tsunami or even due to a dam release or fail.

Extensive flooding in 2011, led the Australian Government to introduce a [standard definition of flood](#) for certain insurance policies. For this purpose, a flood is defined as:

The covering of normally dry land by water that has escaped or been released from the normal confines of: any lake, or any river, creek or other natural watercourse, whether or not altered or modified; or any reservoir, canal, or dam.

According to Geoscience Australia, floods can have both positive and negative impacts. They can bring welcome relief for people and ecosystems suffering from prolonged drought, but also are estimated to be the costliest natural disaster in Australia.

Appropriate emergency preparedness and mitigation strategies need to be developed to ensure flooding can be a manageable hazard, especially in flood prone communities. Changes in rainfall intensity and the occurrence of severe storms and rising sea levels, however, have made many parts of Australia, especially coastal areas, a flood risk. The Australian Warning System is a new national approach to information and warnings during emergencies including flooding and tsunamis.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
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.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
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 AND REGULATIONS	
Sec 174(2)(a)	Serious incident - Any emergency for which emergency services attended
Sec 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
Sec 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
4	Definitions "multi-storey building" and "storey"

12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
136	First aid qualifications
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Cyclone Management Policy Delivery of Children to and from EEC Service Policy Emergency and Evacuation Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Lockdown Policy Record Keeping and Retention Policy Supervision Policy
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PURPOSE

We aim to maintain children's safety and wellbeing by developing an Emergency Management Plan that includes flood emergency plans and proactive responses to minimise the potential risks faced by children and staff of the Out of School Hours Care (OSHC) Service during a flood.

SCOPE

This policy applies to children, families, educators, staff, management, Approved Provider, Nominated Supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Management will take effective action to ensure that the Out of School Hours Care (OSHC) Service is as flood safe as possible. We will identify possible flood risks, engage members of the community for advice and help and ensure all staff are aware of their responsibilities and roles if required to respond to a flood emergency. Our Emergency Management Plan (EMP) is developed and updated in consultation with children, families, educators, management and emergency services.

FLOODS IN AUSTRALIA

Floods are categorised according to the speed at which floodwaters rise:

Slow-onset flood: Occur by slow rise and fall of water level and usually lasts for a relatively longer period. Slow-onset floods may last one or more weeks, or even months. Due to the flood lasting for a longer period, it can lead to loss of livestock, agricultural products, roads, railroad etc.

Rapid onset floods: Occur by a rapid rise in water level which lasts for a shorter period. The damage rapid onset floods can cause are often more destructive and pose a greater risk to life and property as people usually have less time to take preventive action prior to the flood.

Flash-Floods: Occur by a rapid rise in water level, within minutes or a few hours after heavy rainfall, tropical storm, failure of dams or levees. Flash-Flooding poses the greatest threat to life and may result in significant damage to property.

THE AUSTRALIAN WARNING SYSTEM (AWS)

The Australian Warning System (AWS) is a nationally consistent, three-tiered approach designed to make warnings clearer and lead people to take action ahead of severe weather events including flood and tsunami warnings. The warning system comprises of levels, action statements, hazard icons, colours and shapes. <https://www.ses.nsw.gov.au/about-us/our-warnings/>

The three warning levels are:

Advice (Yellow): An incident has started. There is no immediate danger. Stay up to date in case the situation changes. Monitor conditions.

Watch and Act (Orange): There is a heightened level of threat. Conditions are changing and you need to start taking action now. Prepare to leave/evacuate. Do not enter flood water.

Emergency Warning (Red) : An Emergency Warning is the highest level of warning. You need to take action immediately. Leave/evacuate (immediately by am/pm/hazard timing).

The AWS are issued by Emergency Services. The predicted extent of the flood and the amount of time available before it arrives will determine the course of action to be taken.

When there is an Emergency Warning, educators need to prepare for possible emergency evacuation and implement the procedures effectively to ensure the safety of all children, staff, families and visitors in the Service.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT AND EDUCATORS

To ensure compliance with National Regulations our OSHC Service will ensure:

- the nominated supervisor, management, staff, educators and educator assistants comply with this policy
- all staff have a thorough understanding of the [Australian Warning System \(AWS\)](#)
- a comprehensive risk assessment to identify local risks associated with the impact of flooding is completed annually in collaboration the SES (State Emergency Services) 132 500 (for anywhere in Australia) and an Emergency Management Plan (EMP) is developed
- hazards within the OSHC Service that may be harmful to children or staff during a flood are identified in the risk assessment
- families are made aware of the Flood Management Policy and emergency evacuation procedures
- emergency evacuation plans are displayed in prominent positions near each exit and in the indoor and outdoor learning environments
- clear procedures are in place for when a flood warning occurs to ensure the safety of educators, children and families
- emergency evacuation rehearsals (drills) will be practiced every **three months**, including identifying a designated assembly point and place of refuge in case of flooding
- a range of possible flood scenarios are included in evacuation drills
- each emergency evacuation drill is documented (Reg. 97)
- refer to the *Emergency and Evacuation Policy* for steps to be followed when the service needs to close in response to an emergency, including when to notify the regulatory authority and department of education of service closure
- a serious incident notification is submitted to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- the regulatory authority is notified if the OSHC Service is required to close for a period of time as a result of a local emergency (evacuation due to flood, or to repair damage caused by a flood) (Reg.175 (2)(b))
- the Department of Education is notified if the service is temporarily closed via CCS Software or PEP
- emergency telephone numbers will be clearly displayed in prominent positions within the Service
- emergency contact details of all children are updated regularly
- strategies to implement emergency plans are discussed and documented at each staff meeting
- consideration is made to how to save critical records- (current records, historical artefacts and archives)
- counselling services are provided to employees and their family members affected by flooding

- the OSHC Service insurance policy is current and covers the Service for flood damage

BEFORE A FLOOD

MANAGEMENT AND EDUCATORS WILL:

- continue to visit Bureau of Meteorology to check current flood and weather warnings
<http://www.bom.gov.au/>
- visit the Bureau of Meteorology flood watch- [Flood warning system](#)
- refer to the SES State Flood Plans which outline arrangements for responding to floods in SA
<https://www.emergency.nsw.gov.au/Documents/plans/sub-plans/SubPlan-Flood.pdf>
- download a copy of our council's flood plans (see below for state-by-state specific sites)
- be familiar with the warning levels and what action needs to be taken during a flood
- ensure the removal of leaves, debris and other items that can enhance flooding (e.g.: check gutters and drains)
- become familiar with the emergency evacuation plan identifying routes and safe locations if evacuation is required (note: this may be different for a flood situation)
- prepare the Emergency Evacuation Kit
- ensure an up-to-date emergency contact list for all children is included in the Emergency Evacuation Kit
- organise sandbags and sand
- follow the advice by emergency services
- place chemicals on a high shelving to reduce contamination of flood water
- talk to the children about the flood, using simple words that children can understand
- ensure there is a procedure for out of hours decision making
- ensure plans are made to include removal of animals (if safe to do so).

DURING A FLOOD

MANAGEMENT AND EDUCATORS WILL:

- act quickly
- monitor current flood warnings in the local area
- liaise with Emergency Services instructions and react to changing conditions
- contact families to come and collect their child/ren once emergency services have issued a Watch and Act for your area
- turn off electricity, water and gas

- place sandbags in the toilet bowls and over shower and bath outlets to prevent backflow of sewerage into the OSHC Service
- lock all doors and take recommended evacuation routes for the local area
- contact emergency services to ensure the relocation area is safe before proceeding and follow all advice
- evacuate the Service immediately and relocate to clearly defined area as discussed with emergency services and clearly identified in the OSHC Service's Emergency Evacuation Plan
- if located on school grounds, liaise with School Management
- keep families updated regularly of the relocation site

IF IT'S TOO LATE TO LEAVE DURING A FLOOD

Important: calm and logical thinking will be required. The following points are options depending on the circumstances within your own context. Seeking safe options to move children and staff above rising waters levels will be the primary objective.

MANAGEMENT AND EDUCATORS WILL:

- continue to seek advice from emergency services
- remain calm
- move to higher ground and avoid standing in flowing or rising water
- if time permits, stack possessions, equipment and resources onto benches and tables
- ensure that if flowing water is above the ankles, STOP! Turn around and go another way
- avoid entering flood waters

AFTER THE FLOOD

MANAGEMENT AND EDUCATORS WILL:

- stay tuned to local radio stations for official warnings and advice
- wait until emergency services have declared the area safe before entering the flood zone
- do not enter the OSHC Service until the water has dropped below floor level
- do not let children play in or near floodwater
- stay away from drains
- wear rubber boots or rubber soled footwear and rubber/leather gloves when entering the Service
- check with electricity, gas and water establishments to determine if the supplies to the OSHC Service and local area have been affected and if it safe for them to be turned on
- be aware of damaged power lines, bridges, buildings, trees surrounding the OSHC Service

- contact families or emergency contacts to confirm the location and safety of the children
- if possible, take photographs for insurance claims
- when safe and convenient, clean or discard contaminated toys and equipment
- complete a serious incident notification to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children- [NQA ITS](#)
- notify the regulatory authority if the OSHC service is required to close for a period of time as a result of a local emergency (evacuation due to flooding or to repair damage caused by flooding)
- notify the ~~DESE~~ the Regulatory Authority if the service is temporarily closed via the Provider Entry Point (PEP)
- notify families about absences and Child Care Subsidy (CCS) due to a local emergency

Preparing for an emergency

Australian Government- Emergency Management Australia-[What to do before and after a flood](#)
[Australian Government National Emergency Management Agency Australian Disaster Resilience Knowledge Hub- Flood](#)
[NSW Department of Education: Flood planning for Early Childhood Education and Care \(ECEC\)](#)

Resources to assist services before and after an emergency/natural disaster

Australian Government Department of Education Resources
<https://www.education.gov.au/child-care-package/help-emergency>
[BeYou Educator Wellbeing after a natural disaster](#)
[Emerging Minds. Community Trauma Toolkit](#)

STATE SPECIFIC INFORMATION

South Australia

South Australian State Emergency Services provide flood assistance.
 Phone: 132 500 SES
[Flood checklist](#)

CHILDCARE CENTRE DESKTOP RESOURCES

Emergency Bag Audit Emergency Management Plan (EMP)	Extreme Weather Procedure
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SOURCES

ABC Emergency: Plan for an emergency – Flood <https://www.abc.net.au/news/emergency/plan-for-an-emergency/flood/>

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Government. Bureau of Meteorology. Joint Australian Tsunami Warning Centre. <http://www.bom.gov.au/tsunami/>

Australian Government Department of Education (2020). Help in an emergency

Australian Government: Geoscience Australia. (2023). [Flood](#)

Education and Care Services National Law Act 2010. (Amended 2023). [Education and Care Services National Regulations](#). (Amended 2023). Australian Government Bureau of Meteorology <http://www.bom.gov.au/tsunami/>

Australian Government National Emergency Management Agency *Australian Warning System* <https://www.australianwarningsystem.com.au>

Australian Government tsunami Awareness https://www.ga.gov.au/_data/assets/pdf_file/0003/86493/Tsunami-Awareness-brochure.pdf

Floods: Warning, Preparedness and Safety http://www.bom.gov.au/australia/flood/EMA_Floods_warning_preparedness_safety.pdf

Queensland Government Get Ready Queensland <https://www.getready.qld.gov.au/understand-your-risk/types-disasters/tsunami>

Queensland Government Natural disaster resources

SES – NSW State Emergency Services <https://www.ses.nsw.gov.au>

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V3.01.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • minor edits within policy • additional information added re: notification to regulatory authority if service needs to be closed in response to an emergency • added information about preparing for Tsunamis for services required to include information in policy • Child Care Centre Desktop Resources added • sources checked and links repaired as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JANUARY 2023	<ul style="list-style-type: none"> • annual policy maintenance • inclusion of Australian Warning System (AWS) warnings • additional information added to ‘Continuous Improvement’ section • link to Western Australian Education 	JANUARY 2024	

	<p>and Care Services National Regulations added in 'Sources'</p> <ul style="list-style-type: none"> • minor formatting edits within text • hyperlinks checked and repaired as required • update of DESE to Department of Education 	
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FURNITURE & EQUIPMENT SAFETY POLICY

Under the Education and Care Services National Law and Regulations we have a responsibility to protect the health and safety of children enrolled at our Out of Schools Hours Care (OSHC) Service. Whilst risk management is included in our health and safety policies, we understand our responsibility in providing a safe environment for all children and the need to check all equipment and furniture regularly to minimise risks to all those entering the Service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
168	Administrative space
170	Education and care service must have policies and procedures
174	Policies and procedures must be followed
176	Time to notify certain circumstances to the Regulatory Authority

RELATED POLICIES

Child Safe Environment Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy	Physical Environment Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

Management and educators have a responsibility and duty of care to ensure the building, furniture, grounds, and equipment are safe and hygienic. We aim to ensure that all furniture and equipment at the OSHC Service adheres to recognised safety standards and is age appropriate for the children.

SCOPE

This policy applies to management, the approved provider, nominated supervisor, students, staff, families and visitors (including contractors) of the OSHC Service.

IMPLEMENTATION

Our Service understands the importance of children experiencing and learning about risk through safe and creative play. The provision of safe environments for children is essential to prevent injury and enable them to explore and develop new skills. Our OSHC Service will only use furniture and equipment that has been made in accordance with Australian design standards.

THE APPROVED PROVIDER/ MANAGEMENT AND NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL ENSURE:

- a proactive process of risk management is implemented, and clear processes are in place for the identification of hazards, risk minimisation and other control measures
- daily/weekly routine visual inspections are made to identify obvious hazards in surfacing, fixed and mobile equipment, moving parts, swings, ropes, chains, tyres, fences, sandpits
- a qualified person is employed on an annual basis to complete comprehensive inspections of outdoor equipment including:
 - timber structures
 - swings
 - ropes, chains, tyres
 - metal frames
 - slides and linking items
 - playground surfacing and impact areas
- records are kept of inspections and maintenance of furniture, playgrounds and equipment
- educators and staff are aware of their responsibility to identify hazards and potential risks, conduct safety checks of all equipment and furniture and abide by Work Health and Safety requirements
- mandatory Australian Safety Standards are always adhered to when
 - purchasing new equipment or furniture
 - installing equipment (for example: equipment footings, clustering equipment, free height fall, swings)

- the equipment and furniture used in providing education and care at the Service is safe, clean and in good repair
- to adhere to the Education and Care Services National Law and Regulations and licensing requirements that relate to the safety of children at the Service
- there is sufficient furniture and developmentally appropriate equipment so each child can take part in the educational program depending on their interests, ages and abilities
- educators are aware of appropriate instructions for use and supervision for all equipment and furniture
- furniture in the Service is securely built so it will not collapse, is easy to clean, and non-toxic.
- an administrative space or area is provided to conduct administrative functions, consult with parents of children and conduct private conversations (Reg. 111)
- entrapment hazards are identified; it is easy for small fingers and limbs to get caught in gaps. Head and upper body entrapments can cause death by asphyxiation. (Be aware that fingers can get caught in holes or openings between 5-12mm, limbs in gaps between 30-50mm and heads in gaps over 85mm.)
- to implement recommendations from organisations, such as Kidsafe, on fall zones and suitable heights of furniture, equipment and playground equipment (minimum height of equipment requiring fall zone is 500 mm)
- all equipment and furniture are kept in a clean and hygienic state, particularly before and after food service
- furniture and equipment do not contain any lead. This is most likely to occur with second-hand furniture
- the Regulatory Authority is notified of any serious incident involving serious injury or trauma to a child within 24 hours.

EDUCATORS WILL:

- provide effective supervision of children at all times to minimise the risk of accidents and injuries that could result from the furniture and equipment within the learning indoor and outdoor learning environment
- regularly check furniture and equipment for stability and wear and tear- (corners, surface- splinters, missing bike handle grips, faulty cleats in boards or ladders, heavy objects on climbing frames that destabilise the equipment)
- keep records of daily/weekly inspection of indoor/outdoor equipment
- keep an accurate record of any furniture or equipment that needs maintenance in the Equipment and Maintenance Record and ensure this is reported to management

- carefully consider all aspects regarding the use of furniture and equipment and how it suits the age and stage of the children’s development
- ensure the furnishings and equipment within the program support and stimulate children’s leisure and development
- reflect on common accidents and incidents in the learning environment and implement an action plan to ensure the safety of children and minimise accidents at the OSHC Service.
- provide a safe physical environment that allows children to play safely
- remain up to date with health and safety changes within the education and care sector by attending appropriate professional development.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Furniture and Equipment Safety Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP-RELATED RESOURCES

Equipment and Maintenance Record	Outdoor Cleaning and Safety Checklist
Outdoor Environment and Playground Safety Audit	Opening and Closing Checklist

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).

Australian Competition & Consumer Commission. (n.d.). Product safety Australia: Mandatory standards:

<https://www.productsafety.gov.au/product-safety-laws/safety-standards-bans/mandatory-standards>

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Framework. (2017). (Amended 2023).

Kidsafe NSW Inc. Home and community safety information sheets:

<https://www.kidsafensw.org/resources/information-sheets/>

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION	V7.08.23		

MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • additional information added regarding Regulation 111 • continuous improvement/reflection section added • Childcare Centre Desktop resources added 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
AUGUST 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits • hyperlinks checked and repaired as required 	AUGUST 2023

HAND WASHING POLICY

Having and encouraging effective hygiene practices in Out of School Hours Care Services is essential for reducing the risk of infection. Helping children to develop appropriate personal hygiene habits, such as hand hygiene, will become embedded as they grow and develop. It is important to work with families to ensure children follow simple hygiene rules by incorporating good hygiene strategies in both the OSHC Service and home environment.

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs 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	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, Hygiene and safe food practices
88	Infectious diseases

93	Administration of medication
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
168	Education and care service must have policies and procedures
170	Policies and procedures are to be followed

RELATED POLICIES

Administration of Medication Policy Animal and Pet Policy Dealing with Infectious Disease Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Pregnancy in Early Childhood Policy Sick Children Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

Our Out of School Hours Service is committed to ensuring the health and safety of all educators, staff, volunteers, families, and children by providing a safe and healthy environment. Effective hand hygiene significantly reduces the risk of infection and is therefore of the utmost importance. We aim to implement specific hand washing hygiene practices regularly to minimise the risks associated with cross infection of viral and bacterial borne diseases.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, and visitors of the OSHC Service.

IMPLEMENTATION

Infection can be spread through direct physical contact between people, airborne droplets from coughing and sneezing or from contact with surfaces and objects. Children come into contact with a large number of other children and adults, play equipment, eating utensils and other resources whilst being cared for in Out of School Hours Care services. This high degree of physical contact with people and the environment creates a higher risk of children being exposed to and spreading infectious illnesses. Whilst it may not be possible for services to prevent the spread of all infections, we aim to create a hygienic environment to minimise the spread of diseases and infections.

Effective hand washing is a vital strategy in the prevention of spreading many infectious diseases. Research emphasises effective and frequent handwashing as the single most important way to reduce the spread of bacteria, germs, viruses, and parasites that may infect educators, staff and children in school aged care services and in our general population.

Micro-organisms such as bacteria, germs, viruses, and parasites are present on the hands at all times and live in the oil that is naturally produced on your hands. The use of soap or detergent and water remove most of these organisms and decreases the risk of cross infection.

Our OSHC Service will adhere to National Regulation requirements, standards, and guidelines to support the effectiveness of our hand washing policy. We aim to educate and encourage children to wash their hands frequently and effectively which will help to reduce the incidence of infectious diseases, adhering to guidelines provided in Staying healthy: Preventing infectious diseases in early childhood education and care services and recommendations from the Department of Health- Australian Health Protection Principal Committee (AHPPC) to guide best practice.

TO ENSURE THE GREATEST LEVEL OF PERSONAL HYGIENE OUR OSHC SERVICE WILL ENSURE:

- all employees, parents, children and visitors wash their hands with soap and water for at least 20 seconds upon arrival to the Service or, use the alcohol-based sanitiser under adult supervision
- hands are thoroughly dried using hand towel and disposed of in the bin provided
- disposable tissues are used to wipe noses, eyes or mouths and disposed of in the bin provided immediately after use
- hands are washed following the use of tissues
- hands are washed thoroughly using soap and water before and after using the toilet
- signage is provided to prompt visitors and children to wash their hands regularly and effectively when visiting our Service.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL ENSURE:

- educators and staff wash their hands with soap and water for at least 20 seconds regularly
- educators and staff wash their hands
 - before and after eating and handling food
 - before and after applying sunscreen or other lotions to children
 - after using the toilet
 - after blowing their own nose

- after supervising children near toilet facilities
- after touching animals
- after cleaning high touch surfaces- (tables, light switches, door handles, computers, iPads)
- after cleaning or mopping floors
- after changing learning environments – outdoor play area, indoor learning
- whenever their hands are visibly dirty (after gardening, painting)
- before leaving the OSHC Service at the end of the day
- educators and staff adhere to effective food preparation and food handling procedures
- educators and staff wash hands before and after wearing disposable gloves when:
 - preparing food
 - administering medication
 - administering first aid
 - cleaning spills- faeces, vomit or blood
 - cleaning with disinfectant or chemicals
 - after handling garbage and/or contaminated materials

EDUCATORS WILL ENSURE:

- children are explicitly taught the correct process of hand washing
- children are carefully supervised when handwashing
- children are reminded to wash their hands frequently throughout the day
- they model effective handwashing procedures
- the required equipment and resources are easily accessible and appropriate to use- liquid soap, running water, paper towel

We believe the hygiene practices of children being cared for should be as rigorous as those of staff and educators. Our environment supports the creation of appropriate healthy hygiene habits to ensure lifelong healthy decisions and actions.

STRATEGIES EDUCATORS WILL USE TO ENCOURAGE EFFECTIVE HAND HYGIENE PRACTICES

INCLUDE:

- talking about the importance of hand hygiene
- talking about when hand washing is appropriate and why
- singing a song or rap as a guide to how long it should take to wash hands
- using a clear visual poster with step by step instructions

- using positive language
- ensuring equipment is accessible (liquid soap, hand towels)
- ensuring adequate supervision and assistance is available when required
- use STEM opportunities to teach about germs and prevention (ie: pepper and soap experiment)

HAND DRYING

Effective hand drying is just as important as comprehensive hand washing. Research states that wet hands can pick up and transfer up to 1000 times more bacteria than dry hands. Drying hands thoroughly also helps remove any germs that may not have been rinsed off.

Our OSHC Service provides children, staff, and educators with disposable paper towel/warm air dryers to ensure effective hand hygiene. Bins are provided with foot control lids to dispose of used paper towel. Where possible, our Services aims to find sustainable alternatives to paper towel that may harm the environment.

HAND WASHING PROCEDURE

Wet hands with clean, running water, turn off the tap.

Rub soap all over your hands

Rub hands together for as long as it takes to sing “Happy Birthday” twice

Don’t forget the backs of your hands, your wrists, between your fingers and under your fingernails

Rinse the soap off your hands under running water

Dry your hands using paper towel or under a hand dryer.

ALCOHOL-BASED HAND SANITIZER

Where possible, staff will use soap and water to clean their hands however, if this is not possible and hands are not greasy or visibly dirty, an alcohol-based hand sanitiser may be used.

Directions should be followed on how to use the sanitiser correctly. The effectiveness of an alcohol-based hand sanitiser to kill microorganisms or prevent their growth should be at least 60% alcohol.

As per National Regulations, a safety data sheet will be kept on file for any alcohol-based hand sanitiser used in the OSHC Service.

HAND SANITIZER PROCEDURE

Apply liquid to the palm of one hand

Rub it all over both hands until the sanitiser dries

This takes about 20 seconds

Be careful not to wipe the sanitizer off before it is dry.

RELATED INFORMATION/RESOURCES

Be a Soapy Hero! <https://www.betterhealth.vic.gov.au/campaigns/soapy-hero>

Child Care Centre Desktop- Handwashing posters (see below)

NSW Department of Health [Handwashing poster](#)

[Teaching washing your hands with pepper experiment](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Handwashing Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP-RELATED RESOURCES

Hand Washing Procedure

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

[Australian Government Department of Health Australian Health Protection Principal Committee \(AHPPC\)](#)

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Framework. (2017). (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

Revised National Quality Standard. (2018).

Victoria State Government Better Health Channel [Handwashing-why it's important](#)

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V8.6.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • COVID-19 Management policy reference removed • hyperlinks checked and repaired as required 		

	<ul style="list-style-type: none"> • minor formatting edits within text • continuous improvement/reflection section added • Childcare Centre Desktop Resources section added 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JUNE 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required 	JUNE 2023

Wash Your Hands



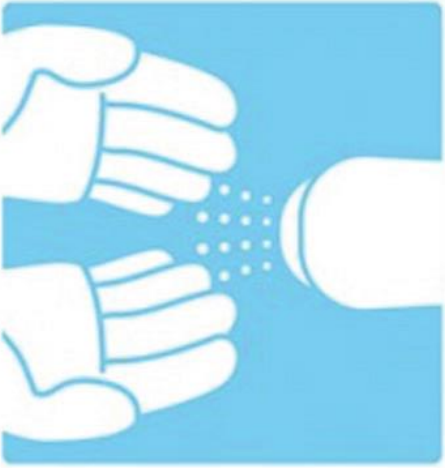
1. Wet your hands with running water



2. Cover your hands with soap and rub your hands vigorously



3. Wash your hands all over, being sure to clean in between fingers, under fingernails,



4. Rinse your hands thoroughly to remove all soap and germs



5. Use a paper towel to dry hands & turn off the tap



6. Place paper towel into the bin.

HEAD LICE POLICY

Head lice continue to cause concern and frustration for families, educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age. This policy is intended to outline roles, responsibilities and expectations of the Out of School Hours Care Service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

Whilst families have the primary responsibility for the detection and treatment of head lice our OSHC Service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

NATIONAL QUALITY STANDARDS (NQS)

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs 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	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
88	Infectious Diseases
168	Education and care service must have policies and procedures

RELATED POLICIES

Family Communication Policy Health and Safety Policy Privacy and Confidentiality Policy	Respect for Children Work Health and Safety Policy
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PURPOSE

To ensure parents, staff and educators are well informed about the early identification of head lice and managing infestations through effective treatment and communication with families.

OUR OSHC SERVICE AIMS TO:

- outline the roles and responsibilities of families, educators and management who are involved in detection, treatment and control of head lice
- document effective treatment and management strategies and
- provide information and support for families.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the OSHC Service.

HEAD LICE

Pediculosis Capitis or head lice are insects that live in hair and suck blood from the scalp, usually causing itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and start biting the scalp to feed on blood. Adult lice mate, the females lay more eggs, and the cycle continues.

People get head lice from direct head to head contact with another person who has head lice. This can happen when people play, cuddle or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes or soft toys. They are rarely spread by sharing hats.

While head lice are not known to carry disease, they are a nuisance for parents and children. The social stigma associated with head lice infestation can affect children's comfort and confidence.

Head lice can be controlled through a consistent, systematic community approach.

FINDING HEAD LICE

Head lice do not necessarily cause an itch, and may be difficult to observe. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique. (See Treatment section below).

Head lice are found on the hair shaft itself and move to the scalp to feed. They can be brown or grey in colour. Head lice have six legs, which end in a claw, and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff, but can't be brushed off.

IMPLEMENTATION

RESPONSIBILITIES OF MANAGEMENT, RESPONSIBLE PERSON AND EDUCATORS

If one child at the Out of School Hours Care Service has head lice, it is likely that several others also have them. To help prevent the spread of head lice, our Service will:

- remind parents to be vigilant in checking for head lice weekly
- confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day
- keep families informed if there is someone at the OSHC Service with head lice, ensuring confidentiality is not breached by disclosing the child's name who has head lice.
- reduce head-to-head contact between all children when the Service is aware that someone has head lice
- support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice
- ensure that the child or children with head lice are not isolated or excluded from learning
- provide families with suggestions of effective treatment for head lice
- encourage parents to tie back children's hair when attending the Service
- record all cases confidentially so an outbreak can be avoided or minimised
- encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks- e.g.: avoid sharing hairbrushes and hats

RESPONSIBILITIES OF FAMILIES:

- check your child's head once a week for head lice

- notify the Service immediately if head lice are found on your child's head
- ensure you check all members of your family if one person has head lice (there is no need to treat the whole family, unless they also have head lice)
- ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the Service if your child is affected so the Service can monitor the number of cases and act responsibly.
- check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs (nits) from your child's hair using the conditioner method and head lice comb.
- once treatment has started, your child can attend the Service
- if your child has long hair, ensure this is tied back
- families will only use safe and recommended practices to treat head lice.
- families will maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.

TREATMENT

The two most common methods used for the treatment of head lice are the conditioner/combing technique and chemical treatments.

Conditioner and Combing Technique

Conditioner stuns lice and blocks their breathing pores. This, together with the slippery effect of the conditioner, makes it easier to mechanically remove the lice.

1. Untangle dry hair with an ordinary comb.
2. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.
3. Use an ordinary comb to evenly distribute the conditioner, and divide the hair into four or more sections using hair clips.
4. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
5. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.
6. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.
7. Wash out the conditioner.
8. Clean the comb using hot soapy water and rinse off with hot water.

9. Repeat the conditioner and combing method after seven days to ensure that any immature head lice that have hatched are removed before they can lay more eggs.

Chemical treatments

There are four main categories of head lice products available in Australia which may include an active compound which kills head lice and some eggs (nits). Any head lice treatment product used should carry an Australian Registered (AUST R) number on the outer packaging indicating the product is accepted by the Therapeutic Goods Administration for supply in Australia. No treatment kills all eggs so the hair must be retreated after 7 to 10 days to kill any head lice that may have hatched or survived the first treatment.

There are many different chemical products available to use for children aged over six months- check with a pharmacist to help choose a product. No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

JURISDICTION SPECIFICATIONS FOR EACH STATE (DELETE NON-APPLICABLE STATES)

SOUTH AUSTRALIA (SA)
South Australia Department of Health Head Lice Management for Schools

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Head Lice Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 Better Health Channel. (2019). Head lice (nits) [Fact Sheet].
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/head-lice-nits?viewAsPdf=true>
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Privacy Act 1988.
 Revised National Quality Standard. (2018).
 SA Health. (2019). Head lice, management guidelines for schools:
 United Nations Convention on the Rights of the Child
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
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POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
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HEALTH AND SAFETY POLICY

Our Out of School Hours Care (OSHC) Service has a responsibility of providing a healthy and safe environment for children so that they can explore, discover and learn. We are committed to maintaining a safe and healthy environment through comprehensive policies and procedures and managing risks and hazards appropriately and effectively.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.

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.
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about the educational program to be kept available
76	Information about educational program to be given to parents
80	Weekly menu
82	Tobacco, drug and alcohol-free environment
86	Notification to parents of incident, injury, trauma and illness
99	Children leaving the education and care service premises
102	Authorisation for excursions
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing and security
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements—indoor
108	Space requirements—outdoor space
109	Toilet and hygiene facilities
110	Ventilation and natural light
111	Administrative space
113	Outdoor space—natural environment
114	Outdoor space—shade
115	Premises designed to facilitate supervision
156	Relationships in groups
158	Children’s attendance records to be kept by approved provider
168	Policies and procedures are required in relation to enrolment and orientation
171	Policies and procedures to be kept available

RELATED POLICIES

Administration of Medication Policy	Orientation of Families Policy
Child Protection Policy	Physical Environment Policy
Clothing Policy	Rest Time Policy
Dealing with Infectious Diseases Policy	Safe Storage of Hazardous Chemicals Policy
Delivery of, and collection from Education and Care Service Premises	Safe Transportation Policy
Emergency Evacuation Policy	Sick Children Policy
Governance Policy	Supervision Policy
Hand Washing Policy	Sun Safety Policy
Incident, Injury, Trauma and Illness Policy	Water Safety Policy
	Work Health and Safety Policy

PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place to ensure the health, safety and wellbeing of children, staff and families. We aim to protect the health, safety and welfare of children, educators, families, and visitors of the Service by complying with current health and safety laws and legislation as outlined in this policy.

SCOPE

This policy applies to children, families, staff, management the approved provider, nominated supervisor, students and visitors of the OSHC Service.

IMPLEMENTATION

The National Quality Framework establishes the standards and learning frameworks to provide high quality inclusive education and care in early and middle childhood settings, which can only occur in a safe and healthy work environment. The NQF makes few references to work, health and safety legislation as it underpins this framework. Quality Area 2.... reinforces children’s right to experience quality education and care in an environment that provides for their health and safety.” p: 138, 2020.

Thorough work health and safety policies, procedures and practices ensure that:

- coordinators and Nominated supervisors fulfil their responsibility to provide a safe workplace, without any negative impact on the health and wellbeing of employees;
- employees meet their health and safety obligations and are safe in the workplace; and

- the work environment supports quality education and care.

We are dedicated to ensuring that all health and safety needs are met through the implementation of a high standard of hygiene practices to control the spread of infectious diseases, the prevention and management of injuries and illness, and to provide a safe and secure physical environment for children. In any occurrences where children show any signs of illness, accident, injury or trauma, educators will refer to the Incident, Injury, Trauma and Illness Policy.

The importance of children's nutritional and physical health needs will be promoted by educating children about a healthy lifestyle which will be reinforced through the everyday routine and experiences. Information on health, hygiene, safe food, and dental care principles and practices will be displayed at the Service to provide families with further information.

We believe in quality education and care in an environment that provides for all children's protection through adequate supervision, safe experiences and environments, and vigilance to potential risks. Educators at the Service are dedicated to understanding their legal and ethical responsibility to protect the children enrolled at the Service.

CHOOSING APPROPRIATE RESOURCES AND EQUIPMENT

- The Approved Provider will be ultimately responsible for any purchases of equipment.
- Educators will document any equipment that needs maintenance on a prioritised basis in the maintenance register.
- Resources and equipment will be chosen to reflect the cultural diversity of the service's community and the cultural diversity of contemporary Australia.
- The OSHC Service will actively pursue the contribution of families regarding toys and equipment at the service.
- All new equipment will be checked against Australian Safety Standards.
- Children will be introduced to new toys and pieces of equipment and taught how to use and care for them appropriately.
- Equipment that should only be used under supervision will be stored in a safe place out of children's reach.
- The use of toys or equipment, which involves the use of water, will be used under the direct supervision of educators. All equipment will be emptied of water when not in use and stored in such a manner that it cannot collect water.

- Equipment will be checked regularly by the educators to ensure it is in a clean and safe condition which will be recorded on the appropriate indoor and outdoor safety checklist.
- The Approved Provider will advise educators and parents about the purchase of new equipment and ensure a risk assessment has been conducted.

THE CHILDREN'S LEARNING ENVIRONMENT

- The Service will keep a record of any changes that is made to the physical environment of the Service, such as rearranging of rooms etc. to show continuous improvement.
- The Service will document the links between the arrangements and choice of resources and equipment and the children's learning in the program.

ON-GOING MAINTENANCE

- The OSHC Service will reflect on the environment and establish a plan ensuring that the environment continuously complies with our philosophy of providing a safe and secure environment, that is stimulating and engaging for all who interact with it.
- The Approved Provider/Nominated Supervisor will also ensure that the Service and its grounds comply with Local Government regulations, and regulations regarding fire protection, ventilation, natural and artificial lighting and safety glass.
- Should the Service undertake major renovations, management plans will be put in place to ensure that the safety of educators, children, families and others at the service is not compromised.

SAFETY CHECKS

Prior to children arriving at the OSHC, a daily inspection of the premises will be undertaken which will include the:

- Service Perimeters
- Fences/Fence Line
- Gates
- Paths
- Buildings
- All rooms accessible by children
- Fixed Equipment
- Sand Pit

This must be done in order to identify any dangerous objects in the grounds ranging from sharps to poisonous or dangerous plants and animals.

In the event of a sharp object being found (for example a syringe) educators will follow the Safe Disposal of Sharps Procedure, wear gloves and use tongs to pick up the object and place it in the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

Similarly, trees in the grounds must be checked regularly for overhanging, dead or dangerous looking branches as well as checked for any infestations or nests.

The Service will have regular pest inspections carried out by an accredited pest control company. Documentation of these inspections will be kept and any findings from the pest control check will be carried out in line with the recommendation of the pest control company.

The following can be used as a guideline to produce Checklists for the service's individual needs.

CHECKLIST: OUTDOORS

- Building maintenance** – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Records of any damages and subsequent repairs are kept.
- Fences**- securely and effectively fence all sides of outdoor play areas from roads, water hazards, and driveways and are of appropriate height.
- Garbage** – safe and prompt disposal. 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** - keep locked.
- Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded and are kept out of reach of children.
- Non-slip** stairs, steps, and ground surfaces.
- Renovation** dangers e.g. lead, asbestos, holes and excavations – reduce risks.
- Pesticide** residue - dangerous chemicals should not be used to remove vermin.
- 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** - minimising unauthorised access with appropriate fencing and locks.
- First aid kit is approved**, maintained, and accessible throughout outdoor play.
- Hazardous Plants** – identify and remove or make inaccessible to children.
- Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tools or machinery are stored securely and are inaccessible to children.

- Pet and animal droppings cleared** or inaccessible to children in outdoor areas, exclude dogs from children's play areas, finger proof pet enclosures, supervise pet interactions with children.
- Safe play rules and adequate safe play areas** - talk with children about how to play safely. Maintain safe layouts for outdoor play areas to avoid collisions between children.
- Soft fall** - appropriate ground cover under outdoor climbing and play equipment, meets standards.
- Sun protection clothing, hats, and sunscreen, for unshaded areas** - minimise play at peak sun exposure times. Install a sunshade over sandpits and play areas.
- Ensure children are visible and supervised at all times.** High-risk areas and climbing and other outdoor play equipment. Make hazardous equipment, machinery, chemicals, and any other materials inaccessible to children.
- Water hazards** are supervised directly at all times
- Water troughs** or containers will only be filled to a safe level and emptied immediately after use. Water troughs are supervised at all times.
- Play equipment** that is higher than 60cm must have soft fall installed underneath at least 25cm in depth under and 1.9m from the perimeter of the equipment. Place outdoor play equipment away from paths and solid garden edging. [AS 4685:2012 Playground equipment]
- Surfacing** used underneath and around equipment complies with Australian Standard AS/NZS 4422 and is maintained regularly; materials may need to be raked, redistributed and checked weekly for spiders, sharp objects or animal litter.

CHECKLIST: INDOORS

- 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.
- Children at risk** – maintain extra security and supervision for children at special risk.
- Decorations and children's artwork** – do not place near ceiling fans, air conditioners or heaters.
- Emergency evacuation** – develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures. Ensure exit pathways are kept clear at all times.
- Fire** – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch are easily accessible and regularly serviced.
- First aid kit** with approved contents is maintained and accessible. Ensure First Aid certificates are current for relevant educators.
- Furniture** - stable, maintained and meets Australian safety standards.

- 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. 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 so as to keep it below the temperature at which a child can be scalded (the current KidSafe recommendation is below 50°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.
- Spills** – clean away as they occur.
- Pets and animals** – inform families of pets being kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don't have fleas, and 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.
- Record details** and notify parents of any child accident.
- 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.
- Smoke and drug free environment** in all areas at all times
- Educator's personal items** – ensure educator's personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.
- Stairways,** ramps, corridors, hallway, external balcony must be 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.
- Toys** – meet safety standards, age appropriate, maintained, and non-toxic.

CLEANING OF BUILDINGS, PREMISES, FURNITURE AND EQUIPMENT

GENERAL CLEANING

- To minimise our staff and children’s exposure to infectious diseases or viruses such as coronavirus (COVID-19) our Service will adhere to all recommended guidelines from the Australian Health Protection Principal Committee (AHPPC) and the National Health and Medical Research Council (NHMRC)
- high touch surfaces will be cleaned and disinfected at least twice daily
- cleaning contractors will hygienically clean the Service to ensure risk of contamination is removed as per [Environmental Cleaning and Disinfection Principles for COVID-19](#)
- Educators will clean the Service throughout the day as needed (Vacation Care)
- Accidents and spills will be cleaned up as quickly as possible to ensure that the Service always maintains a high level of cleanliness, hygiene, and safety.

When purchasing, storing and/or using any dangerous chemicals, substances, medicines or equipment, our Service will:

- adhere at all times to manufacturer’s advice and instructions when using products to clean furniture and equipment at the Service
- store all dangerous chemicals, substances and medicines in their original containers provided by the manufacturer. All labels and/or use by dates should be kept intact at all times.
- ensure any substance found to be stored in a different container than originally provided, or with destroyed labels and/or unknown use by dates where appropriate will not be used under any circumstances.
- ensure containers should be disposed of correctly following local council guidelines, and not reused under any circumstances.
- ensure all dangerous chemicals, substances and equipment is stored in a locked place or facility which is labelled, secure and inaccessible to children. These materials may include, but are not limited to, all cleaning materials, detergents, poisonous or dangerous substances, dangerous tools and equipment including those with sharp and razor edges and toiletries.
- follow the instructions of manufacturers, particularly of any product which may need to be stored in a refrigerated environment.
- refrigerate any substance that must be stored in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children
- ensure all hazardous chemicals must be supplied with a Safety Data Sheet (SDS) formerly called a Material Data Safety Sheet. Our Service will adhere to the manufacturer’s instructions for use, storage, and first aid instructions recorded on the SDS

- ensure there is a register of hazardous chemicals, substances and equipment used at the Service. Information recorded should include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.
- ensure appropriate personal protective clothing should be worn in accordance to the manufacturer's instructions when using and disposing of hazardous substances or equipment
- seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 13 11 26, or call an Ambulance on 000.
- ensure emergency medical and first aid procedures are carried out, with relevant notification given to the appropriate authority that administers workplace health and safety and any other person or authority as required by regulations or guidelines.
- In any major emergency involving a hazardous chemical or equipment, a hazardous gas or a fire or explosion hazard, call the emergency services, dial 000 and notify the appropriate authority that administers workplace health and safety and any other person or authority as required by regulations or guidelines.
- the Poison Safety Checklist will be used in order to ensure we are consistently meeting requirements.

HAND WASHING

Effective handwashing is the best way to prevent the transmission of infectious diseases. Our Service will ensure [signs and posters](#) remind employees and visitors of the importance of handwashing to help stop the spread of COVID-19 and other infectious diseases. Adults and children should wash their hands thoroughly with soap and water and/or alcohol-based sanitiser:

- upon arrival at the Service
- when hands are visibly dirty
- when coming inside from being outside
- before eating
- before putting on disposable gloves
- before preparing food items
- after touching raw meats such as chicken or beef
- before and after toileting children and coming into contact with any body fluids such as blood, urine or vomit
- after touching animals or pets
- after blowing your nose or sneezing and after assisting a child to blow their nose
- after meals

- after going to the toilet
- before and after administering first aid
- before and after administering medication
- before and after preparing children's bottles
- after removing protective gloves
 - after using any chemical or cleaning fluid

MINIMISING POTENTIALLY DANGEROUS SUBSTANCES

Our OSHC Service minimises the use of potentially dangerous substances. Ordinary detergents will be used to help remove dirt from surfaces. Before returning to the children educators will wash and dry hands.

DISINFECTANTS

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, such as gastroenteritis or other infectious virus (COVID-19), the Public Health Unit or SafeWork Australia, may specify the use of a particular disinfectant and increased frequency of cleaning. In this situation, for the disinfectant to work effectively, there still needs to be thorough cleaning using a detergent beforehand.

Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. It is more important to ensure that surfaces have been cleaned with detergent and warm water than to use a disinfectant.

In the event of an outbreak of gastroenteritis, a disinfectant such as bleach solution may be used following the manufacturer's directions- e.g.: White King Bleach (sodium hypochlorite 42g/L) diluted part bleach (25mL) in 40 parts water (1L) to make 0.1% solution Gloves must be worn at all times when handling and preparing bleach.

To kill germs, any disinfectant needs:

- A clean surface to be able to penetrate the germ.
- To be able to act against those particular germs.
- To be of the right concentrate.
- Enough time to kill the germs, which is generally at least 10 minutes.

DETERGENTS

To work in accordance with Staying healthy: Preventing infectious diseases in early childhood education and care services, proper cleaning with detergent and warm water, followed by rinsing and air-drying kills most germs from surfaces as they are unable to multiply in a clean environment. Cleaning equipment should be stored and taken care of so it can dry between uses and not allow germs to multiply.

ARRANGEMENTS FOR LAUNDERING OF SOILED ITEMS

Soiled clothing will be returned to a child's home for laundering. Educators will remove soiled content prior to placing clothing into a plastic bag.

CLOTHING

- Educator's clothing should be washed daily.
- Dress-up and play clothes should be washed once a week.

EQUIPMENT AND TOY CLEANING

Educators are required to clean the children's equipment and toys on a regular basis in order to minimise cross contamination and the spread of illnesses. Educators will wash a toy or piece of equipment immediately if it has been sneezed on and/or soiled or if it has been discarded after play by a child who has been unwell. The Service will have washable toys for the younger children. Toys and equipment must be cleaned more often in the event of an infectious disease or virus is present in the service or community- (COVID-19).

RECOMMENDED CLEANING MATERIALS:

- Most toys can be washed with normal dishwashing liquid and rinsed with clean water.
- Get into corners with a toothbrush and allow to air dry (if possible, in the natural sunlight).
- Leaving items such as LEGO and construction blocks to drain on a clean tea-towel overnight is ideal.

PLAY DOUGH

Our OSHC Service will reduce the risk of the spread of disease when playing with play dough by:

- encouraging hand washing before and after using play dough
- storing the play dough in a sealed container in the refrigerator between uses
- making a new batch of play dough each week, and
- if there is an outbreak of vomiting and/or diarrhoea, discarding the playdough at the end of each day during the outbreak.

PUZZLES AND GAMES

- Wooden puzzles – wipe over with a damp cloth- do not immerse in water as this can destroy the equipment.
- Cardboard should be wiped over with a slightly damp cloth.

SUN PROTECTION

Our OSHC Service will work in compliance with the SunSmart Program to ensure children's health and safety is maintained at all times whilst at the OSHC Service.



SunSmart recommends that all early childhood education and care services have a SunSmart Policy to reduce UV damage to those in care, including Educators.

1. OUTDOOR ACTIVITIES

Sun protection is required when UV levels reach level 3 or above. Our OSHC Service will monitor UV levels daily through one of the following methods:

- using smart phone SunSmart app
- viewing Bureau of Meteorology website www.bom.gov.au
- visiting www.myuv.com.au

The OSHC Service will use a combination of sun protection measures whenever UV Index levels reach 3 and above.

- Care is taken during the peak UV radiation times and outdoor activities are scheduled outside of these times where possible.
- Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.
- All sun protection measures (including recommended outdoor times, shade, hat, clothing and sunscreen) will be considered when planning excursions and incursions.
- educators will check the temperature of surfaces and playground equipment to determine if it is safe for children to play. (Daily Playground Surface Temperature Check)

2. SHADE

The OSHC Service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade.

3. HATS

Educators and children are required to wear sun safe hats that protect their face, neck and ears. A sun safe hat is:

- legionnaire hat
- bucket hat with a deep crown and angled brim that is size of at least 5cm (adults 6cm) and must shade the face, neck and ears
- broad brimmed hat with a brim size of at least 6cm (adults 7.5cm)
- approved school hat from the child's school.

Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended. 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.

4. CLOTHING

When outdoors, educators and children who are not wearing school uniforms 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.
- Children who are not wearing sun safe clothing can be provided with spare clothing.

Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

5. SUNSCREEN

As per Cancer Council Australia recommendations: All educators and children will apply SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours (during vacation care). Sunscreen is stored in a cool, dry place and the use-by-date monitored.

6. ROLE MODELLING

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

- wearing a sun safe hat (see Hats)
- wearing sun safe clothing (see Clothing)

- applying SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors
- using and promoting shade
- wearing sunglasses that meet the Australian Standard 1067 (optional)
- Families and visitors are encouraged to role model positive sun safe behaviour.

DELIVERY AND COLLECTION OF CHILDREN

The following procedure must be adhered to at all times to ensure the safety of the children. (*See Delivery of, and collection from Education and Care Service Premises Policy, Safe Transportation Policy*)

ARRIVAL

- All children must be signed in by their parent or person who delivers the child to our Service
- An educator is to check the sign in sheet ensuring families have signed their child in. If families have not signed the child in, the educator or nominated supervisor will sign the child in, complying with Regulation 158.
- An educator will greet and receive each child to ensure the child is cared for at all times.

DELIVERY TO SCHOOL

- Children will be signed out of the OSHC Service from 8:30am. Reception children will be walked to the school at 8:45am for at least Term 1 of their first year.
- All Kindergarten children and children with additional needs (as required) will be escorted to their classroom and supported as required to put their bags away and prepare for the day (lunches, homework etc. in the designated place).
- Children will not be left at the school until a teacher is on playground duty.

COLLECTION FROM SCHOOL

- An educator will collect all Kindergarten children and Reception children (as required) from their classroom and bring them to OSHC
- Children in first to sixth grade will make their way to the designated meeting area and be met by a staff member/educator.

ABSENT OR MISSING CHILDREN

- Parents must advise OSHC Service staff as early as possible of their child/children's absence.

- If a child is collected from the school early due to illness or other reasons the parent must notify the Service, using the Service's telephone message bank if the Service is unattended.
- If a child does not arrive OSHC at the expected time an educator will:
 - ask children in the school playground if they have seen the child or know where he/she is (phone parents to confirm if children say the child left school early).
 - ask the child's teacher and/or office staff if they know of the child's whereabouts.
 - ring the child's parent/s to enquire if they know of their child's whereabouts.
 - if parents believe the child should be at school, search the school classrooms and premises with assistance of teachers, and permission of classroom teachers and any available persons.
 - the educator will immediately contact the school principal or delegate.
 - if the child cannot be found during this search, the child must be considered missing.
 - if the parents have been contacted and the child is subsequently found, the educator must immediately contact the parents to let them know.

MISSING CHILDREN

If a child is considered missing, an educator or staff member will:

- Contact the police by dialling **000**.
- Contact the child's parents.
- Contact the school to inform them of the missing child.
- Ensure that other children remain appropriately supervised.

DEPARTURE FROM SERVICE

- All children must be signed out by their parent or person who collects the child from our OSHC 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. Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises.
- Photo identification must be sighted by a Primary Contact Educator before the child is released. If educators cannot verify the person's identity, they may be unable to release the child into that person's care, even if the person is named on the enrolment form.

- Children will not be released into the care of a person not authorised to collect the child e.g., court orders concerning custody and access. If an unauthorised person is not willing to leave the premises without the child, the educator will call the police.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 16 to collect children.
- No child will be released into the care of anyone not known to educators. Parents must give prior notice where:
 - the person collecting the child is someone other than those mentioned on the enrolment form (e.g. in an emergency) or
 - there is a variation in the persons picking up the child, including where the child is collected by an authorised nominee who is unknown to educators.
- If educators do not know the person by appearance, the person must be able to produce some photo identification. If educators cannot verify the person's identity, they may be unable to release the child into that person's care.
- If the person collecting the child appears to be intoxicated, or under the influence of drugs, and educators feel that the person is unfit to take responsibility for the child, educators will:
 - discuss their concerns with the person, if possible, without the child being present
 - suggest they contact another parent or authorised nominee to collect the child.
 - if the person insists on taking the child, Educators will inform the police of the circumstances, the person's name and vehicle registration number.
 - Educators cannot prevent an incapacitated parent from collecting a child but must consider their obligations under the relevant child protection laws.
- 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 OSHC Service closes.
- Children may leave the premises in the event of an emergency, including medical emergencies as outlined in our Emergency Evacuation Policy.
- Details of absences during the day will be recorded.

DELIVERY AND COLLECTION OF CHILDREN DURING VACATION CARE

During periods of vacation care, policies and procedures will be followed as per Arrival at Service, and Departure from Service.

VISITORS

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting our OSHC Service must sign in when they arrive at the Service and sign out when they leave. Refer to our *Delivery of, and collection from Education and Care Service Premises* and procedure for more detailed information. Visitors are not to be left alone with children at any time whilst at the service. Working With Children Checks will be recorded and verified for any visitor who is not fully supervised at the service. Visitors to the service are expected to comply with service policies and procedures, including health and safety policies whilst at the service and report any health and safety issues to management.

KITCHENS

- Children must not gain access to any harmful substance, equipment or amenity.
- The kitchen has a barrier to prevent unsupervised entry by younger children into the kitchen.

MONITORING AND REVIEWING HAZARDS

Risk management is an ongoing process. Risks must be systematically monitored, and management strategies reviewed to ensure that they continue to be effective and contribute to a safe and healthy work environment. New hazards can emerge over time resulting in control strategies becoming ineffective and therefore may require updating.

Hazard identification, Risk Management and Hazard Reduction is specifically addressed within our Work Health and Safety Policy.

BACK CARE AND MANUAL HANDLING

- Manual handling is any activity requiring the use of strength used by the person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.
- Manual handling injuries may be caused by the activities listed above. Injuries can include back strains, similar strains and sprains in parts of the body such as the neck, arm, shoulder and knee.
- Manual handling injuries also include overuse injuries or, as a result of falling during manual handling, bruising or laceration.

(See our Work Health and Safety Policy for further information and recommendations for back care and manual handling).

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Health and Safety Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILDCARE CENTRE DESKTOP-RELATED RESOURCES

Car Park Safety Management Guide	Outdoor Cleaning Safety Checklist
Car Park Safety Checklist	Transportation Attendance Record
Daily Playground Surface Temperature Check	Vehicle/bus transportation procedure
	Work Health and Safety Manual

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Department of Education (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)

Cancer Council NSW. Early childhood and care sun protection policy: <http://www.sunsmartnsw.com.au/wp-content/uploads/2015/11/Childcare-policy1.pdf>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023)

Guide to the National Quality Standard. (Amended 2023)

KidSafe Australia: <https://kidsafe.com.au>

National Health and Medical Research Council. (2012) (updated June 2013). Staying healthy: Preventing infectious diseases in early childhood education and care services.

Standards Australia. AS 1851-2005 (incorporating Amendment No. 1). Maintenance of fire protection systems and equipment: [https://www.saiglobal.com/PDFTemp/Previews/OSH/as/as1000/1800/1851-2005\(+A1\).pdf](https://www.saiglobal.com/PDFTemp/Previews/OSH/as/as1000/1800/1851-2005(+A1).pdf)

[Western Australian Education and Care Services National Regulations](#)

Work Health and Safety Act 2011

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V9.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> • Sources checked for currency • Minor edits throughout policy • Additional information relating to Safe Transportation of Children • Additional information relating to visitors not being left alone added • Additional section added for Continuous Improvement/Related Resources 		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required 	JULY 2023

IMMUNISATION POLICY

When groups of children are together, illness and disease can spread rapidly. Preventable diseases such as measles and whooping cough can have serious health consequences for children, and especially young children. Staff members who work in school aged care services are also at increased risk of contracting certain infectious illnesses due to the close proximity of working with children. Immunisation is therefore an important health measure and an effective way of protecting children and adults from harmful diseases by reducing the spread of disease.

(Australian Government Department of Education, Skills and Employment, 2020)

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	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	Safety	Each child is protected
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
174(2)(a)	Notification to the Regulatory Authority- (a) any serious incident at the approved education and care service
12	Meaning of serious incident
77	Health, hygiene and safe food practices

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
168	Education and care service must have policies and procedures
172(2)(g)	a notice stating that there has been an occurrence of an infectious disease at the premises

RELATED POLICIES

Dealing with Infectious Disease Policy Enrolment Policy Family Communication Policy Incident, Injury, Trauma and Illness Policy	Pregnancy in Early Childhood Policy Record Keeping and Retention Policy Work Health and Safety Policy
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PURPOSE

The purpose of this policy is to provide information to manage and prevent the spread of infectious illnesses and diseases. Our OSHC Service has a duty of care to ensure that all children, families, and educators are protected from infectious diseases whilst at the Service. Along with maintaining a clean and hygienic environment, this also includes notifying families and educators when an excludable illness or disease is present in the OSHC Service, maintaining a record of children's and educators' immunisation status, complying with relevant health department exclusion guidelines, and increasing educators' awareness of cross-infection.

SCOPE

This policy applies to children, families, staff, educators, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Immunisation is a reliable way to prevent many childhood diseases. Immunisation works by giving the person a vaccine (weakened or killed disease-causing bacteria or virus), against a particular disease. This makes the person's immune system respond in a similar way to how it would respond if they actually had

the disease, but with less severe, or possibly no symptoms. The vaccine therefore leads to the creation of antibodies that provide future protection if the person comes into contact with the disease.

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'.

Enrolment in an early education and care service requires parents to provide an Immunisation History Statement as recorded on the Australian Immunisation Register (AIR) to prove that their child is up to date with their scheduled vaccinations. This documentation also is required to be updated as per the childhood immunisation schedule.

When enrolling a child in an Out of School Hours Care service, parents will be asked to provide an Immunisation History Statement. Should a child not be fully immunised according to the National Immunisation Program Schedule, they will not be prevented from enrolling.

Children without proof of recommended immunisation for their age will be excluded from attending the service during an outbreak of a vaccine preventable disease. For a child to be eligible for Child Care Subsidy and other family payments, immunisation must be in accordance with the National Immunisation Program (NIP) Schedule.

THE APPROVED PROVIDER / NOMINATED SUPERVISOR WILL:

- ensure that obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure all new employees are provided with a copy of this policy as part of their induction process
- ensure information about immunisation, infectious diseases and exclusion periods is available to families at time of enrolment/orientation and is included in Family Handbook
- request families to provide an AIR Immunisation History Statement or an AIR Immunisation History Form (for a child on an approved catch-up-schedule) prior to enrolment
- record in the immunisation register, children as 'unimmunised' if an AIR is not provided
- advise parents and families about the [National Immunisation Program \(NIP\)](#)

- review children’s immunisation regularly, updating the child’s records kept at the OSHC service
- develop a staff immunisation record that documents each staff member’s previous infection or immunisation
- require all new and current staff to complete the staff immunisation record
- update staff immunisation records as staff become vaccinated
- provide staff and families with information about vaccine-preventable diseases
- take all reasonable steps to encourage non-immune staff to be vaccinated
- document advice given to educators and other staff, and any refusal to comply with vaccination requests
- notify the Public Health Unit of any outbreak of vaccine preventable diseases (1300 066 055)
- notify families when an outbreak of a vaccine-preventable disease occurs through various channels of communication:
 - verbally
 - through a letter from the educator or Approved Provider
 - posting a note or sign at the entry of the residence
 - via electronic message- text message or email
- notify the Regulatory Authority of any incidence of a notifiable infectious illness or disease [acecqa contact regulatory authority](#)
- exclude any child who is not immunised from the OSHC Service if and when an outbreak of a vaccine-preventable disease occurs to protect that child and to prevent further spread of infection. In the instance of the child being immunised but the immunisation record has not been sighted by the Service, the child is to be considered as not being immunised.
- advise any staff members who fall pregnant to visit their GP immediately and have a test for Cytomegalovirus (CMV) to check their immunity.
- advise any staff members who fall pregnant to discuss [Cytomegalovirus during pregnancy](#) (CMV) with their doctor and inform management so that an individual risk assessment can be assessed and managed. There is NO vaccination to prevent against infection with CMV. Occupational risks of CMV in childcare should be managed and control measures implemented. CMV [see: Pregnancy in Early Childhood Policy]

FAMILIES WILL:

- adhere to the OSHC Service’s policies regarding *Dealing with Infectious Diseases, Immunisation, Incident, Injury, Trauma and Sickness Policies* and exclusion requirements

provide the OSHC Service with a copy of one or more of the following documents upon enrolment

- an Australian Immunisation Register (AIR) Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
- an AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
- an AIR Immunisation Medical Exemption Form which has been certified by a GP
- provide the OSHC service with an updated copy of their child’s current immunisation record when the next scheduled immunisation has been completed
- complete their child’s immunisation schedule
- support their child’s exclusion from the Service if there is an outbreak of a vaccine preventable disease at the OSHC Service or if they come into contact with a person with a vaccine preventable disease, even if there is no outbreak at the Service or Primary School.

INFORMATION TO BE DISPLAYED IN SERVICE

INFORMATION	WEBSITE/INFORMATION	PHONE NUMBER
The National Immunisation Program (NIP) Service	https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program	1800 020 103
Notification of an occurrence of an infectious disease/vaccine preventable disease	Notify local Public Health Unit Provide information to families about the infectious disease- Children unimmunised against vaccine preventable diseases must be excluded from care	1300 066 055
Australian Government Department of Health	In the event of a community spread virus- (COVID-19) publications from Government agencies will be displayed https://www.health.gov.au/resources/collections/coronavirus-covid-19-campaign-resources	1800 020 080

Australian Government Department of Health- Immunisation saves lives

Currently there are different immunisation requirements for early childhood education and care services across states and territories. OSHC Services who operate as part of an approved ECEC service may need to ensure information on immunisation requirements as available to all families and updated as required.

South Australia (SA)

The National Immunisation Program (NIP) Schedule **TO BE DISPLAYED IN THE SERVICE** can be accessed and downloaded from: <https://www.health.gov.au/resources/publications/national-immunisation-program-schedule-portrait>

Telephone: (08) 8226 6000

Immunise Australia National Hotline: 1800 671 811

Australian Government, Department of Human Services:

<https://www.humanservices.gov.au/individuals/online-help/medicare/getting-your-immunisation-history-statement-using-your-medicare-online-account>

RESOURCES

AIR General Enquiries line 1800 653 809

Australian Government Department of Health [Get the facts on childhood immunisation-help protect your community](#)

Australian Government Services Australia Australian Immunisation Register

<https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register>

[NSW Government Immunisation Enrolment Toolkit](#)

Sharing Knowledge About Immunisation. (2020). <http://talkingaboutimmunisation.org.au/>

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

[Victoria State Government Immunisation enrolment toolkit for early childhood services](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The Immunisation Policy will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

SOURCES

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework.](#)

Australian Government. Department of Health (2019). *National Immunisation Strategy for Australia 2019-2024* https://www.health.gov.au/sites/default/files/national-immunisation-strategy-for-australia-2019-2024_0.pdf

Australian Government Department Of Health National Immunise Program: <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>

Australian Government. Services Australia. [Australian Immunisation Register](#)

Australian Government. Services Australia. (2023). [Immunisation requirements](#)

Australian Government. Services Australia: [How to get immunisation statements](#)

Australian Government Department Of Health National Immunise Program: <https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Federal Register of Legislation *Privacy Act 1988*.

National Centre for Immunisation Research and Surveillance (NCIRS). No Jab No Play, No Jab No Pay: <https://www.ncirs.org.au/public/no-jab-no-play-no-jab-no-pay>

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

NSW Public Health Act- NSW Government (2023) [Questions and answers about vaccination requirements for child care](#)

Pregnancy Birth and Baby. [Cytomegalovirus \(CMV\) during pregnancy](#).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V10.03.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • minor edits within policy • updated information re: CMV for staff/educators who are pregnant 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MARCH 2023	<ul style="list-style-type: none"> • annual policy maintenance • additional regulations added • name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i> • Vaccination requirements for COVID 19 removed • hyperlinks checked and repaired as required 	MARCH 2024	

	<ul style="list-style-type: none"> • Continuous improvement section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	
MARCH 2022	<ul style="list-style-type: none"> • Review of policy as per annual review cycle • No major edits 	MARCH 2023

INCIDENT, INJURY, TRAUMA & ILLNESS

POLICY

The health and safety of all staff, children, families and visitors to our Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Out of School Hours Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
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, practiced and implemented.
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.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS

Sec.165	Offence to inadequately supervise children
Sec. 174(2)(a)	Prescribed information to be notified to Regulatory Authority
Sec.176(2)(a)	Time to notify certain information to Regulatory Authority
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
117	Glass
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
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Anaphylaxis Management Policy Asthma Management Policy Child Safe Environment Policy Dealing with Infectious Disease Policy Delivery of children to, and collection from ECE Premises Policy Diabetes Management Policy Enrolment Policy Epilepsy Policy	Family Communication Policy Handwashing Policy Health and Safety Policy Immunisation Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Safe Transportation Policy Work Health and Safety Policy
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PURPOSE

Our Service has a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators and staff to manage illness and prevent injury and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

SCOPE

This policy applies to children, families, staff, educators, the approved provider, nominated supervisor, management, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma and illness and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021). In the event of an incident, injury, trauma or illness, all staff will implement the guidelines set out in this policy to adhere to National Law and Regulations and inform the regulatory authority as required.

Our OSHC Service implements risk management planning to identify any possible risks and hazards to our learning environment and practices. Where possible, we have eliminated or minimised these risks as is reasonably practicable.

Our OSHC Service implements procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service.

Our OSHC Service implements procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services (Fifth Edition)* developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service. We are guided by explicit decisions regarding exclusion periods and notification of any infectious disease by the Australian Government- Department of Health and local Public Health Units in our jurisdiction under the Public Health Act.

INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, volunteer or visitor having an accident at the OSHC Service, an educator who has a First Aid Certificate will attend to the person immediately. Adequate supervision will be provided to all children attending the Service.

Any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines.

All staff and educators are required to follow the procedures outlined in our *First Aid Policy* and First Aid Procedure.

DEFINITION OF SERIOUS INCIDENT

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the OSHC Service through the [NQA IT System](#)

A serious incident (Reg. 12) is defined as any of the following:

- a) The death of a child:
 - (i) while being educated and cared for by an OSHC Service or
 - (ii) following an incident while being educated and cared for by an OSHC Service.
- (b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an OSHC Service, which:
 - (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
- (c) Any incident or emergency where the attendance of emergency services at the OSHC Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)
- (d) Any circumstance where a child being educated and cared for by an OSHC Service
 - (i) appears to be missing or cannot be accounted for or

(ii) appears to have been taken or removed from the OSHC Service premises in a manner that contravenes these regulations or

(iii) is mistakenly locked in or locked out of the OSHC Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

An *Incident, Injury, Trauma and Illness* record contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for at the OSHC Service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness
- details of the action taken by the educator including any medication administered, first aid provided, or medical professionals contacted
- details of any person who witnessed the incident, injury or trauma
- names of any person the educator notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and the time and date the record was made

Educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the OSHC Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the Incident, Injury, Trauma or Illness Record. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Parents/Authorised Nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child. All Incident, Injury, Trauma and Illness Records must be kept until the child is 25 years of age. (See: *Record Keeping and Retention Policy*).

MISSING OR UNACCOUNTED FOR CHILD

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed

from the OSHC Service premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the Service, a serious incident notification must be made to the regulatory authority.

A child may only leave the OSHC Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.

Educators must ensure that

- the attendance record is regularly cross-checked to ensure all children signed into the OSHC Service are accounted for
- children are supervised at all times
- visitors to the service are not left alone with children at any time

For After School Care, educators will check that all children booked in for a session of care arrives at the expected time. If a child does not arrive at the OSHC Service or nominated collection point, at the expected time educators will follow procedures outlined in the *Delivery of children to, and collection from ECE Premises Policy*.

Educators will regularly cross-check the attendance record to ensure all children signed into the OSHC Service are accounted for. Should an incident occur where a child is missing from the OSHC Service educators and the nominated supervisor will:

- attempt to locate the child immediately by conducting a thorough search of the premises (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person
- if the child is not located within a 10-minute period, emergency services will be contacted on 000 and the Approved Provider will notify the parent/s or guardian
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

If a child is missing during or following transportation the *Missing Child During Regular Transportation Procedure* is to be followed. The approved provider is responsible for notifying the Regulatory Authority of a serious incident within 24 hours of the incident occurring.

HEAD INJURIES

It is common for children to bump their heads during everyday play, however it is difficult to determine whether the injury is serious or not. Therefore, any knock to the head is considered a *head injury* and should be assessed by a doctor. In the event of any head injury, the First Aid officer will assess the child, administer any urgent First Aid and notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

(See: *Head Injury Guide and Procedure*)

TRAUMA

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and wars or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context:

“Trauma changes the way children understand their world, the people in it and where they belong”

(Australian Childhood Foundation, 2010).

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children’s language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural responses for pre-school aged children and young children who have experiences trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer or staff around
- anxiety when separated from parents or carers

- new problems with skills like sleeping, eating, going to the toilet and paying attention
- shutting down and withdrawing from everyday experiences
- difficulties enjoying activities
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

EDUCATORS CAN ASSIST CHILDREN DEALING WITH TRAUMA BY:

- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
- creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time
- having quiet time such as reading a story about feelings together
- trying different types of play that focus on expressing feelings (e.g., drawing, playing with play dough, dress-ups and physical games such as trampolines)
- helping children understand their feelings by using reflecting statements (e.g., 'you look sad/angry right now, I wonder if you need some help?')

There are a number of ways for parents, educators and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

STRATEGIES TO ASSIST FAMILIES, EDUCATORS AND STAFF TO COPE WITH CHILDREN'S STRESS OR TRAUMA MAY INCLUDE:

- taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible
- planning ahead with a range of possibilities in case difficult situations occur
- remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- using supports available to you within your relationships (e.g., family, friends, colleagues).
- identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.
- accessing support resources- BeYou, Emerging Minds

Living or working with traumatised children can be demanding so it is important to be aware of your own responses and seek support from management when required.

ILLNESS MANAGEMENT

To reduce the transmission of infectious illness, our OSHC Service implements effective hygiene and infection control routines and procedures as per the *Staying healthy: Preventing infectious diseases in early childhood education and care services guidelines*. If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the OSHC Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

PREVENTING THE SPREAD OF ILLNESS

Practising effective hygiene helps to minimise the risk of cross infection within our OSHC Service. Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel. (See *Handwashing Policy*).

All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

CHILDREN ARRIVING AT THE OSHC SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- have a contagious illness or infectious disease
- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature and/or have been vomiting in the last 24 hours- as reported by a parent (best practice recommendation)
- have had diarrhoea in the last 48 hours
- have started a course of antibiotics in the last 24 hours
- have been given medication for a temperature prior to arriving at the Service (for example: Panadol)

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Educators and management are not doctors and are unable to diagnose an illness or infectious disease.

To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice is required to ensure a safe and healthy environment.

Children who appear unwell at the OSHC Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. A child who is displaying symptoms of a contagious illness (vomiting, diarrhoea) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

SYMPTOMS INDICATING ILLNESS MAY INCLUDE:

- behaviour that is unusual for the individual child
- high temperature or fevers
- loose bowels
- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- a stiff neck or sensitivity to light

- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing

HIGH TEMPERATURES OR FEVERS

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the OSHC Service until 24 hours after the temperature/fever has subsided.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER WHILST AT THE OSHC SERVICE

- Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions
- Educators will notify parents when a child registers a temperature of 38°C or higher
- **The child will be cared for in an area that is separated from other children in the service to await pick up from their parent/guardian or authorised nominee**
- The child will need to be collected from the OSHC Service and will not be permitted back for a further 24 hours
- Educators will complete an *Illness, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive, or suffers a convulsion lasting longer than five minutes
- In the event of any child requiring ambulance transportation and medical intervention, a serious incident will be reported to the regulatory authority (Reg. 12) by the approved provider.

METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- encourage the child to drink small sips of water regularly
- remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will be mindful of cultural beliefs.

- if requested by a parent or emergency contact person and written parental permission to administer paracetamol or ibuprofen is recorded in the child's individual enrolment form, staff may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the temperature down. However, a parent or emergency contact person, must still collect the child from the OSHC Service
- before giving any medication to children, the medical history of the child must be checked for possible allergies
- the child's temperature, time, medication, dosage, and the staff member's name will be recorded in the *Incident, Injury, Trauma and Illness Record*. Parents/guardians will be requested to sign and acknowledge the *Administration of Medication Form* or *Administration of Paracetamol Record* when collecting their child.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they may be requested to either stay at home or self test using a Rapid antigen test (RAT). (See: Australian Government [Identifying the symptoms](#))

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses

that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery

eyes, headache, a mild sore throat, and possibly a slight fever. It is not unusual for children to have five or more colds a year, and children in education and care Services may have as many as 8–12 colds a year. As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity.

Management has the right to send children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza, our Service encourages staff and children to be vaccinated once a year.

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days. However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously.

If a child has diarrhoea and/or vomiting whilst at the OSHC Service, Management will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit.

[Public Health Unit- Local state and territory health departments](#)

Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019) See: *Illness or Infectious Disease Register*)

Children that have had diarrhoea and/or vomiting will be asked to stay away from the OSHC Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

An *Incident, Injury, Trauma and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

- It is a requirement of the OSHC Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- Families will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis, whooping cough) within the Service via our notice board, online app or email to assist in reducing the spread of the illness

- When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the [Public Health Unit](#) (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
- Exclusion periods for illness and infectious diseases are provided to families and included in our Family Handbook and *Dealing with Infectious Disease Policy*.

THE APPROVED PROVIDER, NOMINATED SUPERVISORS, RESPONSIBLE PERSON, AND EDUCATORS WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- an *Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the OSHC Service, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- families are advised to keep their child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
- children or staff members who are diagnosed with an illness or infectious disease may be excluded as per recommended exclusion periods
- families are notified of any infectious disease circulating the Service within 24 hours of detection
- a child who has not been immunised will be excluded from the Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our *Dealing with Infectious Diseases Policy*
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health

- families are notified to collect their child if they have vomited or had diarrhoea whilst at the OSHC Service
- first aid kits are suitably equipped and checked on a monthly basis (see *First Aid Kit Checklist*)
- first aid kits are easily accessible when children are present at the OSHC Service and during excursions
- that the following qualified people are in attendance **at all times** the Service is providing education and care to children [Reg. 136]
 - at least one educator, staff member or nominated supervisor who holds a current ACECQA approved first aid qualification- including emergency life support and CPR resuscitation
 - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved anaphylaxis management training
 - at least one educator, staff member or nominated supervisor of the Service who has undertaken current approved emergency asthma management training
- educators or staff who have diarrhoea or an infectious disease do not prepare food for others
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or cleaned immediately if a child who is unwell has used toys or resources
- additional cleaning will be implemented during any outbreak of an infectious illness or virus
- all illnesses are documented in the service's *Incident, Injury, Trauma and Illness Record*
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Child Information Sharing Scheme [CISS] or the Family Violence Information Sharing Scheme [FVISS] for Victorian services).

FAMILIES WILL:

- adhere to the Service's policies regarding *Incident, Injury, Trauma and Illness*
- provide authorisation in the child's enrolment record for the approved provider, nominated supervisor or educator to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service
- provide up to date medical and contact information in case of an emergency
- provide emergency contact details and ensure details are kept up to date

- ensure that their child is able to be collected from the Service within a 30-minute timeframe if required due to illness by either a parent or emergency contact
- provide the OSHC Service with all relevant medical information, including Medicare and private health insurance
- provide a copy of their child's medical management plans and update these annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness
- inform the OSHC Service if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required- including post-surgery
- provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
- complete and acknowledge details in the *Administration of Medication Record* if required.

BREACH OF POLICY

Staff members or educators who fail to adhere to this policy may be in breach of their terms of employment and may face disciplinary action.

RESOURCES

[beyou Bushfire resource](#)

[Emerging Minds Community Trauma Toolkit](#)

[Fever in children- \(health direct.gov.au\)](#)

[Head Injury and concussion](#)

[Minimum periods for exclusion from childcare services](#)

[NSW Health Gastro Pack NSW Health](#)

NSW Health [Stopping the spread of childhood infections factsheet.](#)

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

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma and Illness Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Form	Illness Management Procedure
Administration of Paracetamol Record	Illness or Infectious Disease Register
First Aid Checklist	Incident, Injury, Trauma or Illness Record
Hand Washing Procedure	Missing Child During Regular Transportation
Head Injury Guide and Procedure	Procedure
	Missing Child Procedure

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Children’s Education & Care Quality Authority (ACECQA). 2020. Policy and Procedure Guidelines. *Incident, Injury, Trauma and Illness Guidelines*.

Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: <https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

Australian Government Department of Health *Health Topics* <https://www.health.gov.au/health-topics>

BeYou (2020) *Bushfires response* <https://beyou.edu.au/bushfires-response>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023). [Education and Care Services National Regulations](#). (Amended 2023).

Health Direct <https://www.healthdirect.gov.au/>

National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services*. Fifth Edition (updated 2013).

NSW Government. Department of Education. Managing COVID cases. <https://education.nsw.gov.au/early-childhood-education/coronavirus/managing-covid-cases>

Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>

Revised National Quality Standard. (2018).

SafeWork Australia: [First Aid](#)

The Sydney Children’s Hospitals network (2020). [Fever](#)

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025

VERSION NUMBER	V12.03.24	
MODIFICATIONS	<ul style="list-style-type: none"> major review of policy rearranged content of policy and responsibilities to align with policy title (incident, injury, trauma and illness) merged contents of <i>Sick Children's Policy</i> into this current policy sources checked for currency and repaired as required 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MARCH 2023	<ul style="list-style-type: none"> annual policy maintenance name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i> vaccination requirements for COVID 19 removed updated information on managing positive COVID cases added hyperlinks checked and repaired as required continuous improvement section and Resource section added MTOP V.20 updated in sources link to Western Australian Education and Care Services National Regulations added in 'Sources' procedure removed from policy (available on Desktop) 	MARCH 2024
MARCH 2022	<ul style="list-style-type: none"> updated information re: COVID-19 updated Parent/Family notification for positive COVID-19 broken links repaired in sources 	MARCH 2023

LOCKDOWN POLICY

Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place for emergency and evacuation situations (regulation 168) and take reasonable steps to ensure those policies and procedures are followed (regulation 170) (ACECQA 2021).

Our OSHC Service is committed to the ongoing safety and wellbeing of children, staff, students, families and visitors. To achieve this, we will implement our Emergency Management Plan (EMP) which provides a clear plan to manage all emergency situations, including a plan for emergencies that may require our Service to go into lockdown and ensure our educators and staff are well equipped with the knowledge

and expertise to respond effectively when required. Children and staff will regularly rehearse our emergency procedures, including different lockdown measures to ensure their safety and wellbeing.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
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, practiced and implemented.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
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 REGULATIONS	
Sec 174(2)(a)	Serious incident - Any emergency for which emergency services attended
Sec 174(2)(c)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period
Sec 174(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service
4	Definitions "multi-storey building" and "storey"
12(d)	Meaning of a serious incident- any emergency for which emergency services attended
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
168	Education and Care Services must have policies and procedures
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to the Regulatory Authority

RELATED POLICIES

Acceptance and Refusal Authorisation Policy Administration of First Aid Policy Child Safe Environment Policy Delivery of Children to, and collection from Education and Care Service Premises Policy Emergency and Evacuation Policy Family Communication Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Record Keeping and Retention Policy Supervision Policy
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PURPOSE

We aim to minimise the risk of harm, ensuring the safety of children, educators, families and visitors of the OSHC Service in the event of a threatening or emergency situation.

SCOPE

This policy applies to children, families, staff, management, Approved Provider, Nominated Supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

Our OSHC Service's Emergency Management Plan (EMP) outlines emergency management arrangements. Within the EMP, we have set procedures to follow in the event of any emergency requiring evacuation or lockdown. These procedures comply with regulatory requirements and are consistent with recommendations by recognised authorities. They are designed to ensure an efficient, safe, and calm procedure for all children, staff, families, and visitors.

DEFINITIONS

Within education and care services, there are three types of lockdowns that may be required to be implemented in an emergency situation. During an emergency, it may be necessary to implement a combination of measures. [Emergency and evacuation- Policy guidelines](#) - ACECQA 2023

Lockdown: a security measure taken during an emergency to prevent people from **leaving or entering** a building or premises until the threat or risk has been resolved. This may be implemented when an external and immediate danger is identified and children and staff should be kept safely inside the building. For example:

- Potentially dangerous unwanted or uninvited intruder
- Potentially dangerous person due to intoxication or substance abuse
- Receiving an emergency services warning about a reported incident or civil disturbance

Lockout: a security measure taken during an emergency to prevent people from entering a building or premises until the threat or risk has been resolved. This may be implemented when an internal or immediate danger is identified and it is determined that children and staff are to be **excluded** from the premises for their safety. The OSHC Service will evacuate children, staff, visitors and families to a pre-identified evacuation point as identified in the EMP. For example:

- Internal fire or flood damage to the building
- severe storms
- extreme smoke from a local or distant bushfire
- gas leak
- Chemical or hazardous substance spill

Lock in- (Shelter in place): a security measure taken during an emergency to prevent people from leaving a building or premises until the threat or risk has been resolved. This may be implemented when an incident occurs outside the OSHC Service and emergency services determine the safest course of action is to keep children, educators and staff inside a designated building in the Service until it is safe to return to normal operation. For example:

- unidentified dangerous animal or insects
- natural disaster (severe storm)
- aggressive visitor or person within the community.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- ensure obligations under the *Education and Care National Law and Regulations* are met and understood by all educators and staff
- ensure the nominated supervisor, management, staff, educators comply with this policy
- ensure new staff, volunteers and students are provided with information and training about lockdown procedures upon induction
- ensure the OSHC Service's Emergency Management Plan (EMP) is reviewed and updated annually
- engage relevant stakeholders/authorities to improve risk mitigation strategies for lockdown situations as part of our EMP (police, fire, parents/families)
- develop, and review annually, a risk assessment to identify potential emergencies that may require the Service to go into lockdown, lock-out or lock-in emergency response
- review the risk assessment annually or after becoming aware of any circumstance that poses a risk to the safety and well-being of children attending the OSHC Service

- ensure capacity to lock internal doors within the OSHC premises
- consider procedures for non-ambulant children and staff implications in the event of a lockdown (especially for a multi-story setting)
- ensure emergency evacuation floor plans and instructions/procedures, are displayed in prominent positions near each exit and in the indoor and outdoor learning environments (Reg. 97(4))
- nominate the person/person/s with authority to manage the lockdown response
- determine communication channels- ensure all educators and staff have access to an operating telephone or means of communication- consider use of communication apps for silent group communication among staff members (What's app, Messenger)
- determine how the different type of lockdown alert signal will be given
- contact emergency services as soon as practicable- provide essential information to police depending on the type of lockdown to be implemented (e.g.: description of the intruder, threat, weapons)
- design a movement and wellbeing plan to follow if not in the classroom/indoor learning area
- develop an effective strategy for checking the roll and communicating with children, educators, families, and visitors of the OSHC Service
- document roles and responsibilities of staff and educators
- plan to maintain children's safety and wellbeing
- ensure all children, staff, families, and visitors of the OSHC Service remain inside
- ensure lockdown drills are practiced every three months at different times to ensure all staff and children have the opportunity to participate
- document lockdown rehearsals and the responsible person who is present at the time of the rehearsal
- ensure lockdown drills are reviewed and reflected upon each time they occur and are adequately documented including any improvements
- communicate with families about lockdown procedures and drills
- submit a serious incident notification to the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- refer to the *Emergency and Evacuation Policy* for steps to be followed when the Service needs to close in response to an emergency
- ensure the regulatory authority is notified via the [National Quality Agenda IT System \(NQAITs\)](#) if the OSHC Service is required to close for a period of time as a result of a local emergency (evacuation due to cyclone, or to repair damage caused by a cyclone) (Reg.175 (2)(b))
- ensure the Department of Education is notified if the service is temporarily closed via CCS Software or PEP

IN THE EVENT OF A LOCKDOWN, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance
- alert staff using agreed signal for immediate lockdown
- move infants and children to a secure designated lockdown location where doors can be locked or barricaded securely (as per EMP)
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- Remove the evacuation plans from the walls of the OSHC Service once all staff and children are in the lockdown position
- check the premises to ensure no one is left outside
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- lock external doors, windows and close blinds and turn off lights. During a lock-down, staff will lock internal doors
- turn mobile phones onto silent/vibrate
- ensure children remain out of sight during the lockdown period
- ensure children remain calm with quiet activities to engage them
- ensure a telephone line is kept free
- administer first aid if necessary
- divert families and returning groups from the OSHC Service if required
- continue to liaise with emergency services and other relevant agencies
- remain in lockdown until the all-clear signal is given by emergency services
- ensure all families are notified of the incident as soon as practicable after the lockdown has ended
- ensure a record of all actions/decisions and times is maintained
- complete a serious incident notification to the regulatory authority within 24 hours via the [NQA IT System](#) when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff.

DURING A LOCKOUT, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance
- decide which of the OSHC Service's pre-identified evacuation point/s is most appropriate to the emergency situation (as stated in the EMP)

- assemble children, educators, staff and visitors at the evacuation point if children and staff have already arrived at OSHC Service
- if emergency situation occurs before usual operating hours of the OSHC Service, divert families from accessing the service due to the emergency if possible- (app; email)
- follow the *Emergency Management Plan*, including *Emergency Evacuation Procedure*
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- check the premises to ensure no one is left inside
- lock external doors to prevent entry to the OSHC Service
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- continue to liaise with emergency services and other relevant agencies
- confirm with emergency services when it is safe to return to the OSHC Service
- alert families that the emergency lock out has been resolved and children are able to return to the Service or be reunited with families
- ensure a record of all actions/decisions and times is maintained
- complete a serious incident notification to the regulatory authority within 24 hours via the [NQA IT System](#) when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff.

DURING A LOCK IN- SHELTER IN PLACE, MANAGEMENT AND EDUCATORS WILL:

- contact emergency services (000) for assistance if required
- move children, educators, staff and visitors to a pre-determined shelter-in place location (as indicated in EMP) as quickly as possible if safe to do so
- ensure all children, educators, staff and visitors are accounted for (check daily sign on sheet/app, staff sign in/out, visitor register, head count)
- gather transportable first aid/emergency kit/medical management plans/medication (including emergency contact list for children)
- lock external doors, windows and close blinds or curtains where possible and turn off lights. If required, staff will lock internal doors.
- ensure a telephone line is kept free
- keep children away from windows if the emergency involves an extreme weather event

- use any available linen to block gaps around doors or window to minimise the entry of smoke/hazardous chemicals
- continue to liaise with emergency services
- ensure the delegated educator/responsible person contacts families or emergency contacts to notify them of the emergency situation. If advised by emergency services, they will arrange for the child/ren’s collection from the OSHC Service
- ensure children remain in a confined area, or out of sight for a ‘full lockdown’
- administer first aid if necessary
- implement the OSHC Service’s *Emergency Management Plan* including *Emergency Evacuation Procedure* If advised by emergency services
- remain in ‘lock-in’ until the all-clear signal is given by emergency services
- ensure a record of all actions/decisions and times is maintained
- complete a serious incident notification to the regulatory authority within 24 hours via the [NQA IT System](#) when there has been an emergency that has posed a risk to the safety and wellbeing of the children
- provide opportunities for debriefing and counselling to families, children and staff

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Lockdown Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP RESOURCES

Emergency lockdown rehearsal record Emergency Lockdown Rehearsal Procedure and Guide	Lockdown Procedure
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SOURCES

Australian Children’s Education & Care Quality Authority. (2023). Policy and procedure guidelines- [Emergency and evacuation guidelines](#).

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Government Department of Education (2020). Help in an emergency

Education and Care Services National Law Act 2010. (Amended 2023). [Education and Care Services National Regulations](#). (Amended 2023).

Revised National Quality Standard. (2018)

Victoria State Government Department of Education and Training (2018). *Responding to Intruder Threat Guidelines for Early Childhood Services and Schools*.

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2024
VERSION NUMBER	V7.01.24		
MODIFICATIONS	<ul style="list-style-type: none"> major review of policy to incorporate 3 types of lockdown measures as per ACECQA key terms – lock-down; lock-out; lock-in additional information added re: notification to regulatory authority if service needs to be closed in response to an emergency sources checked for currency and repaired where required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JANUARY 2023	<ul style="list-style-type: none"> policy maintenance - no major changes to policy Additional section added for Continuous Improvement Childcare Centre Desktop - related resources section added Reference to DESE edited to Department of Education 		JANUARY 2024

MANAGING AN AGGRESSIVE PERSON/VISITOR POLICY

Our Out of School Hours (OSHC) Service aims to establish and maintain positive and open relationships with all parents of enrolled children. However, we understand that on occasion there may be times when a parent or visitor arrives at our OSHC Service displaying aggressive, difficult or challenging behaviour. Our OSHC Service is committed to maintain a safe workplace for all staff and visitors and ensure staff have the skills to safely prevent and de-escalate aggressive behaviours. Workplace violence can be any incident where a person is abused, threatened or assaulted whilst engaged in work.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
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.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
168	Education and care services must have policies and procedures
170	Policies and procedures must be followed
173	Prescribed information to be displayed

RELATED POLICIES

Code of Conduct Policy Dealing with Complaints Policy Enrolment Policy	Family Communication Policy Interactions with Children, Family and Staff Policy Privacy and Confidentiality Policy
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PURPOSE

Our OSHC Service aims to ensure that all staff members have skills and understanding of conflict resolution strategies to manage situations involving angry or aggressive parents or visitors.

SCOPE

This policy applies to families, visitors, approved provider, nominated supervisor, management, students, volunteers, visitors and staff of the OSHC Service.

IMPLEMENTATION

Parents have the right to make a complaint or report a concern to our OSHC Service at any time.

Complaints may be real or perceived, and of a serious nature or more trivial nature (but important to them) such as not being able to quickly find their child's shoes at the end of the day. However, on occasion a parent's feelings may escalate into anger or aggression, not necessarily due to the concern at

hand, but due to other events or situations they have had to already deal with that day, or due to the effect of drugs or alcohol or mental health.

WHAT IS 'AGGRESSIVE BEHAVIOUR' OR 'WORKPLACE VIOLENCE'?

Within this policy, aggressive behaviour or workplace violence could include, but is not limited to:

- verbal abuse and threats
- intimidation and insults
- angry and hostile behaviour
- shouting and swearing
- stamping feet
- physical violence
- threatening behaviours

These behaviours could be caused due to:

- frustration
- intoxication
- substance misuse or abuse
- psychological imbalances or disturbances

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT WILL ENSURE THAT:

- violence and aggression toward educators and/or staff are treated like any other hazard
- a risk assessment is conducted to identify possible hazards and identify control measures
- a procedure/plan is developed to de-escalate any aggression or violence and ensure the safety and wellbeing of staff
- all staff are familiar with this policy and are provided with opportunities to review and modify this policy
- staff are provided with training to learn skills to safely prevent and de-escalate aggressive behaviours- such as conflict resolution
- staff involved in a situation involving an angry or aggressive parent or visitor will be provided time for a debrief session following the event with a supervisor and/or offered professional support
- families are clearly informed, that any aggressive behaviour towards staff will not be tolerated
- families are made aware of our Dealing with Complaints Policy and Code of Conduct at time of enrolment of their child

- the name and telephone number of the person to whom complaints can be made is clearly visible at the entrance to our OSHC Service.
- submit a serious incident notification to the regulatory authority within 24 hours when there has been an incident that has posed a risk to the safety and wellbeing of the children.

EDUCATORS/STAFF

Should a situation arise where a staff member is confronted by an aggressive or violent parent or visitor, they will:

- remain calm
- implement strategies to de-escalate the aggressive behaviours
- establish whether or not this is a situation you should deal with on your own, or
- advise the parent or visitor that you will get the Nominated Supervisor/ Responsible Person/appropriate person to come and speak to them
- offer and encourage the parent or visitor to move into a private space away from children and other families (This may even be outside if the children are inside). If they ignore or refuse the invitation, begin moving slowly towards a private area
- if moving into a room with the parent or visitor, always ensure you have access to the exit door
- if you are continuing to deal with the situation but feeling uncomfortable, request another staff member to accompany you
- if you are feeling threatened or in danger at any time, request another staff member to ring the police
- calmly tell the parent or visitor that you are prepared to listen, but the interview cannot continue if he/she continues to use a raised voice or inappropriate language
- if the same behaviour continues, leave the room and state that you will give the parent or visitor five minutes to calm down and then return
- ensure children are removed from the area/room if a parent or visitor becomes hostile in an area where children are located

When you feel the parent or visitor has calmed down enough to discuss the issue:

- remain calm
- be aware of what you say and how you say it (tone of voice)
- do not be provoked into getting into an argument
- listen effectively and allow the parent to talk without interrupting

- when the parent or visitor has got the main facts 'off their chest', restate what you believe the problem to be politely and respectfully
- ask relevant questions to clarify any issues
- as soon as the issue has been clarified begin to work on a solution: Note, do not give excuses as to why something may or may not have happened as it may anger the parent or visitor again. Instead, focus on moving forward with strategies the parent or visitor will accept to solve the problem.
- when discussing solutions clearly explain any limitations of the OSHC Service (regulations, policies and procedures)
- refer to Dealing with Complaints Policy (family) for information about procedural fairness, strategies and practices to promote conflict resolution

Dealing with difficult, challenging and aggressive behaviours can have a huge impact on staff's wellbeing. Following the incident Management will ensure staff involved will:

- be provided with a 'debriefing' time. This may be talking to a manager or colleague, or simply moving off the floor for a short time
- document the incident and provide management with a copy
- follow up on anything agreed to with the parent or visitor or monitor that another staff member/management follows up in a timely manner
- be aware of any modifications to care or procedures and have a thorough understanding of the situation
- respect the confidentiality and/or privacy rights of the parent, family or visitor
- evaluate the risk assessment for the OSHC Service regarding aggression and/or violence.

CONTINUOUS IMPROVEMENT/REFLECTION

The Managing an Aggressive Person/Visitor Policy will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

SOURCES

- Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
- Bryant, L., & Gibbs, L. (2013). *A director's manual: Managing an early education and care service in NSW*. Murrumbidgee, NSW: Community Child Care Co-operative Ltd. (NSW).
- Education and Care Services National Law Act 2010. (Amended 2023). [Education and Care Services National Regulations](#). (Amended 2023).
- NSW Ombudsman. (2014). Model guidelines – Managing and responding to threats, aggressive behaviour and violence from members of the public.
- Waniganayake, M., Cheeseman, S., Fenech, M., Hadley, F., & Shepherd, W. (2012). *Leadership: Contexts and*

complexities in early childhood education. South Melbourne, Victoria: Oxford University Press.

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V3.01.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • no major changes in policy • sources checked for currency and repaired where required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JANUARY 2023	<ul style="list-style-type: none"> • annual policy maintenance • name change of policy to Person/Visitor • minor formatting edits within text • hyperlinks checked and repaired as required • continuous improvement/reflection section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	JANUARY 2024	
JUNE 2022	<ul style="list-style-type: none"> • New Policy developed for OSHC Services 	JANUARY 2023	

MANAGING AN UNIDENTIFIED DOG POLICY

There may be occasions when an uninvited dog manages to enter the Out of School Hours Care (OSHC) Service playground. To ensure children are not placed at risk, all precautions will be taken to minimise the likelihood of this situation, and should it occur, all staff will respond immediately in accordance with this policy.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.

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, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
104	Fencing
168	Education and care services must have policies and procedures

RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Health and Safety Policy	Lockdown Policy Supervision Policy
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PURPOSE

We aim to ensure that all children, educators, families, and visitors remain safe from unexpected situations such as an uninvited dog entering the playground.

SCOPE

This policy applies to management, educators, approved provider, nominated supervisor, visitors, children, students, volunteers, families and staff of the OSHC Service.

DEFINITIONS

A **companion animal** is a dog, cat or other animal prescribed by the regulations and includes pets, working dogs on rural properties, guard dogs, police dogs, and corrective services dog (Companion Animals Act 1998).

Approved animal welfare organisation means the Royal Society for the Prevention of Cruelty to Animals (RSPCA), and the Animal Welfare League.

IMPLEMENTATION

There are many reasons why an uninvited dog may enter a OSHC Service playground, whether a companion dog, or a stray. It may be that the dog has been frightened by a thunderstorm and escaped his yard and somehow found his way into ours. It could be that a hungry stray has been attracted to the smell of food scraps, or it may be that a friendly but lonely neighbourhood dog has been attracted to the yard by the sounds of children playing. However regardless of the cause, our OSHC Service will take immediate action to ensure the children's safety.

In Australia dogs must be registered and micro-chipped. If a dog is then 'lost', the dog and owner can be reunited to its owner by scanning and reading the microchip, which can be done by the local council, a vet, or an approved animal welfare organisation. However, the owner must legally notify the local council within 72 hours of the dog known to be missing so that it can be placed on a 'lost dog register'. It is therefore always best to make the local council the first point of contact should an uninvited dog make its way into a OSHC Service playground.

Note: some councils will ask you to bring the dog to them. However, as dogs are prohibited to be in some public places; including education and care services and schools unless they are an approved companion dog; Council will come and collect the dog if made aware of the situation. [Section 14 of the Companion Animals Act (1988)]

Dog body language: Signs that a dog may be scared or aggressive.

- Shrill barking
- Teeth bared (may or may not be growling)
- Closed, tight mouth
- Stiff, rigid body with legs braced
- Tail held rigid in any position, between the legs, or a slow stiff wag
- Ears back against the head or flattened (ears pricked up or forward demonstrate interest in something – continue to use caution)
- Hackles raised
- Staring directly at you
- Approaching you with head lowered

As a dog's intent and behaviour can change rapidly, it is always best to exercise caution when the safety of children is involved and treat all dogs as dangerous unless extremely obvious that it is friendly (loose

body movements, tail wagging and held high, 'bounding' and 'jumping' on the spot, or not hesitating in enthusiastically approaching people).

Source: Best Friends Animal Society (2018); Dog's Home (2014); Pet Source (2010).

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR / MANAGEMENT WILL ENSURE THAT:

- daily checks are made of the outdoor learning environment to ensure fencing is intact, gates locked and there is no sign of an unidentified dog or animal on the premises
- any outdoor area that is used by children is enclosed by a fence that prevents the intrusion of unwanted dogs and/or other animals
- following the entry of an uninvited dog into the playground, immediate steps will be taken to secure the fencing to eliminate the possibility of this situation being repeated
- the external rubbish bin is not filled to a point that the lid will not securely close, and all staff are aware to tightly bag all food scraps before placing them in the bin to avoid attracting hungry strays
- educators are proactive in ensuring all children use the playground rubbish bins if eating outside
- all staff follow the policies and procedures of our Service
- a dog safety education program is introduced to children (where available).

IN THE EVENT OF AN UNIDENTIFIED DOG OR OTHER ANIMAL ENTERING THE PREMISES

THE RESPONSIBLE PERSON AND EDUCATORS WILL:

- calmly guide children indoors by approaching groups of children and giving instruction to quietly move inside: Shouting to all children or using a bell could frighten the dog (If a dog has entered the yard during or just after a thunderstorm, the children will likely already be inside).
- if the position of the dog is preventing the children's re-entry to the building, children will be guided quietly via the emergency playground exit to enter the building from the front door
- implement 'External threat' procedures (See Lockdown Policy)
- contact local council for assistance

FOR EXTREMELY FRIENDLY DOGS ONLY:

- children will still need to return to inside the OSHC Service premises to ensure their safety following the *Lockdown Policy* and implement the Service's own Lockdown Procedure
- a friendly dog will generally come running to you if you beckon: Stand still and speak softly to the dog and offer the back of your hand for him to sniff. Remain motionless while you allow the dog time to explore your hand. Always remain wary to ensure he continues to display signs of non-threatening behaviour.

- check to see if the dog is wearing a collar and tag. If so, the owner can be contacted. Whilst waiting for the owner to collect the dog, secure the dog in a location away from the playground, ensuring the dog has shade and fresh drinking water. If the owner offers a reward, do not accept it: Part of belonging to a community is doing the 'right thing' without expectation of a reward for doing so.
- if the phone number on the tag is incorrect, or the owner does not answer the phone nor return your call within a reasonable time frame, call your local council and advise them of the situation.
- if the dog does not have a tag, call your local council and advise them of the situation.
- do not allow the dog to be taken into the custody of any staff member or family with the intent of displaying 'found' posters in the community as this frequently attracts persons who dishonestly claim ownership of expensive breeds to then sell.

FOR ALL OTHER DOGS:

- avoid confronting the dog: Do not try to chase it out of the playground or touch it
- contact the local council immediately and advise them of the situation. Ensure that you tell them the dog is in an early education and care service
- ensure the children remain inside until the dog has been collected
- provide support for children who are afraid of dogs.

EDUCATORS WILL:

- discuss with the children how to behave with a dog or puppy (e.g. calmly, no aggressive patting, no pulling tails, use quiet voices, etc.) as part of the curriculum to minimise the risk of provoked dog attacks outside the Service
- develop children's understanding that the owner should always be asked before patting a dog
- teach children how to tell if a dog is happy, scared, or aggressive but ensure they know never to approach a strange dog.

IN THE EVENT OF A DOG ATTACK ON A CHILD OR ADULT

- contact emergency services 000 for assistance
- activate the service Lockdown procedure and ensure children and other adults are not in immediate danger, including notifying a school representative if required
- stay as calm as possible, try not to scream, shout or be aggressive to the dog
- don't move or move slowly to avoid the dog from attacking further if possible
- try to stay as still as possible or curl into a ball, instruct the child or adult to stay as still as possible or to curl into a ball

- provide emergency first aid to the child or adult as soon as the danger from the dog attack is over (See Administration of First Aid Policy and Procedure)
- the Approved Provider will contact the regulatory authority within 24 hours when there has been an emergency that has posed a risk to the safety and wellbeing of the children

STATE-BY-STATE DOG REGISTRATION AND MICROCHIPPING REQUIREMENTS

SOUTH AUSTRALIA (SA)
<ul style="list-style-type: none"> • Dogs must be registered with the local council by three months of age • Part 4A of the Dog and Cat Management (Miscellaneous) Amendment Act 2016 requires micro-chipping of dogs prior to sale/transfer and prior to reaching 12 weeks of age.

Source: RSPCA Australia

CONTINUOUS IMPROVEMENT/REFLECTION

The Managing an Unidentified Dog Policy will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

SOURCES

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
 Best Friends Animal Society. (2018). *Dog body language*. <https://bestfriends.org/resources/dog-body-language>
Companion Animals Act 1998. <https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-1998-087>
 Dog’s Home. (2014). *Don’t pet that dog: 3 signs most people don’t know*. <https://www.dogshomepa.org/dont-pet-that-dog-3-signs-most-people-dont-know/>
 NSW Government. Office of Local Government: <https://www.olg.nsw.gov.au/public/dogs-and-cats/information-for-the-community/lost-and-found-cats-and-dogs>
 Royal Society for the Protection of Animals NSW (RSPCA): www.rspcansw.org.au
 RSPCA Australia: www.rspca.org.au
 Victoria State Government: *Stray cats and dogs*. <https://agriculture.vic.gov.au/livestock-and-animals/animal-welfare-victoria/animal-welfare/stray-and-unwanted-animals/ive-found-a-lost-stray-or-injured-animal>
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025

VERSION NUMBER	V2.01.24	
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • added section re: contacting council [Companion Animals Act] • removed information about state-by-state micro-chipping information. Services should contact local council as specified in policy 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	<ul style="list-style-type: none"> • annual policy maintenance • minor formatting edits within text • additional information regarding what to do following a dog attack • hyperlinks checked and repaired as required • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	JANUARY 2024
JUNE 2022	<ul style="list-style-type: none"> • New Policy developed for OSHC Services 	JANUARY 2023

MEDICAL CONDITIONS POLICY

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition our OSHC Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
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
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168(2)(d)	Policies and procedures are required in relation to dealing with medical conditions in children, including the matters set out in regulation 90
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of Medication Policy Asthma Management Policy Anaphylaxis Management Policy Celebrations Policy Child Safe Environment Policy Diabetes Management Policy Enrolment Policy	Epilepsy Management Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Nutrition Food Safety Policy Privacy & Confidentiality Policy Sick Children Policy Work Health and Safety Policy
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PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families and visitors at our OSHC Service.

SCOPE

This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor and visitors of the OSHC Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- i. a safe environment for children free of foreseeable harm and
- j. adequate supervision of children at all times.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our OSHC Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the service. Key procedures and strategies must be in place prior to the child commencing at the Service to ensure their individual health, safety and wellbeing. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed

- parents are provided with a copy of the Service’s Medical Conditions Policy
- a child is not enrolled at, nor will attend the OSHC Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided to the service each day [e.g. asthma inhalers, adrenaline auto injection devices or insulin]
- educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (Asthma Management Policy/ Anaphylaxis Management Policy/Diabetes Management Policy)
- educators, staff and volunteers have a clear understanding of children’s individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- new staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively
- all aspects of operation of the service must be considered to ensure inclusion of each child into the program
- a communication plan is developed in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective
- at least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child’s health care need, allergy or relevant medical condition, including:
 - medication requirements
 - allergies
 - medical practitioner contact details
 - medical management plan
- a medical management plan has been developed in consultation with parents and the child’s medical practitioner and provided to the service and/or
 - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child’s medical practitioner e.g: (ASCIA) or National Asthma Council of Australia
 - an individual Diabetes Management Plan is developed in consultation with parents and the child’s medical practitioner

- a risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the service
- educators and staff will be informed immediately about any changes to a child's medical management plan, risk management plan
- to record any prescribed health information and retain copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child
- casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to staff in the OSHC Service
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator and witnesses
- medication self-administered by a child over preschool aged, is only permitted with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication
- a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173).
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Victoria- Child Information Sharing Scheme (CISS) or the Family Violence Information Sharing Scheme (FVISS). See Child Protection Policy for further information regarding legal obligations to sharing of information as per CISS or FIVSS schemes.)

In the event that a high-risk scenario where a child suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii)

- the first aid responder will commence first aid measures immediately as per the child's medical management plan
- urgent medical attention from a registered medical practitioner is contacted if required

- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the nominated supervisor will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Director/Nominated Supervisor will ensure the Incident, Injury, Trauma and Illness Record is completed in its entirety
- the Director/Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident.

Cook and Food Handlers will ensure:

- to keep up to date with professional training to help manage food allergies in ECEC services
- practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food
- any changes to children's medical management plans or risk minimisation plans are implemented immediately

Families will ensure:

- the OSHC Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they provide management with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings
- they provide the OSHC Service with a medical management plan prior to enrolment of their child
- they consult with management to develop a risk minimisation plan
- they acknowledge they have received/or are provided access to the Service's Medical Conditions Policy and Administration of Medication Policy at time of enrolment
- they notify the OSHC Service if any changes are to occur to the medical management plan
- notify the OSHC Service, verbally when children are taking any short-term medications AND whether or not these medications may be self-administered (only applicable for a child over preschool age)
- they provide adequate supplies of the required medication and medication authorisation on an Administration of Medication Record
- they provide an updated copy of the child's medical management plan annually or evidence from a Medical Practitioner to confirm the plan remains unchanged
- they provide written consent for their child's medical management plan to be displayed in the OSHC service.

Self-Administration of Medication

A child over preschool age may self-administer medication under the following circumstances:

- a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication
- medication is stored safely by an educator, who will provide it to the child when required
- supervision is provided by an educator whilst the child is self-administering medication
- an accurate record is made in the medication record for the child that the medication has been self-administered.

MEDICAL MANAGEMENT PLAN

Any Medical Management Plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
 - supporting documentation (if required)
 - a recent photo of the child
 - current medication and dosage prescribed for the child
 - if relevant, state what triggers the allergy or medical condition
 - first aid/emergency response that may be required
 - any medication that may be required to be administered in case of an emergency
 - further treatment or response if the child does not respond to the initial treatment
 - when to contact an ambulance for assistance
 - contact details of the medical practitioner who signed the plan
 - the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the OSHC Service
 - the OSHC Service must ensure the medical management plan remains current all times
 - educators and staff are updated immediately about any changes to a child's medical management plan.

RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (regulation 90(1)(c))

The Approved Provider/Nominated Supervisor will arrange a meeting with the parents/guardian as soon as the OSHC Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised.
- that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented.
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
- that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the Medical Management Plan in conjunction with parents/guardians.
- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators.
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed.
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the Control of Infectious Diseases Policy.

COMMUNICATION PLAN

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child; and
- that an individual child communication book/document is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

At all times, families who have a child attending the OSHC Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child’s health management and communication plans.

RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Medical Conditions Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Procedure	Medical Management Plan
Administration of Medication Form	Medical Risk Minimisation Plan
Managing a Medical Condition Procedure	Notification of Changed Medication Status
Medication Communication Plan	Permission to Display Medication Action Plan

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 Australian Children’s Education & Care Quality Authority (ACECQA). 20201. Policy and Procedure Guidelines. *Dealing with Medicals in Children Policy Guidelines*.
 Australian Society of Clinical Immunology and Allergy. ascia. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Framework. (2017). (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

Occupational Health and Safety Act 2004.

Revised National Quality Standard. (2018).

Department of Education Victoria *Meeting children's health needs* (2020).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V10.6.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • hyperlinks checked and repaired as required • minor formatting edits within text • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JUNE 2022	<ul style="list-style-type: none"> • policy maintenance • minor formatting edits within text • hyperlinks checked and repaired as required 	JUNE 2023	
OCTOBER 2021	<ul style="list-style-type: none"> • Policy reviewed and included suggested guidelines from ACECQA Dealing with Medical Conditions in Children (June 2021) • Additional section added <i>Cook and Food Handlers</i> • inclusion of legislation for information sharing schemes including -Child Information Sharing Scheme (CISS) and Family Violence Information Sharing Scheme (FVISS) for Vic. Services • National Allergy Strategy link added 	JUNE 2022	

MOBILE DEVICE USAGE POLICY

All Out of School Hours Care services have an obligation to provide a safe environment in which school age children are able to engage in a range of play activities and join in a variety of cultural, artistic and leisure experiences. Such experiences allow children to interact with friends, practice social skills and solve problems.

The use of mobile phones in primary schools has recently been a subject of much debate and educational review- for example: Centre of Education Statistics and Evaluation (CESE) and Review into the non-education use of mobile devices NSW- report (2018). There is a growing conversation raised by teachers, parents, educators and the media about the effect of non-educational uses of mobile digital devices on student learning and social interaction including cyberbullying, exposure to harmful material and mental and physical health.

We acknowledge the shared responsibility of supporting school policy and respect the collaborative partnerships we have formed with our feeder primary schools and families. Our Out of School Hours Care (OSHC) Service will implement a mobile phone policy from February 2022

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
155	Interactions with children

RELATED POLICIES

Behaviour Guidance Bullying Policy Children's Belongings Policy Child Protection Policy Child Safe Environment Policy Cyber Safety Policy	Interactions with Children, Family and Staff Policy Orientation of Families Policy Privacy and Confidentiality Policy Photograph Policy
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PURPOSE

To ensure compliance with the National Quality Standard and National Regulations we aim to provide an environment that is safe for all students at all times. The outcomes of the 'My Time, Our Place' Framework are reflected in our policy to ensure the OSHC environment is supporting children's emotional wellbeing, physical safety and cyber safety.

SCOPE

This policy applies to children, families, staff, management the approved provider, nominated supervisor, educators, students and visitors of the OSHC Service.

IMPLEMENTATION

We understand and accept that parents often provide a mobile device for their child/ren to provide personal security and safety whilst they travel to and from school. Additionally, some schools have a Bring Your Own Device (BYOD) policy to provide opportunities for students to engage in the curriculum and therefore students may have a mobile device with them when they attend OSHC.

Should students require internet access to complete homework assignments whilst attending Out of School Hours Care they will be able to access computers and other technological devices within our Service.

MANAGTHE APPROVED PROVIDER/NOMINATED SUPERVISOR/EDUCATORS WILL ENSURE:

- children, families and carers attending Out of School Hours Care (OSHC) adhere to the policy
- any external communication is supervised and made using the OSHC registered phone
- parents/carers can access the OSHC phone number to make contact if required
- children do not use their mobile device whilst attending OSHC, including attending excursions and/or incursions
- the OSHC takes no responsibility for mobile devices that are brought to the Service (this includes if mobile device is lost or is damaged).

- all mobile devices must be clearly labelled with the child's name
- consultation will be made with management and parents of a child who requires access to a mobile phone due to their disability or medical condition.

Storage of mobile devices

If a child must bring a mobile device to OSHC for any reason, it will be stored in one of the ways listed below:

- stored in a locked cupboard within the Service and collected by parents/carers at the end of the day
- turned off and stored in the child's school bag.

CONSEQUENCES

In the event of a child using their mobile device without permission, the child will be directed to place the device in a locked cupboard for the remainder of the session and returned to the parent/carer at the end of the day.

Should the child be accessing inappropriate content or using the camera on the device without permission, written notification will be provided to parents advising them of the incident. The letter may also outline future restrictions to be imposed on the student's eligibility to have their mobile phone at the Out of School Hours Service at any time.

Any intentional misuse of a mobile phone for the purpose of online bullying or image-based abuse will be investigated and reported to relevant child protection authorities such as the Office of the [eSafety Commissioner](#).

Educational jurisdictions Policy Information

South Australia

<https://www.education.sa.gov.au/parents-and-families/safety-and-wellbeing/bullying-and-cyberbullying/using-mobile-phones-and-personal-devices-school>

eSafety Commissioner

<https://www.esafety.gov.au/report/cyberbullying>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Mobile Device Usage Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).

Australian Government Department of Education (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)

Australian Government eSafety Commissioner

Centre of Education Statistics and Evaluation (2018) *Impact of mobile digital devices in schools*

Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).
[eSafety Commissioner](#)

NSW Department of Education *Review into the non-education use of mobile devices in NSW*. (2018).

Revised National Quality Standard. (2018).

Victorian Department of Education. (2019).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V5.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy maintenance update of State/Territory policy re: mobile phone usage continuous improvement section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JULY 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required 	JULY 2023	
JULY 2021	<ul style="list-style-type: none"> Minor edits inclusion of South Australia mobile phone bans in schools sources checked for currency 	JULY 2022	

NUTRITION AND FOOD SAFETY POLICY

As per Education and Care Services National Law and Regulations, our service has a nutritional and food safety policy and procedures in place to ensure quality practices relating to nutrition, food and beverages and dietary requirements are followed at all times.

Our Outside School Hours Care (OSHC) Service recognises the importance of safe food handling and healthy eating to the growth and development of young children and is committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines for primary school aged children.

Our OSHC Service recognises the important role educators have in teaching healthy lifestyles through everyday experiences and routines and physical activity. Our educators support families by providing information about healthy food and drink for their children when visiting our service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	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
2.1.3	Healthy lifestyles	Healthy eating and physical activity are promoted and appropriate for each child

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
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
160	Child enrolment records to be kept by approved provider and family day care educator
162	Health information to be kept in enrolment record
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

RELATED POLICIES

Administration of First Aid Policy	Family Communication Policy
Child Safe Environment Policy	Governance Policy
Dealing with Infectious Diseases Policy	Health and Safety Policy
Enrolment Policy	Incident, Injury, Trauma and Illness Policy
Excursions / Incursions Policy	Medical Conditions Policy
	Multicultural Policy

PURPOSE

Out of School Hours Care Services are required by legislation within the National Quality Standard to ensure the provision of healthy foods and drinks that meet the requirements for children according to the Australian Dietary Guidelines. It is essential that our OSHC Service partners with families to provide education about nutrition and promote healthy eating habits for children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with chronic adult conditions such as obesity, type 2 diabetes and cardiovascular disease.

Our OSHC Service recognises the importance of healthy eating for the growth, development, and wellbeing of children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined the Australian Guide to Healthy Eating.

Our OSHC Service is also committed to ensuring consistently high standards of food preparation and food storage and transportation are adhered to.

SCOPE

This policy applies to children, families, staff, visitors, approved provider, nominated supervisor and management of the OSHC Service.

IMPLEMENTATION

Our OSHC Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

Mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas will comply with Food Standards Australia and New Zealand (FSANZ) and any relevant local jurisdictional requirements (i.e. local council registrations and inspections). All staff involved in the stages of food handling have the skills and knowledge to ensure food safety is a priority.

From **Friday 8 December 2023**, Early Education and Care Services who prepare food, including ready to eat food or meals that have been brought into the service by families, must adhere to requirements relating to food safety outlined within the Food Standards Code and Food Act 2003 (Standard 3.2.2A). The revised requirements involve the appointment of a Food Safety Supervisor who must be available to supervise food handlers at the service. It is a requirement that both the Food Safety Supervisor and all food handlers attend food safety training. Additionally, records must be maintained relating to receiving, storage, processing, displaying and transportation of food. These records must be retained for a period of 3 months.

NUTRITION

Promote healthy food and drinks based on the Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents.

Our OSHC Service will:

Where food is provided by the OSHC Service:

- provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats, and high protein alternatives
- plan and display the OSHC Service menu that is based on sound menu planning principles and meets the nutritional needs of children
- plan healthy snacks on the menu to complement what is served at mealtimes and ensure the snacks are substantial enough to meet the energy and nutrient needs of children.
- vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food ideas
- regularly review the menu to ensure it meets best practice guidelines
- develop the menu in consultation with children, educators and families
- celebrate diversity by valuing and including foods of different cultures
- respect and accommodate children's cultural or religious dietary practices as requested by families

Where food is brought from home:

- provide information to families on the types of foods and drinks recommended for children and that are suitable for children's lunchboxes and after school snacks
- provide information to families on how to read the Nutritional Information Panel on food and drink labels
- encourage children to eat the more nutritious foods provided such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided
- discourage the provision of highly processed snack foods high in fat, salt, and/or sugar, and low in essential nutrients in children's lunchboxes. Examples of these foods include sweet biscuits, some muesli bars, breakfast bars and fruit filled bars, and chips.

THE APPROVED PROVIDER/ MANAGEMENT/ NOMINATED SUPERVISOR WILL:

- ensure educators and staff are aware of their responsibilities and obligations under the Education and Care Services National Law and National Regulations in relation to this policy and relevant procedures to ensure awareness of safe food handling practices while promoting healthy eating
- ensure new staff and educators are aware of food practices and procedures as outlined in this policy during induction and orientation
- ensure water is readily available for children to drink
- ensure enrolment forms include information relating to child's food preferences, allergies, intolerances, cultural or religious considerations or medical conditions which involve food or food practices
- consult with families on enrolment to develop individual management plans, including completing Risk Minimisation Plans for children with medical conditions involving food allergies, food intolerances and special dietary requirements as per Medical Conditions Policy.
- ensure children's individual dietary requirements as per enrolment information or medical condition plans are communicated to all staff and food handlers
- ensure any changes to children's individual dietary requirements are recorded and communicated to all staff and food handlers
- appoint a Food Safety Supervisor to oversee food handlers (mandatory for all services who prepare food, including food brought from home)
- ensure the Food Safety Supervisor and all staff and food handlers attend basic safe food handling training, including an appropriate Food Safety and Food Hygiene Certificate
- keep an up-to-date *Food Safety Certificate Register* to provide evidence of safe food handling training for all food handlers

- keep records relating to receiving, storage, processing, displaying and transportation of food. These records must be kept for a period of 3 months
- ensure the weekly menu is displayed in an accessible and prominent area for parents to view
- ensure the weekly menu is accurate and describes the food and beverages provided each day of the week
- ensure the service menu is reviewed on a regular basis, every 6 months. Amendments made to the service menu will be recorded.
- encourage and provide opportunities for staff and educators to undertake regular professional development to maintain and enhance their knowledge about childhood nutrition and food safety practices

EDUCATORS/ FOOD HANDLERS WILL:

- ensure children remain seated while eating and drinking
- be aware of children with food allergies, food intolerances, and special diets dietary requirements and consult with families and management to ensure individual management plans are developed and implemented, including completing Risk Minimisation Plans for children with medical conditions involving food as per Medical Conditions Policy
- supervise children whilst eating and drinking
- participate in regular professional development to maintain and enhance knowledge about childhood nutrition and food safety practices
- participate in safe food handling training on a regular basis, every 12 months, including the completion of an appropriate Food Safety and Food Hygiene Certificate
- keep records relating to the safe handling of food, where required
- consult with children, families, educators and dietitians regarding the review of the service menu
- follow the guidelines for serving different types of food and the serving sizes in the guidelines
- ensure the weekly menu is displayed in an accessible and prominent area for parents to view
- ensure the weekly menu is accurate and describes the food and beverages provided each day of the week
- ensure food is presented attractively
- not allow food to be used as a form of punishment or to be used as a reward or bribe
- establish healthy eating habits in the children by incorporating nutritional information into our program
- encourage parents to the best of our ability to continue our healthy eating message in their homes

- encourage children to brush their teeth after breakfast at the OSHC Service, if possible, to promote good dental health
- ensure pets or animals are not present within the kitchen or food preparation areas

FOOD HYGIENE

Food poisoning is caused by bacteria, viruses, or other toxins being present in food and can cause extremely unpleasant symptoms such as diarrhoea, vomiting, stomach cramps, and fevers.

(Foodsafety.gov, 2019). Our OSHC Service will strictly adhere to food hygiene standards to prevent the risk of food poisoning.

Buying and transporting food

Our OSHC Service will:

- ensure food supplies have been ordered in a timely manner
- always check labels for the 'use by' and 'best before' dates, understanding that 'use by' dates apply to perishable foods that could potentially cause food poisoning if out of date, whilst 'best before' dates refer to food items with long shelf life, but quality could be compromised
- avoid buying food items in damaged, swollen, leaking or dented packaging
- always check eggs within cartons: Never buy dirty or cracked eggs
- never buy any food item if unsure about its quality
- record temperatures of foods upon delivery (See *Food Delivery Register*)
- ensure fresh meat, chicken, or fish products cannot leak on to other food items
- ensure chilled, frozen, and hot food items are kept out of the 'danger zone' (5 °C to 60 °C) on the trip back to the Service by:
 - not getting chilled frozen, or hot food items until the end of the shopping.
 - placing these items in an insulated shopping bag or cooler
 - immediately unpacking and storing these items upon the return to the Service
 - Immediately unpacking and storing these items upon the return to the Service.

Storing food

Our OSHC Service will:

- ensure the refrigerator and freezer has a thermometer and that the refrigerator is maintained at 5 °C or below and the freezer is maintained at -17 °C or below
- ensure fridge and freezer temperatures are checked and recorded daily (See *Refrigeration Temperature Control Register*)

- store raw foods below cooked foods in the refrigerator to avoid cross contamination by foods dripping onto other foods
- ensure fresh meat is not stored in the fridge for more than 3 days
- ensure that all foods stored in the refrigerator are stored in strong food-safe containers with either a tight-fitting lid, or tightly applied plastic wrap or foil
- ensure that all foods not stored in their original packaging are labelled with:
 - the name of the food
 - the 'use by' date
 - the date the food was opened
 - details of any allergens present in the food
- transfer the contents of opened cans into appropriate containers
- ensure all bottles and jars are refrigerated after opening
- place 'left-over' hot food in an appropriate sealed container in the refrigerator as soon as the steam has stopped rising. Food can be cooled quickly to this point by placing in smaller quantities in shallow containers, reducing the amount of time sitting in the 'danger zone'
- not reuse disposable containers (e.g., Chinese food containers)
- store dry foods in labelled and sealed, air-tight containers if not in original packaging.
- store dry foods in cupboards or if in a walk-in pantry, on shelving no lower than 30cm from the floor
- not place anything on the floor of a walk-in pantry (as containers of any type create easy access to shelves for mice and rats)
- store bulk dry foods only in food-safe and airtight containers
- use the FIFO (first in, first out) rule for all foods (dry, chilled, and frozen) to ensure rotation of stock so that older stock is used first
- store cleaning supplies and chemicals separate to food items

Preparing and serving food

Our OSHC Service will:

- ensure that all cooked food is cooked through and reaches 75 °C
- document periodic recordings of food (See *Cooking, Cooling & Reheating Register*)
- ensure that cooked food is served promptly, or
- use a thermometer to ensure that hot food is maintained at above 60 °C until ready to serve.
- ensure that prepared cold food is stored in the refrigerator maintained at below 5 °C until ready to serve
- discard any cooked food that has been left in the 'danger zone' for two or more hours. Do not reheat.

- reheat cooked food (if required, for example for a child who was sleeping at lunch time) to a temperature of 70 °C (but only ever reheat **once**. Discard if the food is not eaten after being reheated).
- keep cooked and ready-to-eat foods separate from raw foods
- ensure foods are defrosted in the fridge or microwave
- wash fruit and vegetables thoroughly under clean running water before preparation
- ensure unused washed fruit or vegetables are thoroughly dry before returning to storage
- ensure food that has been dropped on the floor is immediately discarded
- thoroughly clean kitchen utensils and equipment between using with different foods and/or between different tasks
- avoid cross-contamination by ensuring that separate knives and utensils are used for different foods
- avoid cross-contamination by ensuring that colour-coded cutting boards are used (note that it doesn't matter which colour you use for which food providing signs are displayed to alert all staff).
- ensure that staff preparing food for children with food allergies or intolerances are proficient at reading ingredient labels
- ensure that food allergies and intolerances are catered for by using separate easily identifiable cutting boards, utensils, and kitchen equipment (e.g., using a colour code, or food-safe permanent marker)
- ensure that children with food allergies and/or intolerances are served their meals and snacks individually on an easily identifiable plate (e.g. different colour), and that food is securely covered with plastic wrap until received by the child to prevent possible cross-contamination
- ensure all educators and staff are aware of children who have severe allergic reactions to certain foods as per ASCIA Action Plans
- ensure that unwell staff do not handle food
- ensure left-over food is stored immediately in the fridge or thrown away

Cleaning

Our OSHC Service will:

- ensure that food preparation areas and surfaces are cleaned both before, after, and during any food preparation
- record cleaning and sanitising of food contact surfaces (See *Kitchen Cleaning Checklist*)
- ensure that all cooking and serving utensils are cleaned and sanitised before use
- ensure that all dishwashing sponges, brushes, and scourers are cleaned after each use and allowed to air dry or placed in the dishwasher

- ensure the food storage area is clean, ventilated, dry, pest free, and not in direct sunlight
- ensure refrigerators and freezers are cleaned regularly and door seals checked and replaced if not in good repair
- prevent pest infestations by cleaning spills as quickly as possible and ensuring rubbish and food scraps are disposed of frequently
- ensure that floor mops are thoroughly cleaned and air dried after each use
- replace any cleaning equipment that shows signs of wear or permanent soiling.

Personal hygiene for food handlers

Our OSHC Service will:

- clean clothing is worn by food handlers (such as an apron or appropriate jacket)
- long hair is tied back or covered with a net (hairspray may be used for fringes to secure hair).
- hand and wrist jewellery are not worn while preparing food (e.g. rings and bracelets)
- nails are kept short and clean and no nail polish is worn (as it can chip into food and hide dirt under the nails)
- strict hand-washing hygiene is adhered to, including washing hands each time they return to the kitchen before continuing with food preparation duties
- wounds or cuts are covered with a brightly coloured, waterproof dressing (that will easily be seen if it falls off), and gloves will be worn over any dressings
- staff who are not well will not prepare or handle food.

All staff handling food will:

- ensure children and staff wash and dry their hands (using soap, running water, and single use disposable towels or individual hand towels) before handling food or eating meals and snacks
- ensure gloves (and food tongs) are used by all staff handling 'ready to eat' foods.
- ensure food is stored and served at safe temperatures (below 5°C or above 60°C), with consideration to the safe eating temperature requirements of children
- ensure separate cutting boards are used for raw meat and chicken, fruit and vegetables, and utensils and hands are washed before touching other foods
- discourage children from handling other children's food and utensils
- ensure food-handling staff members attend relevant training courses and pass relevant information on to the rest of the staff.

Creating a positive learning environment

Our OSHC Service will:

- ensure that educators sit with the children at meal and snack times to role-model healthy food and drink choices and actively engage children in conversations about the food and drink provided
- choose water as a preferred drink- consider serving it chilled or with ice in summer; add lemon, mint leaves or other fruits such as oranges for flavour
- endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds
- choose foods from the five food groups
- create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children
- encourage children to try different foods but do not force them to eat
- not use food as a reward or withhold food from children for disciplinary purposes
- role-model and discuss safe food handling with children

OSHC Service Program

Our OSHC Service will:

- foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating
- encourage children to participate in a variety of 'hands-on' food preparation experiences
- provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices
- embed the importance of healthy eating and physical activity in everyday activities and experiences

Cooking with children

Cooking can help develop children's knowledge and skills regarding healthy eating habits. Cooking is a great, fun activity and provides opportunities for children to be exposed to new foods, sharing of recipes and cooking skills. During any cooking experience, educators will be vigilant to ensure that the experience remains safe, and relevant food hygiene practices are adhered to.

Communicating with families

Our OSHC Service will:

- provide a copy of the Nutrition and Food Safety Policy to all families upon orientation at the Service
- provide opportunities for families to contribute to the review and development of the policy

- request that details of any food allergies or intolerances or specific dietary requirements be provided to the OSHC Service and work in partnership with families to develop an appropriate response so that children’s individual dietary needs are met
- display menus for families to view easily
- communicate regularly with families about food and nutrition related experiences within the Service and provide up to date information to assist families to provide healthy food choices at home.
- communicate regularly with families and provide information and advice on appropriate food and drink to be included in children’s lunchboxes- especially during Vacation Care. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.
- discuss discretionary choices- (food and beverages which are not necessary as part of a balanced diet) with families and if necessary, remove items from children’s lunch boxes. Alternative healthy food will be offered to children.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Nutrition and Food Safety Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Cooking, Cooling & Reheating Register Food Delivery and Supplier Register Food Hygiene Practices Procedure Food Safety Certificate Register Kitchen Cleaning Checklist Kitchen Cleaning Procedure Menu Amendment Notifications Menu Development and Review Procedure Menu Evaluation Survey	Managing Menus and Food Supplies Menu Planning Checklist Nutritional Practices Procedure Nutritional Practice Survey Vegetarian Menu Planning Checklist Refrigeration Temperature Control Register Service Menu Table
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SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 Australian Children’s Education & Care Quality Authority. (2021). *Nutrition, food and beverages, dietary requirements Policy Guidelines*
 Australian Government Department of Education. (2011) (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)
 Australian Government Department of Health *Eat for Health. The Australian Dietary Guidelines*
<https://www.eatforhealth.gov.au/guidelines>
 Education and Care Services National Law Act 2010. (Amended 2023)
[Education and Care Services National Regulations](#). (Amended 2023).
Food Act 2003
Food Regulation 2015

Food Safety Standards (Australia only). (2015):

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

Food Standards Australia and New Zealand Act 1991

Food Standards Australia New Zealand. (2016). Safe Food Australia – A guide to the food safety standard (3rd Ed.):

<http://www.foodstandards.gov.au/publications/Pages/safefoodaustralia3rd16.aspx>

Food Standards Australia New Zealand: <http://www.foodstandards.gov.au/Pages/default.aspx>

Guide to the National Quality Standard. (2020). (Updated 2023).

National Health and Medical Research Council. Australian Dietary Guidelines 2013):

<https://www.nhmrc.gov.au/about-us/publications/australian-dietary-guidelines>

National Health and Medical Research Council. Department of Health and Ageing. Infant Feeding Guidelines. (2013):

https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summary_130808.pdf

National Health and Medical Research Council. Eat for health: <https://www.eatforhealth.gov.au/>

NSW Food Authority: <http://www.foodauthority.nsw.gov.au/>

NSW Ministry of Health *Eat Smart Play Smart- A manual for Out of School Hours Care*. Third Edition (2016).

Revised National Quality Standard. (2018).

The Australian Dental Association: <https://www.ada.org.au/Home>

Victoria State Government Education and Training Nutrition Australia *Healthy eating in the National Quality Standard A guide for early childhood education and care services*

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011.

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V9.07.23		
MODIFICATIONS	<p>JULY</p> <ul style="list-style-type: none"> updates to the Food Safety Standards (effective Dec 2023) <p>MAY</p> <ul style="list-style-type: none"> policy maintenance - no major changes to policy hyperlinks checked and repaired as required continuous improvement/reflection section added Childcare Centre Desktop Related resources section added link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MAY 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy hyperlinks checked and repaired as required 		MAY 2023
OCTOBER 2021	<ul style="list-style-type: none"> Policy reviewed and included suggested guidelines from ACECQA Nutrition, Food and Beverages, Dietary Requirements Policy Guidelines (August 2021) 		MAY 2022

	<ul style="list-style-type: none"> • Additional sections added for AP, Management, NS and Educator and food handlers • additional related regulations and related policies added 	
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OUT OF HOURS BABYSITTING POLICY

The Approved Provider and Management are responsible for any actions or activities that staff members may engage in that could breach confidentiality protocols. This applies whether at the approved Out of School Hours venue, or in situations that may arise outside of operating hours.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected
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, practiced and implemented.
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Awareness of child protection law	
Staff record	
Staff members	
Education and care service must have policies and procedures	
Policies and procedures to be followed	
Policies and procedures to be kept available	

RELATED POLICIES

Child Protection Policy Code of Conduct Policy	Delivery of children to, and collection from Education and Care Service Premises Policy Privacy and Confidentiality Policy Supervision Policy
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PURPOSE

We aim to provide clear guidelines to educators, staff and families regarding babysitting enrolled children of the Out of School Hours Care (OSHC) Service out of approved hours for education and care, which is a separate arrangement to the care and education we provide as a service.

SCOPE

This policy applies to children, families, staff, management, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC.

IMPLEMENTATION

We work to develop a positive and supportive relationship with children and families. We understand that families may request educators or staff at their child's OSHC Service to babysit or nanny for them outside the Service hours of operation. We pride ourselves on employing educators who are suitably qualified, experienced, reliable and suitable for our Service. However, engaging educators in a private agreement for babysitting is not part of the service agreement between the OSHC Service and families. Families engaging an educator or staff member in private babysitting is not eligible to claim additional Child Care Subsidy (CCS).

Due to possible legal implications, child protection legislation and privacy laws, we strongly discourage employees from babysitting children outside of work hours. However, we acknowledge the educators right to financial expansion. Therefore, educators undertaking babysitting or nanny positions in their personal time must ensure the following:

- educators or staff member, must advise Management of the Service that a request has been made by a family
- babysitting must not interfere with the educator's usual work engagements or availability
- confidentiality must be adhered to at all times
- educators will ensure favouritism does not result in external relationships with children and families outside of the OSHC Service

- families must be made aware that other adults who may accompany the babysitter may not have the relevant working with children checks, which may render them inappropriate persons to care for children
- families understand that our OSHC Service has a duty of care to protect children whilst on the premises and in our care. This duty of care does not extend to private arrangements between educators and families outside of the service. However, educators do have a duty to report any health, safety, and/or wellbeing concerns in and outside of work, including child protection concerns
- the OSHC Service will not be made accountable for any health and safety issues that may arise within the private arrangement being made
- if an educator is to collect a child from the OSHC Service, they must be authorised and/or listed as having authority to do so on the child's enrolment form (a record of written authorisation is to be kept in the child's enrolment record)
- educators must understand that an incident whilst babysitting could have an impact on their suitability to work at the Service
- educators will complete a private agreement with families in regard to expectations and use of personal mobile phones and devices, and photography to ensure privacy and confidentiality is maintained whilst babysitting
- educators and families will complete the 'Out of Hours Babysitting Agreement Waiver' acknowledging that they waive the right to hold the OSHC Service liable and/or accountable should a child be harmed whilst an educator is in their employment outside of the service.

BABYSITTING EXCEPTION

If an employee has a pre-existing relationship prior to the child's enrolment at the OSHC Service (relative, family friend, etc.) babysitting is not discouraged. However, to ensure the children's health and safety employees will:

- disclose the relationship to management
- be authorised or provided with written permission to take a child from the OSHC Service
- understand that the Service will not be held responsible for any health, safety, or wellbeing issues that may arise from private arrangements.

THE APPROVED PROVIDER/ MANAGEMENT/ NOMINATED SUPERVISOR WILL:

- keep a record of the babysitting arrangement on the educator/staff member's personal file

CONTINUOUS IMPROVEMENT/REFLECTION

Our Out of Hours Babysitting Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Out of Hours Babysitting Agreement Waiver

SOURCES

Australian Children's Education & Care Quality Authority. (2014).

Care for Kids [https://www.careforkids.com.au/child-care-articles/article/59/an-overview-on-babysitting Education and Care Services National Regulations](https://www.careforkids.com.au/child-care-articles/article/59/an-overview-on-babysitting-Education-and-Care-Services-National-Regulations). (Amended 2023).

Office of the Children's Guardian. (2023). [https://ocg.nsw.gov.au Privacy Act 1988](https://ocg.nsw.gov.au/Privacy-Act-1988).

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V5.12.23		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance - no major changes to policy sources checked and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
DECEMBER 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy Additional section added for Continuous Improvement Childcare Centre Desktop - related resources section added- (Appendix deleted) 	DECEMBER 2023	
DECEMBER 2021	<ul style="list-style-type: none"> Policy reviewed as part of Annual review cycle No major changes 	DECEMBER 2022	

PHOTOGRAPHY POLICY

Our Out of School Hours Care (OSHC) Service is committed to creating and maintaining a child safe environment where children are safe and feel safe and their voices are heard about decisions that affect

their lives. Child safety is embedded in our organisational leadership, governance, policies and procedures and culture. Children have the right to be protected from the misuse of photographic and video images whilst at the Service. To ensure the privacy of children and families is respected, our OSHC Service will only use photographs of children to support their learning and to record individual developmental progress with written authorisation from parents/guardians.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained

QUALITY AREA 6: COLLABORATIVE PARTNERSHIP WITH FAMILIES AND COMMUNITIES		
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

181	Confidentiality of records kept by approved provider
183	Storage of records and other documents
184	Storage of records after service approval transfer

RELATED POLICIES

Child Safe Environment Policy Child Protection Policy Code of Conduct Policy Dealing with Complaints Policy Educational Program Policy	Enrolment Policy Social media Policy Technology Policy Privacy and Confidentiality Policy Respect for Children Policy
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PURPOSE

We aim to ensure the collection and use of photographs or video of children complies with privacy laws and related legislation. We are committed to creating and maintaining a child safe environment by adhering to the Child Safe Standards.

SCOPE

This policy applies to children, families, staff, management, Approved Provider, Nominated Supervisor, students, volunteers and visitors (including contractors) of the OSHC Service.

IMPLEMENTATION

The displaying of photos provides children and families with a sense of belonging. Photographs allow children to see themselves at play, are a topic of conversation for children and parents, allow families to see their child at play, and convey the message to children that what they are doing is important. However, it is fundamental to respect the rights of all children and families to privacy and ensure child safety is embedded in our policies and procedures.

THE APPROVED PROVIDER AND NOMINATED SUPERVISOR WILL ENSURE:

- we are maintaining children's safety and respecting their right to privacy
- families provide written permission/consent for photographing or recording video of their child by the Service (see: Enrolment form)
- processes are in place to ensure families who speak languages other than English understand the requirements within this policy and the enrolment form
- every child in our care is protected from any exploitation of photographic and video images of themselves taken whilst they attend the Service
- children participate in decisions affecting them including permission to have photographs taken of them
- personal information about the child's surname, age or any other information that reveals their identity is not published
- that photographs taken by educators support the children's learning and record children's individual progress
- photographs recorded at the Service as part of a normal day are taken using a digital camera or service owned mobile electronic device and are only taken by members of the staff team, or by practicum students with written parental permission

- at no time are staff permitted to bring in a camera/electronic device from home or use their mobile phone to take photographs, videos, or audio recordings of children whilst being educated and cared for
- that the OSHC Service seeks written permission from families for their child to be photographed when an outside photographer/agency is contracted to take photographs for marketing purposes or to take individual and group photos once a year. Only children who have written permission from their parent/carer will be included in any photography
- that the OSHC Service notifies parents of the purpose of taking photographs such as use on the Service's website, advertising flyers/brochure, parent handbook and Social Media Policy
- parents are aware that photographs or images may be taken of their children by other parents at various times of the year (e.g. during an end-of-year production or other event). Should parents **not** want their child photographed at any time, they must provide written notification to the Approved Provider or Nominated Supervisor at time of enrolment or if their decision for consent changes
- a record of all children who are NOT to be photographed will be developed, maintained and shared with educators and staff
- this record will remain private and confidential to staff only
- that the children of parents/carers who do not wish their child to be photographed or videoed are provided with other activities when an outside photographer/agency is engaged
- parents/carers have the choice to withdraw consent for their child to be photographed or filmed in certain circumstances
- photographs, video or other recordings of children are securely stored and disposed of when the child is no longer enrolled at the Service
- photographs/videos are taken to:
 - support the individual learning of each child for their formal record
 - record children's work and activities within the Service environment.

FAMILIES (PARENTS/CARERS)

- will be invited to record their child's inclusion in group events and celebrations through the use of photographs or video on the understanding that they will not publish any material on the Internet, including on their personal social media, as the Service has no control over these images once they are in the public domain. (see Social Media Policy)
- will be requested to provide written permission/consent for staff/educators, students or volunteers to take photos of their child/ren for assignments as part of their children services/university course

- will be requested to provide written permission/consent for individuals visiting the Service to take photographs of their child/ren (e.g. professional photography for marketing, school photos etc.)
- are required to provide written notification to the Nominated Supervisor if they do **NOT** want their child to be photographed or their photo published in any form. The Nominated Supervisor keep a record of children who are not to be photographed and notify relevant educators/staff.
- are aware they have the choice to withdraw consent for their child to be photographed or filmed in certain circumstances
- written notification is required if parents/families do **NOT** want their child included in photography opportunities which may include:
 - video of children taken for the children to be able to watch themselves at play. These videos may be made available to all families to view at various times.
 - when children are invited to take photographs or video either with digital cameras or tablets with story-making apps to support language and literacy development. Hard copies of these may be printed and made into a book produced by children. These will remain within the Service but may be viewed by families and visitors
- be provided with clear information about how to make a complaint and our complaints handling processes.

CONTINUOUS IMPROVEMENT

Our Photograph Policy will be updated and reviewed annually in consultation with families, staff, educators and management.

SOURCE

Byrnes, J., & Wasik, B. (2009). Picture this: Using photography as a learning tool in early childhood classrooms. *Childhood Education, 85*.

Child Protection Act, 1998.

Education and Care Services National Regulations. (Amended 2023).

Guide to the National Quality Framework. (2017). (Amended 2023).

NSW [Office of the Children’s Guardian](#)

Privacy Act 1988

Revised National Quality Standards. (2018).

Victoria State Government. (2023). [About Child Safe Standards](#).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
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POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V7.9.23		
MODIFICATIONS	<ul style="list-style-type: none"> regular policy maintenance no major edits/changes to policy continuous improvement/reflection section added sources updated 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
SEPTEMBER 2021	<ul style="list-style-type: none"> regular policy maintenance link to Western Australian Education and Care Services National Regulations added in 'Sources' minor formatting edits within text hyperlinks checked and repaired as required 	SEPTEMBER 2022	
SEPTEMBER 2021	<ul style="list-style-type: none"> inclusion of considerations for Child Safe Standards- translation of policies/dealing with complaints processes provision of ensuring families who speak languages other than English are aware of requirements of policy and enrolment forms sources checked for currency 	SEPTEMBER 2022	

REST TIME POLICY

The United Nations Convention on the Rights of the Child states that all children and young people are guaranteed the right “to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts”. (My Time, Our Place: Framework for School Age Care in Australia, (V2.0) p. 5). Our Out of School Hours Care (OSHC) Service will cater for the needs of individual children who may require a rest, or even a sleep, after a busy school day.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.1	Health	Each child’s health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.

2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
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QUALITY AREA 3: PHYSICAL ENVIRONMENT

3.1	Design	The design of the facilities is appropriate for the operation of a service.
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS

Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazard
82	Tobacco, drug and alcohol-free environment
84A	Sleep and Rest
84B	Sleep and rest policies and procedures
84C	Risk assessment for purposes of sleep and rest policies and procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies or procedures
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Enrolment Policy Death of a Child at the Service Policy Family Communication Policy Health and Safety Policy	Interaction with Children, Family and Staff Policy Physical Environment Policy Respect for Children Policy Staffing Arrangements Policy Tobacco, Drug and Alcohol-Free Policy Work Health and Safety Policy
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PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest. Our Out of School Hours Care Service will ensure that all children have appropriate opportunities to rest and relax in accordance with their individual needs whilst attending the service. Our Service has a duty of care, to ensure we respect and cater for each child's specific needs and provide an environment that takes every reasonable precaution from harm and hazard.

SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, children, and visitors of the Service.

IMPLEMENTATION

'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that Nominated Supervisors and Educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.'
(ACECQA)

Our OSHC Service defines 'rest' as a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of a child's day, we feel that it is important for children to participate in a quiet/rest period after school if required, to rest, relax and recharge their body.

Our OSHC Service will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep /rest requirements.

SLEEP AND REST SPECIFIC RISK ASSESSMENT

The approved provider, in conjunction with educators of the OSHC Service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the *Rest Time Policy* and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- the number, age, developmental stages and individual needs of children
- the sleep and rest needs of individual children being educated and cared for (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of staff supervising children during sleep and rest periods
- the location of sleep and rest areas, including the arrangement of beds within the sleep and rest areas
- the safety and suitability of beds and bedding equipment, having regard to the ages and developmental stages of the children
- any potential hazards
 - in sleep and rest areas
 - on a child during sleep and rest periods (such as jewellery)
- the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)

(ACECQA 2023)

THE APPROVED PROVIDER OR NOMINATED SUPERVISOR WILL:

- ensure that obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure families are aware of this *Rest Time Policy*
- conduct a sleep and rest specific risk assessment at least annually to ensure all potential hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines

- take reasonable steps to ensure that children's needs are being met by giving them the opportunity to rest, having regard to the ages, developmental stages and individual needs of each child
- ensure the area for rest is well ventilated and has natural lighting
- ensure educators provide safe and adequate supervision when children rest their bodies
- provide information to educators and staff about evidence based safe sleep practices as recommended by Red Nose (although school aged children are not considered high risk, these practices should be known by all educators)
- ensure children who are sleeping or resting are closely monitored and that all sleeping or resting children are within hearing range and observed. This involves physically checking/inspecting sleeping children at regular intervals and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children (Note: CCTV, audio monitors or heart monitors **do not** replace the need for physical checking/inspecting sleeping children)
- ensure educators, staff and volunteers follow the policy and procedures
- ensure sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke.

EDUCATORS WILL:

- have a thorough understanding of the Service's policy and practices and embed practices to support safe sleep into everyday practice
- consult with families about children's rest needs
- ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard
- maintain adequate supervision and ratios throughout any rest period
- assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- communicate with families about their child's rest time and observed requirements
- encourage children to dress appropriately for the room temperature when resting. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets, hats and bulky clothing.
- monitor the room temperature to ensure maximum comfort for the children
- provide an environment that is free from cigarette or tobacco smoke
- opportunities are presented for rest and relaxation, as well as sleep if required

- consideration is made for each child's sleep/rest needs- including the age of the child, medical conditions, individual needs
- a quiet area is provided for children to sleep/rest, away from the main group of children
- the designated rest area may include a cushion, bean bag or comfortable seat in a quiet section of the care environment
- sleeping and resting children are monitored at regular intervals
- faces of sleeping children are uncovered when they are sleeping
- an educator is always within sight and hearing of sleeping and resting children so they can be monitored (breathing patterns, colour of skin)
- light bedding is provided for children as required

FAMILIES WILL:

- be informed during orientation of our Rest Policy and procedure
- be requested to provide educators with updates on their child's individual need for rest (or sleep) routines if applicable.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Rest Time Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

Key terms

Term	Meaning
ACECQA- Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
Adequate supervision	Adequate supervision means: <ul style="list-style-type: none"> • that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation; • knowing where children are at all times and monitoring their activities actively and diligently
Continuous supervision	Ensure an educator is in sight and hearing of a sleeping child at all times- representing best practice (Red Nose)
Rest	A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep.
Relaxation	Relaxation or other activity for bringing about a feeling of calm in your body and mind.
Red Nose	Red Nose is Australia's leading authority on safe sleep and safe

pregnancy advice.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Safe Sleep Practices Risk Assessment Action Plan
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SOURCES

ACECQA. (n.d.). Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/information-sheets/safe-sleep-and-rest-practices>

ACECQA. (2023). [Sleep and Rest for Children. Policy Guidelines.](#)

Australian Children’s Education & Care Quality Authority. (2014).

Australian Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework.](#)

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations (Amended 2023).

Revised National Quality Standard. (Amended 2023).

The NSW Work Health and Safety Act 2011

The NSW Work Health and Safety Regulation 2011

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V9.2.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy review • minor edits and additions • sources checked and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
OCT/FEB 2023	<p>OCTOBER</p> <ul style="list-style-type: none"> • New information added regarding regulation changes effective October 2023 <p>FEBRUARY</p> <ul style="list-style-type: none"> • annual policy review • additional related policies added • Family section updated • Key Terms section added • Continuous improvement/reflection section added • Hyperlinks checked and repaired if 	FEBRUARY 2024	

	<p>needed</p> <ul style="list-style-type: none"> link to Western Australian Education and Care Services National Regulations added in 'Sources' 	
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ROAD SAFETY POLICY

Traffic related injuries remain one of the leading, preventable causes of death and serious injury for young children. Driveways, car parks, unfenced yards, private roads, and farms are particular danger areas and many young children, predominantly toddlers, are killed or injured each year in their own home driveway (Kids and Traffic; Kidsafe).

Our duty of care as an Out of School Hours Care (OSHC) Service, is to provide children with an adequate level of care and protection to safeguard their health, safety and wellbeing at all times. Our OSHC Service is committed to providing road safety education to help children become responsible road users as pedestrians, passengers and users of bikes, scooters, skateboards and other wheeled toys.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1	Program	The educational program enhances each child's learning and development.
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.
1.3.2	Critical reflection	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
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.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
s165	Failure to adequately supervise children
s167	Failure to take reasonable precautions to protect children from harm and hazards
12	Meaning of a serious incident
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursions
101	Conduct of risk assessment for excursions
102	Authorisation for excursions
102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
102A	Transportation of children other than as part of an excursion
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
136	First aid qualifications
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed

RELATED POLICIES

Acceptance and Refusal of Authorisation Policy	Excursion/Incursion Policy
Child Safe Environment Policy	Incident, Injury, Trauma and Illness Policy
Death of a Child Policy	Safe Arrival of Children Policy
Delivery of children to, and collection from	Safe Transportation Policy
Education and Care Service Premises Policy	Supervision Policy
Educational Program Policy	Unexpected Death of a Child Policy

PURPOSE

Our Out of School Hours Care Service will ensure best practice guidelines are implemented to ensure that children are kept safe whilst travelling as pedestrians, cyclists, and passengers in vehicles. As educators, we encourage families to participate in road safety education with their children to support them to become safe and responsible on and around roads.

SCOPE

This policy applies to children, families, staff, approved provider, nominated supervisor, students, volunteers and visitors of the OSHC Service.

IMPLEMENTATION

To comply with the National Law and Regulations Early Childhood Services are required to protect children from harm and hazards likely to cause injury. To ensure compliance, management, staff, educators, students and volunteers of the Service will ensure best practice is adhered to, maintaining children's health and safety.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- families are aware of this *Road Safety Policy*
- regular discussions are held with feeder schools to ensure consistency in road safety education and procedures between schools and our OSHC Service
- road safety education is embedded in the program supporting children's understanding and knowledge (Kids and Traffic, Vic Roads Primary School roads information)
- the Educational Leader educates staff about the importance of road safety
- educators have access to regular professional development and training in road safety, complying with National Regulations and National Quality Standards
- a comprehensive risk assessment is conducted at least annually for 'regular transportation' of children including the safest route for travel, method of travel, type of vehicle, required restraints, proposed pick up and destination, process of embarking the means of transport including how each child is to be accounted for upon embarking and disembarking the vehicle [Reg: 102B, 102C, 102D]
- comprehensive written risk assessments are undertaken prior to excursions, including information about the safest route for travel, method of travel, type of vehicle, required restraints proposed pick up and destination, process of embarking the means of transport including how each child is to be accounted for upon embarking and disembarking the vehicle [Reg. 101]
- a comprehensive risk assessment is conducted at least annually to identify any potential risk/s or hazards and ensure the safe arrival and departure of children who are travelling between our Service and an educational facility [Reg: 102AAC] (Refer to *Safe Arrival of Children Policy*)
- educators only allow a child to participate in an excursion with the written authorisation of a parent/guardian, in accordance with National Regulations (Refer to Excursion policy).
- written parental consent for regular transportation of children to and from school is provided during the enrolment process as part of our Safe Transportation Policy

- educator to child ratio requirements are maintained at all times, including when children are being transported as part of the Service activity or excursion
- adequate supervision is provided at all times children are transported
- every reasonable precaution is taken to protect students from harm and hazards likely to cause injury
- all risk assessments are regularly assessed and evaluated as to facilitate continuous improvement in our service
- children exit the vehicle if being transported to and from other educational sites using the 'safety door'
- children's attendance is checked against an accurate attendance record showing when children are within the care of the OSHC service. The record of attendance must record the time that the child arrives and departs the OSHC service and signed by the nominated supervisor or educator.
- there are ample helmets for children to be able to ride bikes and scooters in the outdoor environment safely
- helmets meet Australian/New Zealand Standard 2063:2008 and are fitted correctly
- there are visible signs to remind families about keeping children safe including:
 - where to park their car safely when delivering/collecting children
 - speed limits
 - hold their child's hand
 - listening for traffic
 - use traffic lights (if applicable)
- parents and families are provided with specific road safety information, including:
 - parking safely
 - locking their car
 - local area speed limits.
- parents are provided with general road safety information about transporting children to and from the Service, including:
 - driveway safety
 - child restraint information
 - using the kerb side door to access the car and
 - the importance of role modelling safe road and car park use.
- appropriate road safety expectations are discussed with families including:
 - not leaving children in the car
 - intoxication whilst driving
 - child restraints are fitted correctly for the size and age of their child

- educators are aware of their duty of care obligations and understand how to address a situation where they observe parents/families putting children at risk of harm or injury due to unsafe practices for road/car safety-
 - travelling in a car unrestrained
 - parent appears unfit to drive (intoxicated, drug affected)
 - children riding a bike without a helmet
 - parent not supervising children crossing roads
- parents have a clear understanding about our policies in order to keep children safe
- The Carpark safety checklist is carried out on a regular basis and items requiring attention promptly rectified.
- any educator responsible for driving a vehicle for the Service holds a current Australian Drivers licence
- the vehicle used to transport children is registered and maintained (tyres, engine) and has correctly fitted child restraints and seat belts
- the vehicle used to transport children has enough fuel to complete the journey
- the regulatory authority is notified within 24 hours of becoming aware of a serious incident that has posed a risk to the safety and wellbeing of the children (Reg.12).

EDUCATORS WILL:

- implement and adhere to this *Road Safety Policy*
- take every reasonable precaution to protect children from harm and from any hazard likely to cause injury
- communicate excursion requirements with the Nominated Supervisor and Management to ensure they have a clear understanding about policy and procedures
- have a comprehensive understanding of the National Regulations and Standards
- educate children about the importance of road safety, obeying the rules, listening to families, holding hands, pedestrian safety, car safety etc.
- embed road safety guidelines into the program for children to gain a clear understanding and knowledge required to stay safe around roads and traffic.
- discuss road safety expectations and guidelines with families, including making families aware of young children's limited capacity to judge distances and speeds of travelling vehicles
- follow appropriate procedures in the event of a vehicle accident including children, educators or families, including informing management at the earliest possible convenience
- adhere to their duty of care to protect children from harm and keep children safe

- follow guidelines/procedures for discussing safety concerns with parents/families or reporting this concern to the Approved Provider or Police (see Duty of Care section below)

NOTIFICATION

Parents will be notified as soon as practicable but within 24 hours if their child is involved in an accident at the OSHC Service or whilst under our service care. Details of the incident/accident will be recorded on an Incident, Injury, Trauma and Illness Record and parents will be required to acknowledge the details upon collection of their child.

If the incident/accident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours by the Nominated Supervisor or Approved Provider.

PARENTS/FAMILIES ARE RESPONSIBLE FOR:

- reading, signing and dating permission forms prior to excursions to confirm they agree to the excursion conditions
- providing written authorisation for their child to be transported to and from the OSHC Service as 'regular transportation' at least annually
- ensuring their child/children travels in an appropriate and approved restraint suitable for their age and weight
- never leaving a child/children and/or animal in the car alone at any time
- being aware of the Service policy relating to the safe transportation of children to and from the OSHC Service (see: Safe Transportation Policy)
- communicating any concerns relating to their child's wellbeing or safety to an educator or Nominated Supervisor.

DUTY OF CARE

The approved provider, nominated supervisor and educators have a duty of care to ensure the safety of children at all times. Where a parent or guardian is observed demonstrating unsafe behaviour such as: not securing a child in a suitable restraint (under 7 years of age), parking incorrectly or driving erratically, not providing a bike helmet for the child to wear on a bike or scooter, crossing roads incorrectly, educators should-

- talk to the parent about their concerns calmly

- provide a copy of this policy to the parent
- provide information to the parent about safe transportation of their child
- provide information about the use of helmets when riding to the parent
- inform the Nominated Supervisor or Approved Provider

If the parent/guardian arrives at the Service and does not appear fit to take care of the child (intoxicated or under the influence of drugs), educators should:

- discuss their concerns with the parent
- suggest that another parent or authorised nominee collects the child
- contact an authorised nominee to collect the child
- notify the police or child protection if they have any concern for the child's safety
- contact the Nominated Supervisor and/or Approved Provider
- document the actions for evidence

(see: Acceptance and Refusal Policy; Delivery of children to, and collection from Education and Care Service Premises Policy)

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Car Park Safety Checklist	Outdoor Environment and Playground Safety Audit
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RESOURCES

Car Seats Save Lives: <https://carseatssavelives.com.au>

Child Road Safety: www.childroadsafety.org.au

Kids and Traffic: <http://www.kidsandtraffic.mq.edu.au/>

Kidsafe Inc: www.kidsafensw.org/road-safety/

[Kids and Traffic- Early Childhood Road and Safety Education Program](#)

Road Safety Education Victoria Teaching Resources Early Childhood

<http://www.roadsafetyeducation.vic.gov.au/teaching-resources/early-childhood>

Transport for NSW Centre for Road Safety

<https://roadsafety.transport.nsw.gov.au/aboutthecentre/resources/index.html>

Transportation of children with Additional Needs ELAA <https://elaa.org.au/wp-content/uploads/2016/10/Safe-transport-for-children-with-additional-needs.pdf>

SOURCES

Australian Children's Education & Care Quality Authority. (2020). [Safe Transportation of Children](#)

Australian Children’s Education & Care Quality Authority. (2023). [Changes to Regular Transportation of Children Commencing 1 March 2023](#)

Australia Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Kids and Traffic: Early Childhood Road Safety Education Program. (2014): <http://www.kidsandtraffic.mq.edu.au/>

Kidsafe: Child Accident Prevention Foundation of Australia. (2018): <https://kidsafe.com.au/statistics-2/>

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V5.12.23		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy maintenance added QA1 to NQS section- re: educational program for Road Safety information related to <i>Safe Arrival of Children</i> added added related policies and resources updated sources as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
DECEMBER 2023	<ul style="list-style-type: none"> policy maintenance Nominated Supervisor/Responsible Person section deleted (merged with AP/NS/Management section) continuous improvement/reflection section added sources checked for currency link to Western Australian Education and Care Services National Regulations added in ‘Sources’ 	DECEMBER 2023	

SAFE ARRIVAL OF CHILDREN POLICY

Under the Education and Care Services National Regulations, Outside School Hours Care (OSHC) Services must have policies and procedures in place for the safe arrival of children who travel to or from an education and care service premises [ACECQA, 2023]. This may include children traveling between our

OSHC service and educational facilities such as Family Day Care service, preschool, school, long day care service or any other service which provides education and care to children.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
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, practiced and implemented.
QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service.
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL LAW	
Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards
Sec. 175	Offence relating to requirement to keep enrolment and other documents
Sec. 167	Offence relating to protection of children from harm and hazards
EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
86	Notification to parents of incident, injury, trauma and illness
99	Children leaving the education and care service premises
102AAB	Safe arrival of children policies and procedures
102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
102C	Conduct a risk assessment for transporting children by the education and care service
102D	Authorisation for service to transport children

158	Children's attendance record must be kept by the approved provider
160	Child enrolment records to be kept by the approved provider and family day care educator
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

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Child Safe Environment Policy Delivery of Children to, and Collection from Education and Care Service Premises Enrolment Policy	Incident, Injury, Trauma and Illness Policy Probation and Induction Orientation Policy Safe Transportation Policy Supervision Policy
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PURPOSE

Our Outside School Hours (OSHC) Service aims to ensure the safe and secure arrival and departure of all children into our service who may be travelling to or from another early childhood service or education facility. We are committed to identifying and minimising risks and potential hazards to ensure children are not placed at risk of harm or hazard when travelling between other educational facilities and our OSHC Service.

SCOPE

This policy applies to the approved provider, nominated supervisor, staff, coordinator/director, educators, families, children and visitors (including contractors) of the Outside School Hours Care Service.

IMPLEMENTATION

The safety of children enrolled at our OSHC Service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury. Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including when children are travelling between our OSHC Service and an educational facility. We are advocates for children and have a strong commitment to child safety and establishing and maintaining a child safe environment.

DEFINITION:

An education or early childhood service includes a school, an education and care service (including Long Day Care, Family Day Care, Outside School Hours Care), a children's service or any other service which provides education or care to children.

Examples of travel between education or early childhood services may include, but is not limited to:

- A child travelling from our OSHC Service to school or from school to our OSHC Service
- A child travelling from our OSHC Service to preschool/kindy or from the preschool/kindy to our OSHC Service
- A child travelling from our OSHC Service to a FDC or LDC Service or from the FDC or LDC Service to our OSHC Service

SAFE ARRIVAL OF CHILDREN SPECIFIC RISK ASSESSMENT

The approved provider, in conjunction with educators of the service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safe arrival and departure of children who are travelling between our OSHC Service and an educational facility.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised. All risk assessments will be regularly assessed and evaluated to facilitate continuous improvement in our service.

If a risk concerning a child's travel is identified during the risk assessment, the approved provider must update the safe arrival of children policy and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- the age, developmental stages and individual needs of children
- the roles and responsibilities of;
 - the nominated supervisor of each service (where applicable)
 - the child's parents/family member
 - an authorised nominee listed on the child's enrolment form
 - a person authorised by a parent or authorised nominee listed on the child's enrolment form (if applicable)
 - the role and responsibilities of the service the care of which the child is entering or leaving
- communication arrangements made between the service the child is leaving from, and the service the child is entering, including arrangements if the child is missing or unaccounted for

- procedures to be followed if a child is missing or unaccounted for during travel between services
- educator to child ratios required for adequate supervision during travel between services
- the proposed route and destination, including proximity to harm and hazards
- the process for entering and exiting the service premises and the pickup location or destination (as required)
- procedures to be followed to ensure children only leave the service in accordance with written authorisation from the parent or authorised nominee listed on the child's enrolment form (ACECQA 2023)

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/COORDINATOR WILL:

- ensure that obligations under the *Education and Care Services National Law and National Regulations* are met
- take reasonable steps to ensure all staff, educators, visitors, families, children follow this policy and related procedure
- ensure all staff and educators are inducted in the *Safe Arrival of Children Policy* and procedure
- ensure copies of the policy and procedures are readily available and accessible to educators, coordinators, staff and families
- clearly communicate any updates to policies and procedures to educators
- develop a *Safe Arrival of Children Procedure* to clearly outline roles, responsibilities and obligations for educators, families and the educational facility when children are travelling between services
- conduct a risk assessment to identify any risks or hazards that may pose a risk to children's health, safety or wellbeing as they travel between our OSHC service and an educational facility
- consult with staff, educators, families and children (where applicable) during the preparation of a risk assessment
- consult with the educational facility during the preparation of a risk assessment
- review the risk assessment annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised
- notify families at least 14 days in advance of any changes to policy or procedures - as per regulations
- provide induction training to new educators and staff of this policy and related procedure
- provide ongoing training and information to coordinators, nominated supervisors and educators to ensure they can fulfil their roles and provide a child safe environment for all children and young people
- develop open communication channels and strategies between families, our service, educators and the educational facility

- request families complete a *Safe Travel Agreement Form* prior to children travelling between our OSHC service and another educational facility
- advise families to inform the OSHC service of any change in attendance or routine that may affect the child's safe arrival or departure as soon as they are aware
- ensure the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- ensure the service keeps accurate attendance records recording the following:
 - the time and date children arrive or depart our OSHC service
 - the signature of the person who has collected or delivered the child to our service or the signature of the Nominated Supervisor/Coordinator or educator in accordance with the *Delivery of Children to, and collection from Education and Care Service Premises Policy*

EDUCATORS WILL:

- implement a risk assessment to identify and manage any risks or hazards that may pose a risk to children's health, safety or wellbeing as they travel between our OSHC service and an educational facility
- implement procedures for the safe handover of children between our OSHC Service and educational facility is documented correctly and clearly communicated with all stakeholders
- ensure enrolment records are kept up to date for all children, including authorisations from families
- ensure accurate attendance records are kept up-to-date recording the following:
 - the time and date children arrive or depart our OSHC service
 - the signature of the person who has collected or delivered the child to our OSHC service or the signature of the nominated supervisor/coordinator or educator in accordance with the *Delivery of Children to, and collection from Education and Care Service Premises Policy*
- cross check children's attendance against an accurate attendance record showing when children are within the care of our OSHC service
- follow the *Safe Transportation Policy* at all times to ensure regulations are met when children embark and disembark from vehicles during travel between our OSHC service and other educational facilities
- implement the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy* in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- ensure that when leaving our OSHC service, children are given into the care of a parent, an authorised nominee named in the child's enrolment form or a person authorised by the parent or

authorised nominee; or given into the care of a person in accordance with the written authorisation of the child's parent or authorised nominee

- discuss safe travel strategies with children prior to children travelling between our OSHC service and the educational facility to ensure children are supported to feel safe and act responsibly
- ensure families complete a *Safe Travel Agreement Form* prior to children travelling between our OSHC service and an educational facility
- communicate any changes to travel routine to family members, educators and the nominated supervisor

FAMILIES WILL:

- adhere to the Service's *Delivery of children to, and collection from Education and Care Service Premises Policy* and *Safe Arrival of Children Policy*
- communicate any changes in routine and activities that may affect the child's safe arrival or departure as soon as they are aware
- notify the OSHC Service if their child is going to be absent on a particular day or session
- provide emergency contact details and phone numbers upon enrolment and update emergency contact details and phone numbers regularly (as required)
- complete a *Safe Travel Agreement Form* detailing circumstances where children will travel between our OSHC service and an educational facility.

MISSING OR UNACCOUNTED CHILD

Our OSHC Service and educators will develop clear procedures to follow in case of a missing or unaccounted for child who is deemed missing whilst travelling to or from our OSHC Service from an educational facility. Parents must advise the service as early as possible of any changes to the child's routine or activity.

If the child does not arrive at our OSHC Service at the predetermined time the nominated supervisor/responsible person or educators will:

- check the *Safe Travel Agreement Form* and any communication from the family if the child does not arrive at our OSHC service at the pre-determined time.
- contact the educational facility and confirm the child left the educational facility at the arranged time
- contact the parents or authorised nominee to determine the location of the child
- contact the Nominated Supervisor/Responsible Person to advise of the situation
- where possible, help conduct a search of the route of travel, ensuring supervision of all children within care

- liaise with Police, emergency services and parents as required
- complete an incident, injury, trauma and accident record as soon as possible

If the child does not arrive at the educational facility at the predetermined time, our service will:

- assist the educational facility to provide details when the child left our OSHC service.
- where possible, assist in a search of the route of travel, ensuring supervision of all children within care.
- contact the Nominated Supervisor/Responsible Person and advise of the situation.
- liaise with parents and the police/emergency services if required.

Our OSHC Service will notify the regulatory authority within 24 hours of becoming aware of a serious incident, including if a child is missing or unaccounted for when travelling between our OSHC Service and an educational facility.

CONTINUOUS IMPROVEMENT

Our *Safe Arrival of Children Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Safe Arrival of Children Procedure	Safe Travel Agreement Form
Safe Arrival of Children Risk Assessment	

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 ACECQA. (2023). [Key NQF changes for centre-based services from 2023](#)
 ACECQA. (2023). Policies and procedures guidelines. [Safe Arrival of Children](#)
 ACECQA. (2023). Information Sheet. [Safe Arrival of Children](#)
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023)
 Guide to the National Quality Framework. (Amended 2023).
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V1.10.23		

MODIFICATIONS	<ul style="list-style-type: none"> New policy developed in line with regulations effective from October 2023
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SAFE TRANSPORTATION POLICY

Our Out of School Hours Care (OSHC) Service provides education and care for children before school, after school and during school holidays. For children to access our Service, we provide transportation between our Service location, primary schools and other locations whilst participating on excursions.

Compliance with the Education and Care National Law and Regulations is mandatory to ensure the safety of children at all times and new provisions and amendments to these regulations are reflected in our procedures and policy for transportation and the safe handover of children.

We acknowledge our duty of care obligations by adhering to relevant legislation providing adequate supervision of children at all times, maintaining correct educator to child ratios, maintaining accurate attendance records and providing appropriate child restraints for children under our care.

[Note: This policy includes new requirements under the Education and Care Services National Law for regular transportation effective 1 March 2023.]

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
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, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND LAW	
4 (1)	Definition regular transportation
24(ha)	Application for service approval—centre-based service A description of any proposed regular transportation of children by or arranged by the education and care service
85	Incident, injury, trauma and illness policies and procedures

89	First Aid Kits
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
101	Conduct a risk assessment for excursion
102A	Transportation of children other than as part of an excursion
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
102E	Children embarking a means of transport – centre-based services
102F	Children disembarking a means of transport – centre-based services
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios
136	First aid qualifications
158	Children’s attendance record to be kept by approved provider
161	Authorisations to be kept in enrolment record
168	Education and care service must have policies and procedures
168(2)(ga)	Education and care service must have policies and procedures (transportation)
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures
175(2)(f)(g)	A notification must be made to the regulatory authority if regular transportation starts or ceases being provided or arranged by the service
177(1)(o)(p)	Prescribed enrolment and other documents to be kept by the approved provider a record of children embarking a means of transport at the education and care services premises as set out in regulation 102E(4)(c); a record of children disembarking a means of transport at the education and care service premises as set out in regulation 102F(4)(d)
183	Storage of records and other documents
S51(4A)	The approved provider must ensure that the number of children educated and cared for by the service at any one time does not exceed the maximum number of children specified in the service approval

s165	Failure to adequately supervise children
s167	Failure to take reasonable precautions to protect children from harm and hazards

RELATED POLICIES

Administration of First Aid Policy	Emergency Evacuation Policy
Acceptance and Refusal of Authorisations Policy	Enrolment Policy
Administration of First Aid Policy	Excursion Policy
Behaviour Guidance Policy	Health and Safety Policy
Child Protection Policy	Incident, Injury, Trauma and Illness Policy
Child Safe Environment Policy	Medical Conditions Policy
Delivery of, and collection from Education and Care Service Premises	Record Keeping and Retention Policy
	Responsible Persons Policy
	Work Health and Safety Policy

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place in relation to the safe transportation of children and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

[ACECQA, 2021]

We aim to ensure that all children being educated and cared for by our OSHC Service are adequately supervised at all times. This includes ensuring educator to child ratios are met whenever and wherever our service is operating including providing or arranging transportation as part of our OSHC Service activity.

SCOPE

This policy applies to children, families, staff, management the approved provider, nominated supervisor, students and visitors of the OSHC Service.

IMPLEMENTATION

The safety of children enrolled at the OSHC Service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury. Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including transporting children before and after school to our Service and when

children are participating in excursions as part of the educational program. Educator to child ratios are adhered to in addition to ensuring the maximum numbers on the service approval are not breached at any time. Adequate supervision is therefore not static as it is dependent upon a range of considerations documented in risk assessments. Specific risk assessments and procedures for excursions during school holidays are included in our *OSHC Excursion Policy*. Procedures are in place to ensure a Nominated Supervisor or staff member is present and accounts for each child (and make a record) when children embark and disembark the vehicle at the service premises and the interior of the vehicle is thoroughly checked to ensure no child is left behind.

DEFINITIONS (March 2023)

Excursion: an outing organised by an education and care service

Regular outing: in relation to an education and care service, means a walk, drive or trip to and from a destination

- (c) that the service visits regularly as part of its educational program; and
- (d) where the circumstances relevant to the risk assessment are substantially the same on each outing

Regular transportation: in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are the same for each occasion on which the child is transported.

Transportation (that is part of the education and care service): Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to, children applied in scenarios where services are transporting children, or have arranged for the transportation of children, including between an education and care service premises and another location, for example their home, school or a place of excursion.

Transition: In relation to the day-to-day process of moving between the service and a range of different education and care settings or from the education and care setting to a school setting.

Written authorisation: authorisation given by a parent or other person named in the child’s enrolment record as having authority to authorise the child being transported by the service or on transportation arranged by the service. If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12-month period. The authorisation must state:

- a) the child’s name; and
- b) the reason the child is to be transported; and
- c) if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outings; and
- d) if the authorisation is **not** for a regular transportation, the date the child is to be transported; and
- e) a description of the proposed pick-up location and destination; and
- f) the means of transport; and
- g) the period of time during which the child is to be transported; and
- h) the anticipated number of children likely to be transported; and
- i) the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation; and
- j) any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and
- k) that a risk assessment has been prepared and is available at the education and care service; and
- l) that written policies and procedures for transporting children are available at the education and care service.

TRANSPORT SPECIFIC RISK ASSESSMENT

As per the Education and Care Services National Law, our service will ‘ensure that every reasonable precaution is taken to protect children...from harm and from any hazard likely to cause injury’ (Section 167). Our OSHC Service will conduct comprehensive transport specific risk assessments to minimize and manage all potential risks for transporting children before authorisation is sought to transport a child. [Reg. 102B, 102D (4)].

A risk assessment will be undertaken at least annually for ‘regular transportation’ of children. Each time our Service transports, or arranges, the transport of children as part of an excursion, a new risk assessment will be conducted. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service.

Our risk assessment process is guided by the following process:

- **identify** any hazards or potential hazards that transporting the child may pose to the safety, health and wellbeing of the child
- **assess** the risk of harm or potential harm using a risk matrix
- **specify how the identified risks will be managed** by eliminating or minimising the impact using control measures
- **evaluate** the current risk or potential harm by implementing control measures
- **review** and monitor the risk or potential harm to ensure it continues to be managed as a low risk

source: Risk assessment and management ACECQA (2020)

Our risk assessment will consider:

- a) the proposed route and duration of the transportation; and
- b) the proposed pick-up location and destination; and
- c) the means of transport; and
- d) any requirements for seatbelts or safety restraints (as per the law of our jurisdiction); and
- e) any water hazards; and
- f) the number of adults and children involved in the transportation; and
- g) given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialized skills are required; and
- h) whether any items should be readily available during transportation (mobile phone, list of emergency contact numbers) and;
- i) the process for entering and exiting-
 - i. the education and care service premises; and
 - ii. the pick-up location or destination (as required); and
- j) procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

Additional considerations may include:

- the experience of the driver and licensing conditions for the vehicle
- the age, ability, needs and skills of children being transported (non-ambulant, infants)
- the experience of the adults involved in transportation and their capacity for supervising children
- movement of children between the vehicle and venues
- traffic conditions
- extreme weather conditions or natural disasters
- environmental hazards such as temperature extremes, smoke
- communication to/from the vehicle- mobile phone reception

- health needs of all children and adults
- first aid provision and management of illness, injuries and emergencies
- child safe practices.

source: NSW Government Kids and Traffic (2020)

THE APPROVED PROVIDER WILL NOTIFY THE REGULATORY AUTHORITY:

- that the Service will offer or arrange transportation as part of the service approval application
- within seven (7) days if there is a change to the regular transportation provided or arranged by the service, including if the regular transportation is no longer provided.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR WILL ENSURE:

- all staff, volunteers and students follow the *Safe Transportation Policy* and procedure
- risk assessments are carried out prior to seeking authorisation for transporting children
- any updates to policies and procedures are clearly communicated to all staff
- roles and responsibilities are clearly communicated with educators
- details of the safest route for travel, type of vehicle and required restraints are included in the risk assessment
- every reasonable precaution is taken to protect students from harm and hazards likely to cause injury
- effective and adequate supervision is provided (see below)
- educator to child ratio requirements are maintained at all times, including when children are being transported as part of the service activity
- a record of staff working with directly with children (regulation 151) is kept
- compliance with first aid requirements of Regulation 136 is met at all times
- once all children have exited the vehicle/bus, a final check is conducted, including the interior of the vehicle, to ensure no child is left on the vehicle
- a secondary educator conducts a final sweep of the vehicle, including the interior of the vehicle, to ensure there are no children or belongings left behind (best practice)
- the designated educator/Nominated Supervisor confirms the interior of the vehicle was checked
- a second educator confirms the interior of the vehicle was checked
- under no circumstances will the driver and educators/employees supervising children be under the influence of alcohol or drugs
- children exit the vehicle using the 'safety door'
- children wear approved seatbelts/restraints whilst the vehicle is in motion in accordance to [South Australian Road Rules and Road Transport Act](#)

- children are never left unattended in the vehicle
- education on road safety for children is included in the Service's programming (for example Kids and Traffic, Vic Roads Primary School roads information)
- safety rules are developed with children to ensure a clear understanding of appropriate and inappropriate behaviour
- staff are aware of appropriate procedures to be followed in the event of a vehicle crash involving staff and children from the OSHC Service
- a working mobile phone or other similar means of communication to communicate with the service, parents/carers is provided in case of emergency
- a list of emergency contact numbers for the children and staff being transported
- every effort will be made to notify parents/carers of delays returning to the OSHC Service if applicable
- relevant criminal history requirements and Working with Children Checks are made and verified for any person transporting children. WWCC is recorded in staff records
- the designated person driving the vehicle/bus holds a current Australian driver's licence relevant to the vehicle classification
- any allegation of misconduct of the educator or staff member will be reported immediately as per the Reportable Conduct Scheme detailed in our *Child Protection Policy* and/or *Child Safe Environment Policy* and *Code of Conduct Policy*
- the maximum number of children approved for a service as confirmed on the service approval is adhered to no matter where the children are located [S. 51(4A)]
- the *Administration of First Aid Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- effective and adequate supervision is provided when children are being transported. Consideration must include:
 - the number, age and ability of children
 - visibility and accessibility
 - physical positioning of educators
 - risks related to the mode of transportation (including travel on foot)
 - risks in the environment, location, route and while travelling
 - the experience, knowledge and skill of each educator
 - the capacity of an educator to immediately respond to a situation requiring urgent intervention

- an easily recognised and suitably equipped first aid kit is easily accessible during transportation
- educators carry medication, health plans and risk assessments for individual children
- at least one staff member accompanying children during transportation holds:
 - an approved first aid qualification and
 - a current approved anaphylaxis management training qualification and
 - an approved emergency asthma management training qualification.

THE DESIGNATED EDUCATOR/DESIGNATED DRIVER/EDUCATORS WILL ENSURE:

- they adhere to the *Safe Transportation Policy* and participate in practical training relating to the safe transportation of children
- they are aware of their roles and responsibilities while providing transportation for children
- a Risk Assessment has been completed in accordance with the requirements as outlined above
- their driver's licence is current and the driver is in a fit and proper state to drive
- if driving larger vehicles to transport children they hold the relevant licence for the vehicle classification
- every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
- effective and adequate supervision is provided when transporting children
- educator to child ratio requirements are maintained at all times, including when children are being transported as part of the service activity
- children are never left unattended in the vehicle
- they adhere to the road rules and regulations mandated by law within each state/territory
- children remain seated and do not behave in a dangerous or inappropriate manner
- children wear approved seatbelts/restraints whilst the vehicle is in motion in accordance to **South Australian** Road Rules and Road Transport Act
- the vehicle is parked in a secure and safe location for children to access
- the number of passengers does not exceed the legal requirement
- a working, fully charged mobile phone is taken in case of an emergency
- the *Administration of First Aid Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- the *Missing Child During Regular Transportation Procedure* is followed in the event a child is deemed missing or unaccounted for
- a fully equipped first aid kit is easily accessible

- medication, health plans and risk assessments for individual children are available during transportation
- a list of emergency contact numbers for the children and staff being transported is available
- emergency contact information is available
- every effort will be made to notify parents/carers of delays returning to the Service if applicable
- messages from families regarding children’s attendance changes to pick up or drop offs are communicated effectively and timely to educators travelling with children

FAMILIES WILL:

- adhere to the Service’s Delivery of children to, and collection from Education and Care Service Premises *Policy* and *Safe Transportation Policy*
- notify the OSHC Service if their child is going to be absent on a particular day and not require transport
- ensure written authorisation for transportation of their child by the OSHC Service is granted by either the parent or authorised nominee (for transportation authorisation) named in the child’s enrolment record
- provide emergency contact details and phone numbers upon enrolment and update emergency contact details and phone numbers regularly

EDUCATOR TO CHILD RATIOS (ACECQA 2020)

Over preschool age 1:15
 (or 1:10 if kindergarten children are in attendance)

CONTINUOUS IMPROVEMENT/ REFLECTION

Our *Safe Transportation Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP RELATED RESOURCES

Employee Induction Checklist	Transport Pick Up/Drop Off Checklist
Missing Child during Regular Transportation Procedure	Transporting Children Risk Assessment Template
Regular Transportation Authorisation	Vehicle/Bus Transportation Procedure
Safe Transportation of Children Module	Transportation Attendance Record

[Kids and Traffic- Early Childhood Road and Safety Education Program](#)

- Transporting children safely- Guidance on Understanding safe transport and travel requirements for education and care service providers (2020).
- Safe Travel and Transport- Advice for working with children, families, schools and communities (2020).

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).

ACECQA. (2023). Policy and Procedure Guidelines. *Safe Transportation of Children*.

ACECQA. (2023). [Fact sheet. Changes to Regular Transportation of Children](#)

ACECQA. (2023). [Risk Assessment and management- Safe Transportation of children safety checklist and regular transportation record form.](#)

ACECQA. (2023). [Guidance for Adequate Supervision During Transportation.](#)

ACECQA. (2023). [Minimising the Risk of Children Being Left Behind in Vehicles](#). NQF Review 2019

Australian Government Department of Education (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)

Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (2017). (Amended 2023)

Kids and Traffic Early Childhood Road Safety Education Program (NSW)

Revised National Quality Standard. (2018).

Road Transport (Safety & Traffic Management) Act 1999.

Queensland Government Early Childhood Education and Care (2021) [Guidelines for health and safety- Transportation](#)

Vic Roads- Primary school road safety education resources

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V11.07.23		
MODIFICATIONS	<ul style="list-style-type: none"> • Major edit of existing policy to comply with new regulations effective 1 March 2023 • Amendment to National Regulations 2022 (under the Education and Care Services National Law) added • New section added: <i>Transportation Attendance Record</i> • Merging of some sections to avoid repetition- (picking up children/during transportation/dropping off children- included in main policy content and related Procedure) <p>JULY</p> <ul style="list-style-type: none"> • Review of policy • MTOP V2.0 added to sources 		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY/SEPTEMBER 2022	<ul style="list-style-type: none"> policy maintenance – additional National Law section added Western Australia services- check Regulation 369 for ratio requirements Western Australian National Regulations added no major changes to policy addition of various roles for a designated educator- e.g. buckling each seat belt together after children have exited the vehicle/bus minor formatting edits within text hyperlinks checked and repaired as required September 2022 small edits following Kids and Traffic information Continuous improvement section, <i>effective</i> supervision, clear communication with all stakeholders, deleted comment driver acting as supervisor (this would be in breach of regulations) 	JULY 2023

SAFE STORAGE OF HAZARDOUS CHEMICALS POLICY

By maximising awareness to the potential hazards of chemicals and equipment, we aim to minimise the risk of harm to Educators, children, and families by ensuring hazardous products are safely stored, handled, and controlled.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
Section 167	Offence relating to protection of children from harm and hazards
82	Tobacco, drug and alcohol-free environment
85	Incident, injury, trauma and illness policies and procedures

97	Emergency and evacuation procedure
106	Laundry and hygiene facilities
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed

RELATED POLICIES

Administration of First Aid Policy Administration of Medication Policy Environmentally responsible policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Work, Health, and Safety Policy
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PURPOSE

Our Out of School Hours Care Service aims to protect children, families and visitors from hazard and harm at all times. We promote the use of environmentally friendly products where possible and ensure we provide a safe environment where chemicals and hazardous products and equipment are safely stored and managed away from children and are handled appropriately.

SCOPE

his policy applies to children, families, staff, management, Approved Provider, Nominated Supervisor, students, volunteers and visitors (including contractors) of the OSHC Service.

IMPLEMENTATION

APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- families are aware of this *Safe Storage of Hazardous Chemicals Policy*
- that every practical measure is taken to protect children being educated and cared for by the Service from harm and any hazard likely to cause injury (National Law - section 167)
- a smoke free environment is provided to children, staff, families and visitors at all times
- all dangerous goods and hazardous substances are identified within the Service and included in the chemical register
- the Poison Hotline number is clearly displayed near the First Aid Kit/ in each room
- a risk assessment has been conducted in consultation with the Health and Safety Representative prior to using any potentially dangerous or hazardous substance
- educators adhere to the Service procedures for dealing with and handling chemicals

- Safety Data Sheets (SDS) and the Chemical Register is readily available and regularly updated
- appropriate training and Personal Protective Equipment (PPE) is provided for employees who may be exposed to dangerous goods and/or hazardous substances
- relevant signage is displayed highlighting the hazardous nature of chemicals used or stored in the Service (e.g. Caution- Chemical Storage Area; Danger; Hazardous Chemicals)
- laundry facilities are located and maintained in a way that prevents unsupervised access by children
- all products/chemicals used for laundry purposes are locked in a cupboard inaccessible to children
- there are emergency procedures and practices for accidental spills and/or contamination and corresponding first aid plans for all dangerous goods handled and stored in the Service
- action is taken to remove any pests or vermin by a licensed exterminator, who will provide the Service with a certificate of currency. Initially, using non-chemical methods such as physical removal, maintaining a clean environment, and use of any non-toxic products will be implemented.
- at least one educator/staff member is in attendance on the premises with ACECQA approved first aid qualifications at all times
- all staff students and visitors are made aware of correct storage and usage procedures for potentially hazardous materials during their initial orientation at the Service
- there are appropriate and lockable storage facilities in the Service in which dangerous products are stored
- lockable storage facilities are clearly marked with signage to indicate chemicals/hazardous materials
- dangerous products will be stored in areas of the Service that are not accessible to children or in cupboards fitted with key
- a hazardous substances register is used and regularly updated
- a risk assessment for any dangerous materials stored in bulk within the education and care premises has been carried out and is regularly updated
- Safety Data Sheets (SDS) are maintained at the Service. Safety Data Sheets must be kept on all chemicals used on the premises. Work Health and Safety (WH&S) officers are to keep this information up to date at all times, with a review of the folder annually. No SDS is to be more than 5 years old.
- chemicals in spray bottles are clearly labelled with contents and are not used with children in the immediate vicinity
- in the event of any incident involving accidental exposure to chemicals or other hazards or incident involving possible poisoning, an Incident, Injury, Trauma and Illness Record will be completed
- if a serious incident occurs involving the need for medical intervention or emergency services, notification is made to the Regulator Authority within 24 hours.

EDUCATORS WILL:

- seek medical advice if needed by contacting the **Poisons Information Line (13 11 26)** or by calling 000
- wear Personal Protective Equipment (PPE) when handling dangerous substances or materials.
- not use spray bottles containing chemicals in the immediate vicinity of any child or children
- read the label before using any cleaning material, sprays or chemicals and strictly adhere to the 'Directions for use' and be aware of appropriate first aid measures
- store all dangerous products in well-labelled and original containers that preferably have child resistant lids and caps in a secure and locked place/cupboard, inaccessible to children
- ensure all chemicals and cleaning products are returned to their designated location immediately upon completion of cleaning tasks
- not mix cleaning products as there is the potential for harmful chemical reactions to occur endangering all persons on the premises
- dispose of all products safely, in accordance with the manufacturer's instructions on the product label, Work Health and Safety regulations, and Council by-laws
- ensure cleaning and hazardous products are not stored close to food products
- consider minimising the use of dangerous products in the education and care service and use alternate 'green cleaning' options
 - lockable storage facilities are clearly marked with signage to indicate chemicals/hazardous materials
- Only administer children's medications or allow self-medication with family authorisation and in accordance with medical directions (see Administration of Medication Policy)
- ensure medication is stored in an area inaccessible to children
 - ensure any medications or dangerous substances that requires refrigeration, be placed in a labelled childproof container, preferably in a separate compartment of the fridge
 - keep all button batteries and all other batteries out of reach of children
 - check that all remotes, toys and products containing button batteries have a screw to secure them
 - dispose of or recycle used button batteries immediately at a battery disposal centre
 - in the event of any incident involving accidental exposure to chemicals or other hazards, complete an Incident, Injury, Trauma and Illness Record and provided to the Approved Provider/Nominated Supervisor

POISONING

Many products and materials that are used and kept within an education and care service are potentially poisonous to children, especially young children.

Poisonous substances may include medication, household cleaners, garden products, paint, cosmetics, toiletries, chemicals, batteries and petroleum products. Our Service will ensure all items that may cause harm to children in our care, and children who may be visiting our service, are inaccessible. Staff will keep their personal items in a cupboard/locker which is inaccessible to children.

Poisonous plants and trees can also cause safety risk to children and should be identified in any risk assessment conducted at the Service and risk mitigation strategies implemented including removal of any potentially dangerous/poisonous plants and trees.

Our OSHC Service will display a notice detailing the Poison information hotline in visible positions.

POISON INFORMATION HOTLINE 13 11 26

CONTINUOUS IMPROVEMENT/REFLECTION

Our Safe Storage of Hazardous Chemicals Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCES

Australian Children’s Education and Care Quality Authority (ACECQA). (2019). Approved First Aid
 Australia Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
 Qualifications: <https://www.acecqa.gov.au/qualifications/nqf-approved>
 Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023).
Occupational Health and Safety Act, 2000. Occupational Health and Safety Regulations, 2001.
 Safe Work Australia. (2020). [Managing risks of storing chemicals in the workplace](#).
The NSW Work Health and Safety Act, 2011
 Revised National Quality Standards. (2018).
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025

VERSION NUMBER	V7.10.23	
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance - no major changes to policy • sources updated 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
OCTOBER 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • hyperlinks checked and repaired as required • new section- Continuous Improvement/Review added • minor formatting edits within text • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	OCTOBER 2023
OCTOBER 2021	<ul style="list-style-type: none"> • Minor edits to policy • additional regulations added • sources checked for currency 	OCTOBER 2022

SICK CHILDREN POLICY

Children come into contact with many other children and adults within the Service increasing their exposure to others who may be sick or carrying an infectious illness. The National Quality Standard requires the Out of School Hours Service to implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, educators and families. We acknowledge the difficulty of keeping children at home or away from school and OSHC when they are sick and the pressures this causes for parents, however our Service aims to minimise the transmission of infectious diseases by adhering to regulations and policies protecting the health of all children, staff, families and visitors.

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
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.
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EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
88	Infectious diseases
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
90	Medical conditions policy
92	Medication record
93	Administration of medication
96	Self-administration of medication
168	Education and care service must have policies and procedures

RELATED POLICIES

Administration of First Aid Policy	Handwashing Policy
Administration of Medication Policy	Immunisation Policy
Dealing with Infectious Diseases	Incident, Injury, Trauma and Illness Policy
Enrolment Policy	Medical Conditions Policy
Family Communication Policy	Pregnancy in Early Childhood Policy

PURPOSE

We aim to maintain the health and wellbeing of all children, staff and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our Service.

SCOPE

This policy applies to children, families, staff, educators, the Approved Provider, nominated supervisor and management of the OSHC Service.

IMPLEMENTATION

Our OSHC Service has adopted the information on infectious diseases developed by the National Health and Medical Research Council and the Australian Government and published in *Staying healthy: Preventing infectious diseases in early childhood education and care services (Fifth Edition)*. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Out of School Care Service and at home.

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the Australian Government- Department of Health and local public health units in our jurisdiction as per the Public Health Act.

This policy must be read in conjunction with our other Quality Area 2 policies:

- Dealing with Infectious Diseases Policy
- Immunisation Policy
- Incident, Illness, Accident and Trauma Policy and
- Medical Conditions Policy and
- Handwashing Policy

Staying Healthy: Preventing infectious diseases in early childhood education and care services (2013) explains how infections are spread as 'The Chain of Infection'.

There are three steps in the chain:

- The germ has a source
- The germ spreads from the source
- The germ infects another person

The germ has a source

Germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs or symptoms of illness.

The germ spreads from the source

Germs can spread in several ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as urine, saliva, discharges or blood).

Some germs can spread directly from person to person; others can spread from the infected person to the environment. Many germs can survive on hands, and on objects such as toys, door handles and bench tops. The length of time a germ can survive on a surface (including the skin) depends on the germ itself, the type of surface it has contaminated and how often the surface is cleaned. Washing hands and surfaces regularly with detergent and water is a very effective way of removing germs and preventing them spreading through the environment.

(Source: Staying healthy: Preventing infectious diseases in early childhood education and care services, 5th Edition, 2013 p: 7)

The germ infects another person

When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person's immunity. Illness can be prevented at this stage by stopping the germ from entering the body (for example, by washing children's hands, by covering wounds), and by prior immunisation against the germ.

(Source: Staying healthy: Preventing infectious diseases in early childhood education and care services, 5th Edition, 2013 p: 7)

Minimizing the spread of infections and diseases in Out of School Hours Care Services

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can contribute to negative attitudes in the workplace, which can cause stress on families. Families may also experience guilt when they send their child to care who is not well.

However, it is imperative that families maintain a focus not only on the well-being of their own child but also upon the well-being of other children and the educators of the Out of School Hours Service. To protect the health of children and Educators within the OSHC Service, it is important that children and educators who are ill are kept away from the OSHC Service for the recommended period.

At times, an outbreak of a new or 'novel' virus or infection, may require exclusion from the Service that is not specified in general exclusion periods for common infectious illnesses. Information, education and recommendations regarding any 'novel' virus will be provided by the Australian Government Department of Health and/or local public health unit.

(see **Excluding Children from the Service** section)

The need for exclusion and the length of time a person is excluded depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

Our educators are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our OSHC Service may ask the family to collect their child from care as soon as possible. Management and educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care. Please note: it is not always possible to obtain a doctor's certificate or clearance for suspected cases of an illness. The decision to approve a child's return is up to the Approved Provider/Nominated supervisor

To help minimise the spread of illness and infectious diseases our OSHC Service implements rigorous hygiene and infection control procedures and cleaning routines including:

- effective hand washing hygiene
- cough and sneeze etiquette
- appropriate use of protective gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
- physical distancing (when recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)
- wearing of masks when mandated by Public Health Order (or Service decision)
- maximising ventilation to increase air flow in learning spaces.

CHILDREN ARRIVING AT THE OSHC SERVICE WHO ARE UNWELL

Management will not accept a child into care if they:

- have a contagious illness or infectious disease
- have had a temperature and/or have been vomiting in the last 24 hours- as reported by a parent (best practice recommendation)
- have had diarrhoea in the last 48 hours
- have started a course of anti-biotics in the last 24 hours

- have been given medication for a temperature (Panadol etc.)

Children who become ill at the OSHC service

Children may become unwell while at the OSHC Service, in which case Management and educators will respond to children's individual symptoms of illness.

- Educators will closely monitor and document the child's symptoms on the Incident, Injury, Trauma and Illness Record
- Children who are unwell at the OSHC Service will be able to rest in a supervised area away from other children until parents or the emergency contact person is able to collect them
- Management will contact the parents/guardian if their child has passed runny stools/vomited whilst at the Service to be picked up.
- Educators will take the child's temperature. If the child's temperature is above 38°C management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child picked up
- Educators will attempt to lower the child's temperature by:
 - asking the child to remove excess clothing- shoes and socks, jumpers etc.
 - encouraging the child to take small sips of water
- Educators will continue to document any progressing symptoms
- Educators will complete the Incident, Injury, Trauma or Illness Record ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact.
- Educators will thoroughly clean and disinfect any toys, resources or equipment that may be contaminated by a sick child.

Common colds and flu

The common cold or flu (viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in childcare, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have cold or flu symptoms, management will determine if the child is well enough to continue at the OSHC Service or if the child requires parental care. As cold and flu symptoms are very similar to COVID-19, children with these symptoms may be required to obtain a RAT test.

Our OSHC Service aims to support the family's need for childcare however, families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

Children who are generally healthy, will recover from a common cold in a few days. Keeping a child home and away from childcare, helps to prevent the spread of germs.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza our service encourages staff and children to be vaccinated once a year.

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT REG. 175 (2) (C)

Management is required to notify the local Public Health Unit (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the OSHC Service is suffering from one of the following vaccine preventable diseases, any confirmed case of COVID-19 or outbreak of gastroenteritis.

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus

Notification is also required for:

- An outbreak of 2 or more people with gastrointestinal or respiratory illness.

The Approved Provider must ensure notification is lodged through the [NQA-ITS](#) of an outbreak of COVID-19 when there are 5 cases or more within a 7-day period

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak.

Excluding children from the OSHC service

When a child has been diagnosed with an illness or infectious disease, the OSHC Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU) and request a medical clearance from the GP stating that the child is cleared to return to the Out of School Hours Service.

- [Recommended exclusion periods- Poster Staying Healthy: Preventing Infectious diseases in early childhood education and care services](#)
- [Minimum periods for exclusion from childcare services \(Victoria\)](#)
- When an infectious disease has been diagnosed, the OSHC Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. This information can also be obtained from Staying healthy: Preventing infectious diseases in early childhood education and care.
- If a vaccine preventable disease occurs in the OSHC Service, children who have not been fully immunised will be excluded from care
- A medical clearance from the child's General Practitioner stating that the child is cleared to return to the childcare setting will also be required before the child returns to care.
- Children that have had diarrhoea and vomiting will be asked to stay away from the OSHC Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances

NOTIFYING FAMILIES AND EMERGENCY CONTACT

- It is a requirement of the OSHC Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe.
- In the event that the ill child is not collected in a timely manner or should parents refuse to collect the child a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL ENSURE:

- effective hygiene policies and procedures are adhered to at all times
- effective environmental cleaning policies and procedures are adhered to all times

- all families are provided access to relevant policies upon enrolment which will be explained by management including: Dealing with Infectious Diseases Policy, Sick Children policy, Incident, Injury, Trauma and Illness Policy, Handwashing Policy and Medical Conditions Policy
- that any child who registers a temperature of above 38°C is collected from the OSHC Service.
- a child who has not been immunised will be excluded from the OSHC Service if an infectious disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Dealing with Infectious Diseases Policy.
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health
- families are notified to pick up their child if they have vomited or had diarrhoea whilst at the Service.

Note: Given that the children are enrolled in formal schooling they will be governed by their school's vaccination requirement policy and procedures.

THE APPROVED PROVIDER OR NOMINATED SUPERVISOR WILL ENSURE

- notification is made to the Regulatory Authorities within 24 hours of any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
 - (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
 - (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
- any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.

PARENT/FAMILY RESPONSIBILITY

In order to prevent the spread of disease, families are required to monitor their child's health and not allow them to attend OSHC if they have an infectious illness or display symptoms of an illness. Families may be asked to obtain a RAT test if their child is symptomatic for COVID-19.

For children who have ongoing medical needs such as asthma or anaphylaxis, parents should regularly review their child's health care action plans to ensure educators and other staff are able to manage their individual needs as required.

Families should implement effective hygiene routines at home such as regular handwashing and sneeze and cough routines (use of tissues, covering their mouth with coughing, sneezing into a tissue or elbow).

Families should notify the OSHC service if your child has been unwell in the past 24 hours or someone in the family is/has been sick. This is particularly critical during a pandemic such as COVID-19.

Signs of illness in young children may include:

- Runny, green nasal discharge
- high temperature
- diarrhoea
- red, swollen or discharging eyes (bacterial conjunctivitis)
- vomiting
- rashes (Red/Purple)
- irritability, unusually tired or lethargic
- drowsiness
- breathing difficulty
- poor circulation
- poor urine output
- a stiff neck or sensitivity to light
- pain
- mouth sore
- impetigo

Parents should seek medical attention should your child (or other family members) develop symptoms such as:

- high fever
- uncontrolled coughing or breathing difficulties

Families should keep up to date with their child's immunisation, providing a copy of the updated immunisation schedule to the OSHC Service.

Returning to care after surgery

Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate and safe to return to OSHC.

A medical clearance statement may be required to ensure the child is fit and able to return to the OSHC and participate in regular activities.

Posters/Resources

Posters for Temperature Screening

[Poster for service entrance \(pdf - 42.94kb\)](#)

[Poster for staff \(pdf - 79.86kb\)](#)

[Poster for families \(pdf - 54.42kb\)](#)

NSW Health. COVID-19 symptoms and testing. (reference re: fever and temperature)

<https://www.health.nsw.gov.au/Infectious/covid-19/Pages/posters-and-print.aspx#symptoms>

[NSW Health Gastro Pack NSW Health](#)

Queensland Government Time Out Brochure [Why do I need to keep my child at home?](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Sick Children Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Incident, Injury, Trauma or Illness Record
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SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Department of Education (2011). *My Time, Our Place: Framework for School Age Care in Australia*.

Australian Government- Department of Health <https://www.health.gov.au/>

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations](#). (2011).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020)

National Health and Medical Research Council (NHMRC): <https://www.nhmrc.gov.au/>

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*

NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/pages/phus.aspx>

NSW Health Symptoms and testing COVID-19 <https://www.nsw.gov.au/covid-19/symptoms-and-testing>
Public Health Act 2010

Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>

Revised National Quality Standard. (2018).

The Royal Children's Hospital. (2021). [Fever in children by Royal Children's Hospital](#)

The Sydney Children's Hospitals network (2020). <https://www.schn.health.nsw.gov.au/fact-sheets/fever>
[Safe Work Australia](#)

[Victoria Department of Education and Training \(2020\).](#)

<https://www.coronavirus.vic.gov.au/early-childhood-education-and-care>

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V10.03.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i> • edits to policy re: COVID self-isolation/testing • amended requirement for children to be excluded from service for 24 hours following any temperature above 38°C without medical certificate. Any exclusion for a fever is a service decision and is NOT mandated. • hyperlinks checked and repaired as required • Continuous improvement and Childcare Centre Desktop resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
MARCH 2022	<ul style="list-style-type: none"> • Policy reviewed as per annual review cycle • Reference to temperature checks for COVID-19 removed • Exclusion of household close contacts COVID-19 added • Notification of COVID-19 to regulatory authority amended • Request for families to undertake RAT self-test if child is symptomatic for COVID-19 	MARCH 2023	

SICK STAFF POLICY

Education and Care Services National Law and Regulations and Workplace Health and Safety legislation require early childhood education and care services to implement specific measures to minimise the spread of infectious illness and maintain a healthy environment for not only children, but also educators, staff and other adults who may visit the Outside School Hours Care (OSHC) Service. Whilst we urge families to keep their child away from OSHC when they are sick, we also urge staff to take leave if they are unwell to minimise the transmission of infectious disease and illness to others.

Our OSHC Service relies on employees being at their best every day. Educators often overlook their own health resulting in exhaustion, stress and illness. When an educator is unwell with an illness or injury, it is critical that they take care of their own health and take time to recover before returning to the demands and responsibilities present within a school age care setting.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
77	Health, hygiene and safe food practices
83	Staff members and family day care educators not to be affected by alcohol or drugs
85	Incident, injury, trauma and illness policies and procedures
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
Sec.174(2)(a)	Serious incident- any emergency for which emergency services attended

RELATED LEGISLATION

Fair Work Act 2009
 Work Health and Safety Act 2011
 Children's Services Award 2010
 Privacy Act 1988

RELATED POLICIES

Code of Conduct Policy Dealing with Infectious Diseases Policy Handwashing Policy Immunisation Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Sick Child Policy Staff Leave Entitlements Policy
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PURPOSE

We promote and maintain the health and wellbeing of all staff by ensuring as far as is reasonably practicable, the health and safety of our staff and others at the workplace. Our OSHC Service maintains an environment where measures are in place to eliminate or manage hazards and risks of illness or injury. This policy communicates clear directions and guidance about protocols and actions employees should follow to avoid adversely affecting the safety and health of children, other staff members and visitors to the service.

SCOPE

This policy applies to management, the approved provider, nominated supervisor, students, staff, families, visitors (including contractors) and children of the Outside School Hours Care Service.

IMPLEMENTATION

Our OSHC Service promotes the need for a safe, healthy and inclusive workplace. Staff who are healthy provide the best possible education and care to children and are able to provide support to their colleagues. To enable compliance with Work Health and Safety legislation and our Code of Conduct Policy, all staff must take reasonable care for their own health and safety and others in the workplace.

Minimizing the spread of illness, infections and diseases

We aim to minimise cross contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our Service. Recommendations by the Australian Government National Health and Medical Research Council publication, Staying healthy: Preventing

infectious diseases in early childhood education and care services (Fifth Edition) and Safe Work Australia, guide our policies and protocols.

Staff are provided with information about the recommended vaccines for early childhood educators including yearly influenza vaccinations as per our State Government recommendations.

Staff are required to provide an Immunisation History Statement from the Australian Immunisation Register (AIR) and/or records from their general practitioner to management for their staff record.

The Australian Government recommends everyone over the age of 6 months have an annual Influenza (flu) vaccine and all adults receive COVID-19 vaccinations.

Whilst our OSHC Service cannot require employees to be vaccinated against coronavirus, we strongly recommend all staff receive the COVID-19 vaccine to reduce the health, social and emotional impacts of the COVID-19 pandemic.

Exclusion periods and notification of infectious diseases are guided by the Australian Government- Department of Health and local public health units in our jurisdiction as per the Public Health Act. These apply to children and staff at the OSHC Service.

In the event of an outbreak of a vaccine preventable disease at our service, staff who are not vaccinated will be notified and should be excluded from the workplace.

see: [Minimum periods for exclusion from childcare services \(Victoria\)](#)

To help minimise the spread of illness and infectious diseases within our OSHC Service, rigorous hygiene and infection control procedures are implemented including:

- effective and frequent hand washing hygiene
- cough and sneeze etiquette
- use of gloves by staff when administering medication, administration of first aid, assisting children with maintaining personal hygiene, cleaning etc
- effective cleaning of the environment, toys and resources
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus and
- wearing of face masks when mandated by Public Health Orders.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR WILL ENSURE:

- staff members are informed about sick leave entitlements during the induction process
- staff members provide an Immunisation History Statement at time of employment and update this record whenever they receive a seasonal vaccination (including mandatory COVID-19 vaccination requirements, check your state/territory for immunisation requirements [see: Employee Immunisation Record])
- all staff are aware of the required procedure of informing management when they are sick and unable to attend the workplace
- staff members are encouraged to disclose any health problems that may be life threatening or may affect their work [risk of anaphylaxis, diabetes, asthma, epilepsy]
- evidence may be requested for any sick leave where a staff member is unable to work due to illness or injury
 - in the case of carer's leave, staff may be asked to provide evidence if they are required to care for family member
 - evidence may include a medical certificate, which must state the staff member was genuinely entitled to the sick or carers leave and be provided by a registered medical practitioner
 - a statutory declaration is considered an acceptable form of evidence
 - if a staff member does not provide evidence when asked they may not be entitled to paid sick or carers leave
- in the case of carer's leave, staff may be asked to provide a medical certificate or statutory declaration if they are required to care for family member
- staff are aware of their accrued leave balance each year
- management monitors and review staff absences regularly
- staff are provided with information about available vaccinations to help protect them from serious illnesses such as whooping cough and COVID-19
- staff are encouraged to have yearly influenza vaccinations
- staff adhere to our Work Health and Safety Policy
- incidents and accidents are reported in accordance with Education and Care Services National Regulations and Work Health and Safety guidelines
- return to work programs are facilitated to assist employees return to work following an injury or incident as per workers compensation obligations
- staff comply with all current public health order directions (Including testing and isolation requirements) where required.

- the regulatory authority is notified of any serious incident for which emergency services attend the service within 7 days.

Employees will:

- monitor their own health and not attend the workplace if they have an infectious illness or display symptoms of an illness
- inform the Nominated Supervisor or Responsible Person if they have an infectious illness or display symptoms of an illness, adhering to any public health order directions as required
- comply with all public health direction orders (including testing and isolation requirements) where required
- provide management with their Immunisation History Statement or other records from their general practitioner to provide evidence of immunisations (including mandatory COVID-19 vaccination requirements).
- consider disclosing any health diagnosis that may be life threatening or may affect their work [risk of anaphylaxis, diabetes, asthma, epilepsy]
- provide a health care plan to provide guidance on management of their health care need in case of an emergency e.g., ASCIA Anaphylaxis Action Plan
- inform the Nominated Supervisor or Responsible Person the location of their EpiPen® if they are at risk of anaphylaxis
- regularly review their health care plans if they have ongoing medical needs such as asthma or anaphylaxis, epilepsy or diabetes [or any other medical condition that requires ongoing management]
- notify management as soon as reasonably practicable if they are unable to attend work due to illness or injury
- provide evidence of their illness or injury as soon as practicable if requested by management
- provide evidence if they are required to care for a family member if requested by management
- communicate their recovery time/plan openly and honestly with management
- abide by management's decision if requested, to take leave due to an outbreak of an infectious disease if they are considered 'at risk'
- update their emergency contact details in staff records annually or when required
- assist work colleagues to understand their own health, safety and wellbeing accountabilities and responsibilities
- be excluded from the Service if they have had diarrhoea and vomiting for 48 hours after symptoms have ceased to reduce infection transmission

- adhere to exclusion/isolation periods if they have any infectious disease
- inform management if their medical condition/illness or injury affects their ability to perform their job
- inform management if prescribed medication may cause health or safety issues for themselves or others (e.g.: medication making them drowsy)

Leave entitlements

Staff are eligible for sick leave, also known as personal leave, to take time off work for personal illness and in certain circumstances, time off work to help care for ill or injured family members. Sick leave must not be used for absences that are not connected with ill health.

Under the Children's Services Award 2010, full time employees are entitled to 10 days of sick and carer's leave for each year of employment. Part time employees are entitled to the same leave entitlements on a pro-rata basis. Sick leave accumulates each year. Casuals are not entitled to paid sick or carer's leave.

Evidence may be requested for personal leave to state the staff member was genuinely entitled to the sick or carers leave and be provided by a registered medical practitioner. A statutory declaration is considered an acceptable form of evidence. If a staff member does not provide evidence when asked they may not be entitled to paid sick or carers leave

Privacy and Confidentiality

Employees are required to notify management if they are affected by an infectious disease.

Privacy laws, however, protect staff members from disclosing other non-infectious illnesses to their employer.

Information about an employee's health cannot be shared with others without their consent.

This may be applicable for employees who have cancer or a mental illness.

Employees should inform management if reasonable adjustments need to be made to their duties to allow them to continue to work due to their illness.

Advice from a registered medical practitioner may be required to assist in managing work duties and ensuring the wellbeing and safety of others.

Returning to work after surgery

Staff members who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate and safe to return to the workplace.

A medical clearance statement will be required to ensure the staff member is fit and able to return to normal duties.

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT

The Approved Provider is required to notify their local [State / Territory Health Department](#) as soon as possible after they are made aware that a child enrolled at the Service or staff member is suffering from one of the following vaccine preventable diseases or highly infectious illnesses:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus
- An outbreak of 2 or more people with gastrointestinal or respiratory illness
- any confirmed case of coronavirus- (COVID-19)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Sick Staff Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions:

<https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

Australian Children's Education & Care Quality Authority. (2014).

Australian Government- Department of Health and Aged Care <https://www.health.gov.au/>

[Department of Health NSW Vaccination of staff working in Early Childhood Services](#)

<https://www.health.nsw.gov.au/immunisation/Factsheets/vaccination-early-childhood-staff.pdf>

[Education and Care Services National Regulations](#). (Amended 2023).

Fair Work Ombudsman <https://www.fairwork.gov.au/leave/sick-and-carers-leave>

Guide to the National Quality Framework. (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

Public Health Act 2010

Privacy Act 1988

Revised National Quality Standard. (2018).

Safe Work Australia – www.safework.nsw.gov.au

[Western Australian Education and Care Services National Regulations](#)

Work Health and Safety Act 2011 (Cth).

Work Health and Safety Regulations 2017

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V2.08.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • link to local state and territory health departments updated • continuous improvement section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
AUGUST 2022	<ul style="list-style-type: none"> • New Policy developed for OSHC Services 	AUGUST 2023	

SNAKE AWARENESS POLICY

Education and Care services may be located in bush settings or visit bush settings as part of their educational program where it is known snakes may be active and present. Snakes are most prevalent during spring or summer but could be encountered at any time of the year- especially on sunny days.

Unprovoked, snakes rarely attack humans and are generally shy, timid animals that will avoid conflict if given the opportunity. Snakes are protected under the Nature Conservation Act 1992, and it is an offence to kill or injure them. The greatest risk of snake bite from venomous snakes is from people trying to kill or handle them.

Our Out of School Hours Care (OSHC) Service is committed to providing a safe and healthy environment for children and staff whilst being respectful of wildlife in and around our environment. We aim to minimise the potential risk of injury from a snake bite by educating children and staff about the risks associated with snakes.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY
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2.2	Safety	Each child is protected.
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	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
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3.2.3	Environmentally responsible	The service cares for the environment and supports children to become environmentally responsible
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QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
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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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EDUCATION AND CARE SERVICES NATIONAL REGULATIONS		
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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	
89	First Aid Kits	
97	Emergency and evacuation procedures	
98	Telephone or other communication equipment	
100	Risk assessment must be conducted before excursion	
168	Education and care services must have policies and procedures	

RELATED POLICIES

Administration of First Aid Policy Emergency Evacuation Policy Family Communication Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

We aim to ensure every reasonable precaution is taken to protect children and staff from harm and hazards likely to cause injury, including the potential risk from snake bites. This policy aims to define the risks of snakes within our service environment, the necessary strategies implemented to minimise the risk of snake bites and the appropriate medical response if required.

SCOPE

This policy applies to management, the approved provider, nominated supervisor, students, staff, families and visitors (including contractors) of the OSHC Service.

SNAKES

Australia has around 170 species of land snakes, some equipped with venom more toxic than any other snakes in the world. Some of the most dangerous snakes belong to the front-fanged group including- the tiger snake, brown snake, eastern taipan, death adder and mulga or king brown snake. Although less venomous than many other Australian snakes, the red-bellied black snake is quite common in urban areas of NSW. Snake bites can be potentially fatal so immediate medical assistance should be sought for all cases of suspected snake bite.

Snakes are not naturally aggressive and always prefer to retreat. They will only attack humans if hurt or provoked. People are most likely to be bitten when attempting to kill or handle a snake.

IMPLEMENTATION

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- conduct a risk assessment to identify the potential risk of encountering a snake on the OSHC service premises
- develop an emergency plan and procedure to include the response if encountering a snake and emergency first aid required in case of a snake bite
- provide a snake identification chart for snakes found in our local area for educators and staff
- provide emergency first aid training for all educators and staff annually including updates each 'snake season' of immobilisation techniques
- ensure an emergency action plan is displayed in a prominent location should a snake bite occur
- ensure First Aid Kits contain compression bandages
- ensure daily inspections of the outdoor and indoor learning environment are conducted prior to children arriving at the OSHC Service
- ensure lawns and gardens are well maintained
- cut any long grass around the boundaries of the premises

- maintain clean surroundings around any animal housing/cages to reduce any potential mice population (a food source for snakes)
- reptile proof any chicken or other animal enclosures
- ensure pet food and water bowls are not accessible to wildlife
- educate children about how to respond to a snake sighting or encounter at the service or when participating on an excursion
- have the contact number of Wires or other licensed snake handler readily available to assist in rescuing the snake if the snake cannot return to its natural environment- [for example the snake is located in a garden shed or storage container; the snake is located inside and is unable to exit the building/premises]
- follow procedures for notification of a serious incident in the unlikely event of a staff member or child being bitten by a snake
- complete an Incident, Injury, Trauma and Illness Record in the event of a snake bite
- the approved provider will make a notification of a serious incident to a regulatory authority (within 24 hours) through the [NQA IT System](#) when emergency services have attended an education and care service in response to an emergency
- ensure all educators and staff wear enclosed footwear at all times

EDUCATORS WILL:

- examine the OSHC Service grounds during their daily indoor and outdoor safety checks to ensure no snakes are sighted
- ensure no animal food or water is left out for wildlife overnight
- become familiar and confident with the OSHC Service's emergency evacuation policies and procedures in case of a snake encounter or snake bite
- always leave snakes alone
- be aware of snake species inhabiting the local area
- participate in First Aid training
- ensure the first aid kit is easily accessible and contains compression bandages
- notify the Nominated Supervisor/Responsible Person/Approved Provider immediately if a snake is sighted
- wear adequate clothing and enclosed shoes at all times
- educate children about snakes and snake bite prevention behaviours
- ensure children are reminded on a regular basis that if they encounter a snake, to move away quietly and report the sighting to an educator

- educate children not to put their hands into hollow logs or rock crevices

ENCOUNTERING A SNAKE

If a snake is sighted or encountered at the OSHC Service educators and staff will:

- inform children to move away quietly
- remove all children and staff from the immediate area, or evacuate the room until snake is removed if indoors
- isolate this area until the snake is removed or moves
- note the location of the snake
- if possible, monitor the snake from a safe distance (at least 5 metres away)
- if snake remains and is perceived to be a threat, contact local snake
- if indoors, close doors to the room and place towels along the bottom of the doors so the snake cannot move to another area and wait for snake handler to remove the snake
- **do not** approach the snake or try to contain it
- notify external premises management (e.g. School maintenance) if required.

EMERGENCY SNAKE BITE ACTION PLAN

- Conduct a primary survey of the area – do not attempt to catch or kill the snake
- Stay calm and call for help- have someone call 000 for an ambulance
- Reassure the child/adult and encourage them to keep calm and still
- Immediately apply a firm bandage over the bite marks or scratches
- Apply Pressure Immobilisation Technique (see Appendix 1)
- Maintain continued pressure and immobilise ensuring the child/adult does not move
- Rest and reassure the patient
- Do not take off clothing
- Do not wash bite as a venom sample can be used to identify the snake
- Do not cut or suck the bite to drain venom
- Do not apply a tourniquet
- Be prepared- resuscitation may be required

FAMILIES WILL:

- familiarise themselves with the Snake Awareness Policy

- ensure their child wears closed shoes to the Service
- reinforce snake awareness behaviours with their child- especially during 'snake season'
- provide feedback to the Service regarding this policy for review and improvement

APPENDIX 1

Pressure immobilisation bandage

A pressure immobilisation bandage is recommended for anyone bitten by a venomous snake. This involves firmly bandaging the area of the body involved, such as the arm or leg, and keeping the person calm and still until medical help arrives.

Follow these steps to apply a pressure immobilisation bandage:

- First put a pressure bandage over the bite itself. It should be tight, and you should not be able to easily slide a finger between the bandage and the skin.
- Then use a heavy crepe or elasticised roller bandage to immobilise the whole limb. Start just above the fingers or toes of the bitten limb and move upwards on the limb as far as the body. Splint the limb including joints on either side of the bite.
- Keep the person and the limb completely at rest. If possible, mark the site of the bite on the bandage with a pen.

(Source: Australian Government, health direct)

Poster

[First aid fact sheet Snake bite St John Ambulance](#)

First aid fact sheet
Snake bite

St John


! All known or suspected snake bites must be treated as potentially life-threatening, and medical aid should be sought urgently.

Signs and symptoms
 Signs of a snake bite are not always visible. In some cases, the patient may not have felt anything. Symptoms may not appear for an hour or more after the person has been bitten.
 Depending on the type of snake, signs and symptoms may include some or all of the following:

- immediate or delayed pain at the bite site
- swelling, bruising or local bleeding
- bite marks (usually on a limb) that may vary from obvious puncture wounds to scratches that may be almost invisible
- swollen and tender glands in the groin or armpit of the bitten limb
- faintness, dizziness
- nausea and vomiting
- headache
- abdominal pain
- oozing of blood from the bite site or gums
- double or blurred vision
- drooping eyelids
- difficulty in speaking or swallowing
- limb weakness or paralysis
- difficulty in breathing
- occasionally, initial collapse or confusion followed by partial or complete recovery.

What to do
Pressure bandage & immobilise

- 1 Follow DRSSABCD.
- 2 Call triple zero (000) for an ambulance.
- 3 Lie the patient down and ask them to keep still. Reassure the patient.
- 4 If on a limb, apply an elasticised roller bandage (10–15 cm wide) over the bite site as soon as possible.
- 5 Apply a further elasticised roller bandage (10–15 cm wide), starting just above the fingers or toes and moving upwards on the bitten limb as far as can be reached.
 - Use clothing or other material if an elasticised roller bandage is not available.
 - Apply the bandage as firmly as possible to the limb. You should be unable to easily slide a finger between the bandage and the skin.
- 6 Immobilise the bandaged limb using splints.
- 7 Keep the patient lying down and completely still (immobilised).
- 8 Write down the time of the bite and when the bandage was applied. If possible, mark the location of the bite site (if known) on the skin with a pen, or photograph the site. Do not wash venom off the skin or clothes because it may assist identification.
- 9 Stay with the patient until medical aid arrives.



In a medical emergency call Triple Zero (000)

DRSSABCD Danger ▶ Response ▶ Send for help ▶ Airway ▶ Breathing ▶ CPR ▶ Defibrillation

You could save a life with first aid training • www.stjohn.org.au • 1300 360 455

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CONTINUOUS IMPROVEMENT/REFLECTION

Our *Snake Awareness Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

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 Environment *Urban Wildlife Snakes*

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (2017). (Amended 2023).

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Revised National Quality Standard. (2018).

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[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	SARAH DUFFY	DIRECTOR	MAY 24
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POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V3.08.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • Continuous improvement section added • Sources checked • Appendix moved to end of policy 		
POLICY REVIEW	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
AUGUST 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • link to Western Australian Education and Care Services National Regulations added in 'Sources' • minor formatting edits within text • hyperlinks checked and repaired as required 	AUGUST 2023	

UV / SUN SAFE POLICY

Australia has one of the highest rates of skin cancer in the world with two in three Australians developing some form of skin cancer before the age of 70. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life (Cancer Council Australia).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.

2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S167	Offence relating to protection of children from harm and hazard
100	Risk assessment must be conducted before excursions
113	Outdoor space natural environment
114	Outdoor space shade
136	First aid qualifications
168	Education and care service must have policies and procedures
168 (2)(a)(ii)	Sun Protection
170	Policies and procedures to be followed
171	Policies and procedures to be kept available

RELATED POLICIES

Administration of First Aid Policy Bush Fire Policy Clothing Policy Emergency and Evacuation Policy Enrolment Policy Excursion/Incursion Policy	Health and Safety Policy Physical Environment Policy Supervision Policy Water Safety Policy Work Health and Safety Policy
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PURPOSE

By implementing a 'best practice' Sun Safe Policy, our OSHC Service can help protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun and teach children good sun protection habits from an early age to reduce their risk. To ensure the outdoor environment provides shade for children, educators and staff to minimise unsafe UV exposure. Additionally, this policy provides guidance on how to protect children and young people, and staff from severe hot weather events which are becoming more prevalent in Australia resulting from climate change.

SCOPE

This policy applies to children, families, staff, management, Approved Provider, Nominated Supervisor and visitors (including contractors) of the Out of School Hours Care Service.

IMPLEMENTATION

Our OSHC Service will work in compliance with the *National SunSmart Program* to ensure children's health and safety is maintained at all times whilst at the Service. Our OSHC Service will monitor the Australian Bureau of Meteorology for notification of severe heat events and implement risk mitigation strategies to protect the health, safety and wellbeing of children. This policy applies to all activities on and off site.

MONITORING UV LEVELS

Sun protection is required when UV levels reach level 3 or above. Our Service will monitor the UV levels daily through one or more of the following methods:

- using the smartphone [SunSmart global UV app](#) available at iTunes App Store and Google Play store
- using the SunSmart widget on the Service's website available at www.cancer.org.au
- viewing the Bureau of Meteorology website <http://www.bom.gov.au/>
- visiting www.myuv.com.au

OUTDOOR ACTIVITIES

The sun protection measures listed are used for all outdoor activities during the daily local sun protection times, when the UV Index is 3 or above. The sun protection times are a forecast from the Bureau of Meteorology for the time of day UV levels are forecast to reach 3 or higher. At these levels, a combination of sun protection is recommended for all skin types.

The OSHC Service will use a combination of sun protection measures (see below) **whenever UV Index levels reach 3 and above.**

Sun Protection Times

UV levels vary across Australia and throughout the year. This listing highlights when UV is typically three and above in each state / territory. There may be times UV levels are three and above outside these periods. Please check the daily local sun protection times and UV levels to be sure you are using sun protection when it is required for your location.

SA August to end of April

Extra care is taken during the peak UV radiation times and outdoor activities are scheduled outside of these times where possible.

The sun protection measures listed are used for all outdoor activities during the **daily local sun protection times**. A combination of sun protection measures is considered when planning all outdoor activities such as excursions and water play.

SHADE

THE APPROVED PROVIDER WILL ENSURE:

- sufficient natural, portable, or man-made shade is provided, particularly in high use areas
- shaded areas will be used for play experiences
- play experiences will be monitored throughout the day and moved as required to remain in the shade
- regular risk assessments and reviews will be made of the outdoor area to assist in planning for further shade requirements
- children who do not have appropriate hats or outdoor clothing are required to choose a shady play space or a suitable area protected from the sun and not move to unshaded areas of the playground
- children will still be required to wear hats, protective clothing, and sunscreen if playing under natural or portable shade

HATS

Educators, children, and visitors are required to wear sun safe hats at all times they are outdoors. Cancer Council Australia describes sun safe hats as:

- Hats that protect a person's face, neck, and ears, which include:
 - a legionnaire hat – the front peak and flap should overlap at the sides and the flap should cover the neck
 - a bucket hat with a deep crown and angled brim that is size ~~of at~~ least 5cm for young children and at least 6cm for adults and must shade the face, neck, and ears
 - a broad brimmed hat with a brim size of at least 6cm for children or 7.5cm for adults. The brim should provide shade for the whole face.

Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended.

- Children without a sun safe hat will be asked to play in an area protected from the sun or they may be provided with a spare hat if available at the OSHC Service.

CLOTHING

- When outdoors, staff and children will wear sun safe clothing that covers as much of the skin as possible. Cancer Council Australia recommends clothing that:
 - covers the shoulders, back and stomach
 - is loose fitting such as loose-fitting shirts and dresses with sleeves and collars or covered neckline, or longer style skirts, shorts and trousers.
- Children who are not wearing sun safe clothing can be provided with spare clothing or will be required to play under shade or in an area protected from the sun or provided with spare clothing. Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

SUNSCREEN

As per Cancer Council Australia recommendations:

- 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 frequently if washed or wiped off
- where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen, or the child is encouraged to play in the shade. A record of any allergy must be provided in writing from the parent/guardian and recorded on the child's enrolment record. Cancer Council Australia recommends usage tests before applying a new sunscreen.
- sunscreen is stored in a cool, dry place and the use-by-date monitored.

RISKS OF SUMMER PLAY

Australia has a hot climate and inevitably playground equipment and surfacing can heat up rapidly and retain heat. Many playground surfaces and equipment can exceed temperatures greater than 50°C and if young children come into contact with these surfaces, they can be burned severely within seconds. Surfaces can retain heat for long periods of time and cause burns to children. Play surfaces must be monitored before children have access to the outdoor environment.

SEVERE HEAT

Severe heat or heatwaves are periods of unusually hot weather. Climate change is resulting in more intense heatwaves in Australia and presents an extreme risk to the health and safety of children. Children -especially young children can dehydrate quickly which can cause heat-related illness including heat stroke and heat exhaustion.

Active heatwave warnings are indicated within the Australian Warning System (AWS) and range from Advice to Emergency Warning. Risk management measures must be implemented and managed to ensure children remain safe and healthy during a severe heat event.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND EDUCATORS WILL:

- ensure obligations under the *Education and Care National Law and Regulations* are met
- ensure risk assessments are conducted to identify any potential hazards to children during summer months that could cause harm or injury to children. Risk minimisation control measures will be put in place to protect children. Potential hazards could include:
 - hot equipment- slides, poles, guardrails, any metal surfaces
 - hot surfaces- rubber and synthetic grass, walkways, concrete surfaces
 - sun burn and dehydration
 - access to bodies of water (filled water troughs/containers/trays/pools)
 - severe heat
 - bushfires and air pollution
- use a thermometer or their hand to test surface temperature and make an informed decision about permitting children to play on equipment or in the outdoor space. If the surface temperature is determined to be too hot or is recorded as at or above 50°C it is recommended by Kidsafe Australia that children do NOT play on the surface
- ensure children wear shoes when playing in the outdoor area.
- monitor the [Bureau of Meteorology \(BOM\)](#) for severe heat weather warnings and implement procedures to ensure the health and safety of all children and staff
- monitor bush fire activity and be aware of air quality and hazardous levels of air pollution caused by bushfires (*see: Bushfire Policy*)
- ensure children have access to water at all times throughout the day and remind them to take extra drinks during hot weather to avoid dehydration
- be aware of the signs and symptoms of heat-related illness children and implement first aid as required
- keep children indoors during severe heat events

- ensure fans/air conditioning are used to help keep children cool
- close blinds/curtains where required to prevent sun shining into rooms
- adhere to state health department advice for hot weather risks and recommendations

ROLE MODELLING AND WORK, HEALTH AND SAFETY

Cancer Council Australia acknowledges that children are more likely to develop sun-safe habits if they are role-modelled and demonstrated by adults around them. Occupational UV exposure is also a WH&S issue. All educators, staff at the OSHC Service will therefore be required to role model appropriate sun protection behaviours by:

- wearing a sun safe hat (see Hats)
- wearing sun safe clothing (see Clothing)
- applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors
- using and promoting shade
- wearing sunglasses that meet the Australian Standard 1067 (optional)
- discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the OSHC Service
- regularly drinking water and encouraging children to drink extra water in hot weather
- adapting the learning environment when severe weather events occur
- families and visitors are encouraged to role model positive sun safe behaviour
- monitoring the UV Index Levels and Daily Sun Protection Times throughout the day
- regularly monitoring and reviewing the effectiveness of the Sun Safety Policy

EDUCATION AND INFORMATION

- Sun protection will be incorporated regularly into learning programs
- Sun protection information will be promoted to staff, families and visitors
- Severe hot weather events will be monitored through the [Bureau of Meteorology](#) and risk mitigation measures implemented
- Educators and staff are encouraged to complete free Cancer Council Generation SunSmart online PL learning modules.
- Further information and resources are available from the Cancer Council website <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety> and each state and territory SunSmart web page.
[See https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart/sunsmart-in-schools](https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart/sunsmart-in-schools) for links.

- The Sun Safety Policy will be made available to all educators, staff, families, and visitors of the OSHC Service to ensure a comprehensive understanding about keeping sun safe including appropriate hat, clothing and sunscreen requirements
- Information about Sun Safety will be included in our Family Handbook and sun protection information and resources made accessible and communicated regularly to families

CONTINUOUS IMPROVEMENT

Our Sun Safe Policy will be updated and reviewed annually in consultation with families, staff, educators and management.

Australian Safety Standards

AS 4174:2018 Knitted and woven shade fabrics

AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles

AS/NZS 4399:2020, Sun protective clothing - Evaluation and classification

AS/NZS 2604:2012 Sunscreen products - Evaluation and classification

AS/NZS 4685.0:2017, Playground equipment and surfacing - Development, installation, inspection, maintenance and operation.6.2.1 General considerations, 6.3.9 Shade and sun protection, Appendix A Shade and sun protection

SOURCES

Australian Children's Education & Care Quality Authority. (2021). [Sun Protection- Policy Guidelines](#)

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework.](#)

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Bureau of meteorology. Home page (for UV Index): <http://www.bom.gov.au/uv/>

Australian Government. Bureau of Meteorology. [Severe Weather Warning Services.](#)

Cancer Council Australia. Be SunSmart. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart>

Cancer Council. Home page: <https://www.cancer.org.au/>

Cancer Council. Preventing cancer: Sun protections. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety>

Children's Services Act 1996

Cancer Council. SunSmart programs <http://www.sunsmartnsw.com.au/about/>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

[Education and Care Services National Regulations.](#) (2011)

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Kidsafe NSW. [How Hot is Too Hot To Play?](#)

Occupational Health and Safety Act 2004

Revised National Quality Standard. (2020).

Safe Work Australia: [Guide on exposure to solar ultraviolet radiation \(UVR\) \(2019\)](#).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

Please note: Certain health conditions and medications mean some people are more sensitive to UV radiation and need to use sun protection at all times regardless of the UV levels. Please make sure your policy includes the particular needs of these children and staff at your school/service. For further information visit [Risk factors for skin cancer](#)

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 24	NEXT REVIEW DATE	MAY 25
VERSION NUMBER	V11.01.24		
MODIFICATIONS	JANUARY 2024 <ul style="list-style-type: none"> additional information added to policy regarding managing severe hot weather additional related policies added SEPTEMBER <ul style="list-style-type: none"> regular policy maintenance hyperlinks checked and repaired as required best practice measures checked with Cancer Council CCD related resources added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
SEPTEMBER 2022	<ul style="list-style-type: none"> regular policy maintenance link to Western Australian Education and Care Services National Regulations added in 'Sources' minor formatting edits within text hyperlinks checked and repaired as required (DESE is now Department of Education) 	SEPTEMBER 2023	
AUGUST 2021	<ul style="list-style-type: none"> Policy reviewed by Cancer Council's SunSmart Program for all states/territories additional information re: Sun Protection times for each state/territory added small additions to wording included in policy- re: hat/brim size, safety standards, links to resources and information 	SEPTEMBER 2022	

SUPERVISION POLICY

Supervision is an integral part of the whole care and education experience. “At its most basic level, supervision helps to protect children from hazards or harm that may arise in their daily experiences in play, interactions with others, and daily routines.” (Victoria Department of Education and Training, 2010, p.1). Effective supervision allows educators to actively engage in play and leisure opportunities that are meaningful to children and support their wellbeing, development and learning.

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 2: CHILDREN’S HEALTH AND SAFETY		
2.2	Safety	Each Child is protected.
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, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S.165	Offence to inadequately supervise children
S.167	Offence relating to protection of children from harm and hazards
S.174	Offence to fail to notify certain information to Regulatory Authority
100	Risk assessment must be conducted before an excursion
101	Conduct of risk assessment for excursions
102C(2)(g)	Supervision during transportation
102E	Children embarking a means of transport- centre based service
102F	Children disembarking a means of transport- centre based service
115	Premises designed to facilitate supervision
120	Educators who are under 18 to be supervised
121	Application of Division 3
122	Educators must be working directly with children to be included in ratios
123 (1) (d)	Educator to child ratios-Centre based services
168	Education and care service must have policies and procedures

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Time to notify certain circumstances to Regulatory Authorities

RELATED POLICIES

Administration of Medication Policy	Handwashing Policy
Adventurous Play Policy	Incident, Injury, Trauma and Illness Policy
Bottle Safety and Preparation Policy	Multi-storey Building Policy
Child Safe Environment Policy	Nappy Change and Toileting Policy
Code of Conduct Policy	Physical Environment Policy
Cyber Safety Policy	Road Safety Policy
Delivery of Children to, and collection from	Safe Transportation Policy
Education and Care Service Premises	Sleep and Rest Policy
Emergency Evacuation Policy	Water Safety Policy

PURPOSE

Out of School Hours Care (OSHC) educators have a duty of care to ensure children are actively supervised at all times, maintaining a safe and secure environment adhering to Education and Care National Law and National Regulations. Supervision for children in OSHC requires educators to cater for a wide range of ages and abilities and requires flexibility and organisation to ensure thoughtful design and arrangement of children's environments, assists in the prevention and severity of injury to children. Effective supervision of children provides educators with the opportunity to support and build on younger children's play experiences whilst supporting older children's independence.

Educators will actively supervise children, identifying risks and taking all necessary steps to prevent or minimise injury in a range of situations including, transitioning children between school and the Out of School Hours Care (OSHC) Service and whilst transporting children to and from the OSHC Service. Effective supervision of children provides educators with the opportunity to support and build on children's play experiences. Our Service will ensure no child or children are left alone with a visitor, student or volunteer.

SCOPE

This policy applies to staff, educators, the Approved Provider, Nominated Supervisor, management, and visitors of the OSHC Service.

IMPLEMENTATION

Our OSHC Service caters for children of different ages and abilities requiring educators to consider a variety of different supervision strategies. Younger children require closer supervision, whilst educators need to be respectful of older children's developing independence and autonomy.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ MANAGEMENT WILL:

- ensure obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure all new employees, students and volunteers are provided with a copy of this policy as part of their induction process
- ensure that the premises and facilities are designed and maintained to facilitate adequate supervision of children at all times while maintaining the rights and dignity of all children
- notify the authority regulatory of any serious incident or complaints alleging the safety, health or wellbeing of children has been compromised within 24 hours of the incident or the time that the person becomes aware of the incident or complaint. This includes if an ambulance was called in response (not as a precaution) to the incident, situation or event.
- notify parents as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the OSHC Service or whilst under the care of the OSHC Service. Details of the incident/situation are to be recorded on the Incident, Injury, Trauma and Illness Record.
- ensure educators under eighteen years of age (18) are adequately supervised by an educator over the age of 18 at all times and are not left alone with children at any time
 - ensure students, volunteers and/or visitors are never left alone with a child whilst at the OSHC Service under any circumstance
- minimum educator qualification requirements are recognised and adhered to according to legislative requirements
- the OSHC Service maintains the required educator-to-child ratio for children over preschool age- 1:15
- ensure that all educators are aware of where children are at all times and monitor the environment closely
- ensure educators are able to respond to any situation immediately, particularly if a child is distressed or in a hazardous situation
- develop and maintain rosters that ensure continuity of care and adequate supervision at all times when children are in attendance at the OSHC Service including:

- visiting and returning from children's toilets
- transported to and from the OSHC Service premises (see: Safe Transportation Policy)
- transported in a vehicle/bus as part of an excursion
- transitioned between the OSHC Service and school grounds and
- during excursions and outings (including Vacation Care)
- ensure a staff member or nominated supervisor is present at the service to account for children when they embark and disembark the vehicle at the OSHC service premises (Regulation 102E and 102F)
- ensure flexibility of supervision to provide for educators to supervise individual children or small groups of children
- guide and mentor educators to ensure a range of strategies are used to provide effective supervision such as regular head counts and attendance checks
- respect children's age and developing independence and need for privacy when providing supervision for children in the OSHC setting
- conduct risk assessments and plan ongoing supervision taking into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom facilities. The supervision plan and strategies will be displayed for families in all rooms and in the outdoor area.
- develop, maintain and regularly review a supervision plan and strategies for both the indoor and outdoor areas, which will support educators to position themselves effectively to allow them to observe the maximum area possible
- ensure educators employ 'active supervision' strategies at all times
- ensure educators avoid activities or actions that will distract them from supervision, such as speaking to other educators for long periods of time, taking personal phone calls, checking mobile phones or smart watches or administrative tasks
- ensure educators are aware if they need to move away from children, another educator is to replace them
- ensure educators are positioned allowing them to watch the maximum area possible
- ensure educators move around the environment to observe the maximum area and to avoid standing with their back to children or talking with other educators
- adopt accepted best practice, ensuring no staff member is left alone with a child to support child protection protocols

- in the event of a child missing or unaccounted for, the *Missing Child Procedure* is followed, including notification to the regulatory authority within 24 hours of a serious incident. See *Incident, Injury, Trauma & Illness Policy*
- ensure that a Risk Assessment and a Management Plan is carried out before an authorisation is requested for an excursion. The risk assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion
- conduct risk assessment to determine how children are supervised while being transported and whether additional adults are required during transportation.

EDUCATORS WILL:

- monitor and maintain staff to child ratios to ensure adequate supervision of children
- have a sound understanding of their duty of care and responsibilities in ensuring children are within a safe environment
- communicate and collaborate with others to ensure the effective supervision of children within the OSHC Service
- alert other colleagues if they need to leave an area for a particular reason to ensure continuous supervision of children (e.g., to obtain resources, visit the bathroom)
- adhere to a supervision plan and strategies for both the indoor and outdoor environment, assisting colleagues to position themselves in order to effectively supervise children's play. The supervision plan will include the floor plan of the OSHC Service and include the location of activity areas and the closest bathroom facilities for boys and girls
- respect children's age and need for independence when actively supervising children in the OSHC setting- (younger children will require closer supervision than older children)
- implement vigilant supervision strategies for hygiene requirements including:
 - regular handwashing
 - cough and sneeze routines- using disposable tissues and handwashing
- inform new and relief educators about supervision arrangements, outlining their supervision responsibilities
- regularly evaluate the efficiency of the supervision plan and update as required
- in the event of a child missing or unaccounted for, the *Missing Child Procedure* is followed. (See *Incident, Injury, Trauma & Illness Policy*)
- ensure any educators under the age of 18 years old are never left alone with children
- ensure students, volunteers and/or visitors are never left alone with children

- ensure that at least one other educator is within sight when working with children or if it is necessary to assist a child to change their clothes
- arrange the environment to balance supervision of children's needs depending on age, ability and activities
- emphasis for supervision will be on open playgrounds, risky play opportunities and doors during arrival and departure times
- communicate with each other about their location within the environment and any relevant information about supervising individual children to ensure their needs are met
- maintain correct ratios adhering to the Education and Care National Regulations throughout the education and care environment
- ensure that all children are in sight or hearing of educators at all times
- ensure that children are supervised by an educator or accompanied by an older child when going to the bathroom at the OSHC Service
- ensure that hazardous equipment and chemicals are inaccessible to children
- scan the environment during interacting with individuals or small groups
- continuously scan and look around the area to observe all the children in the vicinity.
- implement correct supervision strategies and not perform other duties while responsible for the supervision of children
- listen closely to children whilst supervising areas that may not be in a direct line of sight noticing changes in volume or tone of voice
- plan for a mixture of activities to allow for appropriate supervision of groups of children.
- provide effective and adequate supervision when children are transported in a vehicle at all times (see Safe Transportation Policy and Road Safety Policy)
- employ a variety of methods to account for all children including checking children's name on attendance records and conducting headcounts

CONSIDERATION WILL BE GIVEN TO THE DESIGN AND ARRANGEMENT OF CHILDREN'S ENVIRONMENTS TO SUPPORT ACTIVE SUPERVISION BY:

- using supervision skills to recognise areas of risk therefore reducing the potential for injury or incident to children and adults
- providing direct, constant and proximal monitoring to children undertaking activities that involve some risk and recognising when the ratio of educators to children needs to be increased- (e.g.: carpentry, water activities, climbing)

- guiding educators to make decisions about when children’s play and games need to be interrupted and redirected
- supporting educators with specific strategies such as positioning, peripheral vision and monitoring children’s arrival and departure from the OSHC Service
- providing consistent supervision strategies when the OSHC Service requires relief educators.

CONTINUOUS IMPROVEMENT/REFLECTION

The Supervision Policy will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Child Safe Environment Procedure	Safe Transport Pick-up and Drop-off checklist
Direct Supervision sign in/ sign out sheet	Supervision Audit
Risk Assessment Guide and Procedure	Supervision Guidelines and Procedure
	Transportation Risk Assessment Management Plan

SOURCES

Australian Children’s Education & Care Quality Authority. (2023). [Active Supervision: Ensuring safety and promoting learning.](#)

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[Education and Care Services National Regulations.](#) (Amended 2023).

Victoria Department of Education and Training. (2012). *Supervision* [Practice Note 12]:

<https://www.education.vic.gov.au/Documents/childhood/providers/regulation/pracnotessuperv.pdf>

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V6.4.24		

MODIFICATIONS	<ul style="list-style-type: none"> • annual policy review • added information in Implementation section • added requirement for additional children checks for OSHC Services located in multi-storey buildings and use of head checks as an effective strategy • sources checked for currency and adjusted as required 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
APRIL 2023	<ul style="list-style-type: none"> • minor formatting edits within text • additional information added re: supervision requirements for transportation of children • hyperlinks checked and repaired as required • Continuous Improvement section added • Childcare Centre Desktop Resource section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	APRIL 2024

TOBACCO, DRUG AND ALCOHOL-FREE POLICY

Our Out of School Hours Service is committed to creating and maintaining an environment that promotes the safety of all children, staff and visitors. We believe in maintaining a healthy, safe and productive workplace environment that reduces risks and hazards associated with the use of drugs and alcohol for all staff, children and visitors.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2:		
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
4.2.2	Professional Standards	Professional standards guide practice, interactions and relationships.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
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 REGULATIONS	
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
155	Interactions with children
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
190	Infringement offences

RELATED POLICIES

Child Protection Policy Child Safe Environment Policy Dealing with Complaints Policy (staff)	Interactions with Children, Family and Staff Policy Privacy and Confidentiality Policy Work Health and Safety Policy
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PURPOSE

We aim to ensure our education and care service is a tobacco, drug and alcohol-free environment at all times in accordance with Education and Care National Law and Regulations. The use of alcohol and/or other drugs may impact on the ability to work safely and ensure the safety of children in their care.

Impaired workers can mean increases in lateness, inefficiency, absenteeism, and lost time. Employees should present themselves for work and remain, while at work, capable of performing their work duties safely.

Working in line with the Code of Conduct Policy and Work Health and Safety Policy our OSHC Service aims to provide a policy regarding a tobacco, drug and alcohol-free environment with clear guidelines to ensure we create an environment that is drug-safe for all children, employees and visitors. This policy

sets out expectations for all employees, volunteers and visitors regarding what is and what is not acceptable behaviour and practice in relation to alcohol and drug use and provides procedures which outline how to deal with impaired people, employees, volunteers and visitors, at the service.

SCOPE

This policy applies to staff, educators, management, approved provider, nominated supervisor and visitors of the OSHC Service.

IMPLEMENTATION

The Education and Care Services National regulations state the Approved Provider must ensure the environment is free from the use of tobacco, illicit drugs and alcohol and ensure that ensure that employees, or volunteers at the service are ~~is~~ not affected by alcohol or drugs (including prescription medication) so as to impair the person's capacity to supervise or provide education and care to children being educated and cared for by the service. All staff, employees, volunteers and students will abide by this policy at all times.

DEFINITIONS

Alcohol

- Alcohol is the most commonly used depressant drug. It affects both mental and motor function. Examples include beer, wine, spirits.

Under the Influence

- Includes a person who has taken drugs or alcohol that interferes with sound judgement and acceptable behaviour that may impair mental and physical ability to perform their duties safely.

Drugs

- **Illegal Drugs:** drugs such as cannabis, amphetamines, ecstasy, cocaine and heroin, are illegal. They are not subject to quality or price controls and the amount of active ingredient varies. A person using illegal drugs can never be sure of how strong the drug is, or what is actually in it.
- **Prescription Drugs:** Prescribed and over the counter medications can also be misused for the purposes of intoxication. Employees taking medication should find out how it may affect them by consulting their doctor and advising the Nominated Supervisor or Responsible Person if the prescribed medication will affect their mental and physical ability to perform their duties safely.
- **Illicit Drugs:** Illicit drugs include-illegal drugs, prescription medicines that have been obtained illegally or are not being used for medicinal purposes and other substances that are being used inappropriately — for example, sniffing glue or inhaling paint thinner

E-Cigarettes (Vaping)

- Battery-powered devices called e-cigarettes are utilised to heat a liquid substance that generates a vapor, which is then inhaled, thus imitating the smoking process

Use of tobacco, drugs and alcohol

- Our OSHC Service supports the [Smoke Free Environment Act 2000](#). The company and its employees will follow all conditions outlined in this act.
- Our OSHC Service is bound by the Education and Care Services National Regulations. Alcohol, drugs, or other substance abuse by employees can have serious adverse effects on their own health and the safety of others. As such, all employees must not:
 - consume illegal drugs or alcohol prior to starting work
 - consume illegal drugs or alcohol while working
 - be under the influence of illegal drugs or alcohol while working
 - use or possess illegal drugs at any workplace
 - drive a vehicle, having consumed alcohol or suffering from the effects of illegal substances, or
 - bring alcohol or any illegal drugs onto the premises.
- Smoking or vaping is NOT permitted in or on surrounding areas of the OSHC Service. (The smoking ban extends to an area of up to 5m around the land the service is approved to provide education and care).
- It is expected that the odour of cigarette/e-cigarette smoke will not be detected on an employee's clothing or hands. If an employee is found smoking on the premises, that employee may be terminated.

Employees undergoing prescribed medical treatment with a controlled substance that may affect the safe performance of their duties are required to report this to the Nominated Supervisor. A medical certificate may be required prior to their approval to provide education and care.

RESPECT FOR PEOPLE AND THE OSHC SERVICE

- Management and employees understand that workplace health and safety is everyone's responsibility
- Management and employees have a responsibility to take reasonable care for the health and safety of themselves and others at the workplace to enable compliance with the work health and safety legislation outlined in the Work Health and Safety Policy

- Management and employees must provide adequate supervision of children at all times and ensure the health, safety and welfare of children and young people in their care. This includes taking all reasonable action to protect children and young people from risk of harm that can be reasonably predicted
- Management and employees are committed to the Service philosophy and values, inclusive of best practice in early childhood education and building positive partnership with children, families and staff

Expectations of Leaders and Management

Leaders and management are expected to:

- keep employees informed about essential information and any relevant changes and make all documents readily accessible to them
- model professional behaviour at all times whilst at the OSHC Service
- take appropriate action if a breach of the Tobacco, Drug and Alcohol-Free Policy occurs
- advise new employees and volunteers to the service the Tobacco, Drug and Alcohol- Free Policy during the induction process. Visitors will be advised of the policy through signage at the front entrance of the service
 - families and visitors are reminded that smoking is not permitted in or around the OSHC Service
 - families and visitors are reminded that they should not enter the premises if they under the influence of prohibited drugs or alcohol

Expectations of Employees

EMPLOYEES WILL:

- act honestly and exercise attentiveness in all service operations
- 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
- report any instances of suspected alcohol or drug use at the OSHC Service
- be mindful of their duty of care towards themselves and others
- not sell, offer to sell, purchase, use, transfer or hold possession of illegal drugs while on the service premises or when representing the service after operating hours
- be committed to valuing and promoting the safety, health, and wellbeing of employees, volunteers, children, and families

- ensure that they are not, by the consumption of drugs or alcohol, in such a condition as to endanger their own safety or that of others at the OSHC Service
- ensure they do not operate heavy machinery or operate/drive vehicles while under the influence of or used or consumed drugs or alcohol.

Adhering to Service confidentiality

- All issues pertaining to these matters shall be kept strictly confidential
- Unless authorised to do so by legislation, employees must not disclose or use any confidential information without appropriate approval
- All employees are to ensure that confidential information is not accessed by unauthorised people
- Employees will adhere to the Service's Privacy and Confidentiality Policy.

Reasonable belief or suspicion

If a co-worker suspects a colleague to be affected by drugs or alcohol, they must inform the Nominated Supervisor immediately. Employees will report any concerns they may have about inappropriate actions of any other employee that involves the use of drugs or alcohol at the service to management. Any incidents or reports are to be documented confidentially including action taken which followed the incident or report.

Management will observe and document any reasonable suspicions that an employee is under the influence of drugs or alcohol, this may include:

- observe any smell of alcohol
- eye dilation or red/bloodshot eyes
- slurred speech
- unable to act in a professional manner within the workplace
- emotions where the employee is argumentative, agitated, irritable or drowsy
- movements where the employee is unsteady or fidgety or
- other behaviours.

If the Nominated Supervisor or Responsible Person has reasonable grounds to believe that an employee is under the influence of illegal drugs or alcohol, they will be removed immediately from working directly with children. Discipline action may follow, which may include termination of employment due to a breach of service policy. A breach in the Tobacco, Drug and Alcohol-Free Policy may result in termination of employment, even for a first offence.

The employee may be requested to submit to a drug or alcohol screening test if there is reasonable suspicion the employee is under the influence whilst working directly with children at the education and care service. The employee is expected not to return to work until the test results have available.

Breach of the Tobacco, drug and alcohol-free Policy

All staff members are made fully aware that any breaches of the Tobacco, Drug and Alcohol-Free Policy and role responsibilities may lead to termination of employment, including:

- reporting to work under the influence of alcohol or drugs
- possessing or selling drugs at the Service
- failure to follow policies and procedures

No employee will be allowed to work under the influence of drugs or alcohol. A breach of this policy may initiate appropriate action including the termination of employment.

Workplace health and safety (WHS) Legislation

Each state specifies Work Health and Safety Acts and Regulations which involves the management of risks to the health and safety of everyone in the workplace. This includes providing a tobacco, drug and alcohol-free workplace for children, visitors and employees at the service.

SA: Work Health and Safety Act 2012 and [Work Health and Safety Regulations 2012](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Tobacco, Drug and Alcohol-Free Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Code of Conduct – Staff Acknowledgement

SOURCE

Australian Government. Business. [Work Health and Safety](#)
 Australian Government. Department of Health. [What are drugs?](#)
 Australian Government. Safe Work Australia. [Drugs and alcohol](#)
 Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).
 Guide to the National Quality Framework. (2017) (Amended 2023).
 NSW Government. SafeWork NSW. [Alcohol and other drugs](#)
 NSW Government. Work Cover NSW. (2006) [Alcohol and other drugs in the workplace, Guide to developing a workplace alcohol and other drugs policy](#)
 Ombudsman Act 2001 (Cth).
 Privacy and Personal Information Protection Act 1998 (Cth).
 Queensland Government. Workplace Health and Safety Queensland. [Framework for alcohol and drug management in the workplace](#)
[Smoke-free Environment Act 2000](#).
 Tasmanian Government. WorkSafe Tasmania. [Alcohol and drugs](#)
 Victoria State Government. Work Safe Victoria. [Guide for developing a workplace alcohol and other drugs policy](#)
 Work Health and Safety Act 2011 (Cth).
 Workplace Relations Act 1996 (Cth).
 Work Place Law. [Drug and alcohol testing in the workplace](#).
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V4.6.23		
MODIFICATIONS	<ul style="list-style-type: none"> • policy maintenance • hyperlinks checked and repaired as required • addition of e-cigarettes/vaping within content • NT and TAS new Work Health and Safety regulations added • minor formatting edits within text • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JUNE 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text hyperlinks checked and repaired as required	JUNE 2023	

TWO-WAY RADIO POLICY

Our Out of School Hours Care (OSHC) Service aims to take all practical steps to protect children and young people from harm and hazards by developing and implementing strategies to allow educators to adequately supervise children and effectively communicate with colleagues across all learning environments at the Service to ensure the wellbeing and safety of all children within our care. One of the strategies our service implements to ensure effective supervision and communication is the use of two-way radios (walkie-talkies) to ensure the health, safety and protection of children, staff, educators, parents and visitors of the OSHC Service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW	
115	Facilities designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
181	Confidentiality of records kept by approved provider
195	Application of Commonwealth Privacy Act 1988
S165	Offence to inadequately supervise children

RELATED POLICIES

Child Safe Environment Policy	Interactions with Children, Families and Staff Policy
Code of Conduct Policy	Privacy and Confidentiality Policy
Emergency and Evacuation Policy	Supervision Policy
Health and Safety Policy	Work Health and Safety Policy
Injury, Incident, Trauma and Illness Policy	

PURPOSE

Our Out of School Hours Care (OSHC) Service has the responsibility to provide a safe and secure working and learning environment for staff, children, visitors and contractors. The use of two-way radios (walkie-talkies) as a method of communication between staff and educators to increase supervision and ensure

consistent communication. Our OSHC Service adheres to the Privacy Act 1988 (Privacy Act) and comply with the Australian Privacy Principles.

SCOPE

This policy applies to children, families, staff, management, Approved Provider, Nominated Supervisor, students, volunteers and visitors (including contractors) of the OSHC Service.

IMPLEMENTATION

Our OSHC Service staff and educators use two-way radios when educating and caring for children in learning environments where their physical locality restrict communication between staff. Staff will use two-way radios to communicate a range of information to ensure the wellbeing and safety of children including communicating when children are transitioning between learning environments, being collected by an authorised person, during emergency situations and excursions.

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL:

- complete a risk assessment for the use of two-way radio/land mobile radio to identify any risks and plan associated control measures to ensure safety and privacy are maintained
- ensure that educators are trained in how to effectively operate two-way radios
- ensure the Service *Privacy and Confidentiality Policy* is adhered to at all times by staff and educators
- ensure that only approved radios that are purchased from an authorised, Australian company and contain the appropriate (RCM or C-Tick) safety label will be purchased and used at the Service
- keep the product manual and instructions available for reference
- ensure the device is maintained in safe working order and regular electrical testing is completed and maintained
- ensure the radios are returned to their charging stations at the end of the Before, After or Vacation Care session.

EDUCATORS WILL:

- use the two-way radios for their intended purpose only: communication across the Service for the purpose of educating and caring for children at the Service
- exercise caution when handling two-way radios, including keeping it away from liquids to avoid any damage to the device
- maintain confidence when communicating over two-way radios by:
 - only referencing children's first name and (where required) the initial of their surname

- not communicating any confidential or identifying information about the children, staff or Service
- be aware of their surroundings and who can hear what’s being communicated
- comply with current legislation and Service policies
- communicate effectively when using two-way radios by speaking clearly, slowly, using a normal tone/volume and not shouting
- follow the manufacturer’s instructions for the use of the two-way radio/land mobile radio
- communicate effectively when using two-way radios by keeping messages precise and to the point to ensure the main points of the message are delivered clearly
- return two-way radios to their charging station when they’re not in use and not required as part of educating and caring for children
- when using shared frequencies, establish and select an appropriate channel for educators to use prior to educating and caring for children. This will ensure that any interference is not heard/witnessed by children
- ensure authorised use of two-way radios is maintained, children are not to access two-way radios
- report any technical/operational issues with the two-way radios to the Responsible Person/Nominated Supervisor.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Two-way Radio Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Communications and Media Authority <https://www.acma.gov.au/>
 Radiocommunications Act 1992 <https://www.legislation.gov.au/Details/C2023C00161>
 Citizen band radio stations class licence <https://www.acma.gov.au/licences/citizen-band-radio-stations-class-licence>
 Australian Government, Office of the Australian Information Commissioner. (2019). Australian Privacy Principles: <https://www.oaic.gov.au/privacy/australian-privacy-principles-guidelines/>
 Education and Care Services National Regulations. (Amended 2023).

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
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POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION	V1.09.23		
MODIFICATIONS	<ul style="list-style-type: none"> New Policy developed for OSHC Services 		
POLICY CREATED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	

WATER SAFETY POLICY

The safety and supervision of children is paramount when in or around water. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the Out of School Hours Care Service environment. Children will be supervised at all times during water play experiences to help keep children safe in and around water and support children's learning in a safe environment.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected
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.

LEGISLATIVE REQUIREMENTS/EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards
12	Meaning of a serious incident
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios

168(2)(a)(iii)	Education and care service must have policies and procedures in relation to- Water safety, including safety during any water-based activities
170	Policies and procedures to be followed
170	Policies and procedures to be followed
176	Time to notify the certain information to the Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Educational Program Policy Excursion/Incursion Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Physical Environment Policy Sun Safe Policy Supervision Policy
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PURPOSE

To ensure the safety and supervision of children in and around water. This includes water play, excursions near water, hot water, drinking water and hygiene practices with water in the Out of School Hours Care Service environment.

SCOPE

This policy applies to children, families, staff, Approved Provider, Nominated Supervisor, management students, and visitors of the Service.

WATER HAZARDS

The National Regulations make reference to 'water hazards' however the term is not expressly defined. In this policy, a water hazard is defined as anything that can hold 5cm of water and fit a child's nose and mouth and a 'water hazard' may include:

- large bodies of water such as dams, creeks, river or pooling water, swimming pool, portable pools and spas, jetted bathtubs (or Jacuzzis)
- fishponds
- smaller bodies of water such as baths, mop buckets
- sinks, basins
- water features, such as a wishing well
- containers for feeding animals

- water troughs, containers for paddling- clam shells
- beach

IMPLEMENTATION

Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place for managing water safety, including during any water-based activities and take reasonable steps to ensure those policies and procedures are followed.

According to Kidsafe, drowning is one of the leading causes of unintentional death for Australian children. Every year a number of children are killed and hundreds more rescued from near drowning situations. Non-fatal drowning incidents are also of great concern as they can have potential long-term effects, including brain damage and permanent disability.

The most common factor in childhood drowning is lack of supervision. A child can drown in as little as a few centimetres of water. Items such as nappy buckets, sinks, pet drinking bowls, ponds, pools, water features, water tanks are all potential drowning hazards. [<https://kidsafe.com.au/water-safety/>]

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- adhere to all obligations under the *Education and Care National Law and Regulations*
- complete risk assessments that identify and assess risks associated with any water hazards and water-based activities
- ensure water hazards and water play are always highly supervised including:
 - direct and constant monitoring of children
 - careful and intentional positioning of educators
 - scanning and moving around the environment
 - observing play and anticipating behaviour
 - ensuring higher adult to child ratios
 - ensuring no child is left unattended when in proximity to water
- provide direction and education to educators, staff and families on the importance of children's safety and supervision in and around water
- ensure health and safety practices incorporate approaches to safe storage of water and water play
- conduct a risk assessment in accordance with the requirements prior to taking children on an excursion which is near water- consider any water hazards and any risks associated with water-based activities before an excursion/incursion is approved

- ensure at least one educator who holds a current approved first aid qualification is in attendance at all times
- ensure hot water is inaccessible to children.

EDUCATORS WILL:

- provide active supervision when children are participating in water activities including:
 - supervise children near water at all times
 - never leave children alone near any water
 - direct and constant monitoring of children
 - scanning and moving around the environment
 - observing play and anticipating behaviour
- ensure fish / frog ponds and water features that are not able to be adequately supervised at all times and/or pose an unacceptable risk to children are guarded or effective barriers are in place
- utilise water activities in appropriate weather as part of the planned program
- allow the children the opportunity to experiment with water, sand, and mixing materials
- incorporate water safety awareness into the educational program
- monitor all taps on the premises that children have access to and ensure they are turned off securely when not in use
- safely cover or make inaccessible to children all water containers
- check for and empty any water that has collected in holes or containers after rainfall or watering gardens
- ensure buckets of water for soaking toys or clothing are inaccessible to children
- they teach children about staying safe in and around water

OPERATIONAL SAFETY

- Hot water accessible to children will be maintained at the temperature of 45.C° which will be tested annually. [Australian standard AS 3498]
- Water for pets at the Service must be changed daily and only be accessible to children when educators are present.

CONTINUOUS IMPROVEMENT

Our Photograph Policy will be updated and reviewed annually in consultation with families, staff, educators and management.

Important: Parents will be notified as soon as practicable but within 24 hours if their child is involved in an incident/accident at the Service or while under Service care. Also, details of the incident/accident will be recorded on an Incident, Injury, Trauma and Illness Record.

If the incident/accident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours. Educators will follow emergency procedures and contact emergency services if a child appears to be missing or unaccounted for or is involved in a serious incident or accident.

CONTINUOUS IMPROVEMENT

Our *Water Safety Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Water Safety Procedure

SOURCE

Australian Children’s Education & Care Quality Authority. (2014).
 ACECQA. (2023). [Policy and procedure guidelines- Water Safety Guidelines](#)
 Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023)
 Guide to the National Quality Framework. (Amended 2023).
 KidSafe (2021). Water Safety. <https://kidsafe.com.au/water-safety/>
 National Health and Medical Research Council (NHMRC): www.nhmrc.gov.au
 Revised National Quality Standard. (2018).
 Victoria Government. [Better Health Channel. Water safety for children.](#)
[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V7.9.23		

MODIFICATIONS	<ul style="list-style-type: none"> regular policy maintenance to ensure compliance and contains up to date 'best practice' sources updated CCD related resources added 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
SEPTEMBER 2022	<ul style="list-style-type: none"> regular policy maintenance link to Western Australian Education and Care Services National Regulations added in 'Sources' minor formatting edits within text hyperlinks checked and repaired as required 	SEPTEMBER 2023

OSHC WORKING ALONE POLICY

It is the responsibility of the approved provider to ensure the health, safety and wellbeing of all children in their care, and the employees of the Service. This policy has been created to ensure that the appropriate arrangements are in place in the unlikely event that educators are working alone in an Out of School Hours Care (OSHC) Service.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
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, practiced and implemented.
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.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.1	Service philosophy and purposes	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	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
97	Emergency and evacuation procedures
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
103	Premises, furniture and equipment to be safe, clean and in good repair
102D	Authorisation for service to transport children
117B	Minimum requirements for a person in day-to-day charge
146	Nominated Supervisor
S161	Offence to operate education and care service without nominated supervisor

RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Child Protection Policy Code of Conduct Policy Delivery of Children to, and Collection from EEC Service Premises Policy Family Communication Policy Health and Safety Policy	Incident, Injury, Trauma and Illness Policy Interactions with Children, Family and Staff Policy Responsible Person Policy Safe Transportation Policy Student and Volunteer Workers Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

The purpose of this policy is to identify, assess, manage and minimise the risks associated with working alone in the Before and After School Care and Vacation Care setting. The safety of our educators and children is paramount. This policy will provide a guide for educators in managing the potential risks, ensuring they are offered the support and the resources required to continue to provide high quality care for children.

SCOPE

This policy applies to children, families, staff, management, Approved Provider, Nominated Supervisor, and visitors (including contractors) of the OSHC Service.

IMPLEMENTATION

Our OSHC Service adheres to the National Principles for Child Safe Organisations and have adopted the Child Safe Standards necessary to protect children from harm. Our staff implement child safe practices and provide adequate supervision at all times.

‘Working alone’ refers to one educator working either on their own (without children present) or caring for up to 15 children as per the National Regulations for Out of School Hours Services. Our OSHC Service rosters created to ensure this could only occur in emergency situations.

Situations may arise however, where normal enrolment at our OSHC Service decreases due to an infectious disease, natural disaster or other reason, and two staff members is either not practical, or financially viable. In this situation, we may need to amend our rosters resulting in only one educator/staff member in attendance.

The viability of the working alone arrangement is largely dependent on maintaining strong and consistent communication between the Service management and school executives or venue management team.

RECRUITMENT AND STAFFING

Our OSHC Service ensures that all staff employed have been recruited from a robust screening and employment process. Only the most suitable and qualified applicants are employed with our OSHC Service, and we have ensured all staff have valid Working With Children Checks/clearance and where required, have had police checks, be up to date with Child Protection training and hold current First Aid (including CPR), Emergency Asthma and Anaphylaxis training.

Staff who may be required to work on their own, will take on the role of ~~Nominated Supervisor/~~ Responsible Person during this time. Only staff who are appointed as a Responsible Person may work on their own. A Responsible Person must have an adequate knowledge and understanding of the provision of education and care to children, the Education and Care National Law and Regulations and National Quality Standard, the approved learning framework (EYLF), Family Assistance Law and administration of CCS. They have the ability to effectively supervise and manage an education and care service.

Our OSHC Service ensures that a support staff member is available by telephone at all times the OSHC Service is open and providing education and care to children.

STAFFING

- A list of support/emergency staff who can be called upon must be clearly displayed next to the Service phone. The staff will need to reside locally and hold qualifications for approved First Aid, Asthma, Anaphylaxis training and be up to date with Child Protection training. The phone numbers will also be programmed into the Service phone on speed dial.
- The contact details for the Approved provider will also be displayed.
- The educator on duty may also call upon one of the School staff for assistance if required.
- The educator on duty will check in at the school office prior to the start of each session.

SAFETY

- Attendance records will be maintained and checked at all times
- The educator will conduct random 'head counts' during each care session
- Emergency evacuation procedures (including lockdown and bushfire emergency procedures) will be clearly displayed at the entry/exit point of the Service's indoor and outdoor areas. The evacuation procedures must include a floor plan which clearly identifies the exit route and assembly area.
- Emergency evacuation drills must be rehearsed at least every three months. They will run for a 5-day period (Monday-Friday) to ensure all children are included. Each practice must be documented and evaluated.
- Emergency phone numbers will be clearly displayed near the service's phone and entered into the work mobile phone for the educator to access at all times
- The educator working alone must observe Work Health and Safety practices at all times as outlined in the Service's *Workplace Health and Safety Policy*

- The educator must follow safe lifting procedures and must not lift anything that is a recommended two-person lift.
- Our Service fosters a close working relationship with the School staff.
- The educator on duty will leave the OSHC Service with the last authorised adult signing out the last child in care. This is to ensure that the educator isn't leaving the premises on their own. In the instance that the last child is collected before 6:00pm the educator can make up the time in accordance with clause 21.8 of the Children's Services Award 2010. The make-up time must be worked during ordinary hours of operation at the ordinary rate of pay.
- The educator on duty will park their car at the closest point to the Service entry/exit.
- When the OSHC Service is located on school grounds, the educator will also have access to the school staff car park and have master keys to lock the gates.
- The educator on duty must carry the service phone and two-way radio (walkie talkie) at all times. [Relevant if the OSHC Service is located on school grounds and have made arrangements with school staff to assist in case of emergency].
- The responsible person will nominate a group of Senior Representatives who may be responsible to alert an alternate contact in the case of an emergency (when the educator on duty is unable to do so). The Senior Representatives will be trained on how to use the phone and Walkie Talkie in case of an emergency situation.
- Ideally, the Senior Representatives will be in years 5 and 6. If there are no children enrolled from either year group the responsible person will nominate the most suitable children based on their age and maturity.

ARRIVAL AND COLLECTION OF CHILDREN (OSHC Service located on school site)

- Parents/guardians will sign their child/ren into the OSHC Service at the beginning of the session of care and when collecting their child/ren at the end of a session of care, noting their name, time and date of care on the attendance record.
- At the conclusion of a Before School Care session, the educator on duty will sign out all children. Children from year 1 to year 6 will walk to their classrooms/assembly area. Kindergarten children will be escorted by the educator on duty.
- The educator on duty will sign in the children upon their arrival to the Service for an After-School Care session. Children from year 1 to year 6 will walk directly to the Service at the conclusion of the school day.
- Kindergarten children will be escorted to the service by their classroom teacher.
- In the event that a child is scheduled to attend the service and has not arrived, the educator will

notify the school office and the office staff will follow up on the child's whereabouts.

- All children will be signed out (from an After-School Care or Vacation Care session) by their parent/guardian, or authorised person as indicated on their enrolment form.
- In the event where a child cannot be collected by their parent/guardian or an authorised person the parent/guardian will notify the Service in writing. The educator on duty will need to sight photo identification before releasing the child.

ARRIVAL AND COLLECTION OF CHILDREN

- Parents/guardians will sign their child/ren into the OSHC Service at the beginning of the session of care and when collecting their child/ren at the end of a session of care, noting their name, time and date of care on the attendance record.
- Authorisations for regular transportation of children will be checked and verified by the educator. (this includes walking children to school). see: *Safe Transportation Policy*
- At the end of Before School care session, the educator will walk/drive the children to their school
- Adequate and active supervision must be provided at all times
- Head counts and checks against the attendance register will be made when children depart the OSHC Service and upon arrival at the school. Verification of actual attendance at school/s will be made by another authorised person.
- For After School Care session, the educator will meet the children at a designated location at the school and check their attendance record.
- If a child has not arrived, they will check with school staff to ensure the child hasn't gone home sick during the day. Parents/guardians may need to be contacted to verify the child's location.
- The educator will transport the child/ren to the OSHC Service.
- Upon arrival to the Service, a head count will be conducted against the attendance record.
- Children will be signed into the OSHC Service by the educator.
- All children will be signed out (from an After-School Care or Vacation Care session) by their parent/guardian, or authorised person as indicated on their enrolment form.
- In the event where a child cannot be collected by their parent/guardian or an authorised person the parent/guardian will notify the Service in writing. The educator on duty will need to sight photo identification before releasing the child.

ILLNESS AND INJURIES

- The educator on duty may, on occasion be required to care for a sick or injured child. It is important that the child receives suitable care and/or first aid.

- It is also important for the educator to ensure that appropriate supervision is maintained for the other children in care. Depending on the individual circumstances and the severity of the incident, the educator may need to call upon the assistance of one of the school teachers or support staff or contact the Approved Provider and/or parent/guardians.
- When caring for a sick/injured child the educator may need to alter the program of activities to ensure children's safety is maintained and supervision is provided for other children. For example, a physically active play experience may need to be paused while the educator is administering First Aid and the children may be directed to have quiet/reading time or the educator may instruct one of the Senior Representatives or older children to initiate a group game.
- If the educator on duty falls ill or is injured and is unable to call for help the nominated Senior Representative will alert school staff via the walkie talkie or contact emergency services using the service telephone.
- In the event of any incident, injury, trauma or illness, the educator will adhere to our policies and procedures.
- An *Incident, Injury, Trauma and Illness* record must be completed accurately by the educator and acknowledged/signed by the parent/caregiver upon collection of their child.
- The Approved Provider will ensure that notification is made to the regulatory authority in the event of any serious incident/injury or in the event of a notifiable illness/disease.

TOILETING

- The educator on duty will run a "Toilet call" every hour. In the event that a child needs to use the toilet in-between toilet calls they will be required to take another child with them. The child should be of the same gender and of similar age.
- In the event that the children take an unreasonable amount of time, the educator on duty may send a Senior Representative to follow up on the children's whereabouts.
- Where possible, the educator will use the bathroom outside of face to face hours. If the educator is required to use the bathroom while children are in care the educator may call upon one of the school staff (if applicable).

CONTINUOUS QUALITY IMPROVEMENT

Our OSHC Service will continue to evaluate and assess our working alone practices through critical reflections, checklists, professional learning and discussions with families and staff.

The viability of the Service to operate with only one educator must be carefully considered to ensure adequate supervision is provided at all times.

SOURCES

Australian Children’s Education & Care Quality Authority. (2014).

Australia Children’s Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Children’s Services Award 2010.

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Government of South Australia. Department for Education and Child Development- *Guidelines for Educators working alone in OSHC Services operating on Department for Education and Child Development (DECD) sites*.

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY CREATED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V4.10.23		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy review- no major changes sources checked for currency and updated as required safe transport of children section deleted 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
OCTOBER 2022	<ul style="list-style-type: none"> minor edits throughout policy sources checked for currency minor formatting edits within text link to Western Australian Education and Care Services National Regulations added in ‘Sources’ 	OCTOBER 2023	

WORK HEALTH AND SAFETY POLICY

Everyone has a right to be safe at work. Our Out of School Hours Service is committed to creating and maintaining a safe and healthy environment for educators, staff, children, families and visitors. We ensure that educators and staff are aware of and meet their legal and ethical responsibilities as clearly documented in current National Regulations and Work Health and Safety laws.

Our Work, Health and Safety Policy, procedures and practices ensure that management fulfils its responsibility to provide a safe workplace, without any negative impact on the health and wellbeing of employees; employees meet their health and safety obligations and are safe in the workplace; and the work environment supports quality school aged education and care.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
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, practiced and implemented.
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.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
83	Staff members and family day care educators must not be affected by alcohol or drugs
168	Policies and procedures are required in relation to health and safety
171	Policies and procedures to be kept available
182	Tobacco, drug and alcohol-free environment

RELATED POLICIES

Administration of First Aid Policy	Hand Washing Policy
Administration of Medication Policy	Health and Safety Policy
Anaphylaxis Management Policy	Incident, Illness, Accident and Trauma Policy
Animals and Pet Policy	Immunisation Policy
Asthma Management Policy	Lockdown Policy
Bullying, Discrimination and Harassment Policy	Medical Conditions Policy
Bush Fire Policy	Nutrition and Food Safety Policy
Child Protection Policy	Physical Environment Policy
Child Safe Environment Policy	Pregnancy in Early Childhood Policy
Dealing with Infectious Disease Policy	Rest Time Policy
Cyber Safety Policy	Road Safety Policy
Delivery of children to, and Collection from Education and Care Service Premises	Safe Storage of Hazardous Chemicals Policy
Dental Health Policy	Sick Children Policy
Diabetes Management Policy	Staffing Arrangements Policy
Emergency Evacuation Policy	Supervision Policy
Epilepsy Management Policy	Tobacco, Drugs and Alcohol Free Policy
Excursion/Incursion Policy	UV Sun Safe Policy
Furniture and Equipment Safety Policy	Water Safety Policy

PURPOSE

Our objective is to protect the health, safety and welfare of children, families, educators and visitors within the OSHC Service adhering to moral and legal obligations outlined in Work Health and Safety (WHS) laws. We aim to go beyond compliance with all relevant legislation and work towards best practice to ensure a safe work environment. Our Out of School Hours Care Service is committed to continuous improvement in all areas of workplace health, safety and wellbeing.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students and visitors of the OSHC Service.

IMPLEMENTATION

We believe that the provision of a safe working and learning environment for children, families, staff and visitors is an integral and essential responsibility during the OSHC Service operation.

Work Health and Safety regulations require the Approved Provider to eliminate risks in the workplace or if that is not reasonably practicable, minimise the risks so far as is reasonably practicable.

Our OSHC Service has a duty to consult with staff, visitors and families about work health and safety requirements and develop comprehensive policies and procedures to manage physical and psychosocial

risks and hazards appropriately and effectively. All employees have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of others.

LEGISLATION

Each state and territory government have its own Work Health and Safety (WHS) laws and a regulator to enforce them. In South Australia the we are legislated by the Work Health and Safety Act 2011 and Work Health and regulated by SafeWork SA.

Workers Compensation Obligations

Approved Providers will ensure the following to facilitate compliance of WH&S Laws and regulations relating to Workers Compensation obligations:

1. Hold workers compensation insurance
2. Provide information relating to how employees can make a claim. This may include displaying a poster relating to injuries at work – check your state or territory WorkSafe website for specific requirements
3. Provide information to employees regarding a return-to-work program – check your state or territory WorkSafe website for specific requirements
4. Ensure staff incident reports are completed for all near-miss injuries or injuries, complete an injury register to record near-miss injuries and injuries.
5. Ensure staff injuries are reported to workers compensation insurer and state/territory WorkSafe within 48 hours. See each state or territory for information about injuries or serious incidents which are reportable to WorkSafe
 - a. [SafeWork SA](#) 1800 777 209
6. Support the employee with the following
 - a. Assist with Dr appointment and certificate of capacity
 - b. Identify suitable duties based on certificate of capacity
 - c. Consider modification of existing duties
 - d. Consider modify of the workplace
7. Assist with participation of workers injury management plan upon return to work in consultation with insurer and medical practitioner, including providing suitable work conditions and alternative suitable employment if pre-injury role is unsuitable.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND MANAGEMENT IS COMMITTED TO:

- providing all employees with a safe and healthy work and learning environment so far as reasonably practicable
- ensuring the health and safety of children in attendance at the OSHC Service so far as reasonably practicable
- ensuring the health and safety of visitors, including contract workers and volunteers, whilst at the Service so far as reasonably practicable
- providing and maintaining an environment free of risks or hazards to health and safety so far as reasonably practicable
- providing and maintaining an environment that is tobacco, alcohol and drug free
- ensuring the provision of adequate facilities to protect all persons from risks to their health and safety including access to adult toilets, provision of hand hygiene resources (soap and water, alcohol-based hand sanitiser, paper towel) and Personal Protection Equipment (disposable gloves, masks, glasses)
- implementing a proactive process of risk management facilitating continuous improvement
- the identification, assessment and management of psychological and psychosocial hazards through detailed risk assessments
- ongoing consultation, collaboration and communication with all staff throughout the risk assessment process
- implementing a strategic approach to health and safety by using measurable objectives to monitor performance
- meaningful consultation with employees regarding work, health and safety issues
- providing an effective and accessible safety management procedure for all employees to guide safe working and learning throughout the workplace
- ensuring Safety Data Sheets (SDS) are provided for all hazardous chemicals used at the OSHC Service
- supporting and promoting the health and wellbeing of all employees
- promoting dignity and respect within the Service and taking action to prevent and respond to bullying in its workplace
- providing return to work programs to facilitate safe and sustainable return to work for employees
- providing staff with appropriate information, training, and guidance to facilitate a safe and productive work and learning environment
- implementing a thorough induction and orientation program for new staff and employees
- notifying the regulatory authority within 24 hours of any incident, situation or event that has occurred and presented imminent or severe risk to the health, safety and/or wellbeing of any person

present at the Service or if an ambulance was called in response to the incident/situation (not as a precaution)

- investigating and managing any incident or accident to prevent further reoccurrence
- providing a program of continuous improvement through engaging with industry and new technology and reviewing and updating policies and procedures
- implementing safety management systems / procedures
- ensuring a clear process is in place regarding raising complaints and grievances related to bullying, discrimination and harassment
- ensuring complaints or grievances are treated seriously and immediate action is taken in a timely manner
- keep up to date about current health risks and implement risk minimisation measures to reduce the risk of transmission of viruses such as coronavirus (COVID-19)
- maintain accurate records of all WHS issues and maintenance

EDUCATORS/STAFF WILL ENSURE:

- the health and safety of children, families and visitors of the Service is paramount
- policies and procedures are being followed and adhered to at all times
- that they observe, implement and fulfil the responsibilities under the current Work Health and Safety Act and National Regulations
- they participate in the review of WHS policies
- they take practical steps and responsibility for their own health and safety and of others affected by their actions at work
- work, health, and safety audits are conducted frequently to ensure the Service is maintaining a safe environment for children, families, staff and visitors
- appropriate resources and processes are in place to identify hazards, eliminate or minimise risks and achieve work health and safety compliance
- they know the location of fire extinguishers, blankets or other safety devices and know how to use them
- identified risks are assessed and controlled
- that any potential and actual hazards in the workplace are reported to the Health and Safety Representative (HSR)
- management and/or the HSR is notified of any incidents and accidents in the workplace as soon as practicable

- workplace incidents are reported and investigated to ascertain the circumstances of the incident or accident and appropriate action is taken to prevent further incidents from occurring
- correct record keeping procedures for incidents and accidents in the WHS Reporting folder are followed
- compliance with any reasonable instruction or lawful direction, including wearing personal protective equipment (PPE) supplied by the employer as required
- areas identified for improvement are included in the Quality Improvement Plan (QIP)
- they participate in training and consultation with the support of management
- they follow the correct manual handling procedures
- that work areas are safe, and they will help reduce accidents to themselves and others
- all safety checklists are implemented as required on a regular basis
- children's equipment is regularly checked for safety
- that children are supervised at all times
- all dangerous chemicals are stored appropriately
- gates are closed and locked after entry/exit
- all spills are cleaned up immediately (to prevent slipping), following the correct cleaning procedure
- reports and/or concerns about work health and safety are reviewed and responded to
- current work health and safety knowledge is maintained

FAMILY AND VISITORS ARE TO:

- take reasonable care of their own health and safety whilst visiting the OSHC Service including the safety and health of their own children not enrolled in the service
- report any health and safety issues to management
- participate in consultation in WHS issues affecting them
- take reasonable care to ensure they don't affect the health and safety of other people (eg: Health Declaration for infectious diseases)
- comply to Service policies and procedures in relation to WHS including actions to reduce the risk of transmission of infectious diseases or illnesses such as physical distancing (if recommended by Australian Government Department of Health) personal hygiene practices and exclusion if children and visitors if unwell
- comply to Service policies related to the use of tobacco, alcohol and drugs at all times.
- provide Working With Children Check details as required (visitors/contractors)
- ensure they are never left alone with children.

HEALTH AND SAFETY REPRESENTATIVES

If a request is made for a Health and Safety Representative, the Approved Provider/Nominated Supervisor will:

- initiate consultation with workers about the number of Health Safety Representatives required,
- provide all educators and staff with the opportunity to nominate a Health and Safety Representatives and contribute to the decision of who will hold this position if there is more than one contender.
- notify staff of the outcome of the consultation as soon as possible.

The Approved Provider/Nominated Supervisor must keep a current list of all Health and Safety Representatives and display a copy at the workplace in a prominent position.

A Health and Safety Representatives (HSR) can:

- inspect the workplace as directed by management.
- be present and represent a staff member at an interview (with their consent) with the Approved Provider/Nominated Supervisor or an inspector regarding health and safety issues.
- monitor compliance measures by the Approved Provider/Nominated Supervisor.
- enquire into any risk to the health or safety of staff at the OSHC Service.

Our OSHC Service will ensure Health and Safety Representatives are:

- never prevented from carrying out any of their duties
- able to give people assisting them access to the workplace
- able to take paid leave to attend to their health and safety duties
- able to 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. The Service will pay the course costs and reasonable expenses.
- able to access any resources, facilities and assistance that they reasonably require to undertake their duties.

Health and disqualified or resign. They are not personally liable for anything done or not done in good faith whilst Safety Representatives are elected for 12 months unless they leave the Service, are carrying out their role.

DUTY OF CARE AND POSITIVE DUTY OBLIGATIONS

A duty of care is the legal obligation to provide reasonable care while performing any acts or making any omissions that could foreseeably harm others.

The duty encompasses a wide range of matters, including (but not limited to):

- provision of adequate supervision
- ensuring grounds, premises and equipment are safe for children’s use
- implementing strategies to prevent bullying and
- providing medical assistance (if competent to do so) or seeking assistance from a medically trained person to aid a child who is injured or becomes ill at the Service.

The Approved Provider and Nominated Supervisor will ensure all practical steps are taken to ensure the health and safety of all educators, staff, volunteers, children, their families, and any other people impacted by the OSHC Service operations. This includes ascertaining and eliminating or minimising all realistically foreseeable hazards and providing suitable training and instruction for employees to ensure health and safety. Educators, staff, and volunteers will also take reasonable care for their own health and safety, ensuring their conduct does not adversely affect the health and safety of other people. Staff, educators, families and visitors are notified that smoking on or within our Service’s premises, including car parks, is prohibited. Educators and staff must not consume alcohol or be affected by alcohol or drugs (including prescription medication) so as to impair the educator’s capacity to supervise or provide education and care to children.

The Approved Provider and Nominated Supervisor will comply with Work Health and Safety ‘Positive Duty’ obligations, including Sexual Harassment and Psychosocial Hazards Code of Practices. We are committed to creating a workplace with vision and meaningful direction, adhering to our code of conduct and practicing ethical behaviour to ensure a productive work environment free from bullying, discrimination, and/or harassment. Sexual harassment has no place in our Service. We aim to identify, reduce and manage psychological and psychosocial hazards and risks within the work environment through risk assessments in line with WH&S legislation.

HAZARD IDENTIFICATION

A hazard is a source of potential harm or a situation that could cause or lead to harm to people or property. Workplace hazards can be physical, chemical, biological, mechanical or psychological.

Potential Hazard	What does this include?	Example	Potential accident
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Physical	Floors, stairs, steps, ladders, fire, falling objects, slippery surfaces, manual handling (lifting, pulling, pushing), noise, heat and cold, radiation, poor lighting, ventilation	Wet bathroom floors, lifting children on play equipment.	Trips, slips and falls, Manual handling injury (soft tissue/back injury)
Mechanical and/or Electrical	Electricity, machinery, equipment, washers and dryers, kitchen appliances, motor vehicles.	Lint accumulation in dryers can be a combustion hazard. Frayed power cords or unplugged power points are an electrical hazard.	Fire, electric shock, electrocution
Chemical	Includes substances such as acids or poisons, cleaning agents, dusts and fumes.	Cleaning chemicals, Medication	Fire, explosion, poisoning
Biological	Includes bacteria, viruses, mould, mildew, insects, vermin and animals.	Sick staff or children attending the Service, Contaminated food, mice infestation.	Cross-infection, food poisoning.
Psychological Psycosocial	Workplace stressors.	Bullying, children's needs exceed skill or confidence of educators, insufficient management support.	High stress levels (staff and children), compromised care practices, failure to be inclusive.

Source: ACECQA: *How to- Work Health and Safety in Education and Care Services*

RISK MANAGEMENT

Risk Management is part of our OSHC Service's commitment to Work Health and Safety (WHS) to ensure that clear processes are in place for the identification of hazards, assessment of risks and implementation of control measures so far as reasonably practicable. Risk management plans include risk identification and risk assessment. Plans are reviewed regularly to ensure that they are effective in controlling risks.

Our Service will comply with WHS legislation and ensure all staff and visitors are aware of the potential hazards and risks and are provided with the necessary information and strategies to undertake to help keep them safe and healthy.

Risk Management is a systematic and methodical examination of potential risks and hazards within our working and learning environment. The process of risk assessment assist to:

- identify hazards
- assess who or what might be harmed and how
- evaluate the risks and deciding on appropriate control measures
- record findings
- review the effectiveness of exiting control measures regularly and update when necessary assessments regularly
- consult and communicate with all stakeholders- staff, families, visitors and community members.

Risks assessments are routinely conducted for emergencies including evacuation, lockdown, excursions and management of natural disasters such as bush fire, flood, cyclone and earthquake. (see relevant policies for specific risk assessments)

Additionally, risk assessments can be undertaken when presented with a hazard such as the potential health risk associated with exposure to coronavirus- COVID-19 and implement control measures to manage those risks. Risk Assessments can be effectively used to meet WH&S obligations to identify and reduce hazards within the workplace, including, but not limited to, sexual harassment and psychosocial hazards.

HAZARD REDUCTION

Educators and staff have responsibilities to take a risk management approach to all activities and plan for the safety of themselves and children. This may include:

- always work with safety in mind
- be aware of any hazards and report them immediately

- keep hallways and doors completely clear as an object could become a hazard in an emergency evacuation situation
- using resources appropriately
- open doors slowly
- do not stand on furniture (chairs or tables)
- walk, not run within the Service (particularly up and down stairs)
- adhere to sun protection guidelines
- ensure personal safety by wearing PPE, implementing hand hygiene procedures
- follow behaviour guidance plans to ensure personal safety and that of other children

HAZARDOUS MATERIALS

We strive to minimise the health and safety risks associated with the handling and storage of hazardous materials. We adopt a risk management strategy that enables practices that minimise the risk of harm, injury, or illness caused by any hazardous material.

As far as is reasonably practical, our OSHC Service will:

- provide the least hazardous chemical, product, or equipment for the task without jeopardising hygiene
- ensure that staff, contractors, students, and visitors are protected from both short- and long-term health effects of hazardous substances and processes
- ensure all staff, contractors, visitors, and students have access to Safety Data Sheets (SDS) and adequate training on the safe use and storage of all hazardous substances prior to any exposure to those substances.
- ensure that non-toxic plants are planted within the workplace and regular garden and grounds maintenance will be undertaken to minimise the risk of toxic plants within the grounds and premises.

CLEANING

Educators and staff must:

- follow manufacturer's directions for cleaning products and chemicals (see Safety Data Sheets- SDS)
- ensure a register of all hazardous chemicals, substances and equipment is used at the Service. The register should include where they are stored, their use, any risks, first aid instructions and the current SDS.
- all items are clearly labelled
- wash hands immediately if any chemical is spilled

- in the event of a chemical spill, isolate the area and advise the Nominated Supervisor
- wash hands thoroughly after using any chemical or disinfectant
- ensure containers are disposed of correctly following local council guidelines and not reused under any circumstances
- seek medical advice immediately if poisoning or potentially hazardous ingestion, inhalation, skin or eye exposure has occurred.
- **Poisons Information Line 13 11 26 or call an ambulance on 000**
- ensure emergency, medical and first aid procedures are carried out according to service policies and procedures.

SLIPS TRIPS AND FALLS

Children must be adequately supervised at all times. Identifying potential hazards such as sustaining an injury from play equipment or slipping on a wet surface should be considered through the risk assessment process. Establishing appropriate control measures for staff and children, assist in managing the possible risk.

Staff should:

- wear covered shoes with slip resistant soles and heels
- be alert for any object that could be a trip hazard
- pick up any objects sticking up from the floor or ground, so as not to cause injury
- ensure warning signs alerting others of wet and slippery floors are used
- immediately clean any spills to avoid slips and falls
- notify the Nominated Supervisor and the HSR if a slip or fall is witnessed, whether it is a work colleague or visitor
- ensure the appropriate paperwork is completed (including notification to the Regulatory Authority if required).

ELECTRICAL EQUIPMENT TESTING

Services must ensure that electrical equipment is tested by a qualified person on a regular basis which is recorded with a tag attached to the equipment tested. This must be kept until the equipment is next tested or disposed of and must specify:

- name of the tester
- date and outcome of the testing
- re-test date

Records will be maintained including details of electrical equipment tested, tag number, location, test date, pass/fail and when electrical equipment is due to be re-tested.

MAINTENANCE OF FIRE EQUIPMENT

All fire equipment at our Service will be maintained as per the Australian Workplace Safety Standards. External agencies will be employed to conduct the maintenance of the fire equipment. Fire extinguishers will be inspected every six months.

PSYCHOSOCIAL HAZARDS

Our Service is committed to identifying, assessing and managing psychosocial hazards as far as reasonably practicable. Our Service will comply with WH&S regulations, including the [Code of Practice on Managing Psychosocial Hazards at Work](#). Management will take reasonable steps to eliminate psychological and physical harm to employees through identification, reducing, managing and responding appropriately to matters of psychosocial hazards occurring in the workplace.

BACK CARE AND MANUAL HANDLING

Our OSHC Service refers to the [Manual Handling Code of Practice](#) as part of our commitment to ensure a best practice approach. All staff members are required to undertake Workplace Health and Safety Training that will continue to be updated to ensure safety.

Educators are at risk of work-related ergonomic injuries, particularly back injuries, through carrying children, bending, reaching and not using adult sized furniture.

Manual handling is any activity requiring the use of strength used by the person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.

Manual handling injuries may be caused by the activities listed above. Injuries can include back strains, similar strains and sprains in parts of the body such as the neck, arm, shoulder and knee. Manual handling injuries also include overuse injuries or, because of falling during manual handling, bruising or laceration.

RECOMMENDATIONS:

- To help prevent injuries, there are legal requirements for manual handling in the workplace.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- make sure that equipment and containers are designed and maintained to be, as far as workable, safe and without risk to health and safety when manually handled

- make sure that the work practices involving manual handling and the work environment are designed to be, as far as workable, consistent with safe manual handling activities
- identify, assess and control all risks associated with manual handling in each workplace
- clearly mark any equipment which requires more than one person to lift or move it.

PREVENTING MANUAL HANDLING INJURIES

- Eliminate or reduce the amount of manual handling
- Reduce the amount of bending, forward reaching, and twisting, in all tasks
- Reduce worker fatigue
- Keep all equipment in good working order
- Keep the workplace environment safe

TO HELP PREVENT MANUAL HANDLING INJURIES

- Kneel rather than bend down
- Sit down with the children rather than bend over
- Sit in an appropriately sized chair or on the floor
- When lifting awkward loads, be careful to lift with a balanced and comfortable posture
- Minimise the need to reach above shoulder level
- If necessary, use a step ladder
- Avoid extended reaching forward
- For example, leaning into low equipment boxes
- Share the load if the equipment is heavy, long or awkward
- When sliding, pulling or pushing equipment that is not easy to move, e.g. trestles or gym mats, ask for help and organise a team lift
- Where possible, rearrange surroundings to meet the needs of both children and adults
- Remember these needs when buying furniture and equipment or upgrading facilities
- Use equipment and furniture that can be moved around as safely and easily as possible
- To complete lengthy writing tasks, e.g. program planning, sit at an appropriate adult sized chair at an adult sized table

AVOID TWISTING WHEN LIFTING

Many injuries result from twisting while lifting. To avoid this:

- 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 your strength

- make sure you can see where you are going when carrying equipment
- be especially careful when lifting a child with special needs.

AVOID ACCIDENTS WITH CAREFUL 'HOUSEKEEPING'

'Good housekeeping' means fewer accidents. Check that:

- the floors and other walking surfaces are uncluttered, even and non-slip
- the workplace is tidy
- there is adequate space to perform each task
- equipment is maintained regularly
- lighting is adequate.

HOW TO LIFT SAFELY

1. Place your feet in a stride 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

HOW TO ORGANISE A TEAM LIFT

1. Ask a colleague who is willing and able to help. Ideally the colleague should be well matched to you in size and strength
2. Agree on a plan of action. A coordinated movement during a lift is important
3. Timing is important for co-ordination. One person should act as a team leader and '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.

- The best height range for handling loads is around waist level
- The acceptable height for lifting is any point between the individual's knuckle and shoulder
- Seldom-used objects can be stored at the shoulder-to-raised arm height (use ladders to avoid stretching)
- Avoid storing objects at a level between an individual's knuckles and the floor

- Mechanical aids such as ladders and trolleys should be used where possible to avoid lifting

RISKY PLAY/ADVENTUROUS PLAY

Educators will provide an environment that encourages children to effectively learn in play which involves supporting them to take risks. No play space is risk free. It is important for children’s development to become adventurous and participate in opportunities to explore and test their own capabilities, manage risk, and to grow as capable, resourceful, and resilient people.

Educators will assess the risks to children’s safety and develop guidelines to encourage children to test their abilities within a safe environment.

When we find children exploring risky play, educators will supervise and assist when appropriate.

FURTHER RESOURCES

Child Care Centre Desktop: Work Health and Safety Manual

South Australia: SafeWork SA provides work health and safety services across South Australia

<https://www.safework.sa.gov.au/>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Work Health and Safety Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Work Health and Safety Audit	Work Health and Safety Manual
Work Health and Safety Officer Job Description	

SOURCE

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REVIEW

POLICY REVIEWED BY	SARAH DUFFY	DIRECTOR	MAY 24
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V7.6.23		
MODIFICATIONS	<ul style="list-style-type: none"> • sources checked for currency • minor edits throughout policy • links fixed to state/territory Safe Work agencies • additional information added regarding sexual harassment and psychosocial hazards • additional information relating to visitors not being left alone added • additional section added for Continuous Improvement • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
JUNE 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required 	JUNE 2023	