

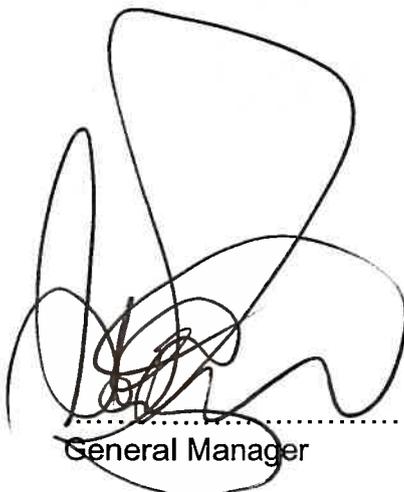


# **Children and Family Services Policies and Procedures**

## DOCUMENT AUTHORISATION

<b>RESPONSIBLE OFFICER:</b>		COORDINATOR CHILDREN YOUTH AND FAMILY SERVICES			
<b>REVIEWED BY:</b>		Council			
<b>REVIEW DUE DATE:</b>		25 November 2022			
<b>VERSION NUMBER:</b>		4			
<b>DOCUMENT NUMBER:</b>		N/A			
<b>VERSIONS:</b>	<b>DATE:</b>	<b>RESOLUTION NO:</b>	<b>DESCRIPTION OF AMENDMENTS:</b>	<b>AUTHOR / EDITOR:</b>	<b>APPROVED / ADOPTED BY:</b>
4	25/11/2021	25.11/21	The inclusion of the National Quality Framework Standards as Policy Headings Moving existing information within the policy to reflect the appropriate National Quality Standard. Inclusion of additional information and newly created policies required to meet the National Quality Framework audit requirements. Amended terminology reflective of changed industry and/or Departmental practice. Inclusion of learning related to training and re-evaluation of the Services Quality Improvement Plan (QIP). Inclusion of information related to COVID-19 and pandemic.	Manager of Community Services	Council

Note: Document Control continued at Appendix A



.....  
General Manager

18/1/22  
.....  
Date

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## ACKNOWLEDGEMENT OF COUNTRY

Glen Innes Severn Council acknowledges and pays respect to the Ngorabul people as the traditional custodians of this land, their elders past, present and emerging and to Torres Strait Islander people and all First Nations people.

## PURPOSE

The purpose of this policy is to provide an ethical framework for **Children and Family Services (CAFS)** staff and volunteers from which to guide the delivery of excellence in service delivery. Furthermore, to guide services that encompass a variety of options and opportunities to promote and strengthen the wellbeing of children as they navigate their expanding social world.

## APPLICABILITY

This policy applies to staff and volunteers engaged at Council's CAFS Outlet and involved in the delivery of **Out of School Hours (OOSH)**, Vacation Care and **Department of Community Services and Justice (DCJ)** programs.

## OUTCOMES

The primary outcome of this policy is to provide staff with an ethical framework of procedures which are consistent with current industry and departmental standards, have been formulated in consultation and reference to relevant parties including parents and carers of OOSH and vacation care attendees.

- To uphold the right of every child to be safe, and protected from all forms of abuse, violence or exploitation;
- To support inclusion and participation;
- To work within an ethical framework;
- To facilitate good outcomes for children; and
- To adhere to the **National Quality Framework (NQF)**, the **National Quality Standards (NQS)** and the **Australian Children's Education and Care Quality Authority (ACECQA)**.

## ROLES AND RESPONSIBILITIES

Glen Innes Severn Council's CAFS staff have an obligation to deliver educational childcare programs within a structured framework of policies and procedures that provide a safe and engaging learning environment for children and which are consistent with current legislative and industry standards.

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## **POLICY STATEMENT**

Glen Innes Severn Council's suite of Policies and Procedures for CAFS has been developed to provide an ethical framework to guide the delivery of excellent services that encompass a variety of options and opportunities to promote and strengthen the wellbeing of children as they navigate their expanding social world. Glen Innes Severn Council is committed to providing equitable, quality services for children through Council's CAFS.

## **QUALITY AREA ONE - EDUCATIONAL PROGRAMS AND PRACTICES**

### **Philosophy**

#### **Statement**

At Glen Innes CAFS we recognise the importance of building meaningful relationships to nurture the wellbeing, development and learning for children using our service.

Educators provide ongoing opportunities to extend learning, life skills and citizenship in an inclusive environment rich in choice and collaboration. They recognise the individual and collectiveness, interests and culture of children and families in the community.

Our service values family and recognises them as the most influential teacher's that children can have in their lives. Our educators aim to compliment and extend on this existing learning in a fun, safe setting where all stakeholders are encouraged to interact with respect and dignity.

Our aim is to provide ongoing support to school age children to develop their individual sense of being, belonging and to strengthen their sense of identity, resilience and understanding of the world in which they live.

### **Programming**

#### **Statement**

Children, Educators and Families 'collaborate with children to provide play and leisure opportunities that are meaningful to children and support their wellbeing, learning and development.'<sup>1</sup>

CAFS Educators ensure that all children who attend programs are provided with a program of activities and experiences that meet both their individual and collective developmental and educational needs.

CAFS staff encourage families and the community to be actively involved in promoting opportunities to expand children's learning and in creating a holistic inclusive approach to programming and planning.

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<sup>1</sup> My Time, Our Place: Framework for School Age Care in Australia. p. 5.

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CAFS staff members are provided with the resources, training, information and support necessary to develop programs suited to individuals and groups.

Social, emotional, physical, and cognitive needs of individual children, as well as groups, will be planned for, and evaluated on a regular basis meeting the needs of children and staff. Parent / family participation in programming will be sought through a variety of strategies.

## **Procedures**

When interacting and planning with children, staff will:

- Encourage children to express themselves and their opinions;
- Allow children to undertake experiences that develop self-reliance and self-esteem;
- Maintain the dignity and rights of the child;
- Provide positive guidance and encouragement towards acceptable behaviour;
- Respect family and cultural values, age, physical and intellectual development, and abilities of each child;
- Provide children with opportunities to interact and develop positive and respectful relationships with each other and with staff and volunteers at the service; and
- Provide opportunities for children to expand their self-confidence through continuation and extension of interests developed in other settings; for example, a space will be provided for children to build on ideas commenced at school or complete their homework if they choose.

This will be done with consideration given to the cultural/social/economic backgrounds of children. Curriculum planning will provide opportunities to enhance children's wellbeing and development, enriched with meaningful learning so they become active citizens within the community.

Staff will foster self-esteem and self-reliance through:

- Encouraging independent decision making;
- Presenting challenges as children are ready;
- Showing acceptance and respect for children;
- Providing positive reinforcement and praise when children achieve;
- Giving each child individual support, attention and guidance;
- Allowing children to make choices and provide support when mistakes are made; and
- Encouraging children to respect each other.

Staff will promote individual development and identify individual needs through:

- Providing opportunities for children to pursue their interests including those that they have identified in other settings such as their home or school;
  - Ongoing observation and documentation of learning of the child;
  - Maintenance of individual records of the child;
  - Incorporation of individual needs and interests in group plans; and
  - Discussion with parents / caregivers.
-

## Legislation and Supporting Documentation

- National Quality Standards, Guidelines. **Australian Children’s Education and Care Quality Authority (ACECQA);**
  - My Time, Our Place: Framework for School Age Care;
  - *Children and Young Persons (Care and Protection Act) 1998;*
  - *Children (Education and Care Services National Law Application) Act 2010;*
  - *Education and Care Services National Regulations 2011;*
  - *Work Health and Safety Act NSW 2011;*
  - *Work Health and Safety Regulation 2017; and*
  - *Commission for Children and Young People Act 1998.*
-

## QUALITY AREA TWO – CHILDREN’S HEALTH AND SAFETY

### Food, Nutrition and Dietary Requirements

#### Statement

CAFS believes that good nutrition is essential for a child’s healthy growth and development. For this reason the service will provide nutritious, good quality food consistent with the *Dietary Guidelines for Children and Young People in Australia*.

Staff will aim to provide a relaxed and enjoyable environment for children to eat their meals and snacks ( “*My Time, Our Place*” 1.1). All food served will be consistent with the child’s own dietary requirements, and take into consideration the children’s like and dislikes, and Safe Food Handling Guidelines, as well as meet any cultural requirements of families (“*My Time, Our Place*” 3.2).

High standards of hygiene will be maintained throughout all food preparation. (Refer to “Health and Hygiene”, pp. 24-6).

We will encourage the development of the children’s good eating habits through the modelling and reinforcing of healthy eating and nutrition practices by Staff. Parents/caregivers will be encouraged to share family recipes and traditions to enrich the variety and enjoyment of food by the children and support the children’s development of respect for, and understanding of, diversity (“*My Time, Our Place*” 1.3).

When the staff provides a variety of healthy food, children are more able to choose from the food provided. Enabling children to make choices empowers them and builds their skills in making good food choices.

Where possible staff will seek out opportunities to learn about growing food and collaborate with children to use that food in the Service menu planning (“*My Time, Our Place*” 3.4).

Educators will enable opportunities for children to be actively involved in preparation and cooking of snacks. To build life long learning about positive interactions and skills linked to food and nutrition.

#### Details and Strategies

A menu developed using the principles set out in the *Dietary Guidelines for Children and Young People in Australia* will be on display for families and children. The menu will be an accurate representation of food and drink that is being served.

Fresh drinking water will be available at all times for the children and staff.

During Vacation Care, parents / caregivers will be asked to provide their child’s morning tea, lunch, afternoon tea and drinks unless otherwise stated on the program. No menu will be displayed where food and drink is not provided by the service. Children should be seated while eating or drinking.

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Education of healthy eating habits will be developed through ongoing example, specific activities, notices, posters and information sheets to parents / caregivers.

The denial of food will never be used as a punishment.

Containers are to be cleaned and stored appropriately.

Children's cooking activities will be encouraged to develop life skills. At all times safe and hygienic practices will be followed as per the Hygiene Policy. Staff members are required to attend regular professional development on nutrition and Safe Food Handling.

## **Healthy eating is a shared responsibility, between staff, children and families.**

Staff members are responsible for:

- Scheduling regular times, in between activities, for meals and snacks that meet children's needs, allowing for transition from an activity to meal time;
- Planning a healthy and nutritiously balanced menu;
- Preparing food in a safe and hygienic manner;
- Supporting children to come to the eating area for meals and snacks, even if they choose not to eat;
- Creating a relaxed and pleasant social environment at mealtimes; and
- Respecting children's choices.

Children are responsible for:

- Choosing which of the healthy food options offered, they want to eat;
- Deciding how much food they want to eat;
- Contributing to the preparation of their food when appropriate; and
- Serving and assisting each other.

The five (5) key behaviours that staff members promote at mealtimes are:

- Eat together;
  - Sit and interact while eating;
  - Offer new foods regularly;
  - Provide healthy meals and snacks with a few choices; and
  - Let children choose what to eat and how much to eat, from the healthy selection that is provided.
-

## Healthy Food Messages

Mealtimes together provide an opportunity for staff to discuss the origins of food, food production and nutrition messages with children. However, good food messages are also integrated into other parts of the day and these messages focus on:

- Mealtimes are social occasions when people eat together;
- Developing good eating habits such as regular times for meals;
- Trying new foods, regularly;
- Eating when hungry;
- Starting with small portions and stopping when full; and
- Enjoying a variety of foods.

## The Eating Environment

The focus of the mealtime environment is on a safe and relaxed atmosphere and about building positive relationships between staff and children and among peers. In the eating environment staff members provide:

- Tables to sit at;
- Tableware and utensils that are attractive and the area maintained in a clean and aesthetic manner;
- Opportunities for children to assist in setting up and clearing away the meal environment – in line with their skills and interest;
- Discussions with children about the environment and what they would like – tablecloths, a centrepiece for decoration, quiet music; utensils or other items that reflect different cultures;
- Serving bowls with food and drink that children can serve themselves with staff close by to supervise and support when needed;
- Safe area/s for children to stack used plates, cutlery and cups; and
- Scheduled snack and mealtimes throughout the day, set up consistently to provide continuity and assurance for children, but with some flexibility for special activities, the weather, or if younger children seem to be getting tired etc.

## Interactions at Mealtimes

The focus of interactions and conversations is primarily on the children's interests and experiences. Staff can:

- Encourage children to talk among their table group;
  - Highlight particular activities they may have engaged in that day;
  - Sit close to a group and/or move around to each table group;
  - Sit when talking with children rather than always talking at them from a standing position;
  - Eat some of the food offered with the children; and
  - Remain calm and accommodate children's developing food preparation skills and some 'messiness' at mealtimes.
-

Staff can also:

- Discuss nutrition at mealtimes, in an informal manner;
- Draw children's attention to a new food or something interesting about a particular food e.g. how beans grow; if food has been prepared differently, any cultural factors about the food offered; and
- Encourage children to stay at the table and talk or provide quiet activities for children who may finish eating more quickly than others.

Staff members do not:

- Focus on how much a child has eaten – but note this for families;
- Force children to eat through rewards, heavy persuasion or coercion;
- Withdraw food as a behaviour guidance strategy; and
- Rush children to eat but encourage a timely pace especially if the area needs to be used by another group.

## Health and Safety

A *Food Safety Program* ensures that all requirements of Work Health Safety and the *Food Act 2003* are complied with.

## Legislation and Supporting Documents

- *Education and Care Services National Regulations 2011*;
- *Children (Education and Care Services National Law Application) Act 2010*;
- Australian Dietary Guidelines for children and adolescents;
- National Food Standards Code (FSANZ);
- *Food Act 2003 (NSW)*;
- *Food Regulation 2010 (NSW)*; and
- NRG@OOSH (Network of Community Activities).

## 2. Sun Protection

### Statement

Glen Innes Severn Council recognises that Australia has the highest rate of skin cancer in the world. Skin cancer, including melanoma and non-melanoma, is the most common cancer in Australia. Exposure to **ultraviolet (UV)** radiation in childhood is a major risk factor for the development of skin cancer later in life and CAFS staff will take every precaution to protect children.

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## Rationale

By implementing a best-practice Sun Protection Policy, Early Childhood Education and Care Services can help protect staff and children from UV radiation and teach children good sun protection habits from an early age to reduce their risk. Sun protection times are a forecast for the time-of-day UV levels will reach three (3) or above. At these levels, sun protection is recommended for all skin types and the policy areas should be implemented. In NSW, UV levels are high enough (UV 3 or above) to damage unprotected skin most months of the year. UV levels are particularly high during the summer months and highest in the middle of the day. UV levels and daily sun protection times can be accessed via the SunSmart App or Cancer Council Australia's home page to determine sun protection requirements.

## Recommendations

### 1. Scheduling outdoor activities

UV levels and daily sun protection times are used to plan daily activities and ensure a correct understanding of local sun protection requirements. When children are on excursions all sun protection practices are planned, organised, understood and available.

### 2. Shade

All outdoor activities are planned to occur in shaded areas. Shade options are provided, maintained and promoted to the children. Play-based learning activities are set up and moved throughout the day to take advantage of shade patterns. Shade options can include a combination of portable, natural and built shade. Cancer Council encourages regular shade assessments and the monitoring of existing shade structures, to assist in planning for additional shade

### 3. Hats

All staff and children are required to wear SunSmart hats that protect their face, neck and ears. Children without a SunSmart hat are encouraged to play in an area protected from the sun (e.g. under shade, veranda or indoors), or are provided with a spare SunSmart hat.

SunSmart hats include:

- Broad-brimmed hats with a brim size of at least 6cm (adults 7.5cm);
- Bucket hats with a deep crown and brim size of at least 5cm (adults 6cm); or
- Legionnaire style hats.

Baseball caps or visors do not provide enough sun protection and therefore are not recommended.

### 4. Clothing

Staff and children are required to wear SunSmart clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. Children without SunSmart clothing are encouraged to play in an area protected from the sun (e.g. under shade, veranda or indoors) or are provided with spare clothing.

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SunSmart clothing includes wearing:

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

Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

## **5. Sunscreen**

All staff and children are required to apply SPF30+ (or higher) broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every two (2) hours. Permission to apply sunscreen is included in the service enrolment form. Where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen, or the child encouraged to play in the shade. Cancer Council recommends usage tests before applying a new sunscreen. All sunscreen is stored in a cool, dry place and the expiry dates monitored.

## **6. Babies**

Babies under 12 months are not to be exposed to direct sunlight. Babies clothing, hat and shade positioning are checked regularly to ensure they continue to be well protected from UV. The use of sunscreen on babies under six (6) months is not recommended due to their sensitive skin.

## **7. Role Modelling**

Staff act as role models and demonstrate SunSmart behaviours by:

- Wearing a SunSmart hat, protective clothing, and wearing sunglasses (optional);
- Applying SPF30+ broad-spectrum water-resistant sunscreen;
- Promoting the use of shade;
- Discussing sun protection with children; and
- Demonstrating a positive and proactive approach to the management of sun protection in the service.

Sun safety is everyone's responsibility. By being role models ourselves and leading the way with our own sun safety, we can inspire our children to be SunSmart when they step outside.

## **8. Education**

Sun protection is incorporated regularly into learning programs. Children understand why sun safety is important and learn how to take effective sun protection actions e.g. hat wearing, accessing daily UV levels. SunSmart App daily UV times are promoted to guide staff, parents and children behaviour. Further information is available from Cancer Council NSW's website [www.sunsmartnsw.com.au](http://www.sunsmartnsw.com.au)

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## 9. Information and policy availability

Sun protection policy, procedures, requirements and updates are made available to staff, families and visitors. Sun protection information and resources are accessible and communicated regularly to families. All parents / families are informed of the sun protection policy including appropriate hat, clothing and sunscreen requirements on enrolling their child in the service.

## 10. Review

Management and staff regularly monitor and review how effectively they implement their sun protection policy. Sun protection policies must be updated and submitted to Cancer Council NSW every three years to maintain current SunSmart status.

*This policy is to be read in conjunction with Glen Innes Severn Council's Sun Smart and Personal Protective Equipment Policy.*

## Legislation and Supporting Documents

- The Education and Care Services National Law, the Education and Care Services National Regulations;
- The National Quality Standard (NQS): Education and Care Services National Law Act 2010;
- Section 167 - protection from harm and hazards Education and Care Services National Regulations;
- Regulation 113 Outdoor Space - Natural environment Regulation 114 Outdoor Space - Shade Regulation; and
- 168 Education and care service must have policies and procedures 2 (ii) Sun protection National Quality Standard: All seven (7) quality areas,

*This policy is to be read in conjunction with Glen Innes Severn Council's Sun Smart and Personal Protective Equipment Policy.*

## 3. Water Safety including water-based activities

### Statement

Children and family educators will plan experiences with appropriate levels of challenge where children will be encouraged to explore, experiment and take appropriate risks ("My Time, Our Place", Outcome 4), including the use of water as a medium for play in both the outdoor and indoor environment and on excursions. Water use will always be supervised to ensure the safety of children is a priority. The hygienic state of water will be assessed before it is used for children's play. Drinking water will be accessible, hygienically stored and maintained.

The safety and supervision of children is paramount when in or around water. This relates to water play, excursions near or at bodies of water, hot water, drinking water and hygiene practices with water in the service environment.

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## Background

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place for managing water safety, including safety during any water-based activities.

According to Kidsafe (the recognised authority on the prevention of injuries in children), drowning continues to be one of the main causes of fatalities of Australian children. Every year a number of children are killed and hundreds more are 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 and water tanks are potential drowning hazards.

## Water Safety in Relation to Excursions

The service recognises the risks posed by bodies of water and will ensure that every precaution is taken so that children are able to enjoy water-based excursions safely. Risk assessments will be carried out for all water-based excursions, please refer to the service's Excursion Policy.

Authorisation from families will be sought prior to excursions including those involving water-based activities. The National Law and Regulations do not specify a specific educator to child ratio for activities where water is a feature. The number of educators' present is to be determined by a risk assessment of the proposed activity. It must also be noted that in sections 165, 167 and 169 of the National Law there are clear statements about adequate supervision.

A range of factors shall determine the adequacy of supervision, including:

- Numbers, ages, and abilities of the children;
- Number and positioning of educators;
- Each child's current activities;
- Areas where children are playing, the visibility and accessibility of these areas;
- Risks in the environment and experiences provided to children;
- Educators' knowledge of each child and each group of children; and
- The experience, knowledge, and skill of each educator.

Ratios:

- Water Ratios – one (1) Staff members to five (5) Children; and
  - Water ratios will need to be adhered to when the water level is larger than 5cm.
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## Definition of a Body of Water:

The service recognises the following locations as bodies of water:

- Swimming pools and/or water fun parks;
- Wading pools, lakes, ponds, the sea / ocean, creeks, dams, and rivers;
- Equipment used by the service that could contain 5cm or more of water and would allow a child to submerge both nose and mouth at the same time;
- Water safety in relation to water-based activities within the service:
- 1:5 ratio will be followed while water-based activities are being run;
- Water use within the service will be supervised to ensure that the safety of children, and educators is a priority. The hygienic state of water will be assessed before it is used for children's play;
- At the completion of the activity the water containers will be emptied, and the containers turned upside down or packed away. Educators will ensure water troughs or containers for water play are filled to a safe level. Children will be discouraged from drinking from these water vessels;
- Children will be instructed in the safe use of equipment used during water-based activities, for example, slip and slide, water pistols, bubble machines, etc;
- Any buckets of water that may be used for cleaning or hand washing will not be left unsupervised near the children and will be emptied immediately after use; and
- The children's play areas will be checked each morning to ensure that no containers or pools of water are accessible to children. If rain occurs during the day, outdoor play areas will be checked for safety prior to the children entering the outdoor environment.

## Education and Care Services Legislation and Resources

- Section 165 Offence to inadequately supervise children;
  - Section 167 Offence relating to protection of children from harm and hazards;
  - Regulation 25(1)(c) Additional information about proposed education and care service premises;
  - Regulation 26(1)(l) Application for service approval – family day care – swimming pool;
  - Regulation 101 Conduct of risk assessment for excursion;
  - Section 102C Conduct of risk assessment for transporting of children by the education and care service;
  - Regulation 115 Premises designed to facilitate supervision;
  - Regulation 168(2)(a)(iii) Education and care services must have policies and procedures on water safety, including safety during any water-based activities;
  - Regulation 170 Policies and procedures to be followed;
  - Regulation 171 Policies and procedures to be kept available;
  - Regulation 172 Notification of change to policies or procedures;
  - Regulation 274 Swimming pools (NSW only);
  - Education and Care Services National Law 2010 Education and Care Services National Regulations 2010 and 2014 Update (99,100,101,102,103,168) National Quality Standard (Standard 2.3);
  - My Time, Our Place Work;
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- NSW Work Health and Safety ACT 2011;
- Providing a Child Safe Environment;
- Policy Excursion Policy; and
- Australia Water Safety Council.

## 4. Administering First Aid

### Statement

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 a Childhood Service where Educators and staff have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication.

### Purpose

CAFS has a duty of care to protect the health and safety of children, families, educators, staff, students, volunteers and visitors of the Service.

This policy aims to support Educators and staff to:

- Preserve life;
- Ensure that ill or injured persons are assisted and comforted until medical assistance is available;
- Monitor and support ill or injured persons;
- Apply additional first aid techniques if the condition deteriorates; and
- Ensure the environment is safe and other people are not in danger of becoming ill or injured.

### Scope

This policy applies to children, families, educators, staff, students, volunteers, and visitors of the 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.

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Facility Management is responsible for:

- Safeguarding that every reasonable precaution is taken to protect children at the Service from harm and/or hazards that can cause injury;
- Appointing a Nominated First Aid Officer;
- Ensuring that at least one (1) educator is in attendance at all times with current approved first aid qualifications and is immediately available at all times that children are being educated and cared for by the Service;
- This can be the same person who has anaphylaxis management training and emergency asthma management training;
- Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised;
- Ensuring that first aid training details are recorded and kept up to date on all staff records;
- Ensuring there is an induction process for all new staff, 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;
- Ensuring that parents / guardians 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 Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service;
- Ensuring that staff members are offered support and debriefing after 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 Service; and
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators and staff are informed of these changes.

The Nominated Supervisor / Responsible Person will:

- Maintain a current approved first aid qualification;
  - Support staff when dealing with a serious incident, trauma;
  - Provide and maintain an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards for Child Care centres;
  - Provide and maintain a transportable first aid kit 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 appropriately;
  - Ensure safety signs showing the location of first aid kits are clearly displayed;
  - Ensure that all educators maintain approved first aid qualifications, anaphylaxis management training and emergency asthma management training that meet the requirements of the National Act and National Regulations and are approved by ACECQA;
  - Provide internal training on the administration of an auto-injection device annually and document in staff files; and
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- Maintain a comprehensive and current knowledge of changes in the procedures for the administration of first aid.

Ensure that appropriate documentation is being recorded by educators regarding all incidents, injury, trauma and illnesses and the administration of first aid. Documentation of the following must be recorded:

- 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, and 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; and
- Signature of the person making the entry, and time and date of this.

Educators and staff will:

- Implement appropriate first aid procedures when necessary;
- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required;
- Practice CPR and administration of an auto-injection device annually;
- 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; and
- Conduct a risk assessment prior to any excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised.

Families will:

- Sign Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid treatment that was given to the child;
- Provide the required information for the Service medication record;
- Provide written consent (via the enrolment record) for Service staff to administer first aid and call an ambulance, if required; and
- Be contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

### **First Aid Kit**

The Approved Provider of the Service will ensure that first aid kits are well maintained and up to date in accordance with National Education and Care Service Regulations and Council Policy. All First Aid Kits at the Service must:

- Not be locked;
  - Not contain paracetamol;
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- Be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service;
- Be easily accessible by Educators and staff;
- 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; and
- Contain a list of the contents of the kit.

## 5. Dental Health

### Statement

Children attending OOSH will be given every opportunity to be independent decision makers, providing them with knowledge and awareness of the dental health. This will be illustrated by giving them opportunities to make choices and plan menus and snacks.

Discussions and reflections will be held with children regarding the vital role teeth play in the body's functions and how to maintain oral health.

### Details and Strategies

Staff will ensure that:

- Children are provided with milk and water while at OOSH programs. Cordial and fruit juice will be discouraged. Diluted fruit juice and warm Milo may be provided on special occasions and in the coldest parts of winter;
- Children will be provided with water at lunch times;
- Dental hygiene information will be provided to staff / parents / caregivers and included in program activities for children;
- Overall good food nutrition habits will be encouraged through routine / program information provided to staff and families;
- A visit by the dental therapist will take place at least once per year or when available;
- Healthy lunch boxes are encouraged, with ideas and acceptable lunch box requirements being provided to parents/caregivers regularly to encourage and monitor healthy food choices;
- Children are involved in active after school activities and other curriculum opportunities that enhance knowledge and awareness and to encourage positive decision making regarding general dental health.

### Legislation and Supporting Documentation

- *Commission for Children and Young People Act 1998;*
  - *Work Health and Safety Act 2011;*
  - *Children (Education and Care Services National Law Application) Act 2010; and*
  - *National Regulations 2011.*
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## 6. Rest and Relaxation

### Statement

The United Nations Convention on the Rights of the Child states that “all children have the right to relax and play” (My Time, Our Place: Framework for School Age Care in Australia, p. 4). Council’s childcare service caters for the needs of individual children who may require a rest during their attendance at CAFS.

### Applicability

Our OOSH Care Service will ensure that all children have appropriate opportunities to rest and relax in accordance with their individual needs. Our Service has a duty of care, to ensure we respect and cater for each child’s specific needs.

### Scope

This policy applies to children, families, staff, and visitors of the service.

### Roles and Responsibilities

Children have different sleep, rest, and relaxation needs. Children of the same age can require different periods of rest and sleep.

- Nominated Supervisors and Educators need to consider these needs 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 need;
- CAFS educators will consult with families about their child’s needs, ensuring they are aware of the family’s requirements relating to rest and relaxation for individual children; and
- Educators will make spaces available both indoors and outdoors for children to spend quiet time throughout their busy day.

### Legislation and Supporting Documents

- ACECQA. (n.d.). Safe sleep and rest practices;
  - <https://www.acecqa.gov.au/resources/information sheets/safe-sleep-and-rest-practices> Australian Children’s Education & Care Quality Authority. (2014);
  - Australian Competition and Consumer Commission (ACCC). (2013). Find out more: Keeping baby safe: [https://www.accc.gov.au/system/files/639\\_Keeping%20Baby%20Safe\\_text\\_FA4-WEB%20ONLY.pdf](https://www.accc.gov.au/system/files/639_Keeping%20Baby%20Safe_text_FA4-WEB%20ONLY.pdf);
  - Early Childhood Australia Code of Ethics. (2016);
  - Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017);
  - Guide to the National Quality Standard. (2017). My Time Our Place: Framework for School Age Care in Australia; and
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- Revised National Quality Standard. (2018). Standards Australia – [www.standards.org.au](http://www.standards.org.au) The NSW Work Health and Safety Act 2011 The NSW Work Health and Safety Regulation 2011.

## 7. Supervision

### Statement

Children participating in CAFS programs must be supervised at all times respecting their ages, physical and intellectual development, and the activities in which they are engaged.

**Children attending Supported Playgroups, or Early Childhood Intervention programs, with a parent or authorised guardian are *not* considered to be under the supervision of CAFS staff.**

### Details and Strategies

CAFS ratio requirements are:

- Two (2) Primary Contact Staff should be present at all times during OOSH programs, and one (1) of these should be the Nominated Supervisor or a Responsible Person;
- The ratio for OOSH programs at the Pool House will be a minimum of 1:15;
- A Risk Assessment will be carried out for all excursions, including swimming, to determine a safe level of supervision. As a guide, the ratio will generally be 1:5 for swimming, and 1:8 for other excursions;
- A trainee or volunteer may be included for excursions if there are at least two (2) Primary Contact staff who are NOT trainees, and it is determined a safe level in the Risk Assessment; and
- Volunteers, students and visitors must be supervised by a staff member at all times when with the children.

A current Working with Children Check must be held and be verified for all staff and volunteers. The verifications must be readily available at the CAFS premises as well in Council's Human Resource files.

Children must never be in any area of the premises that is not in sight or hearing supervision of at least one (1) staff member or their parent/caregiver.

The storage shed, laundry and the office area at the Pool House are 'out of bounds' for children.

Entry to the kitchen area by children will be allowed only with the permission of staff.

When children are situated both indoors and outdoors, staff must be positioned so that at least one (1) staff member is supervising outdoors and at least one (1) staff member is supervising indoors.

Staff should not leave the area without informing other staff where they are going.

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Supervision levels will vary, within the approved ratios, as children move between learning areas and tasks.

External perimeters should be secure at all times with access available through the side gate.

## Legislation and Supporting Documents

- *Children (Education and Care Services National Law Application) Act 2010*; and
- *Education and Care Services National Regulations 2011*.

## Dealing with Infectious Diseases

### COVID-19

The CAFS childcare service adheres to all mandatory, Council, NSW Health and Education guidelines related to COVID-19 management and compliance. The staff have received education and training and provide a high level of communication regarding changed conditions with parents and carers.

The direct management of COVID-19 related issues are consistent with current **NSW Public Health Orders (PHO)** and associated government guidelines. Staff have developed an NSW Government approved COVID-19 Safety Plan, a Children and Family Services COVID-19 Business Continuity Plan and adhere to NSW Department of Education guidelines.

### Statement

CAFS will aim to provide a safe and hygienic environment that will promote the health and wellbeing of children (*“MyTime, Our Place”* Outcome 3). Staff will take all reasonable steps to prevent the spread of infectious diseases through the implementation of procedures that are consistent with guidelines of State Health Authorities. Universal precautions will be taken as a general rule to prevent cross-infection.

Children with infectious diseases will be excluded from the service for the period recommended by the Department of Health.

Where there is an outbreak of an infectious disease each enrolled child’s parent/caregiver will be notified within 24 hours under ordinary circumstances. The service will take care when issuing the notification, to ensure it is not done in a manner that is prejudicial or names any particular child (*“My Time, Our Place”* Outcome 1).

Parents / caregivers are advised upon enrolment and in regular reminders not to bring sick children to the service and to arrange prompt collection of children who are unwell. The care needs of a sick child cannot be met without dramatically reducing the general level of supervision of the other children, or risking other children’s health.

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Where a child becomes ill at the service, all care and consideration will be given to comfort the child and minimise the risk of cross infection until the child is collected by the parent / caregiver.

## Details and Strategies

OOSH programs will not accept any child for enrolment unless AUTHORITY FOR EMERGENCY TREATMENT has been signed.

Ambulance Cover is maintained for all children attending OOSH programs.

Parents / caregivers will be informed about the illness and infectious diseases policy on enrolment.

A current copy of the Department of Health guidelines on infectious diseases from NSW Dept of Health website (<http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp>) will be available for reference by staff, and made available to parents/caregivers on request.

If a child becomes unwell while at OOSH:

OOSH programs do not have the staff or facilities to manage sick children. Parents / caregivers must ensure that they have at least two (2) contactable carers who can take responsibility for a child.

A child or staff member will be considered sick if he/she:

- Sleeps at unusual times, is lethargic;
  - Has a fever over 38°C;
  - Is crying regularly from discomfort;
  - Vomits or has diarrhoea;
  - Is in need of constant one to one care;
  - Has symptoms of an infectious disease;
  - Is unwell to the extent that they cannot participate in the program and/or need constant care;
  - Has a contagious rash;
  - Has an illness (or suspected illness) from Infectious Diseases/Contagious conditions, which is listed as requiring exclusion; and
  - Non immunised children will be **excluded from care** during outbreaks of some infectious diseases, even if they are well. These diseases include diphtheria, whooping cough, polio, measles, mumps, and rubella.
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## RECOMMENDED MINIMUM EXCLUSION PERIODS (FROM STAYING HEALTHY IN EDUCATION AND CARE 5TH EDITION)

Condition	Exclusion of case	Exclusion of contacts
Amoebiasis ( <i>Entamoeba histolytica</i> )	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter if affecting 2 or more people	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Candidiasis	See 'Thrush'	
Chickenpox (varicella)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in unimmunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk for developing severe disease. Otherwise, not excluded
Cytomegalovirus infection (CMV)	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diarrhoea (No organism identified) if affecting 2 or more people	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received after at least 2 negative throat swabs, the first swab not less than 24 hours after finishing a course of antibiotics, followed by another swab 48 hours later	Exclude contacts that live in the same house until cleared to return by a public health unit
German measles	See 'Rubella'	
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Glandular fever (mononucleosis, EBV infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded

Condition	Exclusion of case	Exclusion of contacts
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Condition	Exclusion of case	Exclusion of contacts
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	See 'School sores'	
Influenza and influenza-like illnesses	Exclude until well	Not excluded
Legionellosis	Not excluded	Not excluded
Leprosy	Exclude until approval to return has been given by a public health unit	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a

Condition	Exclusion of case	Exclusion of contacts
		public health unit for specialist advice. All immune compromised children should be excluded until 14 days after the first day of appearance of rash in the last case
Meningitis (bacterial)	Exclude until person is well and has received appropriate antibiotics	Not excluded
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus if affecting 2 or more people	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis		See 'Whooping cough'
Pneumococcal disease	Exclude until person is well	Not excluded
Respiratory syncytial virus (RSV)	Not excluded	Not excluded
Ringworm/tinea	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Condition	Exclusion of case	Exclusion of contacts
Salmonella infection if affecting 2 or more people	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Condition	Exclusion of case	Exclusion of contacts
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Scarlet fever		See 'Streptococcal sore throat'

Condition	Exclusion of case	Exclusion of contacts
School sores (impetigo)	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Thrush (candidiasis)	Not excluded	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Typhoid, paratyphoid	Exclude until medical certificate is produced from a public health unit	Not excluded unless considered necessary by public health authorities. Contact a public health unit for specialist advice about excluding contacts and screening
Varicella		See 'Chickenpox'
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Warts	Not excluded	Not excluded
Whooping cough (pertussis)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics
Worms	Exclude if diarrhoea is present	Not excluded

The Responsible Person may request that a medical certificate be presented before the child/staff member return to OOSH programs. If a staff member becomes ill or develops symptoms at the centre they can return home if able or organise for someone to take them home. The Nominated Supervisor or Responsible Person on Duty will organise a suitable staff replacement as soon as possible.

#### Management of HIV / AIDS / Hepatitis B and C

Under the Federal Disability Act and the Anti-Discrimination Act, no discrimination will take place based on a child's / parent's / Educator's HIV or Hepatitis status.

Discrimination in regard to access to the Centre is unlawful. A child with HIV or Hepatitis B or C has the right to enrol in CAFS Programs.

Applicants for positions have the right to equal opportunity of employment.

The service has no obligation to advise other families attending the service, of a child's or staff member's HIV status.

A child with AIDS shall be treated as any other child, as HIV is not transmitted through casual contact. The child shall have the same level of physical contact with staff as other children in the centre.

Where Staff are informed of a child, parent or another educator who has HIV / AIDS or Hepatitis B or C, this information will remain confidential. A breach of this confidentiality will be considered a breach of discipline.

Staff will ensure that no discussion occurs, other than insuring proper care of all children is maintained.

Proper safe and hygienic practices and Universal Precautions will be followed at all times to prevent cross infection as identified in this policy. (**See also *Hygiene policy for details.***) Staff and parents / caregivers will be encouraged to participate in AIDS and Hepatitis education.

## **Management of Infectious Disease Outbreak**

To ensure the safety and wellbeing of children, families and the OOSH community, staff will take measures to create awareness, minimise outbreaks and provide clear understandings of families' choices and responsibilities in relation to immunisation (*NQS Children's Health and Safety*).

Immunisation is no longer compulsory. However, to be eligible for Child Care Benefit children must:

- Have age appropriate immunisation; or
- Be on a catchup immunisation schedule; or
- Have an exemption from immunisation.

Children and staff will be excluded from the service if they are ill with any contagious illness. This includes diarrhoea and conjunctivitis.

In the event of an outbreak of vaccine-preventable disease at the service attended by children, parents/caregivers of children not immunised will be required to keep them at home for the duration of the outbreak, for their own protection.

The Public Health Unit will be notified if any child contracts a vaccine-preventable disease.

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Payment of fees will be required for children during an outbreak of a vaccine-preventable disease, unless other arrangements, discussed and agreed to by the Team Leader, have been made.

The period of exclusion will be based on the recommendations outlined by the Department of Health. The recommendation will be available at the service for viewing.

OOSH staff will at all times follow the recommendations as outlined in the Health Department document.

The decision to exclude or re-admit a child or staff member will be the responsibility of the Responsible Person based on the child's symptoms, medical opinion and Department of Health guidelines for children who have an infectious disease or who have been exposed to an infectious disease.

The Responsible Person has the right to refuse access if concerned about a child's health.

Children and staff with diarrhoea will be excluded for 24 hours after the symptoms have disappeared or after a normal stool.

A doctor's clearance certificate will be required for all infectious diseases such as measles, mumps, diphtheria, hepatitis A, polio, tuberculosis, typhoid and paratyphoid before returning to the service.

Parents/caregivers will be informed about the occurrence of an infectious disease in the service, ensuring that the individual rights of staff or children are not infringed.

All staff will ensure proper hygiene practices are carried out as outlined in the Hygiene Policy.

All staff members will be advised upon appointment to the position to maintain their immunity to common childhood diseases, tetanus and Hepatitis B through immunisation with their local health professional.<sup>2</sup>

## Legislation and Supporting Documents

- *Children (Education and Care Services National Law Application) Act 2010;*
- Education and Care Services National Regulations 2011;
- NSW Department of Health Guidelines;
- *Disability Discrimination Act 1975;*
- *NSW Anti-discrimination Act 1977;*
- Equal Employment Opportunity Guidelines;
- NSW Public Health advice and Public Health Orders;
- *Work Health and Safety Act 2011; and*
- Staying Healthy in Child Care (5<sup>th</sup> Edition).

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<sup>2</sup> Refer also to Council's "Vaccination Policy" for staff.

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## Relevant Council Policies and Procedure

- Family and Community Services Medication Policy;
- Family and Community Services Hygiene Policy;
- Council's Pandemic Business Continuity Plan; and
- Council's Vaccination Policy.

## Incident, Injury, Trauma and Illness

### Statement

CAFS will aim to provide a safe and hygienic environment that will promote the health and wellbeing of children at all times (“*MyTime, Our Place*” Outcome 3). This policy has been established to ensure clear lines of action are identified to effectively manage an event involving a child becoming injured, ill, or involved in an incident.

### Background

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place in the event that a child is injured, becomes ill, or an incident occurs while attending the service.

### Roles and Responsibilities

- The safety, health and wellbeing of children is a paramount consideration for our service;
- Educators and staff members will receive relevant and up-to-date training to ensure they can effectively respond to incidents, injuries, trauma and illness;
- Care will be taken when assessing the seriousness of an incident and if there is a need for emergency services to be contacted;
- Keeping families informed is paramount: families will be notified of any serious incident involving their child at our service as soon as possible;
- In the event of an incident, injury, trauma or illness, we will undertake a review (including a risk assessment) and take any appropriate action to remove or rectify the cause if required;
- High levels of supervision will be maintained, and ratios will always be met, and supervision plans will be regularly reviewed;
- Educators and staff will be provided with access to appropriate and up-to-date information and regular professional development on the management of incidents;
- All educators and staff will be provided with the necessary resources to respond to incidents and injuries; and
- Confidentiality is important and will be maintained at all times.

### Details and Strategies

Programs will not accept any child for enrolment unless AUTHORITY FOR EMERGENCY TREATMENT has been signed.

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Ambulance Cover is maintained for all children attending programs.

Parents / caregivers will be informed about the accident, injury trauma and illness policy at enrolment.

A child or staff member will be considered sick if he/she:

- Sleeps at unusual times, is lethargic;
- Has a fever over 38°C;
- Is crying regularly from discomfort;
- Vomits or has diarrhoea;
- Is in need of constant one to one care; and
- Has symptoms of an infectious disease.

If a child is unwell at home parents / caregivers are not permitted to bring the child to the centre. Children who appear unwell when being signed in by their parent / caregiver will not be permitted to be left at the service.

If a child becomes ill or develops symptoms at the centre the parents / caregivers will be contacted to take the child home. Where the parents / caregivers are not available emergency contacts will be called to ensure the child is removed from the service promptly.

The child who is ill will be comforted, cared for and placed in a quiet isolated area with adult supervision until the child's parent/caregiver or other authorised person takes them home.

During a fever, natural methods will be employed to bring the child's temperature down until the parents / caregivers arrive or help is sought. Such methods include: clothes removed as required, clear fluids given, tepid sponges administered.

If a child's temperature is very high, cannot be brought down and parents/caregivers cannot be contacted, the child's doctor will be contacted and permission sought to give paracetamol. The staff member will document time in which verbal permission was sought, complete the medication form and collect a signature from the parent upon arrival.

If the situation becomes serious the child will be taken to the doctor or an ambulance called. In each case staff will complete an ILLNESS / ACCIDENT RECORD FORM and give a copy to the parents / caregivers.

If a staff member becomes ill or develops symptoms at the centre they can return home if able or organise for someone to take them home. The Nominated Supervisor or Responsible Person on Duty will organise a suitable staff replacement as soon as possible.

The decision to exclude or re-admit a child or staff member will be the responsibility of the Responsible Person based on the child's symptoms, medical opinion and Department of Health guidelines for children who have an infectious disease or who have been exposed to an infectious disease.

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The Responsible Person has the right to refuse access if concerned about a child's health.

## **Injury Procedures**

If a child is injured while at programs, staff will:

- Assess the injury and apply basic first aid;
- If the injury is serious, staff will contact Emergency services then contact parents / caregivers / emergency contacts; a staff member will stay with the child until a parent/other authorised contact has arrived; i.e. a staff member will go to hospital with the child. (Protocol for leaving the service will be followed with all emergency care and contact information regarding the child taken with staff);
- If the injury may require further treatment or the child is particularly upset or distressed, a parent / caregiver or emergency contact will be asked to collect the child;
- Forms will be completed as outlined above and actions taken as detailed above if parents / caregivers / emergency contacts cannot be contacted; and
- Parents / caregivers / emergency contacts will be called in any instance involving injury to teeth; (on dentist advice, even seemingly minor injury can damage emerging teeth and cause future problems if not treated appropriately in the first instance).

## **Universal Infection Control Procedures**

The following universal precautions should be taken to avoid contamination:

- If a child has an open wound it will be covered with a waterproof dressing and securely attached;
- If bodily fluids or blood gets on the skin but there is no cut or puncture, it should be washed away with hot soapy water;
- In the event of exposure through cuts or chapped skin, promptly wash away the fluid, encourage bleeding and wash in cold or tepid soapy water;
- In the event of exposure to the mouth, promptly spit it out and rinse mouth with water several times;
- In the event of exposure to the eyes, promptly rinse gently with cold or tepid tap water or saline solution;
- In the event of having to perform CPR, disposable sterile mouth masks are to be used, or if unavailable a piece of cloth. (The responsible CAFS First Aid Officer will ensure that a mask is available in the First Aid Kit at all times); Staff dealing with open sores, cuts and bodily fluids with any child or adult shall wear disposable glove;
- Staff with cuts, open wounds or skin disease such as dermatitis should cover their wounds and wear disposable gloves; and
- Disposable gloves will be properly and safely discarded and staff are to wash their hands after doing so.

Exposures to possible infection should be reported to the Team Leader to ensure proper follow up procedures occur.

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**Note:** Hot water may coagulate the blood and protect any virus from the soap or disinfectant. It is best to use cold or tepid water temperatures in all cleaning processes.

Any soiled clothing shall be handled using disposable gloves, and soaked in disinfectant or hot soapy water. Clothing will be placed and sealed in a plastic bag for the parents/caregivers to take home.

Any blood or bodily fluid spills will be cleaned up immediately, using gloves and the area fully disinfected. Cloths used in cleaning will be wrapped in plastic bags and properly disposed of according to current infection control guidelines.

A hazard report is to be entered into SafeHold in any circumstances in which there is a risk to staff.

Proper safe and hygienic practices and Universal Precautions will be followed at all times to prevent cross infection as identified in this policy. (**See also Hygiene policy for details.**) Staff and parents / caregivers will be encouraged to participate in AIDS and Hepatitis education.

All staff will ensure proper hygiene practices are carried out as outlined in the Hygiene Policy.

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## Legislation and Supporting documents

Section/regulation	Description
<b>Section 165</b>	Offence to inadequately supervise children
<b>Section 174</b>	Offence to fail to notify certain information to Regulatory Authority
<b>Section 174A</b>	Family day care educator to notify certain information to approved provider
<b>Section 167</b>	Offence relating to protection of children from harm and hazards
<b>Regulation 85</b>	Incident, injury, trauma and illness policies and procedures
<b>Regulation 86</b>	Notification to parents of incident, injury, trauma and illness
<b>Regulation 87</b>	Incident, injury, trauma and illness record
<b>Regulation 89</b>	First aid kits
<b>Regulation 95</b>	Procedure for administration of medication
<b>Regulation 97</b>	Emergency and evacuation procedures
<b>Regulation 103</b>	Premises, furniture and equipment to be safe, clean and in good repair
<b>Regulation 104</b>	Fencing
<b>Regulation 117</b>	Glass
<b>Regulation 161</b>	Authorisations to be kept in enrolment record
<b>Regulation 168</b>	Education and care service must have policies and procedures
<b>Regulation 168</b>	Education and care service must have policies and procedures
<b>Regulation 169</b>	Additional policies and procedures – family day care service
<b>Regulation 170</b>	Policies and procedures to be followed
<b>Regulation 171</b>	Policies and procedures to be kept available
<b>Regulation 172</b>	Notification of change to policies or procedures
<b>Regulation 177</b>	Prescribed enrolment and other documents to be kept by approved provider
<b>Regulation 183</b>	Storage of records and other documents

## Relevant Council Policies and Procedures

- Family and Community Services Hygiene Policy; and
- Family and Community Services Medication Policy.

## Medical Conditions, including Asthma, Anaphylaxis and Diabetes

### Statement

CAFS aims to facilitate the safe, effective care and health management of children who have a medical condition requiring specific care practices, thus catering for the entirety of the child's needs whilst attending planned programs. When management and possible intervention of long term conditions such as asthma, epilepsy, or ADHD is required, the service will require an individual medical management plan from the child's medical practitioner or specialist, detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.

All staff and educators will partner collaboratively with families to minimise any risk of exposure by children to foods and other substances that may trigger severe allergy or anaphylaxis and will undertake appropriate management of any medical condition that they are notified of.

### Details and Strategies

- OOSH programs will not accept any child for enrolment unless an AUTHORITY FOR EMERGENCY TREATMENT has been signed;
- During the enrolment process seek information about any specific health care needs, allergy or relevant medical conditions that a child may have. This information will then be communicated verbally and in writing (Current Medical Management Plan) to Responsible Person and educational staff;
- Encourage ongoing communication with families in regards to medical status of children;
- Conduct a risk assessment of the service to reduce the likelihood of exposure to relevant allergens;
- Advise parents of any identified risks;
- Where a child has been diagnosed as at risk of anaphylaxis, a notice stating this must be displayed at the service;
- Ensure that at all times Educators and staff working with children have current training in asthma and anaphylaxis management;
- Children with specific health care needs, allergies or relevant medical conditions cannot be left with the Educator without necessary medication; and
- Display emergency contact phone numbers by the telephone.

In the situation where a child who has not been diagnosed as having a medical condition but appears to be suffering from a medical condition staff and educators will:

- Call an ambulance 000;
  - Commence First Aid measures;
  - Contact parents / guardians; and
  - If parents / guardians cannot be contacted, then contact emergency contacts.
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If a child self-administers medication, ensure the correct procedure is followed i.e.

*Practices for self-administration of medication.*

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

- Written authorisation is provided by the person with the authority to consent to the administration of medication on the child enrolment form;
- Medication is to be provided to the Educator for safe storage, and they will provide it to the child when required;
- Following practices outlined in the Dealing with Medical Conditions Policy including anaphylaxis and allergies, asthma and diabetes;
- Self-administration of medication for children over pre-school age will be supervised by the Educator Supervisor; and
- Develop a communication plan for staff members, educators and parents to ensure the child's medical management plan and location of the child's medication is clearly communicated to CAFS staff volunteers and students visiting the service.

## **Guidelines for Children at Risk of Anaphylaxis**

Parents of a child at risk of anaphylaxis have been provided with a copy of the services "Dealing with Medical Conditions Policy" including severe allergy and anaphylaxis, asthma and diabetes.

- Ensure that no child that requires an EpiPen is left at the service without an EpiPen. EpiPen must be kept in an easy identifiable place and that it is within the storage and use by date as required by manufacturer;
- Ensure an anaphylaxis action plan is filled out with the family in conjunction with a medical practitioner. Once completed this should be displayed in a prominent position. Parents will need to notify the Educator if there are changes and provide an updated and signed action plan;
- The service's emergency action plan for the management of anaphylaxis is in place and all staff / educators (where applicable) understand the plan;
- Parent / guardian's current contact details are available;
- Information regarding any other medications or medical conditions (e.g. asthma) is available to staff; and
- Some common triggers of Anaphylaxis include food, bites and stings, medication and other (including latex).

In relation to the child at risk from food related allergies:

- This child should only eat food that been specifically prepared for him/her usually by the parent. Where the Educator is preparing food for the child, ensure that it has been prepared according to the parent's instructions;
  - All food for this child should be checked and approved by the child's parent / guardian. Bottles, other drinks and lunch boxes, including any treats, provided by parents / guardians should be clearly labelled with the child's name;
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- There should be no trading or sharing of food, food utensils and containers with this child; and
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.

### **Procedures in relation to other practices at the service:**

- Ensure tables, bench tops and high chairs are washed down after eating;
- Ensure hand washing for all children upon arrival at the service, before and after eating. Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children;
- Staff should discuss the use of foods in such activities (such as cooking) with parents / guardians;
- All staff are trained about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils; and
- Where other parents / guardians send food to the Educators home for their own child, they will be informed not to send food containing specified allergens or ingredients as determined by the educator and Parent / guardian of child with the allergy.

### **Procedures for Children at Risk from Bite and Sting Allergies:**

- Staff and educators will carry out risk assessment of play spaces to minimise exposure to known triggers; and
- Children will be supervised at all times.

## **Managing Children with Asthma Guidelines**

To facilitate effective care for a child with asthma, staff and educators will:

- Ensure families provide updated information on the child's health, medications, allergies, their doctor's name, address and phone number, emergency contact names and phone numbers and an Asthma First Aid Plan Or Management Plan approved by their doctor, on enrolment and prior to the child starting in the service, or when the child is diagnosed, or when changes to their asthma / treatment occurs;
  - Ensure appropriate Medication Forms are signed;
  - Be aware of aspects of the indoor environment that may be triggers for asthma in children, which include: dust mites, gardens / pollen, mould, chemicals, animals, air pollution, bush fires, colds and flu, diet / food, emotions, exercise, heating/air conditioning, medications, stress, weather / thunderstorms;
  - Reduce exposure of children to indoor allergens by:
    - regularly vacuuming and shampooing carpets, rugs and upholstered furniture and washing fluffy toys;
    - regularly cleaning bedclothes;
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- treating and preventing growth of mould (when using chemical sprays; such as pesticides and cleaning agents, spray when children are not present in the immediate vicinity);
- controlling pest infestations;
- minimising having pets indoors and ensure they are in a clean and healthy condition; and
- using dust resistant mattress and pillow covers.

In any case where a child is having an acute asthma attack the following steps should be followed:

- Administer first aid or medical treatment according to either:
  - Emergency Asthma First Aid Plan;
  - the child's Asthma First Aid or Medical Management Plan; or
  - A doctor's instructions.
- Dial 000 for an Ambulance and notify the families in accordance with the regulation and guidelines on emergency procedures; and
- Staff / Educators must inform the Manager of Community Services if they administer first aid.

## **Managing Children with a known Medical Condition i.e. diabetes**

To facilitate effective care for a child with any known medical condition staff and educators should:

- Ensure families provide information on the child's health, medications, medical condition, allergies, their doctor's name, address, phone number, emergency contact names and phone numbers, and First Aid Plan or Emergency Medical Plan approved by their doctor, on enrolment and prior to the child commencing care, or when the child is diagnosed, or when changes to their condition/treatment occurs; and
- Ensure regulations and policies are adhered to when administering medication and treatment in emergencies, and written consent has been given.

A written Management Plan for the known Medical Condition following enrolment and prior to the child commencing care which should include:

- signs and symptoms to be aware of;
- any specific monitoring required;
- any specific medication/treatment required;
- what meals and snacks are required including food content, amount and timing;
- what activities and exercise the child can or cannot do; and
- whether the child is able to go on excursions and what provisions are required.

A Current First Aid or Medical Management Plan following enrolment and prior to the child commencing care should include:

- what symptoms and signs to look for; and
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- What action to take, including emergency contacts for the child's doctor and family, or what first aid to give.

In an emergency involving a child with any known medical condition dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures and administer first aid or emergency medical aid according to the child's First Aid or Emergency Medical Plan, or a doctor's instructions.

*For further information on specific medical conditions contact Westmead Children's Hospital at: [www.chw.edu.au](http://www.chw.edu.au).*

In any case where a child is having a suspected diabetic episode the following steps should be followed:

- Administer first aid or medical treatment according to:
  - Your First Aid Training;
  - The Child's Diabetic First Aid or Medical Management Plan; and
  - A Doctor's Instructions.
- Dial 000 for an Ambulance and notify the families in accordance with the regulation and guidelines on emergency procedures; and
- Educators must inform the Manager of Community Services if they administer first aid.

Families are required to:

- Complete medication forms to allow the Educator to administer medication accordingly;
- Provide the Educator with a current copy of the child's medical Management Plan including the doctor's name, address and phone number in case of emergency;
- Work with the educator to ensure a risk minimisation plan is developed; and
- Develop a communication plan with the Educator.

Staff and Educators will carry out risk assessment of play spaces to minimise exposure to known triggers.

## Legislation and Supporting Documentation

- *Education and Care Services National Regulations 2011;*
  - *Education and Care Services National Law 2010;*
  - *Work, Health and Safety Act 2011;*
  - *Guide to the Education and Care Services National Law 2010 and the Education and Care;*
  - *Guide to the National Quality Framework 2011 (ACECQA);*
  - *Guide to the National Quality Standard 2011 (ACECQA);*
  - *NSW Department of Health. Allergies and Anaphylaxis; and*
  - *Australasian Society of Clinical Immunology and Allergy.*
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## Administering Medication

### Statement

CAFS seeks to ensure the proper care and attention to all children through specific guidelines regarding use of medications. To ensure the interests of staff, children and parents / caregivers are not compromised, medication (in its original packaging) will only be administered with the explicit permission of the parents / caregivers or in the case of an emergency with the permission of a medical practitioner.

To support children to take increasing responsibility for their own health and well being specific consideration will also be given to children who are carrying medication in their school bags and whose parents / caregivers have given permission to self medicate (*"My Time, Our Place"* 3.2).

In order for staff to properly care for children the service has an expectation that parents/caregivers will inform staff if children are receiving medication at home or school, the nature and purpose of the medication, and possible side effects it may have for the child. Staff will use this information to support the child's participation in the service (*"My Time, Our Place"* 4.3).

### Details and Strategies

Prescription medication will be administered only to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.

#### Category 1 Medications:

- Prescribed medications e.g. antibiotics, creams, lotions, nebulisers and inhalants, ear/nose/eye drops;
- Non prescribed medications e.g. paracetamol, bronchodilators, cough mixture, creams and lotions; and
- Homeopathic or herbal preparations.

#### Category 2 Medical Procedures:

The administering of medical procedures that a parent / caregiver or staff member can perform after receiving appropriate training:

- Emergency injection of EpiPen; and
  - Other injections.
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**Category 3 Medical Procedures:**

Procedures which are normally only carried out by health professionals but may be given by parent / caregiver or staff member who has received specific training:

- Tracheostomy care;
- Insertion of feeding tube;
- Changing of colostomy bag; and
- Insertion of suppositories.

Administration of medications / procedures in all categories will only be carried out if all of the requirements are met. Under no circumstances will a staff member be expected to administer a medication / medical procedure beyond those that could reasonably be expected. Medication will only be administered by a Responsible Person during service operating hours.

Medication and permission for a child to self medicate will be administered with the parent's / caregiver's written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.

In the event that a case of emergency requires verbal consent for administration of medication the service will provide written notice to the parent as soon as practical after administration of the medication.

No authorisation is required in the event of an asthma or anaphylaxis emergency; however, as soon as possible after that time the parent/caregiver and/or emergency services is notified.

Authorisation from anyone other than the parent / caregiver or medical practitioner cannot be accepted.

Parents / caregivers who wish medication to be administered to their child or have their child administer the medication at the service must complete a medication form providing the following information:

- Name of child;
- Name of medication;
- Details of the date, time and dosage to be administered; (General time, eg 'lunchtime' will not be accepted.)
- Where required, indicate if the child is allowed to administer the medication or if the educator must administer it; and
- Signature of parent / guardian.

Medication must be given directly to a staff member and not left in the child's bag. Staff will store the medication in the designated secure place, clearly labelled and ensure that medication is kept out of reach of the children at all times.

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If anyone other than the parent / caregiver is bringing the child to the service, a written permission note from the parent / caregiver, including the above information, must accompany the medication.

An exception to the the procedure is applied for asthma medication for severe asthmatics, in which case the child may carry their medication on their person with parental permission. Where a child carries his/her own asthma medication s/he should be encouraged to report the use of the puffer to an educator as soon as possible after administering the medication. The staff will maintain a record of this medication administration, including the time the educator was advised, and if the symptoms were relieved. The parent / caregiver will be notified when the child is picked up, and will sign off on the record.

## **Administering Medication**

Before medication is given to a child the Responsible Person (with a current First Aid Certificate) who is administering the medication will verify the correct dosage with another staff member, who will also witness the administration of the medication. Staff will follow the Centre's hygiene procedures.

After the medication is given the Responsible Person will record the date, time, dosage, and their name and signature. The name and signature of person who verified and witnessed must also be recorded.

Where a medical practitioner's approval is given, staff will complete the medication form and write the name of the medical practitioner as the authorisation.

Where medication for treatment of long term conditions such as asthma, epilepsy, or ADHD is required, the service will require an individual medical management plan from the child's medical practitioner or specialist ,detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.

## **Category 1 Medications**

Prescribed medications procedures:

- Tablet medication must be in a blister pack loaded by the pharmacist or, in the case of liquids, creams, lotions or drops, in the original container with the prescription label clearly visible;
  - Check that the medication is not out of date and check the child's name is on the label;
  - Check the dose and instructions;
  - Check that the Authorisation and Administration of Medication and Medical Procedures form has been completed by parent/ caregiver and that administration information matches that of the prescription label;
  - Wash hands immediately before and after administering medications;
  - Use personal protective equipment as required;
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- If applying creams and lotions use a clean tissue or spatula before each application; and
- Both staff are to check administration details before administering and complete the required form after administration.

Non-prescription medications and herbal or homeopathic remedies:

- Non-prescription medication should not be administered for more than two (2) days without written authorisation from the doctor or the pharmacist;
- Non-prescription medication must be in the original container with the dose and instructions clearly visible;
- Check the dose and instructions;
- Check that the medication is not out of date;
- Check that the Authorisation and Administration of Medication and Medical Procedures form has been completed by the parent / caregiver and that administration information matches that of the prescription label;
- Wash hands immediately before and after administering medications;
- Use personal protective equipment as required;
- If applying creams and lotions use a clean tissue or spatula before each application; and
- Both staff are to check administration details before administering and complete the required form after administration.

### **Category 2 and 3 Medical Procedures**

Appropriate training means the staff member holds a current First Aid Certificate AND has received training from a qualified health care professional relevant to the child's particular needs, including:

- A case conference with Responsible Person, relevant staff, health professionals and family members will be held prior to enrolment;
- A risk assessment will be carried out;
- Detailed instructions will be developed for the carrying out of the procedure; and
- Appropriate training for staff will be sought.

If it is decided that the procedures cannot reasonably and safely be carried out by CAFS staff, then in order for the child to be able to attend OOSH programs, arrangements will be made for an appropriate professional service to attend the child. The cost of such a service will be met by the professional service, by another service provider (e.g. respite service), or by the family.

### **Legislation and Supporting Documentation**

- *Work Health and Safety Act 2011;*
  - *Children (Education and Care Services National Law Application) Act 2010;*
  - *Education and Care Services National Regulations 2011;*
  - OOSH Hygiene Policy; and
  - OOSH Sick and Injured Children, Illness and Infectious Diseases Policy and Procedures.
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## Excursions

### Statement

The CAFS staff believes that excursions are an essential part of OOSH programs, as they provide variety and an opportunity to explore a child's interests, expand experiences, explore different environments and build on learning opportunities and sense of belonging.

We are committed to ensuring to the safety, health and wellbeing of children during excursions and regular outings by conducting risk assessments and ensuring authorisations are obtained from families.

### Background

The *Education and Care Services National Regulations* require approved providers to ensure their services have policies and procedures in place for managing excursions.

### Details and Strategies

All excursions will be planned taking into consideration:

- The children's ages, capabilities and interests;
- Ways to maximise the children's developmental experiences and safety;
- Suitability of the venue and access including wheelchairs if required;
- Access to food, drink, toilets and other facilities;
- Weather conditions, clothing and equipment needs of the children; and
- Travel arrangements needed.

Staff members are to visit or be familiar with the venue before undertaking the excursion, to identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child participating.

A Risk Assessment will be carried out and documented for each excursion or special event, which will specify how the identified risks will be managed and minimised.

When planning an excursion, or special event, alternative arrangements will be made for adverse weather conditions. Staff will consider not just wet weather, but cold or hot weather conditions when making final plans.

### Authorisation and Notification

No child will be taken outside the OOSH Centre without written authorisation from the parent / caregiver or other person named on the enrolment form.

A minimum of 24 hours' notice will be given to the parent or guardian regarding any excursions or special events.

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The Risk Assessment will be available for families' perusal. Staff will sign off on the Risk Assessment, prior to the excursion or special event, to confirm that they are aware of the risks and the strategies employed to mitigate them.

Excursions to locations visited on a regular basis, such as the local park or playground or the local library, may be undertaken without an individual excursion permission form when parent/caregiver have previously given general permission for these activities on the enrolment form or within the previous 12 months, whichever is the shortest.

A notice with the information about the excursion should be prominently displayed.

### **Transport**

All staff, relief staff, volunteers and parents / caregivers on an excursion will be made aware of the procedures for supervising and assisting children while travelling in public or private transport or on walking excursions.

Particular attention will be made to assist children when boarding or alighting from a bus or car, and when walking with children across roads or in crowded areas.

All vehicles used to transport children should be fitted with child restraints approved by the Roads and Maritime Services.

### **Staff Ratios and Supervision**

The minimum staff / child ratios will be always met. There must be at least two (2) adult persons, one (1) of whom is a primary contact staff member, accompanying the children on any excursion.

The Nominated Supervisor will ensure that children are adequately supervised and always supported during an excursion or special event, utilising the service ratio as a guide to supervision while considering changes to individual needs, group dynamics, children's knowledge of OOSH safety systems and changing environments. The risk assessment will determine safe levels of supervision above the general guidelines if that is required. (Refer to "Supervision").

Responsible adult volunteers over the age of 18 may be used to augment adult/child ratios on excursion. Parents / caregivers may be invited to assist.

A Responsible Person will accompany all excursions and have overall responsibility for the excursion. It is the responsibility of the Responsible Person to maintain head counts and take the roll at appropriate times. Bush walking excursions will only be undertaken in well-known areas. Children and staff must remain on defined paths and be instructed in bush safety including what to do in case of a fire or if separated from the group.

Swimming excursions will only be undertaken with school aged children after staff having necessary conversations with parents / caregivers to seek knowledge of an individual child's water abilities, (Refer to "Supervision"), and in a well-supervised public pool or water-park. A special permission form is required for children who wish to swim on an excursion. Dams, rivers, and beaches are to be avoided for swimming purposes because of the dangers they present.

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### **Additional Procedures**

No changes to the excursion itinerary will be made unless it is in the best interest of the children's safety and wellbeing.

All children will wear blue or green hats with "GISC Children and Family Services" printed on the front. Under no circumstances will children have their names and contact details displayed on them.

Information and equipment to be taken on the excursion will include:

- A list of all children on the excursion, with relevant personal details and contact details for their parent / caregiver, (a list of children on excursions will also be kept at OOSH programs);
- A list of all relevant and emergency procedures and contact numbers, to be readily accessible to staff at all times;
- A fully stocked portable first aid kit; and
- Spare drinking water.

OOSH Emergency, Accident, Illness and Medication, and Sun Protection policies will be implemented on excursions as required.

All children will be instructed regarding behaviour on the excursion and what to do if they are separated from the group.

### **Legislation and Supporting Documentation**

- Commission for Children and Young People Act 1998;
  - Work Health and Safety Act 2011;
  - Children (Education and Care Services National Law Application) Act 2010;
  - *Education and Care Services National Regulations 2011;*
  - *Section 165 Offence to inadequately supervise children;*
  - *Regulation 89 First aid kits;*
  - *Regulation 90 Medical conditions policy;*
  - *Regulation 99 Children leaving the education and care service premises;*
  - *Regulation 100 Risk assessment must be conducted before excursion;*
  - *Regulation 101 Conduct of risk assessment for excursion;*
  - *Regulation 102 Authorisation for excursion;*
  - *Regulation 122 Educators must be working directly with children to be included in ratios;*
  - *Regulation 123 Educator to child ratios – centre-based services;*
  - *Regulation 123A Family day care co-ordinator to educator ratios – family day care service;*
  - *Regulation 124 Number of children who can be educated and cared for – family day care educator;*
  - *Regulation 136 First aid qualifications;*
  - *Regulation 168 Education and care service must have policies and procedures;*
  - *Regulation 169 Additional policies and procedures – family day care service;*
  - *Regulation 170 Policies and procedures to be followed;*
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- *Regulation 171 Policies and procedures to be kept available; and*
- *Regulation 172 Notification of change to policies or procedures.*

## Definitions

Term	Meaning	Source
<b>ACECQA – Australian Children’s Education and Care Quality Authority</b>	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.	<a href="http://acecqa.gov.au">acecqa.gov.au</a>
<b>Authorised person</b>	A parent or family member of a child who is being educated and cared for by the service or the family day care educator, or their authorised nominee.	Guide to the NQF (Glossary)
<b>Excursion</b>	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) the 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.	National Law (Definitions)
<b>Regular outing</b>	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 the same on each outing.	National Law (Definitions)
<b>Risk assessment</b>	Assessing the risk means working out how likely it is that a hazard will harm someone and how serious the harm could be.	<a href="http://acecqa.gov.au/media/29421">acecqa.gov.au/media/29421</a>

## Arrivals and Departures

### Statement

To ensure safety and security of children during arrival and departure from OOSH, only authorised persons may pick up children from OOSH programs.

### Procedures

Staff will ensure consistent measures are taken to provide reassurance to families and ensure children are able to feel safe:

- Staff will be available to receive each child when they arrive;
- Staff will relay any additional information, or report incidents to parents / caregivers;
- Communications between staff and parents / caregivers must be recorded when information relating to enrolment, safety or medical conditions is altered or amended; and
- Children must be signed in and out by an authorised person who is over 18 years of age, except when parents / caregivers are under 18 years or when written authorisation for a person less than 18 years old to sign the child in or out is obtained from parents / caregivers.

## Late Collection

- Children must be picked up by 6pm when the OOSH programs closes. A late fee will be charged for collection later than 10 minutes after closing time; and
- Upon departure, the collector of the child will be notified of the late fee that has been incurred.

If a child is not collected by fifteen minutes past the collection time:

- Contact the primary caregiver; and
- Contact the emergency contacts.

If it is not possible to reach a contact by half an hour past the collection time:

- Contact Team Leader of CAFS or Manager Community Services;
- Notify the Police or Department of Family and Community Services, Community Services; and
- Phone numbers for these will be displayed in the CAFS office.

## Legislation and Supporting Documents

- *Children (Education and Care Services National Law Application) Act 2010;*
- *Education and Care Services National Regulations 2011;*
- *Children and Young Persons (Care and Protection) Act 1997;*
- *Commission for Children and Young People Act 1998;*
- NSW Department of Family and Community Services Mandatory Reporting Guidelines; and
- “Keep them Safe” information and Guidelines.

## Bus Collection

(to be read in conjunction with Arrivals and Departures)

### Statement

Children are supported in using the bus to travel from school to OOSH After School Care (ASC), so that they feel safe and secure and families are reassured (*My Time, Our Place*). Cost of the transport is included in the ASC fee.

### Procedures

CAFS educators that have been delegated by the Approved Provider will collect children from the allocated bus stop at the school to ensure a ratio of 1:15 children is maintained for supervision.

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Staff will wait at the bus for children to arrive or be transitioned by a School Teacher:

- The staff members will have the daily sign in sheet along with a photograph of each child attending After School Care, basic first aid and the OOSH mobile phone;
- Children will be greeted and signed in upon entering the bus, sitting in the front seats. No child will be allowed off the bus after entering OOSH care until they arrive at the OOSH stop, unless it is an authorised collection;
- If children do not arrive at the school stop, OOSH Staff will ask School Teachers at the relevant schools to seek clarification. If children cannot be located families will be contacted immediately;
- If a child arrives that is not enrolled, the staff member will confer with the child and the schoolteacher to clarify where the child should be going. If no clarification can be made the OOSH staff will sign the child in and contact the parent to confirm that they are in OOSH care;
- Before the bus departs a head count will occur to ensure children present are reflected on the sign in sheet; and
- Children will remain seated for the bus journey.

Upon arrival at the destination children will remain seated until the OOSH staff member passes their seat. The staff member will stop at the head of the bus and give children instructions regarding the designated waiting area after exiting the bus. The OOSH staff will then complete a head count as children depart the bus with children waiting together in designated place, awaiting instruction.

## Legislation and Supporting Documents

- *Children (Education and Care Services National Law Application) Act 2010;*
- *Education and Care Services National Regulations 2011;*
- *NSW Children and Young Persons (Care and Protection) Act 1998;*
- *Commission for Children and Young People Act 1998;*
- “My Time, Our Place” Outcome 1.1 Children develop feel safe, secure and supported; and
- *Work Health and Safety Act 2011.*

## Health and Hygiene

### Statement

CAFS will maintain a healthy and hygienic environment that promotes the health of the children, staff and parents / caregivers using the service. Children and parents / caregivers using the service will be encouraged to share ownership of maintaining hygiene practices in the service. Staff will ensure that they maintain and model current best practice hygiene procedures as advised by NSW health authorities. Staff will engage children in experiences, conversations, routines and responsibilities that promote children’s understanding of the importance of hygiene for the wellbeing of themselves and others (“My Time, Our Place” Outcomes 3.2, 4.2, 4.3).

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## Details and Strategies

As part of children taking increasing responsibility for their own health and physical wellbeing, staff will acknowledge children who are modelling hygiene practices and look for ways to provide opportunities for children who have not developed the same level of awareness.

Informal education in proper hygiene practices will be conducted on a regular basis, either individually or as a group through conversations, planned experiences, inclusion in service routines and reminders. Health and hygiene practices will be highlighted to parents/caregivers, and where appropriate information sheets or posters will be used by staff to support these practices.

Staff will aim to provide a non-judgmental approach to differences in hygiene practices and standards between families in order to support children's developing sense of identity. Where practices differ to standards expected in the service, remind children that these are practices to be followed in the service, but they may be different from those at home.

Hand washing will be practised by all staff and children upon entering the service, before preparing or eating food and after tasks such as toileting, cleaning up any items, wiping a nose, before and after administering first aid, playing outside or handling an animal. In addition, staff will wash their hands before leaving the service.

All staff will be aware of and implement Universal Infection Control Procedures (Refer to Sick and Injured Children: Infectious Diseases).

The Centre will be cleaned regularly and rosters maintained as evidence of the cleaning tasks being undertaken.

All toilet facilities will have access to a basin or sink with running hot and cold water and soap and paper towel for washing and drying hands. Soap and paper towel will be available in the kitchen area.

Women and girls will have access to feminine hygiene disposal facilities.

All toilets, hand basins and kitchen facilities used by the service will be cleaned and disinfected daily. Surfaces will be cleaned with detergent after each activity and at the end of the day and all contaminated surfaces will be disinfected.

Toys will be washed, cleaned and disinfected on a regular basis with material items such as dress up clothes and cushion covers laundered as required, but at a minimum of quarterly.

### Ventilation, heating, cooling

- Windows are to be opened for a period of time each day;
  - Cooling fans are to be used in conjunction with open windows on hot days; and
  - Heating system are to be used in winter with consideration given to the comfort and clothing of children.
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## Colour Coded Cleaning

- Paper towels are used for contaminated surfaces and toilets;
- Blue cloths and a blue bucket are to be used for general cleaning; and
- Paper towel and a red bucket are to be used for kitchen/food preparation area.

## Smoke Free Environment

- Refer to Smoking Policy;
- There is to be no smoking in the building or on the premises at any time;
- Parents/caregivers and visitors to OOSH programs are to be advised of the requirements; and
- NO SMOKING signs are to be displayed.

## Food

All food will be prepared and stored in a hygienic manner and Safe Food Handling Guidelines followed.

Children will be encouraged to be involved in food preparation, to assist them to have opportunities to learn more about hygiene practices when preparing food. This participation should always be supervised and explanations provided to children on the reasons why hygienic conditions are maintained.

Food will be stored in tightly sealed containers, away from chemicals.

Kitchen equipment will be cleaned and stored appropriately.

Surfaces are cleaned before and/or after food preparation.

All perishable foods will be stored in the refrigerator and the temperature should be monitored to ensure it is less than 5°C. Opened perishable products will be stored correctly and dated.

CAFS will provide food handling and hygiene information to parents / caregivers.

The service will regularly review and evaluate food handling and practices in line with current best practice guidelines from recognised authorities.

Children will be encouraged not to share their drinking and eating utensils.

Tongs and spoons will be used for the serving of food. Where possible staff will encourage children to self serve for food and drinks, encouraging the development of their food handling skills as well as acknowledging their growing sense of independence.

All crockery and utensils will be washed in hot, soapy water.

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Staff members are not required to use gloves when handling food, if correct hand washing practices have been implemented (refer to Food Act). If gloves are used, care must be taken to avoid contaminating food by only using them for one continuous task and then discarding them. Gloves must be removed, discarded and replaced with a new pair before handling food and before working with ready to eat food after handling raw food.

Gloves must be removed, discarded and replaced after using the toilet, smoking, coughing, sneezing, using a handkerchief, eating, drinking or touching the hair, scalp or body.

All rubbish or left over food is to be disposed of immediately in lidded bins, and bins are to be emptied at least daily and then wiped with disinfectant.

Staff will regularly undertake food handling courses to ensure knowledge of best practice is maintained

## Legislation and Supporting Documents

- *Children (Education and Care Services National Law Application) Act 2010;*
- *Education and Care Services National Regulations 2011;*
- *National Food Standards Code (FSANZ);*
- *Food Act 2003 (NSW);*
- *Food Regulation 2010 (NSW); and*
- *NSW Department of Health.*

## Storage of Dangerous Substances

### Statement

Staff will protect other staff, children, families and visitors from the risks associated with chemical products, medicines, other dangerous substances and dangerous equipment used at The Pool House.

All dangerous cleaning materials, disinfectants, poisonous and other dangerous substances including medications are to be kept in a child resistant container that is labelled with a description of its contents and directions.

**Safety Data sheets (SDS)** are readily accessible (in the locked laundry) to all staff and containers are clearly labelled.

### Details and Strategies

Choose the least hazardous chemical, product or equipment for the job.

Choose chemicals or medicines with child resistant lids or caps.

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The following items should be kept in secure storage facilities:

- Dangerous cleaning materials;
- Disinfectants;
- Poisonous and other dangerous substances;
- Dangerous tools and equipment;
- Toiletries;
- Medications;
- First aid equipment; and
- Sharp or jagged objects that pose a hazard to children.

When using or storing any of the above, staff should:

- Ensure that all dangerous products and medications are stored in their original labelled container and not transferred to any other container. Staff will not reuse containers once they are empty. In the case of products that are re-filled from bulk supplies, the container should be clearly labelled and have SDS Sheets attached;
  - Ensure that if the original container for hazardous substances does not have a child resistant lid, the container is kept in a locked place, which is secure and inaccessible to children;
  - If bulk chemicals or non-domestic products and quantities are used or stored, have a Hazardous Substances Register and Risk Assessment in accordance with the WHS Act and Regulations. This should record the product name, application, whether the product is labelled, whether a SDS is available, what class risk the chemical is, and the controls for prevention of exposure that are required, along with what first aid, medical or safety action should be taken if a person is exposed;
  - Follow the manufacturers' instructions for use, storage and first aid instructions and obtain a Safety Data Sheet to keep with the substance or where staff can have immediate access to the information in an emergency, and ensure all staff members are aware of the safety and first aid information in the SDS;
  - When disposing of unwanted hazardous chemicals, substances or equipment, do so safely and in accordance with manufacturers' instructions, WHS Regulations, Council regulation or Department of Health advice as relevant. Do not flush chemicals or medications down the drain, sink, toilet, sewer or gutter;
  - Wear appropriate personal protective clothing (e.g. gloves, aprons, mask, and goggles) in accordance with the manufacturer's instructions when using or disposing of hazardous chemicals or substances;
  - Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 131126, or call an Ambulance, dial 000;
  - In the case of any carer, child or other person injured by a chemical, substance or equipment, emergency, medical and first aid procedures should be implemented. The appropriate form (Incident or Public Liability) should be completed. Complete a SafeHold entry as required by Council procedures for any hazard or injury to staff; and
  - In any major emergency involving a hazardous chemical or equipment, hazardous gas or a fire or explosion hazard, call the emergency services, by dialling 000 and notify your supervisor and WHS Officer as required by Council procedures.
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## Legislation and Supporting Documents

- *The Toxic Playground*, Immig, J, 2000;
- *Managing the Risks in Children's Services*, Caton, S. Roche D., 1999;
- *Handling Pesticide Wastes - EPA*: [www.epa.nsw.gov.au](http://www.epa.nsw.gov.au) ;
- *Managing OHS in Children's Services*, Tarrant. S., 2002;
- *Children (Education and Care Services National Law Application) Act 2010*;
- *Education and Care Services National Regulations 2011*;
- *Work Health and Safety Act NSW 2011*;
- *Pesticide Act 1999 (NSW)*; and
- Australian Standards for storage and handling of hazardous chemicals and materials.

## Emergency and Evacuation (including Lockdown Protocol)

### Statement

The CAFS team will provide an environment that provides for the safety and wellbeing of the children at all times ("My Time, Our Place" 1.1, 3.1).

All children and staff will be aware of, and practised in, emergency and evacuation procedures and lock down protocol.

In the event of an emergency, natural disaster or threats of violence these procedures will be immediately implemented.

In implementing the practice sessions of emergency procedures with children, staff will encourage children to discuss possible scenarios where emergency procedures may be required and support children to come up with solutions and ideas for improving on the procedures or discussing ways to avert emergency situations ("My Time, Our Place" 4.2).

Opportunities for older children to access and use the written emergency procedures to orientate new children prior to an emergency drill will be provided by staff on a regular basis, and prior to carrying out the emergency drill ("My Time, Our Place" 5.1 and 5.2)

### Details and Strategies

Emergency Evacuation Procedures will be reviewed annually by staff.

Emergency Evacuation procedures and floor plan will be clearly displayed in a prominent position near the main entrance and exit of each room used at the Centre.

All staff, including casuals, will be trained in the procedures and their specific duties in their orientation to the centre. Staff will make arrangements as to duties undertaken in the absence of other staff.

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Children and staff will practice the emergency procedure at least twice a term, and more frequently when there are new children, in all types of care, including After School, Vacation Care, Supported Playgroups and Early Intervention group activities.

All Emergency Drills will be recorded in Council's record management system with date, time and length of time it took to leave building and evaluation. Additional comments on recommendations for improvements should be included.

No child or staff member is to go to their bags to collect personal items during an emergency evacuation. This would lead to confusion and delays.

The Centre will maintain a fire blanket and smoke detectors and have them checked regularly as per the manufacturer's instructions.

Fire extinguishers will be installed and maintained in accordance with Australian Standard 2444. Staff will be trained in their operation.

Staff will only attempt to extinguish fires if the fire is small, there is no threat to their personal safety and they feel confident to operate the extinguisher, and all children have been evacuated from the room.

The Local Fire Authority should be contacted for advice and training on fire safety and this plan included in the procedures.

The evacuation plan will include:

- Routes for leaving the building suitable for all ages and abilities. These should be clearly mapped out;
- Plan of where the fire extinguishers are located displayed in a public place;
- A safe assembly point away from access of emergency services;
- An alternative assembly area in case the first one becomes unsafe;
- A list of items to be collected and by whom;
- A list of current emergency numbers; and
- Staff duties in the emergency.

Staff will be nominated to:

- Make the announcement to evacuate, identifying where and how;
  - Collect children's attendance records and parents/caregivers' contact numbers;
  - Collect emergency services numbers;
  - Make the phone call to 000, or other appropriate service, management and parents/caregivers as required;
  - Collect the first aid kit;
  - Check that the building and playground are empty and that all doors and windows are closed as far as possible, to reduce the spread of fire; and
  - Supervise the children at the assembly area and take a roll call of children and visitors.
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When the emergency service arrives a staff member will inform the officer in charge of the nature and location of the emergency and if there is anyone missing.

No one will re-enter the building until the officer in charge has said it is safe to do so.  
Harassment and Threats of Violence

If a person/s known or unknown to the service harasses or makes threats to children or staff at the Centre, or on an excursion, staff will:

- Calmly and politely ask them to leave the Centre, or the vicinity of the children;
- Be firm and clear and remember your primary duty is to the children in your care;
- If they refuse to leave, explain that it may be necessary to call the police to remove them;
- If they still do not leave, call the police;
- If the Responsible Person is unable to make the call, another staff member should be directed to do so;
- Where possible staff must endeavour to calmly move the children away from the person; and
- No Educator should attempt to physically remove the unwelcome person but try to remain calm and keep the person calm as far as possible and wait for the police.

Staff should be aware of any unfamiliar person on the premises and find out what they want as quickly as possible and try to contain them outside the Centre.

Confronting an Intruder – only to be performed by the Responsible Person:

From time to time, staff may be confronted by an intruder in the Centre grounds or may need to confront someone who does not appear to have any legitimate reason for being on the premises. In such a case, you should use the following procedure:

1. The supervisor should acknowledge to the other staff member, their intention to confront the intruder.
  2. When confronting the intruder, take another staff member with you if possible, remembering that one staff member should remain with the children.
  3. The supervisor is to initiate contact with the intruder and to attempt to direct the intruder off the premises. Use casual conversation and body language to calm the intruder.
  4. If the intruder refuses to cooperate, or shows a weapon, do not escalate the situation. Retreat calmly, with hands up and palms facing the intruder in a calming gesture, leave the area, and call the police.
  5. Other staff members, realizing that there is a situation, may say to the supervisor, "Hein called and wants you to call back," thereby creating a reason to leave the area. This remark would also signal that lockdown or evacuation should commence.
  6. Children will be trained in emergency lockdown, or emergency evacuation.
  7. An incident report must be completed after any emergency or evacuation.
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## Legislation and Documentation

- *Children (Education and Care Services National Law Application) Act 2010;*
- *Education and Care Services National Regulations 2011; and*
- *Work Health and Safety Act NSW 2011.*

## Relevant Council policies and Procedures

- Council's CAFS Safe Service delivery handbook.
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## QUALITY AREA THREE – PHYSICAL ENVIRONMENT

### Providing a Child Safe Environment

#### **Statement**

All children have the right to experience quality education and care in a safe and healthy environment, be it physical, emotional or social. CAFS provides an environment that ensures the safety, health and wellbeing of children. The welfare and protection of children is of paramount importance. Staff will maintain the premises and equipment, adhere to procedures regarding safe practices and operate in line with legislative requirements relating to child protective practices and the Education and Care Services National Regulations. All staff will be aware of their legal responsibility as Mandatory Reporters, to take action to protect and support children they suspect may be at risk of significant harm. Staff will ensure that children are adequately supervised at all times and that every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury or trauma (National Quality Standards 2.3.1 and 2.3.2).

#### **Background**

The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place for providing a child safe environment to minimise risk of harm and hazard to children attending education and care services.

#### **Details and Procedures: Managing the Facility**

##### **Security**

Only approved staff will be given a key to access the building and equipment areas.

A key register will be maintained that indicates the person's receipt of the key, date received, and date returned on completion of employment or position. Extra keys will only be supplied if appropriate authorisation is obtained.

All monies and important documents will be kept secure, in the office and access will only be permitted by approved staff. Staff will ensure that the building is left in a secure manner before leaving, with all windows and cupboards safe, and other relevant areas locked. All heating and lighting will be off and all doors properly secured. Staff will inform the police and Manager Community Services as soon as possible if there has been a break in of any kind to the service.

Staff will remain at the service until the police arrive or inform them what to do.

##### **Buildings, Equipment, and Maintenance:**

- Equipment will be chosen to meet children's developmental needs and interests. There will be sufficient access to furniture, materials and developmentally appropriate equipment suitable for the education and care for each child;

- Service premises, equipment and furniture will be maintained in a safe, clean condition and in good repair;
- Children will be provided with adequate, developmentally and age-appropriate toilet, washing and drying facilities. These will enable safe use and convenient access by children;
- There must be no damaged plugs, sockets, power cords or extension cords;
- All plug sockets shall be maintained as child safe;
- Electrical appliances shall be in good working order and checked on a regular basis by appropriately qualified persons;
- Electrical circuit breakers will be installed and be maintained;
- Provision will be made in the budget for regular maintenance and repair work, and capital projects when necessary;
- Equipment will be regularly checked to ensure that it is in a good and safe condition, and complies with relevant Australian Standards;
- Appropriate soft-fall surfacing will be supplied and maintained where necessary;
- Recycled craft materials will be checked for potential hazards;
- Staff will ensure safe handling of all tools if used as part of an activity;
- Families will be encouraged to notify staff of any safety issues they observe;
- Items requiring maintenance are to be reported to the Team Leader;
- Faulty equipment should be removed;
- Protection should be placed around any dangerous building sites;
- The service will have an appropriate number of first aid kits that are suitable to the ages and needs of the children attending; the first aid kit will be well maintained and stocked and be easily recognised and accessible at all times; and
- Hazards will be reported using Council's Incident and Hazard forms, and trends identified.

**Storage:**

- A storage system will be devised that ensures easy access and uncluttered storage of all equipment;
  - Storage areas will be cleaned and tidied at least twice a year or when seen as necessary;
  - Play equipment and toys should be easily accessible to all children during the operating hours of the service;
  - Children will show respect for the equipment and be expected to pack away equipment that they have used, in order to avoid trip hazards;
  - All equipment is to be neatly packed away at the end of each session;
  - Surplus Craft equipment will be stored in a separate area and accessed by staff when required. All craft equipment is to be properly washed and cleaned before storage;
  - Where room permits, a separate storage area will be available for sporting and large outdoor equipment;
  - Items such as cleaning materials, disinfectants, flammable, poisonous and other dangerous substances, tools, toiletries, first aid equipment, and medications should be stored in the designated secured area which is inaccessible to the children; staff are responsible to ensure that these areas remain secure and that they do not inadvertently provide access to these items;
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- Kitchen and other refuse areas will be provided with lidded facilities that are cleaned and emptied daily; and
- Staff will ensure that all family records are kept in a nominated secure place, ensuring that records are kept confidential and not left accessible to others during the course of daily operations.

### **Ventilation, Temperature and Natural Light:**

- All heating and cooling systems will be of good quality and checked regularly to ensure safety and reliability;
- All heating and cooling systems and power cords will be kept in a safe area and away from children;
- Staff will take individual needs and specific activities into account when ensuring that heating and ventilation levels are comfortable;
- Adequate ventilation will be provided at all times; windows will be properly maintained to ensure easy opening and protection from insects;
- Where activities involve toxic materials such as paints and glues, staff are to ensure there is adequate ventilation before undertaking the activity;
- Windows are to be opened during operation of the service unless to protect from weather conditions;
- Natural light is most desirable and will be enhanced as much as possible;
- In areas made available for children's homework or other fine detail activities, natural light will be made available where possible and good overhead lighting provided;
- Adequate light will be maintained both indoors and outdoors; a security light will be placed at the entrance to the service that clearly provides an unobstructed view of the door and surrounding areas; and
- Outdoor lighting will be suitable so that families and staff can enter and exit the building without any unsafe dark areas.

### **Pest Control:**

- Equipment and especially food items will be properly stored so as not to attract pests and vermin;
- Refuse bins and disposal areas will be emptied and cleaned daily;
- The kitchen, food preparation areas and storage will be cleaned and maintained daily;
- All areas will be checked daily for any signs of pests or vermin; and
- Should any pests or vermin be identified then action will be taken to rid the service of the problem.

## **Managing the Indoor and Outdoor Environment**

### **Indoor Environment:**

- The services environment will be smoke free and no smoking notices will be prominently displayed (Refer to Council's "Smoke Free Workplace Policy");
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- The Nominated Supervisor will only enrol the number of children in the service, which can comfortably fit into the building space and in accordance with the National Regulations 2011;
- Where children are indoors for long periods due to weather conditions, special activities will be planned and other areas sought to disperse the group, such as school halls and verandas;
- Separate areas in the indoor environment will be provided for:
  - Signing children in/out of the service;
  - Staff and families to talk in confidence;
  - Children to store their bags and belongings;
  - Storage of equipment;
  - Storage of food;
  - Storage of dangerous materials;
  - Storage of family records;
  - Preparation of food and drinks;
  - Kitchen and other refuse;
  - Cleaning of equipment;
  - Male and female toilets, hand basins and hand drying facilities;
  - Creative and other activities;
  - Large and small group activities;
  - Display of children's activities and work; and
  - Quiet space for children to retreat to or do homework or lie down if unwell.
- The indoor area is to be set up to allow children to participate in a variety of activities with easy access to equipment; drawing paper and materials will be made available to children at all times;
- Easy access to areas should be maintained by clear easily definable passageways and walkways through the building;
- Staff will ensure children properly store their bags and that bags and other items are not thrown into walkways or play areas;
- Items obstructing areas are to be removed and placed in the correct storage areas;
- Areas must be set up to ensure that proper supervision can be maintained at all times; and
- Access to the outdoor environment should be clear and easily accessible by the children and staff.

### **Outdoor Environment:**

- The outdoor environment provides each child with at least seven square metres (7m<sup>2</sup>) of unencumbered outdoor space in compliance with National Regulation 108;
  - A Daily Safety Check will be carried out to ensure the area is safe and records of this will be kept;
  - The environment will be smoke free and where possible, 'No Smoking' notices will be prominently displayed;
  - The space will be inspected daily for any obstacles or dangerous items and the hazard check will be recorded;
  - Any hazardous items will be disposed of in a safe and careful manner prior to the children playing in the area;
  - The space will be set up in a variety of ways to encourage participation;
-

- Areas will be made available where children can play in large or small groups or by themselves;
- Supervision will be properly maintained; children are only to play in areas that are clearly visible to staff, and where child / staff ratios are maintained (refer to “Supervision”);
- Clear boundaries shall be set and enforced;
- When it is necessary to go outside the boundaries or line of supervision, staff must accompany children;
- Adequate shade via trees and coverings should be maintained;
- As far as possible, activities will be set up in shaded areas;
- During outdoor set-up, educators are to adhere to the *Protocol for Supervising and Managing High Risk Environments* and be alert to the potential for this risk to change during children’s spontaneous play; and
- Use of other outdoor venues will be considered where access to the area is safe, adequate supervision can be maintained, the area is considered of value to the children's physical development and personal comfort, and where adequate child/staff ratios can be maintained.

## Legislation and Supporting Documentation

- *Education and Care Services National Regulations 2011.*

## Sustainability and the Environment

### Statement

CAFS programs aim to ensure:

- The efficient use of resources in all aspects of CAFS operations;
- Recycling of appropriate materials by establishing and maintaining recycling containers and/or reusing appropriate materials for children’s activities or other aspects of CAFS operations;
- Use of non-toxic chemicals wherever possible in CAFS programs and where possible the use of non-chemical alternatives;
- Staff and families are provided with information about CAFS program’s Sustainability and the Environment and other issues related to environmental protection on a regular basis; and
- Environmental awareness forms part of the curriculum/learning experiences; as staff and advocates for young children CAFS programs staff have responsibility to promote awareness of environmental issues and act as role models of “good practice” in environmental protection.

Children’s exposure to potentially toxic materials should be minimised by using safe alternatives wherever possible.

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## Procedures

- Recycling bins should be provided and used for recyclable materials;
- Parents / caregivers / community members are encouraged to donate used items such as cards, boxes, wrapping paper for use in children's activities;
- Water will be used efficiently, and restrictions adhered to;
- Washing machines will be used at appropriate levels and load sizes;
- All chemicals will be used according to the safety instructions provided by suppliers (MSD Sheets); (refer to "Storage of Hazardous Materials and Medicines");
- Staff and families will be provided with information about non-chemical alternatives for cleaning;
- Children's programs will include regular planning for environmental education, including environmental hazards such as exposure to UV radiation;
- Equipment and materials will be stored appropriately; and
- Pest control procedures will be in accordance with guidelines for children's services, including notification of parents/caregivers.

## Legislation and Documentation

- Targowska, A. *An Environmental Curriculum for Pre School Children*. Lady Gowrie OOSH programs; and
  - Network of Community Activities. *Policies in Practice*.
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## QUALITY AREA FOUR – STAFFING ARRANGEMENTS

### Relief Staff and contingency

#### Statement

To ensure:

- Continuance of quality care for children in the absence of permanent staff;
- A pool of casual staff appropriately qualified to relieve permanent staff in their absence;
- Ongoing training and development of casual staff through involvement in an orientation/induction process, regular staff meetings and training; and
- A clear contingency procedure to ensure the safety and wellbeing of children during emergency situations or when child/staff ratios are compromised.

#### Details and Strategies

- As necessary the service will advertise for appropriately qualified staff to maintain a pool of casual staff;
- Casual staff will be required to abide by all Council and CAFS policies and procedures;
- Casual staff will receive training to maintain and promote their knowledge of the service and the service policies; and
- Casual work will be shared among the regular pool to maintain children's familiarity with staff and promote the development of secure and trusting relationships with children.

#### Staffing Contingency

These procedures will apply in a situation where the Relief Staff Policy CANNOT be applied. Situations may occur where primary contact staff ratios are challenged or compromised by out of the ordinary incidents including but not limited to:

- A primary contact staff member may become seriously ill or injured while at work, or on their way to work;
- An emergency situation arises that requires the immediate attention of one or more primary contact staff; and
- An emergency situation arises that requires staff and children to be evacuated from the childcare premises.

In a situation where a regular primary contact staff member cannot perform their duties the following steps will be worked through to find a replacement:

- Available non-contact staff will be required to perform the duties of the primary contact staff;
  - Permanent or casual staff should be contacted and requested to attend the Centre as soon as possible to perform the duties of the primary contact staff;
-

- Contact staff in other areas of Council, including Life Choices - Support Services, requesting assistance, provided that they have been appropriately screened for Child Protection; and
- If none of the above can be arranged to alleviate the situation, begin contacting parents / caregivers to collect children as soon as possible.

When appropriate to do so, complete a Staff Contingency report. Copies of the report will be submitted to the Manager of Community Services, Coordinator Children, Youth and Family Services, and other agencies where required.

When appropriate to do so, supply a written report to families of each child who was at programs when the incident occurred.

Reports should include a description of the incident, the actions taken to resolve the situation and staff present at the time of the incident.

## Legislation and Supporting Documents

- *Children (Education and Care Services National Law Application) Act 2010;*
- *Education and Care Services National Regulations 2011;*
- *Children and Young Persons (Care and Protection Act) 1998;*
- *Work Health Safety Act NSW 2011; and*
- *Commission for Children and Young People Act 1998.*

## Staffing Arrangements

(Including determining the Responsible Person, volunteers, students, and staff)

### Statement

To ensure that effective staffing arrangements enhance children's learning and development and ensure their safety and wellbeing. Council requires Educators and staff members to be respectful and ethical and to work collaboratively and affirm, challenge, support and learn from each other to further develop their skills and to improve practice and relationships. These interactions need to convey mutual respect, equity and recognition of each other's strengths and skills.

### Determining the Responsible Person

Council's staffing arrangements include a *Responsible Person* that has been delegated by the Approved Provider and who has consented to be placed in day-to-day charge. A Responsible Person must be over 18 years of age, have suitable skills, and be physically present at the Centre at all times the service operates.

The Nominated Supervisor will be the Team Leader CAFS and in their absence, another provider approved, Responsible Person. There will also be at least one (1) other Educator physically present at the Centre at all times the Service operates. All Staff will work in accordance with the Model Code of Conduct for Local Councils in NSW.

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- The Nominated Supervisor or Responsible Person rostered for this position must be physically present at the Centre at all times the Service operates;
- An interchangeable nameplate is to be displayed in the main entrance so everyone can see who is responsible for the Service at that time; and
- The Nominated Supervisor has been nominated by the Approved Provider (Council) and has consented to that nomination (in writing). Being appointed as the Nominated Supervisor does not mean that the person must be in attendance at the Approved Service at all times. When the Nominated Supervisor is absent from the service, a Responsible Person can be placed in charge on an acting basis;

## **Educational Leader**

- The Educational Leader (accepted in writing) is an educator who is suitably qualified and experienced to lead the development and implementation of the educational program in the Service. They need to guide Educator Assistants in their planning and reflection, and mentor colleagues in their implementation practices. As part of continuous improvement, the Educator Leader should consider what strategies are needed to improve the educational program. Strategies might include:
  - Leading and being part of reflective practice discussions about practice and implementing the learning framework;
  - Mentoring other educators by leading quality practice;
  - Discussing routines and how to make them more effective learning experiences;
  - Observing children and educator interactions, and making suggestions on how to improve interactions and intentional teaching;
  - Talking to parents about the educational program;
  - Working with other OOSH professionals;
  - Considering how the program can be linked to the community by working with other community services such as Aboriginal Elders;
  - Assisting with documenting children's learning and how these assessments can inform curriculum decision making; and
  - The Educator Leader works directly with the children and must be physically present and directly engaged in providing education and care to the children.

## **Educational Staff**

All educators employed by Glen Inness Severn Council will have:

- Relevant experience and/or training;
  - Hold a current National Police Check;
  - Hold a current Working with Children Check;
  - Good character, who can be entrusted with providing adequate care for the welfare of the children;
  - Has an interest and desire to work with children;
-

- Displays good communication skills and engages with all key stakeholders including families, schools, children, and management; and
- Uphold Council's policies including the Model Code of Conduct for Local Councils in NSW.

## **Rights and Responsibilities of Volunteers and Students**

### **Rights:**

Volunteers have the right to:

- Protection (a safe environment);
- Be listened to;
- Decide when and how long to be available;
- Supervision and instruction;
- A real piece of work or task;
- Promotion and variety;
- Negotiate the job, times and days;
- Know what the job is before starting;
- Have the right tools for the job; and
- Contribute to the decision making process.

### **Responsibilities:**

Volunteers and Students have the responsibility to:

- Be conscientious;
- Be punctual;
- Be responsible for what they have agreed to do;
- Be reliable;
- Let the coordinator know if they are unable to work;
- Maintain confidentiality;
- Possess a volunteer Working with Children Check that has been verified by Council's Human Resource Officer;
- Support other volunteers;
- Be a team member;
- Seek support when needed; and
- Know their own limitations (time, money, physical needs, family and friendships).

### **Staff Records:**

The Service must keep a staff record which contains information about:

- Personal particulars of all educators and staff, and copies of their relevant qualifications and working with children checks;
  - The designated Nominated Supervisor;
  - The designated educational Leader;
  - Details of volunteers and students; and
-

- A staff roster or time sheet must also be kept including:
  - Record of educators working directly with children;
  - Record of each date and times a volunteer participates in the service; and
  - Name of the Responsible Person at each time that children are being educated and cared for by the Service.

**All Glen Innes Severn Council staff, including those employed in out of school care, abide by The Model Code of Conduct for Local Councils in NSW which is issued at induction prior to employment.**

## **Legislation and Documentation**

- *Children (Education and Care Services National Law Application) Act 2010;*
- *Education and Care Services National Regulations 2011;*
- *Children and Young Persons (Care and Protection Act) 1998;*
- *Work Health Safety Act NSW 2011; and*
- *Commission for Children and Young People Act 1998.*

## **Relevant Council Policies and Procedures**

The Model Code of Conduct for Local Councils in NSW.

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## QUALITY AREA FIVE – RELATIONSHIPS WITH CHILDREN

### Interactions with Children

(including behavioural management procedures)

#### **Statement**

CAFS will provide an environment that reflects the principles in “My Time, Our Place”, where the development of secure, respectful and reciprocal relationships with children are fostered and encouraged, and genuine respect for diversity and a commitment to equity is reflected in all staff interactions with children.

Staff will endeavour through interactions with children to nurture their optimism, happiness and sense of fun and aim to recognize and respond to barriers, which may impact on children achieving a positive sense of self identity.

Staff will utilise opportunities in their interactions with children to develop an understanding of each other’s expectations, leading to a deeper understanding of each other and the negotiation of clear boundaries regarding safety, respect for others and procedures for creating a caring environment.

Staff and families should work together in partnership in promoting a consistent and positive approach to behaviour management and discuss ways of assisting children to make changes to inappropriate behaviour. Appropriate training will be made available for staff in positive approaches to Behaviour Management.

#### **Procedures**

Staff will:

- In the event of a child exhibiting unmanageable challenging behaviour, that places the staff or other children at risk, staff will implement the lock down protocol;
  - Maintain a positive attitude in all interactions with children;
  - Listen carefully to children’s experiences and perspectives and show interest in their ideas and perspectives;
  - Respect children as individuals and encourage each child to voice their opinions, concerns and ideas in a supportive forum that is free from stigma;
  - Support children in feeling confident in the environment by never using strategies such as shouting, threats of corporal punishment or the refusal of food or other basic needs. Staff will always treat children with respect, courtesy and understanding;
  - Treat children equally regardless of race, cultural background, religion, sex or ability and ensure interactions between children and staff exhibit this;
  - Sensitively manage children who are having difficulty conveying their message or managing their emotions;
  - Ensure children understand what is being communicated to them during interactions and allow them time to question or respond;
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- Speak to children at their level and use voice intonations, facial expressions and body language to assist in conveying messages;
- Engage in one on one conversations with children and develop an understanding of their likes, dislikes and interests;
- Collaborate with children regarding the daily routines and practices within the service including programming of experiences in order to meet their individual needs, interests and abilities;
- Organise environments and spaces that promote small and large group interactions and meaningful play and leisure;
- Collaborate with children to develop a set of rules or boundaries to guide their behaviour in the service and discuss clear expectations and consequences of inappropriate behaviours;
- Set a number of clear and concise rules that children understand, focusing on appreciating and caring for each other and the environment. All staff, families and children will be made aware of the rules and the expected consequences. The rules will be clearly displayed;
- Ensure that all staff enforce the rules and consequences consistently at all times; consequences will be relevant to the situation and never demeaning;
- Follow up all issues that arise by discussing the situation with the child and strategising for better solutions to use in the future;
- Collaborate with family members and schools regarding appropriate behaviour management practices to ensure there is a consistent approach;
- Access professional development and resources related to positive behaviour management and include this in professional development planning;
- Act as a positive role model for appropriate and expected behaviours in the service being mindful of respectful language and tone;
- Encourage and reward acceptable behaviour by giving praise and positive feedback to children as often as possible;
- Focus on the behaviours being displayed and not the child displaying them;
- Assist children in developing self-discipline skills and regulating their own behaviours by using simple conflict resolution skills, building self-reliance and self-esteem, role-modelling and positive direction;
- Provide children with opportunities to interact and develop respectful and positive relationships with each other, staff and visitors to the service;
- Ensure that appropriate physical contact is maintained in regard to comforting children, application of first aid, and safety provisions such as holding hands and maintaining respectful bodily space;
- Identify when interactions with a child are not appropriate and refer to the Centre's 'Providing a Child Safe Environment' policy to address these concerns; and
- Maintain defined boundaries in regard to appropriate behaviour with children and engagement with their families.

The children will:

- Be treated with respect, courtesy and understanding regardless of race, cultural background, religion, sex or ability;
  - Be encouraged to listen to and show to others respect, courtesy and understanding regardless of race, cultural background, religion, sex or ability;
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- Be encouraged to share humour and express themselves in a variety of ways, maintaining positive communication and relationships between staff, children and their peers;
- Practice strategies for problem solving, debating, negotiating and interacting with others in an appropriate way with the guidance of staff;
- Have opportunities to use and share their home language with other children and staff;
- Collaborate with staff in developing service routines and procedures including rules and boundaries and the consequences they should expect if these are not followed;
- Encourage their peers to adhere to the rules and expectations;
- Participate in experiences that will build relationships and promote interactions between each other, staff and visitors to the service;
- Assist staff in developing programs and routines for the service that reflect their individual needs, interests and abilities;
- Have their need for solitude or quiet time supported and respected by staff and other children; and
- Develop an understanding of the choices they make and the responsibility they have to manage their own behaviours in conjunction with staff.

## **Consistent Unacceptable Behaviour**

Where a child demonstrates consistent unacceptable behaviour, the staff will:

- Ensure the child is aware of the limits and what is appropriate behaviour, referring the child to the OOSH Care Rules;
- Ensure the expectations are appropriate for the child's level of development and understanding;
- Review the consequences to ensure they are not inadvertently encouraging the behaviour;
- Look for and assess possible causes for the behaviour;
- Discuss the issue with the parents/caregivers and the child; if the behaviour is a result of medication or a disability, a Behaviour Management Plan should be developed and implemented; (Additional funding may be sought for special needs assistance. Refer to Enrolment and Orientation, Eligibility and Priority of Access);
- Record all incidents, indicating what happened before and after the incident, time, date and who was involved;
- Develop a plan of action, involving behaviour management, in discussion with all staff, parents/caregivers, school and other professionals as required; and
- Record the plan of action, ensuring staff members are aware of how to implement and develop an evaluation system and review date.

If a child physically hurts other children or adults the staff will:

- Ask the child to remove him/herself from the situation and then if needed, the child will be removed from the situation;
  - Ensure the other person(s) is/are all right and given proper attention and care;
  - Record the incident, indicating date, time, victim, injury, offender and attendant; and
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- Ensure that both sets of parents/caregivers are notified of the incident.

## **Unacceptable Behaviour**

Examples of Unacceptable Behaviour:

- Verbal threats;
- Physical threats;
- Hitting/punching;
- Pushing;
- Kicking;
- Throwing objects;
- Hitting with objects;
- Touching another person's body without permission; and
- Holding someone's body against their will, e.g. holding someone in a headlock.

Any incident (done with intent to harm) that results in medical attention will result in the child being automatically excluded.

Management, in consultation with staff, will discuss the incident / issue.

Where, in the interest of the child and other children at the centre, exclusion is seen as the only step to be taken, this will be decided by Management. It will be considered only after:

- Adequate support and counselling;
- Parents / caregivers have been notified and given the opportunity to discuss their child's behaviour;
- Parents / caregivers have been referred to other agencies, where appropriate;
- Careful consideration has been given to the problem by staff and management; and
- Clear procedures have been established for accepting the child back into the centre.

## **Response to Behaviour**

A child may be sent home immediately, the parent is telephoned or privileges removed from the child for the remainder of the week/afternoon. The course of response taken by the staff in consultation with the Nominated Supervisor will be decided, taking each occurrence and individual child into account. Any incident (done with intent to harm) that results in medical attention will result in the child being automatically excluded. The length of exclusion again is dependent on the individual child, circumstances and number of (if any) previous incidents. All incidents will be recorded on the 'Behaviour Record' and parents/caregivers along with staff will be requested to sign and date the record and will be offered the opportunity to write a response. Should unacceptable behaviour continue and the above strategy does not work, the staff will inform Management.

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## Legislation and Supporting Documents

- *Children's and Young Persons (Care and Protection) Act) 1998;*
  - Voluntary Code of Practice, Section 12 (Exclusion for unacceptable behaviour)
  - United Nations Convention on the Rights of the Child;
  - Play - Rights and Responsibilities of children, staff and parents for a cooperative OOSH environment (Network);
  - *Children and Young Persons (Care and Protection) Act 1998;*
  - *Children (Education and Care Services National Law Application) Act 2010;*
  - *Education and Care Services National Regulations 2011;*
  - *Work Health and Safety Act NSW 2011; and*
  - *Commission for Children and Young People Act 1998.*
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## **QUALITY AREA SIX – COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES**

### **Social Inclusion, Diversity and Anti-Discrimination**

#### **Statement**

CAFS provides programs and services based on children's rights and social justice principles. All children, families and staff of all abilities, of various family structures, regardless of age, gender, class, ethnicity, sexuality, geographic location, languages spoken, cultural background, or current circumstances, are treated equitably and are valued and included in all aspects of CAFS programs.

#### **Details and Strategies**

All children, families and staff have a right to be treated with fairness and equity, have the same opportunities for participation and decision making, and have the right to be accepted as valued members of the community.

Staff members recognise differences as well as similarities in people and respect this, not just within educational programs but in promoting respect for all people within the wider community and positive attitudes to diversity.

Children are valued and active citizens, in their own right.

Discrimination is a barrier to education, and we are committed to ensuring children develop the skills to challenge bias and discrimination.

Staff members aim to ensure that the service is free of all forms of discrimination through processes that provide all children with the same opportunities and experiences to develop meaningful social relationships and lifelong learning skills.

CAFS programs work to provide:

- Equal and fair access to programs and services;
- Easy access to buildings and facilities; and
- Relevant and responsive education and care for all children and their families at CAFS programs.

CAFS staff will encourage participation in relevant activities and support associations that advocate and act on behalf of social justice issues including children's rights.

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## Family Participation, Feedback and Complaints

(Including intervention program strategies)

### Statement

CAFS aims to develop an atmosphere that enhances the sense of belonging and embraces the self-identity of each child and their families (*My Time, Our Place Outcome 1 & 2*). Families receive an informed orientation to provide clear understanding of CAFS goals, with foundations established to develop open partnerships that embrace meaningful learning opportunities and shared decision making.

Orientation packages are provided which include:

- Plain English Policies booklets so families can know about service operations;
- Feedback sheets to encourage children's smooth transition into the service; and
- Information regarding services and activities.

We believe that families are the most powerful influence in children's lives and promote reciprocal relationships to support individual approaches in enhancing confident and creative young people, who are assertive, active and informed citizens within the community (*My Time, Our Place*).

CAFS encourages the participation of all families in the development of programs, including OOSH, Early Childhood Intervention and Supported Playgroups. This will be enhanced through regular scheduling of family activities, meetings, and events.

Through verbal or written feedback from families and the community, CAFS staff will gain insights and perspectives in promoting continuous improvement to the quality and profile of service operations (*Standard 6.2*).

The service will seek opportunities for participation in local community life, through development of community partnerships and collaboration with other service providers.

### Details and Strategies

A quarterly newsletter will provide information for parents / caregivers, regarding:

- Parenting information;
  - Changes in childcare legislation or policies;
  - Proposed changes in procedures;
  - Calendar of relevant events;
  - Scheduled dates for community / family meetings;
  - Information on other services, activities, and events relevant to children and families;
  - Staff changes;
  - Feedback or Complaints Procedures;
  - Rights and Responsibilities.
  - Safety concerns;
  - Regulations and procedures updates;
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- Meals and Nutrition;
- Children's Health;
- Activities and programming; and
- Special events.

An Annual Survey for all CAFS programs will provide an opportunity for feedback.

### **Additional Strategies for Early Childhood Intervention Programs:**

- The service will ensure that each family's support include delivery in appropriate community settings;
- Each child and his/her family is encouraged and supported to contribute to and be involved in the life of the community;
- Families will be supported and encouraged to access and participate in mainstream children's services and activities, appropriate to their age and development;
- Families will be valued for their uniqueness and this philosophy is translated into the person centred approach that is used in all interactions;
- Children will take part in age-appropriate activities of their choice with consideration given to their degree of disability, so negative outcomes can be avoided;
- Children will be supported in undertaking activities as individuals, as part of a community group, or as part of the families;
- Activities that allow families to develop relationships with other families are developed;
- Any public activity or material published by the organisation will promote the abilities, contribution and competence of children with a disability;
- CAFS will promote inclusive practices in the broader community; and
- Staff will be trained in person-centred practice, and empowerment of families.

### **Complaints Procedure (Refer to Council's "Complaints Policy")**

If an individual has a complaint or comment about the service, s/he will be encouraged to talk to the Team Leader, who will arrange a time to discuss the concern and come to a resolution to address the issue.

Verbal complaints, which are received by staff members, should be recorded on the Feedback Form.

If not satisfied with the outcome, or not happy to discuss the issue with the staff member concerned, families should contact the Team Leader, or use an advocate to negotiate on their behalf.

- Families will be made aware of their right to complain, the process, and their right to use an advocate;
  - Families are encouraged to raise their complaint with a staff member in the first instance;
  - Complaints may be made in person, by phone, email, fax or letter. They should detail the name, address and contact phone numbers of the complainant, together with a brief description of the problem;
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- Families should be aware that they may use an advocate or representative of their choice to assist them in resolving their complaint; people with a disability will be referred to a Disability Advocacy Service;
- Any staff member may receive a complaint and must follow the procedures set out in this Policy;
- Some complaints may be handled directly by frontline staff, but those of a more serious nature will be passed to Management or the Director Corporate and Community Services;
- If complaints are unresolved they may be escalated to external review; additional information is provided for external complaints;
- Complaints regarding an individual service will be recorded in the client's file;
- Complaints regarding a staff member or service delivery will be recorded in Council's Records Management System;
- A de-identified register of complaints is maintained to identify trends and opportunities for improvement;
- Complaints and grievances will be taken seriously and investigated promptly and fairly in a timely manner;
- The complaints and grievance management system will be promoted in the Parent Handbook and on Council's website; and
- Feedback and Complaint Forms will be displayed and available at the Centre.

CAFS will support an individual's right to complain and will help them to make their complaints clear and try to resolve them.

A complaint can be informal or formal. It can be anything which an individual thinks is unfair or which makes them unhappy with the service.

Every parent/caregiver will be provided with clear written guidelines detailing the Complaints Procedure.

All confidential conversations with individuals who have a complaint or grievance will take place in a quiet place away from children, other parents / caregivers or staff.

Families accessing the Early Childhood Intervention program will be supported in accessing disability advocacy services if their complaint is not resolved.

A written response to formal complaints should be received by the complainant within 10 working days of the complaint being made.

Outcomes of the complaint should be noted on / attached to the feedback record form and, if requested, reasons for the decision supplied in writing to the consumer or their advocate.

Written reasons should include:

- A clear statement of what the decision is;
  - The facts on which the decision was based;
  - A contact person they can talk to about the decision; and
  - Any appeal or review rights that they have.
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Families who have literacy issues will receive written reasons for decisions, but they should be accompanied by an explanation in person or by telephone in a manner that the person understands. This may include documents written in other languages or assistance from an interpreter service or an advocate.

If the issue is not satisfactorily resolved by the Team Leader then the complainant should direct the complaint to: The General Manager, PO Box 61 Glen Innes NSW 2370. Phone: 67302300 or email [council@gisc.nsw.gov.au](mailto:council@gisc.nsw.gov.au).

A Complaints Register, maintained by staff, will promote an understanding of trends and areas of concern, which will be reviewed regularly at team meetings, and will form part of the planning for the service.

Notification of a complaint made which involves a staff member whose behaviour may put a child at risk of harm, should be made to the Ombudsman.

## Legislation and Supporting Documents

- *Community Services Complaints, Appeals and Monitoring Act, 1994;*
- "My Time, Our Place" (Outcome 1: Children have a strong sense of identity. Outcome 2: Children are connected with and contribute to their world);
- *Children (Education and Care Services National Law Application) Act 2010;*
- *Education and Care Services National Regulations 2011;* and
- Council's Complaints Policy.

## Access to Children

### Statement

Any parent / caregiver of a child may contact their child at any time during the hours the child is at the Centre. The safety and welfare of children will at all times be a priority and children attending OOSH programs will only be released into the care of authorised people. All staff should be aware of custody and access orders applying to children attending OOSH.

### Procedures:

- Children will only be released into the care of authorised people. All staff should have easy access to the list of authorised people and information regarding Custody and Access orders;
  - For the safety of the child, if an unauthorised person contacts the service seeking information about the child the authorised parent or guardian will be notified immediately;
  - If the person refuses to leave the premises then staff will commence lock down; calmly attempting to move the person outside while bringing the children in;
  - Parents / caregivers will be informed of the policy on enrolment of their child; and
-

- If an unauthorised person attends the service the Responsible Person will confirm no information can be given and explain that permission by the authorised person who enrolled the child must be obtained for the release of information in line with Privacy Act.

## **Custody Disputes (See Child Protection)**

### **Legislation and Supporting Documents**

- *Child and Young Persons (Care and Protection) Act 1998;*
- *Commission for Children and Young People Act 1998;*
- *Privacy Act 1988;*
- *Privacy and Personal Protection Act 1994;*
- *Children (Education and Care Services National Law Application) Act 2010;*
- *Education and Care Services National Regulations 2011; and*
- *Work Health and Safety Act NSW 2011.*

### **Access, Enrolment, Orientation and Fees** (including acceptance and refusal of authorisations)

#### **Statement**

CAFS accepts enrolments for primary school age children to OOSH programs in accordance with program eligibility, funding priorities, and guidelines for services.

Families with children under school age are able to attend Supported Playgroups and Aboriginal Playgroup.

Early Childhood Intervention Services for children with a disability (aged 1 - 7 years) are provided in an equitable and consistent manner and based on relative need and available resources without discrimination for families with children with a developmental delay, or who are at risk of a delay.

An orientation process is in place for children and their families in each program area.

The purpose of this is to:

- Enable staff to meet and greet children and their families;
  - Provide essential operational and program information;
  - Form the foundation for a successful, collaborative and caring partnership between families and the service; and
  - To help children develop a sense of belonging, feel accepted, develop attachments and trust those who care for them ("My Time, Our Place", Outcome 1).
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## Details and Strategies

### Acceptance and Refusal of Authorisation

#### (a) Eligibility for OOSH programs

Access and eligibility will be subject to the Priority of Access Guidelines set down by the **Department of Education, Employment and Workplace Relations (DEEWR)**. These are:

- Priority 1 – a child at risk of serious abuse or neglect;
- Priority 2 – a child of a single parent who satisfies, or of parents / caregivers who both satisfy, the work, training, study test under section 14 of the A New Tax System (Family Assistance) Act 1999; and
- Priority 3 – any other child.

Within these main categories priority should also be given to the following children:

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

As well as the above, the service policy is that children must be enrolled in Infants /Primary school in order to be eligible to attend the service. Children of Preschool age will not be accepted into the program, except for the December / January Vacation Care period immediately prior to them commencing Infants / Primary school – this enrolment will be accepted upon proof that the child is enrolled to commence Primary school. Children who have completed Year six (6) may be eligible to attend the service at the discretion of the Team Leader.

#### (b) Inclusion of children with additional needs (Refer to Access for Early Intervention Programs, below)

Provision of places for children with additional needs will be made wherever possible, with a regular review period. Access to care will focus on the needs of the child and the service's ability to meet these needs. Ongoing arrangements will be at the discretion of the Team Leader in consultation with parents / caregivers and staff.

#### (c) Waiting list

Where demand for care exceeds the service's number of approved places, families will be placed on a waiting list. When completing waiting list details, families will be advised of the Priority of Access Guidelines.

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Waiting lists will be refreshed each term by mail / email. A request for updating family details and contact numbers will be sent to each family on the waiting list. If the service does not receive a reply, families will be removed from the list, as it will be presumed the family is no longer requiring care.

#### **(d) Enrolment**

Enrolments will be created in line with the Priority of Access Guidelines and the **Child Care Management System (CCMS)**. There are three (3) enrolment types under the CCMS:

- Formal enrolments;
- Informal enrolments; and
- AMEP / Other enrolment.

Enrolments will not be accepted from families without full completion of the enrolment form. To secure the enrolment, parents / caregivers are required to pay one (1) week's enrolment in advance. Further information about fees can be found in section (g), Fee's and Enrolment Days.

CAFS will accept two (2) options for enrolment:

1. A permanent enrolment occurring regularly on a weekly basis; and
  - In special circumstances, consideration may be given for fortnightly permanent enrolments.
2. A casual enrolment occurring regularly on a sporadic basis.

#### **(e) Attendance and enrolment records**

Accurate attendance records will be kept, which:

- Records the full name of each child attending the service;
- Records the date and time each child arrives and departs;
- Is signed on the child's arrival and departure by either the person who delivers or collects the child, the Nominated Supervisor or an Educator (Regulation 158); and
- Meet the requirements of the Child Care Management System (CCMS).

An enrolment record for each child will be kept which includes all details outlined in National Regulations 2011 (Regulations 160, 161 and 162).

#### **(f) Child's attendance once enrolled**

The service's responsibility for the child begins when the child is placed in the staff care by parent or guardian, or when they arrive from school for the afternoon session. If a child is to be absent on a day they are normally booked, the family must notify the service as soon as possible. The rules for Allowable Absences under CCMS will be followed in relation to all absences.

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If a child arrives who is not enrolled for the day, the staff member will confer with the child and the schoolteacher to clarify where the child should be. The staff member will then phone the Pool House to seek further information. If no clarification can be made the OOSH staff will sign the child in and contact the parent to confirm that they are in OOSH care.

## **(g) Fee's and enrolment days**

### **I. Fee Structure**

Fees are set yearly within Council's Operational Plan and Budget and families / carers will be notified in advance to any changes to the fee structure before it occurs. Fees are payable weekly, one (1) week in advance for all enrolled days. This includes times when the child is absent due to illness, family vacations and public holidays. Any outstanding fees may result in the cancellation of your enrolment and are subject to interest. Interest will be charged in accordance with the rate adopted each year by Council under Section 566(3) of the *Local Government Act 1993*.

A fee statement will be distributed to families each month detailing all CCMS information and expected fees for the upcoming month. Fees are payable at Glen Innes Severn Council Administration office, via direct debit or Centrepay.

### **II. Changes to enrolments**

One (1) weeks' notice is required for any change to permanently enrolled days. These changes exclude public holidays which occur within a normal permanently enrolled period and will be charged at the normal rate.

### **III. Cancellation of enrolment**

Cancellation of an enrolment may be initiated in two (2) different situations:

- A parent / caregiver advises the service in writing that no further care needs to be provided;
- The service identifies that care is no longer required or being provided (CCMS Ending Enrolments).

The family must give two (2) weeks' notice if they wish to cancel a child's enrolment; failure to do so will mean that the advance enrolment will not be refunded. Refunds may be granted under exceptional circumstances after discussion with the Educator Supervisor.

CCMS guidelines will be followed once an enrolment is cancelled

### **IV. Late fee**

The service operates in accordance with licence approval. Service operation times for after school care are 3.00pm to 6.00pm and for vacation care 8.00am to 6.00pm. Late fees will apply for children remaining at the Centre outside these operational hours. Charges will include \$25 for the first 10 minutes and \$10 for each minute thereafter.

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## **(h) Confidentiality and storage of records**

Enrolment information will be kept in strict confidence according to the service's policies. All enrolment records will be kept in a safe and secure place and kept for the period of time specified in the National Regulations 2011 (Regulations 158, 159,160, 183).

## **(i) Orientation**

Families who are enrolling their child for the first time will receive the Parent Handbook and the key policies for families prior to the child's first day at the service. Families should read this handbook, so that their child is prepared for their first day at the service and to give them time to complete all relevant forms.

Parents / caregivers should advise staff when they are greeted that it is their child's first day at the service and the educator will introduce themselves and guide them through the sign-in / out process, check that all relevant forms and authorities have been signed and show them around the Centre.

Staff will introduce the child to other children and engage them in an activity. A staff member will remain with the child until they are settled and comfortable in the new environment. Staff will carefully monitor the child whilst at the Centre to ensure they are settling in.

## **Rights, Confidentiality and Access to Information**

### **Statement**

Each person receives a service that promotes and respects their legal and human rights and enables them to exercise choice like everyone else in the community.

Personal details about families will be kept confidential and only disclosed with the consent of parents/caregivers. The dignity and privacy of families is to be respected and they or their representative will have access to their personal information.

The Service adheres to the Universal Declaration on Human Rights and expects all staff, volunteers and contractors to also respect and adhere to these principles, in conjunction with the United Nations Rights of the Child<sup>3</sup>.

### **Details and Strategies**

- Rights of families to external advocacy services including specialist advocacy services for people with a disability, will be upheld and families will be supported to access such services;

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<sup>3</sup> See Appendix 2.

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- The criminal nature of physical and sexual abuse is recognised, and followed by appropriate actions required by law, and according to the Child Protection Policy as it relates to Mandatory Reporters; staff will be trained in the use of the Mandatory Reporter Guide<sup>4</sup>;
- Staff and volunteers will be required to obtain a Working with Children clearance, and provide this information so it can be verified;
- All staff, volunteers and contractors will be subject to an Australian Federal Police Check;
- The service complies with the requirements of the **NSW Privacy and Personal Information Protection Act 1998 (PPIPA)**; **NSW Health Records and Information Privacy Act 2002 (HRIPA)**; Commonwealth Freedom of Information Act 1982; and Government Information Public Access Act 2009 (GIPA);
- Families will be informed under what circumstances their personal information is shared;
- Information will only be used for the purpose it was collected and for which consent was given;
- All staff, stakeholders and families are made aware of their rights and responsibilities in regard to personal or health information provided to Council;
- All staff understand and comply with Council's Privacy Policy and Privacy Management Plan, which is in accordance with the PPIPA and HRIPA;
- Access to the information held about families will be provided without undue delay, unless such access is deemed to be one of the exceptions mentioned in the legislation;
- The service encourages participation of, and gives consideration to, special needs groups (Aboriginal and Torres Strait Islanders, people from a culturally and linguistically diverse background, people with dementia, people with a mental illness, people living in a remote or isolated area, people who are financially or socially disadvantaged, people with disabilities, veterans' people who are homeless or at risk of being homeless, care leavers, parents separated from their children by forced adoption or removal and people who identify as lesbian, gay, bisexual, transgender or intersex), and ensures the groups are informed of other relevant services;
- A Privacy Statement will be issued and explained to families at intake;
- Security of records is maintained and protocols for access outlined, including families' freedom to access their personal records (exceptions outlined in Privacy Statement);
- Parents/caregivers are informed of what information staff record on their behalf;
- Parents/caregivers and/or their representative are informed verbally and in writing of the Privacy and Confidentiality Policy;
- Signed, informed consents are to be obtained detailing to whom and for what purpose a family's information may be released;
- Families are informed that they have the right to withdraw that consent;
- Staff and volunteers sign a Confidentiality Agreement;
- Staff and volunteers receive training in their responsibilities regarding confidentiality;
- Families' privacy and dignity is respected;
- Only relevant information is collected and stored;

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<sup>4</sup> See "Child Protection" policy.

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- Records must be current and accurate;
  - Archives are stored and destroyed according to *State Records Act 1998* and the *State Records Amendment Act 2005*; and
  - In situations where safety of an individual is at severe and immediate risk or under the provisions of Chapter 16a, staff members have a duty of care to break confidentiality.
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## QUALITY AREA SEVEN – LEADERSHIP AND SERVICE MANAGEMENT

### Authorisations

#### **Statement**

The service will request authorisation (permission) from parents / caregivers for a child to attend an extra-curricular activity for which authorisation is required. If authorisation has not been supplied, this will result in the child not being able to leave the Centre.

Generally, authorisation is required in written format; however in some circumstances staff discretion may be used with verbal confirmation being obtained from the parent/caregiver or emergency contact.

The Education and Care Services National Regulations 2011 require services to ensure that an authorisation is obtained from families in certain situations, including but not limited to:

- Administering medication to children (Regulation 93);
- Children leaving the premises of a service with a person who is not a parent of the child (Regulation 99);
- Children being taken on excursions (Regulation 102); and
- Access to personal records/information by persons other than the child's parent or guardian (Regulation 181).

#### **Details and Strategies:**

The Nominated Supervisor / Responsible Person will ensure documentation relating to authorisation (permission) from families contains:

- The name of the child enrolled in the service;
  - The date;
  - Signature of the child's parent/caregiver who is listed on the enrolment form;
  - The approximate time the child will leave the service if the child is leaving the service to attend an extra-curricular activity and the time they will return to the service (if applicable);
  - Information regarding the excursion (if applicable);
  - Details of administration of medication (if applicable); and
  - The original form/letter is to be retained in the child's records.
-

## Child Protection

### Statement

CAFS upholds the right of every child to be safe, and protected from all forms of abuse, violence or exploitation. It is the legal and moral obligation of all staff members who work within the service to promote the safety and wellbeing of children in our care and to have undertaken child protection training.

Staff and management have a legal responsibility, as Mandatory Reporters, to take action to protect and support children they suspect may be at significant risk of harm.

The service will carry out the responsibilities of Mandatory Reporters as indicated under legislation. This responsibility involves following the procedures as outlined by Community Services and the NSW Commission for Children and Young People.

### Details and Strategies

#### Mandatory Reporting

A Mandatory Reporter is a person who delivers services to children as part of their paid or professional work.

In CAFS services mandatory reporters include:

- Staff who deliver services to children; and
- Administration staff, either paid or voluntary, whose duties include direct responsibility or direct supervision for the provision of these services.

Staff members are mandated to report to the Department of Family and Community Services, Community Services, if they become concerned that a child known to them in their capacity as a Mandatory Reporter, is being abused or neglected, or is likely to be abused or neglected. The Mandatory Reporter Guide (MRG) is a resource to assist in making a decision about whether to report concerns relating to:

- Physical abuse;
- Neglect;
- Sexual abuse;
- Psychological harm;
- Relinquishing of care by parents / caregivers;
- Carer concerns of the child; and
- Unborn child.

Staff will use the online MRG child story tool before reporting to Family and Community Services, Community Services.

Training should be provided to staff in relation to Child Protection and the MRG.

A staff member that forms a belief, based on reasonable grounds, that a child is at risk of harm, should ensure they record the details of their concerns in a clear objective format.

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Such information will be confidential and will be maintained according to Council's Privacy Policy. When reporting to the Helpline it is important to have as much information as possible available to give to the Helpline. This might include the child's information, family information, reporter details, and the MRG decision tree outcomes.

If directed by MRG to report to Family and Community Services, Community Services, staff should report their concerns to the Child Protection Helpline:

**Mandatory Reporters telephone 13 36 27 - (TTY 9633 7698)**

For Non-Mandatory reporters (e.g. concerned community members) the contact phone is 13 21 11.

If the supervisor has been advised through the MRG to make a report, but has not done so, those staff members with concerns are legally required to do so.

Once a report is made to the Child Protection Helpline no further action needs to be taken unless new information comes to hand.

**Information exchange**

In order to provide effective support and referral it may be necessary to exchange information with other prescribed bodies including government agencies or non-government organisations and services.

The *NSW Children and Young Persons (Care and Protection) Act 1998* has been amended (2009) to include chapter 16A Information Exchange, which requires prescribed bodies to take reasonable steps to coordinate decision making and the delivery of services regarding children and young people.

Under Chapter 16A *NSW Children and Young Persons (Care and Protection) Act 1998*, staff should exchange information that relates to a child or young person's safety, welfare or wellbeing, whether or not the child or young person is known to Community Services and whether or not the child or young person consents to the information exchange.

The information requested or provided must relate to the safety, welfare or wellbeing of the child which may include:

- A child or young person's history or circumstances;
- Information about a parent or other family member with a significant or relevant relationship; and
- Relevant case history.

Where information is provided in good faith and according to legal provisions, under section 29 and section 245A *NSW Children and Young Persons (Care and Protection) Act 1998*, reporters cannot be seen as breaching professional standards. There will be no liability for court action.

Staff will receive training in Information Exchange and Chapter 16A.

**Where a complaint is made about a staff member, or someone in the service**

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Should an incident occur that involves a child being put at risk of harm by a staff member, volunteer, trainee or person visiting the service, this is regarded as 'reportable conduct' and necessitates being reported to the NSW Ombudsman within 30 days.

Where the allegation is made to a staff member the facts as stated will be recorded in writing, using an Incident Report template that includes dates, times, names of person/s involved, name of the person making the allegation and the person making the report. This report should be kept on record and treated as confidential.

If the Team Leader or Responsible Person is suspected, then the Manager Community Services should be informed.

The relevant forms together with information and assistance are available on line at [www.nswombudsman.nsw.gov.au](http://www.nswombudsman.nsw.gov.au)

The person making the report should follow the advice of the Ombudsman's Departmental Officers.

For the protection of both the child and the staff member involved, the staff member will be encouraged to take leave or be removed from duties involving direct care and contact with children, until the situation is resolved.

Support should be provided to all parties involved. Support can be given in the form of counselling or referral to an appropriate agency.

## **Custody Disputes**

Parents / caregivers should supply copies of all Custody and Access orders applying to a child.

A person who has been forbidden by a Court Order from having contact with a child attending a CAFS programs:

- Must not be given any information concerning the child;
- Must not be allowed to enter the premises of the service while the child is attending;  
and
- Must not be permitted to collect the child from OOSH programs.

Should unauthorised people seek access to a child, parents / caregivers will be informed immediately.

Should unauthorised people seek access to a child, with violence, or threat of violence, Emergency Procedures will be implemented.

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## Recruitment of Staff

All staff employed by the service, volunteers and students (over the age of 18), and self-employed people, will be required to present a current Working with Children Check carried out by the NSW Commission for Children and Young People, and this will be verified by Council recruitment staff. Written approval from the prospective person will be sought prior to verification of the Check being completed.

## Legislation and Supporting Documents

- *NSW Children and Young Person's (Care and Protection) Act 1998;*
- *Commission for Children and Young People Act 1998;*
- *Child Protection (Prohibited Employment) Act 1998;*
- *Ombudsman Act 1974 (with relevant Child Protection Amendments);*
- NSW Department of Community Services Mandatory Reporting Guidelines;
- NSW Child Protection Interagency Guidelines (2006);
- *Legislation Amendment (Wood Inquiry Recommendations) Act 2009 No 13;*
- Keep Them Safe – Information session/overview participants manual 2009/ 2010;
- OSHCQA Quality Area 7;
- Keep Them Safe [www.keepthemsafe.nsw.gov.au](http://www.keepthemsafe.nsw.gov.au);
- Human Services Network [www.hsnet.nsw.gov.au](http://www.hsnet.nsw.gov.au);
- Ombudsman [www.nswombudsman.nsw.gov.au](http://www.nswombudsman.nsw.gov.au);
- Community Services [www.community.nsw.gov.au](http://www.community.nsw.gov.au);
- NSW Commission for Children and Young People [www.kids.nsw.gov.au](http://www.kids.nsw.gov.au); and
- Child Protection Helpline 13 36 27.

## Effective Service Management and Governance

### Aim

- To ensure the legal and human rights of staff, volunteers and families of the service are upheld;
  - To provide a safe environment and safe service delivery to children and their families;
  - To encourage participation by families in the planning, management and evaluation of the services which are provided;
  - To ensure that the roles and responsibilities of management and staff are clearly defined, documented, and available;
  - To ensure that staff are appropriately qualified and competent to carry out their defined roles;
  - To ensure that staff and volunteers are supported in their roles through development of appropriate procedures and systems, identification of individual training needs, supervision and accountability;
  - To ensure that there are documented policies and procedures relating to complaints and disputes by staff and families;
  - To ensure the efficient use of funds provided for services to the target groups;
  - To provide annual financial and activity accountability in relation to funds received;
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- Service delivery is coordinated with other service provision to ensure maximum effective services to families; and
- To ensure that risks are identified and strategies developed and documented to mitigate against such risks, in the domains of Administration, Information Technology, Environment, Finance, Governance, Human Resource Management, Legal, Management and Operations, Physical, Reputation, Relationships, and Service Delivery.

## **Details and Strategies**

- Knowledge of the Universal Declaration of Human Rights and its implications for staff and families;
- Knowledge of the United Nations Rights of the Child;
- Adherence to Early Childhood Code of Ethics;
- Regular review of a risk management program;
- Documented risk management strategies are developed;
- Work Health Safety Policy and associated procedures are regularly reviewed and staff are up to date;
- Community engagement is included in planning and service evaluation;
- Organisational structure and Delegations are clearly defined;
- A documented process for orientation of new staff is used;
- Rigorous recruitment process is applied;
- Staff supervision is structured with development of KPIs and annual performance appraisals;
- Regular and structured system of meetings, which convey required information through management and supervisors to all staff;
- There is a culture of Continuous Improvement with documented process from ideas to planning;
- Maintenance of a Complaints Register monitoring trends to inform the Continuous Improvement Process;
- Regular review of policies and procedures;
- Planning and monitoring of budgets, acquittal of funding and annual reporting processes;
- Development of networks and ways of communication with other services providers;
- Regular audits of compliance against standards, legislation, procedures; and
- Development and maintenance of a training matrix to target training needs, track mandatory training requirements, and manage Police Check and Working with Children Check renewal dates.

## **Relevant Council Policies and Procedures**

The following policies are current Glen Innes Severn Council Policies and are available on the intranet or Council's website:

- HR Policy Statement Register;
  - WHS Policy;
  - Privacy Policy;
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- Computer Usage;
- Vaccination Policy;
- Study Incentive Policy;
- The Model Code of Conduct for Local Councils in NSW; and
- First Aid Policy.

## **VARIATION AND REVIEW**

The CAFS Policies and Procedures are normally reviewed every three (3) years, or earlier if deemed necessary, to ensure that it meets the requirements of legislation and the needs of Council. The term of the Policy does not expire on the review date, but shall continue in force until superseded, rescinded or varied either by legislation or a new resolution of Council.

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## Appendices

### APPENDIX 1

#### Early Childhood Australia Code of Ethics

The Early Childhood Australia Code of Ethics provides a framework for reflection about the ethical responsibilities of early childhood professionals. Following a national process of consultation, principles emerged which are indicative of the values shared by early childhood professionals in Australia. The code is intended for use by all early childhood professionals who work with or on behalf of children and families in early childhood settings. The Code of Ethics is owned by the field, rather than imposed upon it.

#### **Early Childhood Australia Code of Ethics**

In this Code of Ethics the protection and wellbeing of children is paramount and therefore speaking out or taking action in the presence of unethical practice is an essential professional responsibility.

##### **I. In relation to children, I will:**

1. Act in the best interests of all children;
2. Respect the rights of children as enshrined in the United Nations Convention on the Rights of the Child (1991) and commit to advocating for these rights;
3. Recognise children as active citizens participating in different communities such as family, children's services and schools;
4. Work with children to help them understand that they are global citizens with shared responsibilities to the environment and humanity;
5. Respect the special relationship between children and their families and incorporate this perspective in all my interactions with children;
6. Create and maintain safe, healthy environments, spaces and places, which enhance children's learning, development, engagement, initiative, self-worth, dignity and show respect for their contributions;
7. Work to ensure children and families with additional needs can exercise their rights.
8. Acknowledge the uniqueness and potential of all children, in recognition that enjoying their childhood without undue pressure is important;
9. Acknowledge the holistic nature of children's learning and the significance of children's cultural and linguistic identities;
10. Work to ensure children are not discriminated against on the basis of gender, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin;
11. Acknowledge children as competent learners, and build active communities of engagement and inquiry; and
12. Honour children's right to play, as both a process and context for learning.

##### **II. In relation to families, I will:**

1. Listen to and learn from families, in order to acknowledge and build upon their strengths and competencies, and support them in their role of nurturing children;
  2. Assist each family to develop a sense of belonging and inclusion;
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3. Develop positive relationships based on mutual trust and open communication;
4. Develop partnerships with families and engage in shared decision making where appropriate;
5. Acknowledge the rights of families to make decisions about their children;
6. Respect the uniqueness of each family and strive to learn about their culture, structure, lifestyle, customs, language, beliefs and kinship systems;
7. Develop shared planning, monitoring and assessment practices for children's learning and communicate this in ways that families understand;
8. Acknowledge that each family is affected by the community contexts in which they engage;
9. Be sensitive to the vulnerabilities of children and families and respond in ways that empower and maintain the dignity of all children and families; and
10. Maintain confidentiality and respect the right of the family to privacy.

### **III. In relation to colleagues, I will:**

1. Encourage my colleagues to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours;
2. Build collaborative relationships based on trust, respect and honesty;
3. Acknowledge and support the personal strengths, professional experience and diversity which my colleagues bring to their work;
4. Make every effort to use constructive methods to manage differences of opinion in the spirit of collegiality;
5. Share and build knowledge, experiences and resources with my colleagues; and
6. Collaborate with my colleagues to generate a culture of continual reflection and renewal of high quality practices in early childhood.

### **IV. In relation to communities, I will:**

1. Learn about the communities that I work within and enact curriculum programs which are responsive to those contexts and community priorities;
2. Connect with people, services and agencies within the communities that support children and families;
3. Promote shared aspirations amongst communities in order to enhance children's health and wellbeing;
4. Advocate for the development and implementation of laws and policies that promote child-friendly communities and work to change those that work against child and family wellbeing;
5. Utilise knowledge and research to advocate for universal access to a range of high-quality early childhood programs for all children; and
6. Work to promote community understanding of how children learn in order that appropriate systems of assessment and reporting are used to benefit children.

### **V. In relation to students, I will:**

1. Afford professional opportunities and resources for students to demonstrate their competencies;
  2. Acknowledge and support the personal strengths, professional knowledge, diversity and experience which students bring to the learning environment;
  3. Model high-quality professional practices;
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4. Know the requirements of the students' individual institutions and communicate openly with the representatives of that institution;
5. Provide ongoing constructive feedback and assessment that is fair and equitable;
6. Implement strategies that will empower students to make positive contributions to the workplace; and
7. Maintain confidentiality in relation to students.

**VI. In relation to my employer, I will:**

1. Support workplace policies, standards and practices that are fair, non-discriminatory and are in the best interest of children and families;
2. Promote and support ongoing professional development within my work team; and
3. Adhere to lawful policies and procedures and when there is conflict, attempt to effect change through constructive action within the organisation or seek change through appropriate procedures.

**VII. In relation to myself as a professional, I will:**

1. Base my work on contemporary perspectives on research, theory, content knowledge, high quality early childhood practices and my understandings of the children and families with whom I work;
2. Regard myself as a learner who undertakes reflection, critical self-study, continuing professional development and engages with contemporary theory and practice.
3. Seek and build collaborative professional relationships.;
4. Acknowledge the power dimensions within professional relationships.
5. Act in ways that advance the interests and standing of my profession;
6. Work within the limits of my professional role and avoid misrepresentation of my professional competence and qualifications;
7. Mentor other early childhood professionals and students;
8. Advocate in relation to issues that impact on my profession and on young children and their families; and
9. Encourage qualities and practices of leadership within the early childhood profession.

**VIII. In relation to the conduct of research, I will:**

1. Recognise that research includes my routine documentation and investigations of children's learning and development, as well as more formal research projects undertaken with and by external bodies;
  2. Be responsive to children's participation in research, negotiating their involvement taking account of matters such as safety, fatigue, privacy and their interest;
  3. Support research to strengthen and expand the knowledge base of early childhood, and where possible, initiate, contribute to, facilitate and disseminate such research;
  4. Make every effort to understand the purpose and value of proposed research projects and make informed decisions as to the participation of myself, colleagues, children, families and communities;
  5. Ensure research in which I am involved meets standard ethical procedures including informed consent, opportunity to withdraw and confidentiality;
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6. Ensure that images of children and other data are only collected with informed consent and are stored and utilised according to legislative and policy requirements; and
7. Represent the findings of all research accurately.

## **APPENDIX 2**

### **Declaration of the Rights of the Child**

Reproduced from [www.un.org/cyberschoolbus/humanrights/resources/plainchild.asp](http://www.un.org/cyberschoolbus/humanrights/resources/plainchild.asp)

1. All children have the right to what follows, no matter what their race, colour, sex, language, religion, political or other opinion, or where they were born or who they were born to;
  2. You have the special right to grow up and to develop physically and spiritually in a healthy and normal way, free and with dignity;
  3. You have the right to a name and to be a member of a country;
  4. You have a right to special care and protection and to good food, housing and medical services;
  5. You have the right to special care if you have a disability in any way;
  6. You have the right to love and understanding, preferably from parents/caregivers and family, but from the government where these cannot help;
  7. You have the right to go to school for free, to play, and to have an equal chance to develop yourself and to learn to be responsible and useful;
  8. Your parents have special responsibilities for your education and guidance;
  9. You have the right always to be among the first to get help;
  10. You have the right to be protected against cruel acts or exploitation, e.g. you should not be obliged to do work which hinders your development both spiritually and mentally;
  11. You should not work before a minimum age and never when that would hinder your health, and your moral and physical development; and
  12. You should be taught peace, understanding, tolerance, and friendship among all people.
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## Appendix A

### Document Control Continued

VERSIONS:	DATE:	RESOLUTION NO:	DESCRIPTION AMENDMENTS:	OF	AUTHOR / EDITOR:	REVIEW / SIGN OFF:
3	23/02/2018	17.02/18	Amend Policy Format Philosophy Supervision Deletion of certified supervisor and insertion of Responsible Person Colour Coding for cleaning Safety Data sheets Bus Collection Food and nutrition Access to children Sun Protection Emergency and evacuation Outdoor Environment Staffing Arrangements Interactions with Children Rights, Confidentiality and access to information Children Protection Update version control.		Manager of Community Services	Council
2	26/02/2015	17.02/15	Medical Conditions including asthma, anaphylaxis and Diabetes.		Manager of Community Services	Council
1	27/03/2014	9.03/14	Original Policy Document		Manager of Community Services	Council