



OSHC Policies

101 Brunel Street Huntly

3551 Vic

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Operation times 3:30pm- 6:00pm

Monday to Friday.

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Introduction

Huntly P.S Out of school hours care service generally cater for school aged children (however it is recognised that there may be children in prep that are younger than five)

After School Care operates from the OSHC room, library and Multipurpose Room.

The Huntly Primary School is run by the School Council with the School Principal being the Approved Provider.

This is a general purpose policy Hand book and should be read in conjunction with the Parent Handbook, which is designed to provide practical guidelines for parents and their children attending the OSHC.

The OSHC policies and procedures are reviewed consistently throughout the year. Any changes to OSHC policies and procedures will be displayed on the Parent information board in the OSHC room.

Huntly P.S OSHC is licenced for 30 students.

A complete copy of National Law and National Regulations 2011 is available at the service

Philosophy

Huntly P.S Outside School Hours care Philosophy is guided by children's families and educator's input, ideas and values. Our philosophy like our program fosters children's wellbeing, development and learning through recreational experiences. Our outcomes and our school philosophy combine to guide program decision making for children and educators to reflect on and to promote children's opportunities for being, belonging and becoming.

We meet our aims by following the national Quality Framework (National Regulations, National Children's Act 2010) and by utilising information from the My Time, Our Place Framework for School Aged Children in Australia.

We believe we should:

- Provide a safe and healthy environment where we run a program of activities that promotes play and involvement for all children as well as a strong sense of wellbeing and belonging.
- Provide nutritional food and drinks, as a part of our program, to foster the children's sense of health and wellbeing.
- Build secure, trusting, caring and fun environment for children and their families by consulting with them, encouraging their involvement in the school and by role modelling fairness and respect for one another and our environment.
- Understand that each family and individual in our community is unique with their own individual interests, abilities, beliefs, customs and cultures.
- Encourage children to be involved in community groups by our support of, and genuine interest in the community.
- Show support through our school and our management to children, families and staff by providing information, guidance, training, school guidelines and Procedures and open communication systems.
- Promote through our program the importance of play where children:
 - Learn at their own pace through involvement
 - Are given opportunities to create, explore, experiment, be active
 - Practise skills
 - Interact with others whilst being engaged in various experiences.
- Ensure children have the right to be cared for in a comfortable, relaxed, safe, secure, nurturing environment.

- Provide for educators and children alike to work and play in a harmonious, happy, supportive environment where open communication is encouraged and respected and teamwork valued.
- Ensure children connect with their community through our school involvement in excursions, incursions and special events.

School Operation Times

Mon-Fri 3:30pm-6:00pm

Last day of term 2:30pm- 6:00pm

Student Free Days 8:00am-6:00pm

Closed on Code Red Days

Policies to be reviewed

Principal Signautre.....

Delivery and Collection of Children Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

MANAGING INDOOR AND OUTDOOR SAFETY:

DELIVERY AND COLLECTION OF CHILDREN POLICY

Policy: To ensure safe arrival and departure to and from the OSHC Program for all children and their families.

Background: It is the responsibility of staff and families to ensure the safe arrival and departure of children at the education and care setting and the completion of statutory documentation. Practical and safe approaches will promote a smooth transition between school and home and confirms the children's presence or absence from the service. This ensures a child's arrival and departure at the service continues their safe care and custody.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 99, 158, 168(2)(f)

Links to National Quality Standard:

- 2.3.2 Every reasonable precaution is taken to protect children from harm or any hazard likely to cause injury
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

Goals:

Huntly P.S OSHC will:

- Ensure the safe and documented arrival and departure of children at the education and care setting.
- Support children in settling into the service each day and experience quality education and care through continuity of educators and positive interactions within the community of the service.

Practices:

To ensure the safety of all the children in the care of Huntly P.S OSHC, the following procedures apply to the arrival and departure of children each day;

Attendance Records:-

A record of attendance, kept at the school, includes the full name of each child attending, arrival and departure times, and signature of the educator when the child arrives and signature of the parent/guardian who collects the child or the Nominated Supervisor or educator.

The child will leave the school only with the parent authorised nominee, an authorised delegate as part of an excursion or because the child requires medical care. (This does not

include a parent who is prohibited by a court order from having contact.) **educator will review the Sign In and Out Sheet.** Where parents or authorised persons have not signed in (on curriculum days) a staff member will note that the child is in attendance. Families will be reminded to complete the record.

Ensure that two staff members verify that all children have been signed out of the school. If a child is not signed out educators will check all areas of the school to ensure no child remains. This will be confirmed via **the Statement on the Sign In /Out Sheet.**

Request a 'signed authority to release' form from family prior to allowing anyone other than those listed on the enrolment form to collect a child from the service.

Allow a child to leave the school only with an authorised person, of at least 18 years of age, who appears able to appropriately care for the child. Educators will always act in the interest of safety for the child, themselves and other children in the service. It is at the educators' discretion to determine if they believe an authorised person is unable to appropriately care for the child on the individual case and circumstances.

Families/family member or delegated authority will:

Sign each child out of the OSHC Program upon arrival (on curriculum days) and departure, on **Record of Attendance** with a full signature.

Remain responsible for their child whilst they are on the school premises.

A Roll Book is to be kept for each session (Monday/Tuesday/Wednesday/Thursday/Friday). The roll will have the child's name.

The Roll and/or Sign In/Out Book will be taken during Emergency Evacuations and used to ensure that all children are accounted for.

On orientation and the first day of enrolment, remind families that all children need to be signed in and out as part of regulatory obligations. Families will also be informed that sign in/out sheets will be used for emergency evacuations and need to be completed by families both on arrival on curriculum days) and departure from the OSHC.

Educators will:

Set the environment with familiar areas for children to enjoy when they are settling into care. Changes in the environment will be discussed with children and families to promote consistency and to help the children feel secure in their setting.

Greet families and find out about the child's needs for the day. (on curriculum days)

Support children to participate in an activity.

Welcome families at the conclusion of the day and communicate about the child's day. Any important messages will be passed on to families, including any changes in their child's routine, accident reports or medication needs.

Families/family member or delegated authority will:

Communicate any changes of routine with educators. This communication may include information about medication, a change in routine, a person other than a known authorised adult picking up a child and completing documentation or if there is a change in time of arrival or departure for a child. These must be known by educators to ensure safety and wellbeing of each child.

If in an emergency parents will be late, they are asked to please call and advise the staff so that children may be informed and arrangements made. See Late Collection of Children.

Authorization for Collecting Children

OSHC will;

Ensure that parents complete Emergency Contact details on enrolment form or "Authorisation to Collect" form for any adult, other than the parent, who is to collect their child from OSHC.

Ensure that children are only collected by adults authorized by the parent to collect their child.

If parents are separated or divorced they are required to inform the School of any custody arrangements. Copies of any Court Orders must be provided to the School before access by either parent is to be restricted.

If staff are unfamiliar with the authorized adult collecting the child they are to request proof of identity e.g. driver's license, Medicare card etc.

If an unauthorized person attempts to collect a child the Nominated Supervisor or Educator will keep the child with them until having made contact with the parent or other authorized responsible adult.

If a parent rings during the day to inform that an unauthorized person is to collect their child, staff ensure that parent's voice is recognized and/or that child's date of birth is requested from parent. Record details of person to collect on form kept near the office telephone and check identity on arrival.

Ensure that children are only collected by a responsible adult who is at least 18 years of age.

Family Access

The OSHC will;

Ensure that parents are able to have access to their child at any time during the day.

Ensure that parents can exchange information about the child with primary contact staff at mutually convenient times on an ongoing basis.

Ensure that if parents are separated or divorced they are required to inform the School of any custody arrangements. Copies of any Court Orders must be provided to the School before access by either parent is to be restricted.

Any person who has been forbidden by court order from having contact with a child attending the OSHC;-

Must not be given any information concerning that child

Must not be allowed to enter the premises of the OSHC Program while the child is attending the service.

Must not be permitted to collect the child from the program.

Late Collection of Children

The OSHC Program is licensed for children to attend the School between 3:30-m and 6:00pm. Educators must meet Regulations at all times and would be contravening these regulations if they supervise children at the School outside these hours. Late collection can be very distressing for the child.

The School understands that parents can be late for collecting their child for a variety of legitimate reasons. **If parents/caregivers are to be late that they inform the School by phone so that staff are able to explain this to the child and make preparations for the care of the child.**

After 6 pm the usual sign in/out book will be replaced by the Late Book which requires the parent to record the child's name, date and time of collection, and reason for late collection.

If a name appears in the late book three times the parent will begin to incur a fee of \$1 for each minute late for each late collection. If the problem persists after three late collection fees the possibilities of finding more appropriate care will be discussed with the parent.

Two Educators are to remain on the premises with any late child until they are collected by an authorized, responsible adult.

Visitors

The OSHC Program will;

Ensure that all visitors to the School sign the visitor's book with name, date, arrival and departure time, reason for visit.

Ensure that any visitor (including parent volunteers) is to be accompanied by primary contact staff whenever they are in the presence of children.

Evaluation

Arrival and departure times encourage families to interact in the environment build relationships, open communication networks and ensure the safety of children when being delivered and collected from the OSHC.

Excursions Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

EXCURSION POLICY

Policy:

The school will provide well planned and documented excursions which provide a valuable part of the program.

Background

Excursions are a valuable experience for children, families and staff within the OSHC settings. Excursions provide the opportunity to expand and enhance children's experiences, explore different environments and engage in meaningful ways with their communities. Excursions require appropriate planning and risk management to ensure the best experience and enjoyment for all. Our OSHC is committed to providing excursions that are well considered and planned, provide meaningful experiences and ensures the health, safety and wellbeing of children at all times.

Relevant Legislation:

- Education and Care Services National Regulations 2011 101, 102
- NSW Occupational Health and Safety Act 2000
- Occupational Health and Safety Regulations 2001

Link to National Quality Standard:

- 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Key Resources:

- 'Kids and Traffic' resources available from the Early Childhood Road Safety Education Program, Macquarie University: www.kidsandtraffic.mq.edu.au
- Roads and Traffic Authority (NSW): www.rta.nsw.gov.au

Goals:

We will:

- Make excursions a part of the program of education and care;
- Plan for excursions with careful consideration of the safety of children and adults;
- Carry out excursions only where full documentation and permissions have been completed and obtained;
- Undertake full risk assessments, consideration of value of educational excursions, and plan for first aid requirements.

Practices:

Planning and Preparations

All excursions will be planned in advance to:

- maximise both children's developmental experiences and their safety;
- reflect the age, capacity and interests of the children;
- ensure they are properly supervised and conducted in a safe manner; and
- are conducted with fully informed written parental permission.
- All excursions will be thoroughly researched to ensure:
 - supervision is adequate so children cannot be separated from the group;
 - Access to hazardous equipment and environments are minimised;
 - There is adequate access to food, drink and other facilities (toilets, hand washing etc.);
 - Consideration is given to the mobility and supervision requirements of children with additional needs;
 - That adequate sun and shade protection is available.

When planning for an excursion staff will:

- Assess the requirements for the excursion;
- Conduct a risk assessment;
- Book transport and venues;
- Make alternative arrangements for adverse weather conditions;
- Inform families of the details of the excursion including destination, objectives and outcomes, and what the child should bring;
- Provide parents or legal guardians with an excursion permission form to complete to authorise their child to participate on the excursion;
- Collect completed permission forms for each child attending the excursion;
- Request additional adult participation on the excursion where required;
- Arrange for a suitably equipped first aid kit (including asthma medication, EpiPen if required) and mobile phone to be taken on the excursion.

Educators must make alternate arrangements for any children who are not attending the excursion, and ensure that any dialogue or pre-planning for the excursion does not alienate such children from social networks.

Additional factors need to be considered in the planning of excursions for children with additional needs. Where possible, our service will uphold the right for all children to access all excursions and engage in meaningful ways while on excursions.

Risk Assessment

The Nominated Supervisor will:

Ensure a risk assessment is conducted prior to any excursion to identify and assess the risk the excursion may pose to the safety, health and wellbeing of any child whilst on the excursion, and will specify how the service will manage any risks identified.

The risk assessment conducted will consider:

- Proposed route, destination and duration of the excursion;
- potential water hazards or any hazard associated with water based activities;

- transport to and from destination;
- number of educators, responsible persons, and children involved;
- given the risks any specialised skills required;
- proposed activities; and items to be taken on the excursion e.g. mobile phone, emergency contact numbers etc.

If the excursion is a regular occurrence a risk assessment will only be carried out once, provided the circumstances around the excursion have not changed in any way since the initial risk assessment was conducted.

The Nominated Supervisor will also appoint a Certified Supervisor to be in charge of the excursion.

Authorisation for Excursions

The Nominated Supervisor will ensure that:

For all excursions parents or legal guardians will be given an excursion permission form with full details of the excursion including:

- child's name;
- date, description, duration and destination of proposed excursion;
- method of transport to be used;
- reason for the excursion , and proposed activities to be conducted on the excursion;
- the anticipated adult: child ratio – outlining number of educators and staff and other adults attending;
- a statement that a risk assessment has been prepared and is available at the service for parents to view.

If the excursion is a regular outing, authorisation is required once in a 12 month period. All parents or legal guardians will be asked to sign permission forms for regular excursions on enrolment and at the beginning of each subsequent year.

No child will be taken on an excursion unless written permission from parents or legal guardian has been received.

Families and Volunteers

Families will be encouraged to participate in excursions to assist in maintaining suitable child/staff ratios.

If additional adults are required volunteers will be invited. Volunteers will be mature, responsible people who are aware of the hazards and responsibilities of taking a group of children out the service.

Family members/volunteers will not to be left in sole charge of children and must be supervised by an educator at all times.

All volunteers/family members' details will be entered into the appropriate staff record for that day.

Transport and Traffic

Safety of children will be considered in the choice of route and mode of transport. Our service will follow all applicable VIC road rules as well as the Kids and Traffic best practice recommendations for transporting young children safely in buses. Every reasonable precaution will be taken to protect children from harm and any hazard likely to cause injury.

Educators will ensure children obey road rules and cross roads at a crossing or lights where available. Educators will remain vigilant to ensure no child runs ahead or lags behind the group.

Buses used for excursions must be fitted with suitable child restraints within the meaning of the Regulation 110G of the Motor Traffic Regulations 1935 (seat belts).

Always buckle up children's seatbelts. Keep children occupied when travelling in vehicles to help prevent children unbuckling their seatbelt.

Ensure as far as practicable child passengers enter and exit the bus by the 'safety door', which is the front/rear, left hand side door of the bus.

When getting on and off the bus, educators are to arrange themselves so that one educators member is first on/last off to ensure no child is left behind.

Ensure there are no loose or sharp objects inside the bus that could cause injury if an accident occurs.

Supervision

Supervision on excursions will ensure the safety and wellbeing of all children for the duration of the excursion, taking into account ratios and all risks and hazards likely to be encountered.

The venue will be assessed as safe for all children and adults on the excursion and will be easily supervised and accessible.

Work experience, TAFE, and University students may assist educators but are not included in the adult/child ratio.

When it is not possible or appropriate for the whole group to move together, **smaller groups will be organized to include at least one staff member.**

All volunteer adults attending an excursion are required to sign a Working with Children Check form prior to the excursion.

The children will be organized into small groups in the care of a particular adult. Adults are responsible for the careful supervision of their own group of children and should count them regularly.

Children must be supervised when going to the toilet (to check toilets before child goes in).

Water Hazards

No excursions will be conducted to a swimming pool or other water related activity. Where there are significant water hazards (such as rivers, lakes or beaches), risk management strategies will be identified and implemented.

Conducting the Excursion

All educators, volunteers and children attending will be informed of excursion timetable/itinerary, special requirements, safety procedures, grouping of children and responsibilities.

A list of children on the excursion will be left at the service and a copy carried by the delegated Certified Supervisor.

Before leaving on the excursion, a notice will be prominently displayed at the service which includes:

- itinerary and timetable; and
- mobile contact phone number.

Items to be taken on excursions include:

- a suitable stocked first-aid kit including asthma medication and EpiPen (if required);
- a mobile phone;
- children's emergency contact numbers;
- children's medication, if required; and
- other items as required e.g. sunscreen, drinking cups, jackets etc.

If a child is lost on an excursion, we will always leave a staff member behind to look, while the other group leaders escort the children back.

When planning excursions, consideration should be given to the cost. **Cost should not preclude any child from attending.** If costs are high the excursion may be partly subsidized by the OSHC so that all children are able to attend.

Evaluation

All excursions are conducted in a safe manner and evaluated. Any improvements identified in the risk assessment prior to conducting the excursion or the evaluation of the excursion is addressed and actioned to ensure children's safety.

Acceptance and Refusal of Authorisation Policy

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT
ACCEPTANCE AND REFUSAL OF AUTHORISATION POLICY

Policy: The OSHC Program will act in accordance with correct authorisations as described in the *Education and Care Services National Regulations 2011*

Background: Our OSHC requires authorisation for actions such as administration of medications, collection of children, excursions and providing access to personal records. This policy outlines what constitutes a correct authorisation and what does not, and may therefore result in a refusal.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 168

Links to National Quality Standard:

- 7.3 Administrative systems enable the effective management of a quality service

Key Resources:

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

Goal: We will ensure that we only act in accordance with correct authorisation as described in the *Education and Care Services National Regulations, 2011*.

Practices: The Nominated Supervisor will:

- Ensure documentation relating to authorisations contains:
 - the name of the child enrolled in the service;
 - date;
 - signature of the child's parent/guardian, or nominated contact person who is on the enrolment form;
 - the original form/letter/register provided by the service.
- Apply these authorisations to the collection of children, administration of medication, excursion and access to records.
- Keep these authorisations in the enrolment record.
- Exercise the right of refusal if written or verbal authorisations do not comply.
- Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The service can administer medication without authorisation in these cases, provided they contact the parent/guardian as soon as practicable after the medication has been administered.

Dealing with Infectious Diseases Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

INFECTIOUS DISEASES POLICY

Policy: The school will plan for and respond effectively to minimise children's exposure to infectious diseases.

Background: Ensuring the health and safety of children, and staff, and supporting children's ongoing wellbeing, is a core focus of the delivery of our OSHC Program. Educators need to be aware of the likelihood of young children being exposed to an infectious illness whilst in care. Maintaining hygiene practices within the service and teaching young children about health and hygiene will assist in the prevention of infectious diseases. Providing families with timely and current information will further support this process.

Relevant Legislation:

- Education and Care Services National Regulations 2011
- Education and Care Services National Law Act 2010

Links to National Quality Standard

- QA2: Children's Health and Safety
- 2.1 Each child's health is promoted
- 2.1.3 Effective hygiene practices are promoted and implemented
- 2.1.4 Steps are taken to control the spread of infectious diseases and to manage illness and injuries, in accordance with recognised guidelines

Key Resources:

- Guide to the National Quality Standard (3) ACECQA (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- EYLF – Belonging Being Becoming (2009)
- Health and Safety in Children's Services Model Policies and Practices – 2nd Edition revised (2003)
- Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care - 4th Edition (2006)
- National Health and Medical Research Council: www.nhmrc.gov.au/
- Immunisation Handbook – 9th Edition (2008) Australian Government – Department of Health and Ageing – National Health and Medical Research Council
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations (3) (2011)

Goals:

- Children's exposure to infectious diseases will be minimised by:
- our service following all recommended guidelines from relevant authorities regarding the prevention of infectious diseases;
- promotion of practices that reduce the transmission of infection;

- the exclusion of sick children and staff;
- service support for child immunisation; and
- implementation of effective hand washing procedures.

Approved Provider will:

- ensure that all information regarding the prevention of infectious diseases is sourced from a recognised health authority, such as: *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care* (4th edition), National Health and Medical Research Council (2006), and the VIC Ministry of Health, or VIC public hospitals websites;
- implement the recommendations from *Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care* to prevent the spread of infectious diseases at the service;
- ensure that children are reasonably protected from harm by working with the Nominated Supervisor and Educators on developing, implementing and reviewing policy that will guide health and safety procedures within the service; and
- collect, maintain, and store appropriately the required enrolment documents and enrolment information of children in the service.

Nominated Supervisor will:

- Develop procedures for:
 - maintaining a hygienic environment;
 - providing families with relevant infectious diseases, health and hygiene information;
 - guiding children’s understanding of health and hygiene throughout the daily program;
 - ensuring staff are aware of relevant immunisation guidelines for children and themselves; and
 - maintaining relevant records regarding the current status of the immunisation of staff and children at the service, as well as any relevant medical conditions of children at the service.
- Develop an enrolment procedure that captures all required information regarding the children’s immunisation status, and any medical conditions.
- Provide relevant sourced materials to families about:
 - exclusion guidelines for children that are not immunised or have not yet received all of their immunisations in the event of an infectious illness at the service, upon induction at the service;
 - advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the service; and
 - providing information on illnesses (as soon as practicable after the occurrence of an infectious disease).
- Provide information to families as soon as practicable of the occurrence of an infectious disease that describe the:
 - nature of illness;
 - incubation period; and
 - infectious and exclusion periods.
- This information will be sourced from a reliable source such as, *Staying Healthy in Childcare - Preventing Infectious Diseases in Child Care* (4th Edition), National Health and Medical Research Council (2006).
- Ensuring that an “Incident, Injury, Trauma and Illness” record is completed as soon as practicable or no later than 24 hours of the illness occurring;

- Ensure that all educators are aware of individual children's circumstances i.e. read children's record card before children commence OSHC;
- Maintaining confidentiality with regards to children's individual medical circumstances, by putting procedures in place to safeguard children and families personal information;
- Provide regular reminders to families to keep information in children's enrolment records up to date (immunisation), ensuring that this occurs as required
- Advising staff of the recommended immunisations for people working with children as per the *Immunisation Handbook – 10th edition 2013*
- Maintaining current records of staff immunisation status and ensuring educators familiarity with written procedures for exclusion of educators as well as children in the event of an infectious illness;
- Providing opportunities for educators to source relevant up to date information on the prevention of infectious diseases, and maintaining health and hygiene from trusted sources;
- Ensuring opportunities for educators and families to be involved in the review of the policies and procedures regarding children's health and safety; and
- Inform and implement the advice of the health department, or local health unit regarding Infectious Diseases as required.

Educators will:

- Ensure that any children that are suspected of having an infectious illness are responded to and their health and emotional needs supported at all times;
- Implement appropriate health and safety procedures, when tending to ill children;
- Ensure that families are aware of the need to collect their children as soon as practicable to ensure the child's comfort;
- Advise families that they will need to alert the service if their child is diagnosed with an Infectious Illness;
- Maintain their own immunisation status, and advise the Approved Provider/Nominated Supervisor of any updates to their immunisation status;
- Provide varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice;
- Take into consideration the grouping of children to reduce the risk of acquiring an infectious illness when planning the routines/program of the day;
- Implement the services health and hygiene policy including:
 - hand washing – washing and drying thoroughly routine and daily cleaning of the service;
 - wearing gloves (particularly when in direct contact with bodily fluids); and
 - proper handling and preparation of food.
- Provide opportunities for staff, children and families to have access to health professionals by organising visits/guest speakers to attend the service to ensure that practices in place at the service are correct; and
- Maintain currency with regard to Health and Safety by attending appropriate professional development opportunities.

Families will:

- Advise the service of their child's immunisation status, and provide written documentation of this for the service to copy and keep with the child's enrolment records;
- Advise the service when their child's immunisation/medical condition is updated and provide this information to the service to ensure that enrolment records are up to date; and
- Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods.

Evaluation

Infection control is effectively managed at the service to ensure children remain healthy and transmission of infectious diseases are minimised.

Related Policies

- Hand washing
- Toileting
- Nose wiping
- Contact with bodily fluids
- Cleaning
- Exclusions for infectious diseases and acutely ill children
- Assessing serious or potential infectious diseases
- Notification procedures in infectious disease cases
- Managing immunizations

Dealing with Medical Conditions Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY MEDICAL CONDITIONS POLICY

Policy: The school will facilitate effective care and health management of children with acute episodes of illness and medical emergencies.

Background: Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our service is committed to a planned approach to the management of medical conditions to ensure the safety and well-being of all children at this service. Our service is also committed to ensuring our educators are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Providing families with ongoing information about medical conditions and the management conditions is a key priority.

Goals: Our education and care service will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medical conditions to develop an action plan for their child;
- Informing all staff, including casual staff, and educators, of all children diagnosed with a medical condition and the action plan procedures for these;
- Providing all families with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the action plan;
- Ensuring all children with diagnosed medical conditions have a current action plan that is accessible to all staff; and
- Ensuring all staff are adequately trained in the administration of emergency medication.

Relevant Legislation:

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011: 90, 91, 94

Link to National Quality Standards

- Quality Area 2.1.1: Each child's health needs are supported

The Approved Provider will:

- Ensure the Nominated Supervisor fulfills responsibilities in the management of medical conditions.

Enrolment of children into the OSHC

The Nominated Supervisor will:

- Ensure that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this Medical Conditions policy;
- Inform parents of the requirement to provide the service with a medical management plan of their child's condition;
- Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing;

- to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
- if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
- if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
- if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
- Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;
- Ensure that staff are adequately trained in procedures contained in the medical management plan; and
- Inform other families enrolled at the school of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

Communication and display of medical information

The Nominated Supervisor will:

- Ensure all medical management and risk minimisation plans are accessible to all staff;
- Ensure that all plans are current and kept up to date;
- Develop a communication plan to ensure that relevant staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child;
- Develop a communication plan to ensure that parents can communicate any changes to the medical management plan and risk minimisation plan; and
- Update the communication plan as needed;

Educators and staff will:

- Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition; and
- Will consult the communication plan to ensure they are aware of their communication responsibilities.

Management of asthma and anaphylaxis

The Nominated Supervisor will:

- Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
- Ensure that all staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will:

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and
- Administer emergency medication in accordance with their training, as required.

Documentation and record keeping

The Approved Provider will:

- Ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will:

- Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators and staff will:

- Complete a Medication Record when a child receives emergency medication; and
- Will provide parents with a copy of the Medication Record.

Policy Availability

- The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

Related Policies

- Asthma Management
- Anaphylaxis Management
- Diabetes Management

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

ASTHMA POLICY

Policy: The school will facilitate effective care and health management of children with asthma, and the prevention and management of acute episodes of illness and medical emergencies.

Goals: OSHC is committed to:

- Raising the awareness of asthma amongst those involved with the OSHC Program.
- Providing the necessary procedures to ensure the health and safety of all persons with asthma involved with the OSHC Program
- Providing an environment in which children with asthma can participate in all activities to their full potential.
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Purpose: The aim of this policy is to document strategies for implementation of best practice asthma management within the OSHC setting so that:

- All children enrolled at the service who have asthma can receive appropriate attention as required.
- A service can respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the service.

Relevant Legislation:

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011

Link to National Quality Standards

- Quality Area 2.1.1: Each child's health needs are supported

Key Resources:

The policy should be read in conjunction with:

- The Asthma Friendly Children's Services Guidelines
- Asthma Foundation VIC Policies – www.asthmavic.org.au
- Work Health and Safety Act 2011

General Notes

- Children with asthma have sensitive airways. It is important to avoid the things (triggers) which can make asthma worse by causing the airways to narrow. Triggers include cold or flu symptoms, weather conditions, exercise/play, inhaled allergens (e.g. pollens, tobacco smoke, moulds, animal hair and dust mites), dust, certain medications (e.g. Aspirin), some foods and preservatives, flavourings and colourings, emotions (e.g. laughter).
- Symptoms of asthma include shortness of breath/ difficulty in breathing, wheezing or high pitched whistling sound (mainly when breathing out), cough (sometimes associated with vomiting) chest tightness (sore tummy). These symptoms vary from child to child. An asthma attack can be life threatening and must be treated promptly.
- Inhaled medications are the best way of treating asthma in children under 5 years of age. Inhaled medications can be taken using a puffer/inhaler and a spacer.
- There are three main groups of asthma medications;
 - Preventers; Flixotide, Intal Forte, Pulmicort, Tilade, Qvar, Alvesco, (white or autumn coloured containers)
 - Relievers; Airomir, Asmol, Bricanyl, Epaq, Ventolin (blue containers)
 - Symptom controllers and Combination Medications; Foradile, Oxis, Serevent, Seretide, Symbicort.

Our Commitment

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within this service gives the following undertakings:

The Management will:

- Identify children with asthma during the enrolment process.
- Provide all families with information about Asthma Management Procedures upon enrolment. A copy of the Asthma Policy is available for all families to read in the foyer.
- Provide families of children diagnosed with asthma with an Asthma Policy on enrolment.
- Provide all educators with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.
- All educators attend regular certified asthma training every three years. Ensure that at least one educators member responsible for First Aid/Asthma/Anaphylaxis is on duty whenever children are being cared for or educated, including off site excursions.
- Provide a Child Asthma Record to all families of children with asthma upon enrolment. The completed Child Asthma Record is to be returned promptly, reviewed annually and kept in a central location.
- Ensure that all educators are informed of the children with asthma in their care.
- Provide a Child Asthma First aid Permission Form to all families of children who do not have a diagnosis of asthma. The completed form is to be returned promptly with the enrolment form.
- Formalise and document the internal procedures for Asthma First Aid, for both children with a diagnosis of asthma, and those with no known diagnosis of asthma (first attack).
- Ensure that at least one Asthma First Aid poster is displayed in a key location.
- Ensure that the Asthma Emergency Kit contains a blue reliever puffer (e.g. Airomir, Asmol, Epaq or Ventolin), a spacer device concise written instructions on Asthma First Aid procedures.
- Provide a mobile Asthma Emergency Kit for use on activities outside the Children's Service.
- Identify and, where possible, minimise asthma triggers.
- Encourage open communication between families/ guardians and educators regarding the status and impact of a child's asthma.
- Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Educators will:

- Ensure that they maintain current Asthma First Aid training.
- Ensure that they are aware of the children in their care with asthma.
- In consultation with the family, optimise the health and safety of each child through supervised management of the child's asthma.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the Child's Asthma Record.
- Administer emergency asthma medication if required according to the child's Asthma Record. If no Asthma Record is available the Standard Asthma First Aid Plan should be followed immediately.
- Document the use of medication according to service policy and notify parents/carers.
- Promptly communicate, to management and families, any concerns about the child's asthma limiting his/her ability to participate fully in all activities.
- Provide families with the contact details of the Asthma Foundation if further asthma advice is needed.
- Regularly maintain all asthma components of the first aid kit to ensure all medications are current and any asthma devices are cleaned after each use and ready to use.
- Provide children with their reliever medication as soon as symptoms develop.
- Medications are administered and witnessed by educators.
- Identify and, where possible, minimise asthma triggers.
 - House dust mite, which is more prevalent in an environment with carpet, rugs, upholstered furniture and fluffy toys.

- Flowering plants, mildew and mould
- Domestic chemicals such as pesticides, cleaning agents, bleach and chlorine agents, deodorants, room sprays, perfumes, paints, food preservatives,
- Hobby chemicals such as glues, solvents and paints,
- Dust from animals, pets and birds,
- Dust from pest infestations, especially cockroaches, mice and rats
- Reduce exposure of children and educators to indoor allergens by;
 - Regularly vacuuming carpet, rugs, upholstered furniture and fluffy toys
 - Regularly shampooing carpet, rugs, upholstered furniture and washing fluffy toys
 - Treating and preventing growth of mould and mildew indoors and in clothing, linen and bed clothes
 - When using chemical sprays such as pesticides and cleaning agents, spraying when children are not present in the immediate vicinity
 - Controlling pest infestations, especially cockroaches

Families will:

- Inform educators, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Child Asthma Record as provided by the child's doctor.
- The Child Asthma Record is to be completed prior to the enrolment of the child and reviewed by the educators and parents each year or more frequently should any changes in treatment occur.
- Notify the educators, in writing, of any changes to the Child Asthma Record during the year.
- Supply current medication (reliever) labeled with child's name and expiry date and left with the child.
- medications are to be stored in children's bags.
- Communicate all relevant information and concerns with educators as the need arises e.g. if asthma symptoms were present during the night.
- Include Asthma in General Medical Treatment Consent on enrolment form for children who do not have a diagnosis of asthma

Asthma First Aid

- The OSHC will have an Asthma Emergency Kit available for use in case of:
 - An emergency where a child has difficulty breathing
 - A child's first attack of asthma
 - A child's own asthma reliever puffer is unavailable, expired or empty.

AND

- All educators should be aware of how to deliver the Asthma First Aid Plan.

Each kit should contain a blue reliever puffer (Aiomir, Asmol, Epaq or Ventolin), a spacer device , and instructions for use.

If a child has difficulty breathing or their asthma deteriorates, administer Asthma First Aid according to either:

- The Child's Asthma Record First Aid Plan as signed by the family and/or doctor's written instructions

OR

- **The Asthma First Aid Plan.** If a child has difficulty in breathing and there is no notification on any written communication from the parents/guardian about them having asthma; call an ambulance immediately, follow the Asthma First Aid Plan and contact the parents immediately. No harm is likely to result from giving a reliever puffer to someone with asthma.

Asthma First Aid Plan

Step 1: Sit the child upright and remain calm and provide reassurance. Do not leave the child alone.

Step 2: Give 4 puffs of a blue reliever (Airomir, Asmol, Epaq or Ventolin), one puff at a time, preferably through a spacer device. Ask the child to take 4 breaths from the spacer after each puff. (Shake the puffer before initial use)

Step 3: Wait 4 minutes.

Step 4: If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000).

Continue to repeat steps 2 and 3 while waiting for the ambulance.

- If the child's condition suddenly deteriorates, or you are very concerned, call an ambulance immediately.
- In an emergency the blue reliever puffer can be accessed from the Asthma Emergency Kit, or borrowed from another child.
- Record any asthma incident and file the completed form with all incident reports.
- Notify the family and advise them of actions taken.

Correct Use of the Puffer

- Remove the cap from the puffer
- Shake puffer well and insert into the end of the spacer
- Put the mouthpiece of the spacer in your mouth, forming a seal with your lips. Breathe out gently
- Press down on the puffer canister once to fire medication into the spacer
- Breathe in and out normally for 4 breaths
- To take more medication, shake the puffer again, and then repeat steps 3-5. Remember to put the mouthpiece cap back on after you've finished

Checklist for Excursions

Educators should be alert for:

- Children with a high risk history of asthma
- Children who show asthma symptoms before departure on an out of OSHC excursion
- The need to modify an activity for children with asthma
- Strategies to prevent exercise induced asthma
- A child who denies symptoms of asthma
- The need for early intervention of emergency treatment for asthma symptoms
- Signs of worsening asthma

Educators should ensure the following:

- Child asthma records and individual asthma treatment plans taken on all excursions and kept with the Director or group leader.
- Be familiar with the preferred asthma emergency management required for the children in their care
- Mobile phone is made available and there is suitable reception
- Asthma Emergency Kit accompanies each group and the contents are checked before leaving the service. This should include checking the expiry date and making sure the medication is full.
- Educators accompanying students with asthma must carry their asthma medications and delivery devices with them at all times.
- If children are not all together, make sure Asthma Emergency Kits go with all groups.
- Check emergency services near excursion site.
- There is at least one educator with the excursion group that has completed Emergency Asthma Management training.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY
**MANAGING CHILDREN WITH FOOD ALLERGIES
AND ANAPHYLAXIS**

Policy: The school will facilitate effective care and health management and management of emergencies in children who have food allergies, and children who are at risk of anaphylaxis.

Background: Food allergies in children are common and can be due to peanuts, other tree nuts (brazil, cashew, hazelnuts, almonds), fish, shellfish, eggs, wheat, milk, milk products, soy, seed and some fruits. The most common food allergies are due to milk, egg and peanut. Peanut allergy is the most likely allergy to need availability of adrenaline. Other substances which children can have a severe allergic reaction are drugs (especially antibiotics and vaccines), bees, other insect stings and some plants. The most severe form of allergic reaction to any substance is anaphylaxis and effective immediate management requires adrenaline.

Relevant Legislation:

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

Links to National Quality Standard

- 2.1 Each child's health is promoted

Key Resources:

- Australasian Society of Clinical Immunology and Allergy: www.allergy.org.au
- Australian First Aid, St John Ambulance Australia: www.stjohn.org.au

Practices:

To facilitate effective care and management of anaphylaxis or other emergencies in children who have food allergies, or susceptibility to anaphylaxis, the school will:

- Ensure all permanent educators are to complete a recognized First Aid course and keep it up to date.
- Ensure all permanent educators are to complete a recognized course in managing allergies and anaphylaxis.
- Ensure families provide information on the child's health, medications, allergies, doctor's name, address, phone number, emergency contact names, and phone numbers, and an Allergy/Anaphylaxis First Aid Plan or Emergency Medical Plan approved by the doctor, following enrolment and prior to the child starting at the service.
- Ensure families provide documentation from their doctor confirming their child's allergies and their management in the form of an Allergy Emergency Medical Plan.
- Ensure all educators are aware of children that have allergies and what they are allergic to prior to the children starting at the service. Photos are taken of all children with allergies and placed in a prominent position in the office and classroom with description of allergy.
 - Ensure Regulation and other Guidelines are adhered to when administering medication and treatment in emergencies, and a Medication Authority Form has been completed and signed.
 - In any case where a child is having a severe allergic reaction or any symptom or signs of anaphylaxis, the educators should immediately:
 - administer first aid or medical treatment according to either
 - the child's Anaphylaxis First Aid or Emergency Medical Plan, or
 - a doctor's instructions, or
 - the administration of adrenaline (EpiPen Jr – the child's own or one purchased by OSHC)

- as per the Anaphylaxis Action Plan as recommended by Allergy training, or dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures
- Raise awareness about allergies and anaphylaxis amongst the service community and the children in attendance.
- Related Policy: Reducing the Risk of Severe Allergies and Anaphylaxis

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY
**REDUCING THE RISK OF SEVERE ALLEGIES
AND ANAPHYLAXIS**

Policy: OSHC will minimize the risk of exposure of children to foods and other substances which might trigger severe allergy or anaphylaxis in susceptible children.

Background: Food allergies in children are common and can be due to peanuts, other tree nuts (brazil, cashew, hazelnuts, almonds), fish, shellfish, eggs, wheat, milk, milk products, soy, seed and some fruits. Other substances which children can have a severe allergic reaction are drugs (especially antibiotics and vaccines), bees, other insect stings and some plants. The most severe form of allergic reaction to any substance is anaphylaxis and effective immediate management requires adrenaline. For children with a severe allergy, the key to prevention of potentially serious reactions is avoiding exposure to the relevant allergen.

Relevant Legislation:

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

Links to National Quality Standard

- 2.1 Each child's health is promoted

Key Resources:

- Australasian Society of Clinical Immunology and Allergy: www.allergy.org.au
- Australian First Aid, St John Ambulance Australia: www.stjohn.org.au

Practices:

To minimize the risk of exposure of children to foods and other substances which might trigger severe allergy or anaphylaxis in susceptible children, the school will;

- Identify children with known allergies on enrolment.
- All children with an identified allergy are to have an Allergy Action Plan completed by their doctor.
- Educators have ongoing training concerning the risk of food anaphylaxis and individual children at risk.
- Ensure children do not trade or share food, food utensils and food containers.
- Ensure eating areas and utensils are thoroughly cleaned with warm soapy water to remove traces of potential allergens.
- Be aware that allergy in children can be triggered in the following ways - contact through ingestion, inhalation of a dust or vapour, skin contact, or a bite or a sting.
- Be aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
- Ensure that children with food allergies only eat food that has been prepared for them at home. Any samples of cooking experiences will be given to parents/guardian at the end of the day.
- Ensure that all educators, including casuals/relief educators are informed of children and educators who have allergies, the type of allergies and the school procedures for dealing with emergencies involving allergies and anaphylaxis.
 - Restrict the use of foods that current children are allergic to in craft and cooking experiences.
 - Be aware of the risk to an identified child of using allergenic foods in cooking activities (e.g. baking cakes, frying eggs).
 - Making sure materials such as cow's milk cartons, egg cartons or eggshells are clean and free of contamination before using for art and craft activities.

- Prevent cross-contamination between foods, food surfaces and utensils, particularly when preparing foods containing the most likely allergens such as nuts, milk and milk products, eggs and egg products, and soy.
- any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice cream, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
- nut and peanut material is also often in cosmetics, massage oils, body lotions, shampoos and creams such as Arachnis oil
- Be aware that a child may have a number of different allergies or there may be a number of children with different allergies and it may not be possible to have an allergy free policy for all those foods involved. Nut allergy is likely to cause severe reaction and should take precedence.
- Be aware and make parents aware that although allergen avoidance policies are designed to reduce the inadvertent exposure as far as practicable, it is never possible to achieve a completely allergen-free environment in any service that is open to the general community.
- Photos of children with allergies are displayed in office area and classroom. The need to do this for the safety of the children is explained to parents of the child.
- Ensure children identified as allergic to specific triggers and substances do not have access to or contact with those substances
- Ensure sunscreens, antiseptic creams etc. used on allergic children are approved by their parent.
- Other common groups of substances which trigger allergic reaction or anaphylaxis in susceptible children include;
 - ❖ all types of animals, insects, spiders and reptiles
 - ❖ all drugs and medications, especially antibiotics and vaccines
 - ❖ many homeopathic, naturopathic and vitamin preparations
 - ❖ many species of plants, especially those with thorns and stings
 - ❖ latex and rubber products e.g. Band-aids, Elastoplast and products containing rubber based adhesives

Related Policy: Managing Food Allergies and Anaphylaxis

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

DIABETES POLICY

Policy: The school will facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.

Background: Diabetes is one of the most common chronic diseases of childhood and affects 1-2 per 1000 children and adolescents under 20 years. Appropriate diabetes care in the child care setting is important for the immediate and long term welfare of the child and to optimize their behaviour and academic development.

Relevant Legislation:

Children's Services Regulation 2004

Occupational Health and Safety Act 2000 and Regulations 2001 (NSW)

Key Resources:

www.stjohn.org.au

Diabetes Australia; www.diabetesaustralia.com.au

Practices:

To facilitate effective care for a child with diabetes it is necessary to form a partnership between the school and the child's family with responsibilities for both, and the OSHC Program will;

Ensure the family, parent or guardian provides the school with;

Details of the child's health problem, treatment, medications and allergies

Their doctor's name, address and phone number, and phone number for contact in case of an emergency

A Diabetes Care / First Aid Plan following enrolment and prior to the child starting at the school which should include;

When, how and how often the child is to have finger prick or urinalysis glucose or ketone monitoring

What meals and snack are required including food contact, amount and timing

What activities and exercise the child can and cannot do

Whether the child is able to go on excursions and what provisions are required

What symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)

What action to take including emergency contacts for the child's doctor and family or what first aid to give

Ensure all educators are aware of any child that has diabetes prior to the children starting at the service. Photos are taken of any child with diabetes and placed in a prominent position in the office and classroom.

In any medical emergency involving a child with diabetes, the educators should immediately dial 000 for an ambulance, notify the family and administer first aid or emergency medical aid according to the child's Diabetes Care/First Aid Plan, or a doctor's instructions, or if these are not available, use the First Aid Plan for Diabetic Emergency from Australian First Aid, St John Ambulance Australia, 2011 on the following pages.

Ensure the family supplies all necessary glucose monitoring and management equipment.

Ensure the family and school educators know it is not the responsibility of the educators to administer a child's insulin, or to administer parenteral injections of glucose or glucagons in an emergency.

Ensure the family understands that a child's insulin should be administered before or after care in the school.

Ensure there are educators who are appropriately trained to perform finger-prick glucose or urinalysis monitoring and know what action to take if these are abnormal.

Ensure that there are appropriate glucose foods or sweetened drinks readily available to treat hypoglycaemia (low blood glucose), e.g. Glucose tablets, glucose jelly beans, fruit juice

If a child has had an episode of hypoglycaemia and needed glucose food or drink, also provide the child with a slow acting carbohydrate food to help maintain blood glucose levels, e.g. milk, raisin

toast, yoghurt, fruit

Ensure a location in the school for privacy for the child when glucose monitoring occurs.

Ensure child only has food and drink that are appropriate for the child and are in accordance with the child's Diabetes Care /First Aid Plan.

Ensure opportunity for the child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Diabetes Care/ First Aid Plan.

Emergency and Evacuation Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

FIRE AND EMERGENCY EVACUATION POLICY

Program closed on Code Red Days

Policy: OSHC will plan for and respond effectively to fire and emergency evacuations.

Background: Evacuation may be required in the event of a fire, chemical spill, bomb scare, earthquake, gas leak, flood, bush fire. Planning for and responding effectively to fire and emergency evacuations is important to ensure safety in children's schools.

Relevant Legislation:

- Education and Care Services National Regulations 2011
- Education and Care Services National Law Act 2010
- Work Health and Safety Regulation 2011
- Australian Standards for portable fire extinguishers and fire blankets.

Links to National Quality Standard

- QA2: Children's Health and Safety
- 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- 2.3.3 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Key Resources:

- Managing OHS in Children's Services, Tarrant. S., 2002;
- Managing the Risks in Children's Services, Caton, S. Roche D., 1999.

Practices:

To effectively plan and respond to fire and emergency evacuations, the OSHC will:

- Identify potential emergencies, e.g. bush fires, floods, crime, likely accidents in the school, asthmatic or allergic children, take all precautions and plan for relevant worst case scenarios.
- Have a fire extinguisher and fire blanket readily accessible near areas where fires are likely to start, such as the kitchen. Ensure extinguisher is tested 6 monthly and is in good working order, clear fire exits, (all doors in school should be easily opened in an emergency),
- Ensure all fire protection equipment is tested in accordance with Australian Standard AS 1851.1 (1995) for level 1 service and kept in proper working condition.

- **Ensure all staff members are aware of the correct use of a fire extinguisher, the acronym PASS** can be used to train staff in using fire extinguishers:
 - Pull pin or release lock
 - Aim low at the base of fire
 - Squeeze handle
 - Sweep fire extinguishers from side to side at base of fire.
- Ensure escape routes and assembly areas are kept clear of obstruction at all times.
- **Evacuation assembly** areas are selected and familiar to all staff;
 - Exit Front Door All children and staff are to leave at front OSHC door and make their way down onto the oval or the Multi purpose room as instructed. All evacuation procedures are in the Emergency Management Plan which is found next to the evacuation map.
 - On evacuation one staff member is to collect "**evacuation pack**" which consists of
 - Telephone
 - Roll with children's names addresses, phone numbers
 - First aid kit
- **Develop, keep up to date, prominently display fire and emergency evacuation plan which includes:**
 - emergency warning alert regularly practiced and with which all school staff are familiar
 - pre-planned evacuation procedure with which all school staff are familiar
 - pre-planned designated meeting area which is accessible at all times
 - safe, quick, and calm evacuation of all children and staff
 - account for all school children and staff
 - comfort any children in distress and treat any injuries
 - dial 000 for the fire brigade and ambulance
 - contact all parents
 - complete *Incident, Injury, Trauma and Illness* Report notify Department of Education and Communities of any serious incident within 24 hours
- **Relevant Practice emergency evacuation and fire drill regularly with all children at least every 3 months**, make it a game to reduce panic if emergency occurs, teach children "STOP, DROP, ROLL" - if their clothes catch fire and "GET DOWN LOW AND GO, GO, GO" - in case of a fire evacuation.
- **Keep a record of each practice that includes an evaluation of the procedure and what action is to be taken if any, and keep these records for at least 2 years.**
- **Ensure the safety and evacuation of all children and staff before trying to contain or extinguish a fire.** If the fire is small and you are nearby when it begins it may be appropriate to try to extinguish it or contain it by closing doors and windows, (only if it is not dangerous).
- **Ensure counseling and debriefing services are available** for all those involved in an emergency situation, if required.

Nutrition, food and Beverages Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

NUTRITION/FOOD/BEVERAGES/DIETRY REQUIRMENTS POLICY

Policy: OSHC will provide food and nutrition education that is consistent with national dietary guidelines for children, adolescents and national infant feeding guidelines, state regulations, food safety principles, and that is appropriate to their age, cultural background, religion or medical needs.

Relevant Legislation:

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

Links to the National Quality Standard

- 2.2.1 Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child
- 2.2.1 Physical activity is promoted by through planned and spontaneous experiences and is appropriate for each child.

Key Resources:

- Get Up and Grow – Healthy Eating and Physical Activity for Early Childhood. Department of Health and Ageing 2009
- Munch and Move Resource Manual. NSW Department of Health 2008

Goals:

Our care and education service will:

- Role model healthy eating and activity throughout the day to all children and families;
- Promote the five key Munch and Move messages to promote healthy, active habits in children from a young age;
 1. Choose water as a drink
 2. Eat fewer snacks and select healthier alternatives
 3. Eat more fruit and vegetables
 4. Get active for an hour or more each day
 5. Turn off the television or computer and get active
- Support families in educating their children about healthy food choices.

Provision of food and drink

Families provide food and drinks for their children at our service. Each day families are required to provide nutritious food and water. The program provides fruit, yogurt, cheese and vegies for a snack. To provide food, and food and nutrition education at our OSHC students that is consistent with national dietary guidelines for children, adolescents and national infant feeding guidelines, state regulations, food safety principles, and that is appropriate for their age, cultural background, religion or medical needs, the OSHC Program will:

- Ensure all children will have access to safe drinking water at all times. Promote drinking water for usual drinking requirements, provide safe drinking water to children and educators at all times, and ensure children have adequate fluid intake during their care. (Be aware that the fluid requirements of children increase in certain circumstances such as hot weather, after exercise or when they are ill)

- ❖ Ensure all children are offered food and beverages appropriate to the needs of each child on a regular and predictable basis throughout the day
- Promote development of eating skills and independent eating by;
 - ❖ giving children control over how much they eat
 - ❖ providing children with age and developmentally appropriate furniture and eating utensils at meal times. Where families provide eating utensils, advise them about suitable utensils to encourage independent eating.
- Provide a positive eating environment that helps to communicate family and multicultural values by:
 - ❖ encouraging families to send a wide range of nutritious food that would represent theirs or other cultures
 - ❖ using strategies such as eating with chopsticks, using finger food, sitting in round groups, educators and children sitting together at snack time
 - ❖ ensuring food is not offered as punishment or reward,
 - ❖ providing information to families outlining the OSHC policies and approaches taken to meet the nutritional needs of children through food brought from home, including special dietary needs, culture and religion
- Provide a friendly, relaxed and comfortable environment that will help to achieve a stress-free snack time for both children and educators..
- Educators are to supervise and encourage safe eating behaviours, discuss healthy food choices and appropriate hygiene. e.g. sitting while eating any food, avoiding small hard foods like nuts and lollies, (See Management of Choking Policy) educators sitting with children while they are eating, sitting children with allergies away from any children with unsuitable food, washing hands before eating, ensuring that the eating environment is clean at all times.
- Understanding, respecting and handling eating behaviour of children (including refusal of food by children) Children are encouraged with verbal positive reinforcement to eat their fruit break but are never to be forced or harassed for not eating food. If children regularly refuse to eat food strategies should be discussed with families and it may be suggested that parents take the child to a family doctor or dietician for a review.

Food Safety

- Safe hand-washing practices are observed at all times
- Present strategies for preventing choking accidents caused by food (see Management of Choking). Children are encouraged to be seated when eating and drinking and are to be supervised at all times.
- Provide strategies for how the school will accommodate children with special dietary needs (see Managing Children with Diabetes and Managing Food Allergies and Anaphylaxis).
- The OSHC Program has a NO NUT OR NUT PRODUCT procedure due to children attending the School with nut allergies.

Supporting families

- Form a collaborative partnership for developing policies, practices and education with children's families and nutrition and health professionals.
- Information on healthy food and nutrition will be given to families on enrolment, and regularly throughout the year in articles in the newsletter, notes and brochures sent home and visiting speakers.

- Provide suitable information that can assist and encourage the family to provide snacks that:
 - meet current standards and recommendations in relation to nutritional requirements,
 - are appropriate to the child's age, cultural and religious background,
 - are of a variety and quantity that satisfies the child's appetite and interests,
- Provide feedback to parents if their child is not eating well.

Education and information

- Provide education and activities for families and children to promote healthy eating. Provide this information in the relevant community languages, where possible, or discuss the issues with the culturally and linguistically diverse families.
 - Educators will engage children in learning experiences that are fun and enjoyable and incorporate key messages around healthy eating
 - Implemented learning experiences will be guided by the EYLF principles and incorporate the child's identity
- Choose food awareness activities and experiences from a variety of cultures.
- Food awareness activities and discussions about food, different cultures, health, hygiene and nutrition will be included across the curriculum (art/craft, language, music, dramatic play, cooking etc).

Professional development of staff and educators

- All educators will have access to the Healthy Eating and Physical Activity Guidelines for Early Childhood Settings
- Educators will attend and /or have access to information on food handling and hygiene procedures.
- Awareness of culturally diverse foods and their preparation. Discuss issues relevant to food and nutrition on a regular basis at staff meetings.

Related Policies

- Safe Food Handling
- Managing Children with Diabetes
- Managing Food Allergies and Anaphylaxis
- Management of Choking

Sun Protection Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY
**MANAGING INDOOR AND OUTDOOR SAFETY:
SUN PROTECTION POLICY**

Policy: OSHC will protect children from the dangerous and adverse effects of sun exposure.

Background: Australia has the highest rate of skin cancer in the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. Early childhood Services play a major role in minimizing a child's UV exposure as children attend at times when UV radiation levels are highest.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 168
- Occupational Health and Safety Act 2004 (VIC)
- Australian Standards for sun protection clothing, sun glasses and shade cloth

Links to National Quality Standard:

- 2.3.2 Every reasonable precaution is taken to protect children from harm or any hazard likely to cause injury
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

Key Resources:

- The Cancer Council NSW: www.cancerCouncil.com.au
- National Health and Medical Research Council: www.nhmrc.gov.au
- NSW Department of Health: www.health.nsw.gov.au
- Shade For child Care Services. NSW Cancer Council 2005
- Sun Smart Childcare: A Guide for Service Providers. The Cancer Council VIC 2008

To whom this policy applies:

The policy applies to children, staff, families and visitors attending Huntly P.S OSHC

When this policy applies:

This policy applies all year round.

Goals:

Our OSHC will follow best practice guidelines to protect children, staff, families and visitors from the damaging effects of sun exposure.

Our OSHC will continue to be a Sun Smart service.

Practices:

Huntly P.S OSHC will;

1. Outdoor Activities

The service will use a combination of sun protection measures whenever **UV Index levels reach 3 and above.**

This will include:

- **From October to March sun protection is required at all times**
- During summer terms, 1 and 4, the main Outdoor Activity session will be held under shade or indoors.
- From April to September, outdoor activity can take at any time place during the program.
- **Sun protection will be a specific consideration for excursions.**
- Timing, sunscreen application/re-application and the use of shade will be considered.
- Parents will be informed of specific sun protection requirements, e.g. hat/ clothing.

Shade

- **All activities will be planned to occur in shaded areas.** Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.
- **The service will provide and maintain adequate shade for outdoor activity.** Shade options will include a combination of natural and built shade. Priority will be given to areas where children play for extended periods, e.g. sand pit, water play, table activities, climbing equipment.
- The school currently has shade provided by 3 shade sails, trees and a veranda awning around the school.
- **As far as possible, staff will encourage and model play in shaded/covered areas with the children while outdoors.**

Hats

- **Children and educators are required to wear sun safe hats that protect the face, neck, ears and crown of the head for outdoor activities.** A sun safe hat is:
 - a legionnaire hat OR
 - a broad brimmed hat with a brim of at least 6 cm (adults 7.5 cm) OR
 - a bucket-style hat with a brim size of at least 5 cm (adults 6cm) and a deep crown
 - *Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended.*
- **Parents are required to provide their child with a hat each day.**
- **Spare hats will be kept for children to wear if parents forget to send in a hat.** When worn, these hats should be washed at the end of each day.
- **Educators will ensure children are wearing suitable hats when outdoors.**
- If a child refuses to wear a hat the child is directed to remain in the shade and issue is discussed with parents.
- Educators will provide their own hats.
- Spare hats will be kept at School for use by staff who have forgotten hat

Clothing

- Children should be in full Huntly Primary School uniform.
- Families and visitors will be requested to wear appropriate clothing and hats when involved in service activities.

Sunscreen

- **The service will provide SPF 30+, broad spectrum, water resistant sunscreen for use by staff and children.**
- **Sunscreen is stored in a cool, dry place and the use by date is monitored.**
- **Parents will be informed that sunscreen will be applied.** Parents are informed of the brand and SPF.
- **Permission is sought in the form of parental signature on enrolment.** If permission to apply the sunscreen is not granted, parents will be asked to provide sunscreen for their own child.
- If for some reason a child cannot wear sunscreen, s/he will be required to cover up with a long sleeved top with a collar or high neck and long pants and wear an appropriate hat.
- **Sunscreen will be applied in a way that avoids cross infection** e.g. children taught to apply sunscreen

themselves.

- **Staff will ensure re-application of sunscreen on the children after 2 hours or when returning outdoors.**
- **Staff will be expected to apply and reapply sunscreen to themselves before outdoor activities.**

2. Role Modelling

Educators will act as role models and demonstrate sun safety behaviour by:

- Wearing a sun safe hat (see Hats)
- Wearing sun safe clothing (see Clothing)
- Applying SPF30+ broad –spectrum water-resistant sunscreen 20 minutes before going outdoors
- Using and promoting shade
- Wearing sunglasses that meet the Australian Standard 1067 (optional)

3. Education and Information

- **Sun protection will be incorporated regularly into learning programs.** Sun protection information will be promoted to all children, staff, families and visitors. Further information is available from the Cancer Council website www.cancerCouncil.com.au/sunsmart
- **Sun protection will be incorporated in enrolment information, excursion notes and parent newsletters.**
- **Information may need to be provided in various languages** to ensure CALD (culturally and linguistically diverse) parents and carers understand the need for sun protection for all children.

4. Policy Availability

The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to staff, families and visitors.

5. Evaluation

The OSHC Program demonstrates Sun Smart behaviours with the wearing of suitable clothing and application of sunscreen.

- Sun exposure is limited throughout the day in accordance with Cancer Council recommendations.
- The curriculum and program incorporates sun safety awareness experience.

Water Safety Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY MANAGING INDOOR AND OUTDOOR SAFETY: WATER SAFETY POLICY

Policy: OSHC will prevent child accidents and illnesses relating to water hazards.

Background: The safety and supervision of children in and around water is of the highest priority. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the OSHC environment. Children will be supervised at all times during water play experiences.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 168
- Work Health and Safety Act 2011
- Australian Standards for swimming pool safety

Links to National Quality Standard:

- 2.1.1 Each child's health needs are supported
- 2.3.2 Every reasonable precaution is taken to protect children from harm or any hazard likely to cause injury
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

Key Resources:

- National Health and Medical Research Council: www.nhmrc.gov.au
- Pool and Water Safety: www.kidsafe.com.au
- Water use and restrictions: www.sydneywater.com.au

Goals:

Children's safety and wellbeing will:

- be protected in and around water through supervision and prevention; and
- be promoted through the availability of clean, hygienic water for play and drinking

Practices:

To prevent child accidents and illnesses relating to swimming and wading pools and other water hazards the Nominated Supervisor will;

- Provide guidance and education to educators, staff and families on the importance of children's safety in and around water
- Ensure work, health and safety practices incorporate approaches to safe storage of water and play

To prevent child accidents and illnesses relating to swimming and wading pools and other water hazards, the school and staff will;

- **Closely supervise children near any water at all times**, never leave children alone near any water.
- **Teach children about staying safe in and around water.**
- **Buckets of water** used during cleaning after craft or throughout the day are to be filled immediately before use, supervised by an adult while in use, and emptied immediately and **cleaned thoroughly** after use.
- **Provide clean drinking water at all times.** The water will be supervised to ensure that it is safe and hygienic for consuming. Water containers will be securely sealed. At the end of each day the water

container will be emptied and cleaned thoroughly.

- **Hot water accessible to children will be maintained at the temperature of 43.5 degrees C.**
Thermostatic valves to be tested and serviced annually by a plumber.
- **Adults may carry and consume hot drinks only in approved thermal mug.**
- **A risk assessment will be conducted prior to any excursion taking place.** Particular attention will be focused upon water safety where the excursion is near a body of water.
- **At all times, when children are present, there must be at least one contact staff member with a current approved first aid qualification, on the premises.** It is best practice for all contact staff to hold current approved First Aid Certificates. All contact staff are required to keep first aid qualifications up to date. The school will cover the costs of this staff training.

Evaluation:

- Supervision and access to water within the service is managed effectively by staff to ensure children remain safe and healthy

First Aid Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY MANAGING EMERGENCIES: FIRST AID POLICY

Policy: OSHC will plan for and respond effectively to accidents and medical emergencies.

Background: 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.

Our education and care service is committed to providing a safe and healthy environment. We recognise our responsibility to provide first aid facilities that are adequate for the immediate treatment of injuries and illnesses. The educators and staff of our service are aware of their duty of care to children, families, staff and visitors in providing appropriate first aid treatment.

Relevant Legislation:

- Education and Care Services National Regulations 2011: 77, 78, 79, 80
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011

Links to National Quality Standard:

- 2.1.4 Steps are taken to control the spread of infectious diseases and to manage their injury and illness, in accordance with recognized guidelines

Key Resources:

- Community Child Care Cooperative, First Aid Policy 2012

Goals:

We will ensure:

- all permanent educators hold a first aid qualification;
- all children, staff, families and visitors who are involved in accidents and incidents whilst at the school and require first aid to be administered will be done so according to guidelines and recommended practices of a first aid qualification;
- all incidents will be documented and stored according to regulatory requirements
- a risk management approach to health and safety shall be adopted.

Practices:

Professional development of staff and educators

The Approved Provider will ensure:

- that all educators are supported to ensure they hold current recognised first aid qualifications;
- all educators have undertaken current approved anaphylaxis management training (from 1st January, 2013);
- all educators have undertaken current approved emergency asthma management training (from 1st January, 2013); and
- employee induction includes an induction to the first aid policy.

The Nominated Supervisor will:

- ensure the skills and competencies of trained first aiders are maintained and skills are kept up to date, refresher first aid and CPR training will be scheduled and maintained in a staff register;
- collaborate and consult with staff and educators to develop and implement a risk assessment and management plan; and
- ensure first aid guides and publications are accessible to staff at all times to assist them in their understanding and administration of first aid.

Hazard identification and risk assessment

The Approved Provider will:

- provide a child-safe environment.

The Nominated Supervisor will:

- guide staff in regularly conducting risk assessments of the environment to determine likely injuries and illnesses that might occur, and rectify their potential causes;
- introduce preventive measures to eliminate the risk, or control measures to minimise the risk;
- review and analyse accident, injury, incident and 'near miss' data; and
- collaborate with staff and educators to develop a first aid plan for the service (i.e. identification of first aid qualified staff, contact details of emergency services and other emergency contacts, details of the nearest hospital or medical school, map identifying location of first aid kits at the service, first aid contents checklist, response procedure following an incidence of illness or injury).

Educators and staff will:

- regularly undertake risk assessments in the environment in order to plan safe experiences for children.

Administration of first aid to children, families, staff and visitors to the school

The Approved Provider will:

- ensure that there is always at least one first aid qualified educator on the premises at all times.

The Nominated Supervisor will:

- ensure that enrolment records for each child include a signed consent form for the administration of first aid and the approved products to be used;
- review and sign off on all documentation when first aid has been administered; and
- dial 000, and call for an ambulance when emergency medical treatment is required or delegate this responsibility.

In general:

- administration of first aid will be done in accordance with first aid training and undertaken by a qualified first aider
- as per the first aid plan, and in the interests of avoiding delay of treatment, in the first instance, first aid will be administered by the person who has witnessed the incident/injury/illness
- the nominated supervisor and families (where first aid is being administered to a child) will be notified of the nature of the incident/ accident as soon as practicable after the incident;
- the person administering first aid will be the person who completes the incident/illness/injury/trauma record and passes to the responsible person for verification and signing by parent or guardian.

First aid supplies

The Approved Provider will ensure that:

- OSHC is supplied with an appropriate number of first aid kits for the number of children being educated and cared for by the service;
- the first aid kits are suitably equipped, easily accessible and recognisable; and
- first aid kits are carried on field excursions.

Educators and staff will:

- ensure a first aid box checklist is kept in every first aid kit;
- staff will regularly monitor supplies and update stock as required; and
- discard and replace out of date stock.

Documentation and record keeping

Educators and staff will:

- complete an incident, injury, trauma and illness record for all incidents/injuries/trauma/illnesses occurring at OSHC; and
- ensure that a copy of the accident/incident report will be made available for parents/guardians on request.

The Approved Provider will:

- ensure records are confidentially stored for the specified period of time as required by the Regulation.

Managing serious incidents

The Approved Provider will ensure:

- any serious incident occurring at OSHC will be documented on a SIO1 Notification of serious incident form and reported to the Department of Education & Communities within 24 hours;
- a copy of the incident report will be provided to the family as soon as possible; and
- educators and staff are aware of the procedures around managing serious incidents.

The Nominated Supervisor or responsible person will:

- notify parents of any serious incident; and
- arrange for medical intervention if required.

Educators and staff will:

- manage serious incidents as per this policy; and
- notify the Nominated Supervisor immediately after the serious incident has occurred.

Policy Availability

The first aid policy will be readily accessible to all staff, families and visitors, and ongoing feedback on this policy will be invited.

Review

- Management and staff will monitor and review the effectiveness of the first aid policy regularly. Updated information will be incorporated as needed.

Incident, Injury, Trauma and Illness Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

MANAGING EMERGENCIES:

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

Policy: OSHC will plan for and respond effectively to accidents and medical emergencies.

Background: The health and safety of children in education and care services is the responsibility of all approved providers and educators. Policies and procedures (including documented records) must be in place to effectively manage the event of any incident, injury, trauma and illness that occurs in the program by law. Young children's innate desire to explore and test their growing capabilities is essential in developing wellbeing. Educators must consider the understanding of all of the elements of wellbeing, and ensure that programs also acknowledge the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

Relevant Legislation:

- Education and Care Services National Regulations 2011: 12, 85, 86, 87, 88, 89, 103, 136-137, 176 (2) (a)
- Education and Care Services National Law Application Act 2010: 167

Links to National Quality Standard

- QA1 Educational Program and Practice
- QA6 Collaborative partnerships with families and communities
- 2.1 Children's health is promoted
- 2.3 Each child is protected

Key Resources:

- Guide to the National Quality Standard ACECQA (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations ACECQA (2011)
- EYLF – Belonging Being Becoming (2009)
- The Manual – Managing a Children's Service – Community Child Care Co-operative (2009)
- Health and Safety in Children's Services Model Policies and Practices – 2nd Edition revised (2003)

Goals:

Our care and education service will:

- Develop program goals that promote the wellbeing of each child;
- Establish procedures and practice that minimise the risk of harm to children;
- Maintain communication with families to ensuring that they are informed of any incidents, injury, trauma and illness to their child/ren as required;

- Ensure that records of any incident, injury, trauma and illness are documented, transmitted to the Department of Education and Communities as required and kept in storage according to regulatory requirements; and
- Ensure that this policy is implemented in conjunction with our Emergencies and evacuation policy.

Practices:

The approved provider, nominated supervisor and educators will consider the development of children's wellbeing as paramount to the educational philosophy of the service. All educators will be aware of the development of wellbeing, and children's emerging capabilities, and plan the program accordingly.

The procedures of the service will include the following:

Approved Providers will:

- Notify the Regulatory Authority of any serious incident at the education and care service, the death of a child, or complaints alleging that the safety, health or wellbeing of a child was, or is, being compromised.

Nominated Supervisors will:

- Ensure that educators are rostered so that at least one educator who holds a current approved first aid qualification is present at all times that the children are being educated and cared for by the service;
- Ensure the service holds the correct number of first aid kits required, suitably equipped, and maintained;
- Ensure that all staff are aware of the completion of appropriate records (Attachment 1 – Injury, incident, trauma and illness record) in the event of any incident, injury, trauma or illness to children whilst in the care of the service, and that this information is completed no later than 24 hours after the incident occurred;
- Make staff aware of the appropriate accessibility for approved officers and families to these records and the appropriate storage of these records according to regulatory requirements;
- Complete an audit of the Injury, incident, trauma and illness reports to reflect on the effectiveness of the procedures in place at the service;
- Give staff access to appropriate up to date information, or professional development on the management of incidents; and
- Make certain that all staff have access to the Regulations and Law and are aware of their responsibilities under these ensuring that this occurs as part of staff induction or orientation to the service and that position descriptions reflect this responsibility.

Educators will:

- Ensure that all children have opportunities to engage in experiences that enhance their sense of wellbeing and allow children to develop a sense of assessing risks for themselves as appropriate;
- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe;
- Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing;
- Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times;
- Seek further medical attention for a child if required;

- Be aware of the signs and symptoms of illness/trauma, and update their understanding as part of their ongoing professional development;
- Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness;
- Respond to children showing signs of illness and begin monitoring the symptoms of the child, and recording as appropriate. Educators will contact the child's authorised person to inform them of the illness signs, or to request the collection of the child;
- In response to a child registering a high temperature, follow procedures for temperatures, and complete the incident, injury, trauma and illness record as required;
- Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid;
- Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities;
- Check that equipment and furniture in the service is well maintained and that any materials that may be hazardous are removed or repaired.
- Ensure that hazardous items are inaccessible to children; and
- Be involved in regularly reviewing and discuss policy and procedure and consider any improvements that need to be made to this policy.

Families will:

- Be informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status and illnesses at the service;
- Inform the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, letters from a medical professional etc;
- Be notified of any incident, injury, trauma, or illness as soon as is practicable, but no later than 24 hours after the noted incident, and will be provided with a copy of the report
- Receive access to this policy and notification of its existence;
- Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods;

Evaluation

- Educators respond in a timely manner to any incident, and documentation is completed, shared, and stored as appropriate. Regular reviews of procedures and policy are implemented.
- Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

Child-safe Environment Policy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

CHILD SAFE ENVIRONMENT

Policy: To keep Huntly P.S OSHC free of environmental hazards and prevent accident and injury to all children, staff and any others who may be in the school or its grounds.

NOTE: This policy is an overview and is supported by many other policies listed at the end of this document.

Background: Child health and safety is an essential part of children's growth and development and requires policies and procedures in place to ensure a high standard of safety and minimize accidents and injuries with in the OSHC environment.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2012
- Education and Care Services National Regulations 2011

Links to National Quality Standard

- 2.1 Each child's health is promoted
- 2.3.1 Children are adequately supervised at all times
- 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- 2.3.3 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
- 2.3.4 Educators, coordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect

Resources:

- Staying Healthy in Childcare – Preventing Infectious Disease in Child Care 4th edition
- Health and Safety in Children's Schools: Model Policies and Practices, 2003
- www.kidsafensw.org

General Safety

- All areas of the school will be maintained in a clean and tidy manner.
- Pathways and floor spaces where appropriate will be kept clear and safe from tripping hazards.
- Educators will discuss dangerous situations, dangerous substances and items and safety practices with the children regularly. This will be reflected in the educational program across the curriculum.
- Educators will post simple warning signs around the school where potentially dangerous substances or items are stored.

- The school will provide parents with written information about accident prevention, safety and safe storage of potentially dangerous products and items in the home.
- All hot water taps will be temperature controlled to deliver water 43.5 degrees Celsius or below to prevent scalding.
- Children will not have access to water play activities unless under supervision by educators
- Children will be supervised at all times, in accordance with the licensing conditions on educators/child ratios. Educators engaged in other tasks will not be required to supervise children simultaneously.
- Educators will be aware of the need to place themselves in positions which allow good supervision of the play areas and children.
- Children will not be permitted to play on fences or gates, play with locks on gates, or throw sand or water.
- When indoor and outdoor areas are available to children at the same time each area will be supervised by at least two educators members.
- No child will be allowed to leave the premises without an authorised adult.
- Workplace, Health and Safety (WHS) is a standard item on staff meetings.
- Daily Indoor and Outdoor Safety Check lists are completed by educators who set up the environment. Detailed safety inspections are completed at least annually.
- All educators are required to have approved up to date First Aid, Asthma and Anaphylaxis training. This training is paid for by the OSHC Program. There will always be at least one educator on site with current approved first aid qualifications.

Electrical Safety and Fire Hazards

- Electrical outlets (power points) will be of a suitable approved safety type, located out of reach of children if possible or will be covered with safety caps. When not in use all power points will be covered with safety caps.
- Electrical appliances and cords will be kept out of reach of children unless under direct supervision by an educator.
- Approved fire extinguishers in good working order will be located throughout the premises.
- There will be an approved fire blanket located in the kitchen.
- No smoking, consumption of alcohol or drugs will be allowed on the premises at any time.
- All educators will be informed of emergency exits and evacuation procedures. Evacuation drills will be practiced regularly as required by child care regulations.
- All electrical equipment will be checked regularly to see if it is in good condition e.g. extension cords, appliances, compact disc players, Smart Board, computers, photo copier, phone, vacuum, blow/vacuum, air-conditioning. If electrical equipment is damaged it will be repaired or replaced.
- Double adaptors will only be used in power points which are inaccessible to children.
- Heaters and fans will be kept out of reach of children. The main source of heating and cooling at the premises will be air conditioning.
- The kitchen area will be out of bounds to children unless under direct supervision

of an educator.

Storage of dangerous substances and items

The school will have appropriate, secure and child safe storage facilities for:

- Medications
- First aid equipment
- Cleaning and other harmful chemicals
- Harmful instruments and implements e.g. gardening tools, work tools, knives, sharp objects, adult scissors, matches and lighters.
- The storage facilities will be appropriate for the items e.g. stored out of a child's reach and height, made secure by a lock and key mechanism, with the key stored away from the lock in a place inaccessible to a child, or by the use of an approved child safety latch.
- Cleaning materials and fly sprays will not be stored with food products.
- All areas where chemicals and solvents are used will be well ventilated.
- When using any chemical substance educators will;
- Read any Material Data Sheet, and follow the manufacturer's directions for use, storage and first aid instructions on the label.
- Use the approved personal protective clothing equipment such as gloves, aprons, goggles, masks, etc when using chemicals.
- Ensure all chemicals which are stored or decanted are labeled with description of contents, hazards and precautions for use, ensuring that any new container is suitable for the type of chemical being stored.
- Never store chemicals in soft drink bottles, or other food or drink containers.
- The different types of bulk chemicals will be stored with space between the containers in the large grille cupboard in the shed. This storage area allows the chemicals to have space to breathe, but also keeps them inaccessible to children.

Building, Furniture, Fittings, Fencing and Gates

- The building will be maintained in good working order by the school.
- The school will be kept clean and tidy. Floors will be smooth and even with non slip surfaces. Paint on walls will be maintained in a reasonable and safe condition to ensure children have no access to old paint.
- Glazed areas accessible to children will meet Australian Standards and will meet the requirements set down by the child care regulations.
- Furniture and fittings will be kept in good condition, cleaned daily and will be suitable for the age group of the children using it e.g. the height and size of tables, chairs, shelving, toilets, basins.
- Shelving or cupboards will be secure or will have secure castors. Chair legs will have secure legs with rubber caps at base. Table tops will have rounded corners.
- Furniture and equipment will be placed in safe positions, not blocking walkways or posing tripping hazards and not placed near windows or glass.
- Furniture will be checked regularly for possible safety hazards. If found, it will be

withdrawn from use till repaired.

Toys and Equipment

- Equipment purchased will be checked for safety.
- Toys and equipment will be in good condition and clean and will be appropriate to the age and development of the children.
- Damaged or broken toys and equipment will be repaired or replaced when they are found or will be withdrawn from use till they are repaired.
- Toys and equipment will be cleaned regularly with water, detergent and disinfectant.
- Toys and equipment will be put away when not in use.
- Any toy or equipment purchased will be used to encourage non violent play.
- All art and craft materials purchased will be non toxic.
- Potentially dangerous items used with the children e.g. knives for cooking experiences will be supervised by educators during activities. Items will be removed from activity areas when not in use and stored appropriately.
- All outdoor equipment will comply with current Australian Standards and the child care regulations.
- When setting up the playground environment educators members will be aware of; soft fall surfaces under and around equipment, the height from which a child can fall, the size of the equipment, the age and development of the children, the need to check for sharp or rough edges, holes or areas that can trap body parts, the need to maintain equipment in good order, safe positioning on even surfaces, securely anchored, and not too close to other equipment or movement pathways.
- Adequate shade areas will be provided through shade sails, large trees and awnings.
- Trees and shrubs found to have low or dangerous branches will be pruned to ensure safety for all.
- Insects, bugs and small creatures which could pose a hazard to educators and children will be removed from the premises when found.

The OSHC Room will be sprayed annually by a professional pest controller (cockroaches, spiders, etc). This will be done during a vacation period.

Road Safety

- Parents will be encouraged to;
- Remove their child from the car door on the footpath side of the road (the safety door side).
- Always hold their child's hand when crossing the road.
- Drive within the speed limit for this area and the roads surrounding the OSHC and to watch for pedestrians.
- Not double park cars.
- Always use approved child restraints when traveling in cars.

Staff Code of Conduct Policy

QUALITY AREA 4: STAFFING ARRANGEMENTS

STAFF CODE OF CONDUCT

POLICY: Huntly P.S OSHC supports staff to demonstrate high standards of professional conduct at all times in their work with children, families, other staff and the wider community.

BACKGROUND: Ethical conduct guides the behaviour and decisions within the OSHC and is founded in respect for, and the valuing of children, families, educators, staff and the extended OSHC community.

SCOPE: This policy applies to all permanent, temporary and casual staff and to volunteers working at OSHC.

REVELANT LEGISLATION:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 168

LINKS TO NATIONAL QUALITY STANDARD:

- 4.2.1 Professional standards guide practice, interactions and relationships

KEY RESOURCES:

- Early Childhood Australia Code of Ethics (2010)
- United Nations Convention on the Rights of the Child (1989)
- Early Childhood Australia: www.earlychildhoodaustralia.org.au

GOALS:

The OSHC will uphold the highest standards in ethical conduct in accordance with the ECA Code of Ethics (2010), The United Nations Convention on the Rights of the Child (1989) and the philosophy and policies of Huntly Primary School.

PRACTICES:

- Educators and staff will be familiar with the legislation and statutory documents that apply to their role with the children, families and other staff in the OSHC.
- Educators and staff will be familiar with the *ECA Code of Ethics* and the OSHC philosophy. This will guide conduct and decision making within OSHC.
- Ethical conduct and decision making will occur with reference to legislation and statutory documents and through the process of critical reflection. Decision making processes will be clear and the Principal will be accountable for decisions and able to demonstrate how those decisions are made.

- The Nominated Supervisor of the OSHC will ensure that all Educators and staff are made aware of their obligations through personal discussions, staff meeting activities and opportunities to critically reflect upon ethical practice.
- The OSHC community will work together in the best interests of the children and families and will act in a manner that will enhance the standing of the early childhood sector. This involves a full understanding of the role, responsibilities and obligations combined with collegial practice and collaborative decision making.

Evaluation

Educators, staff and volunteers in the OSHC will conduct themselves in an ethical manner through clear processes in accordance with legislative and statutory guidelines.

Determining the Responsible Person Policy

QUALITY AREA 4: STAFFING ARRANGEMENTS

DETERMINING A RESPONSIBLE PERSON

POLICY: Huntly P.S OSHC will have a responsible person physically present at OSHC at all times.

BACKGROUND: The Education and Care Services National Law determines that a responsible person must be physically present at a school based service at all times that a service operates.

REVELANT LEGISLATION:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 173, 168(2)(i)

LINKS TO NATIONAL QUALITY STANDARD:

- 4.2 Educators, coordinators and staff members are respectful and ethical

KEY RESOURCES:

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

GOALS:

- A responsible person will be on the premises at all times, and details of the responsible person at any time will be clearly displayed for educators, staff and families.
- The process for determining the responsible person will be clear to all educators and staff, and followed at all times.
- Details of the person responsible are documented and displayed for all users of the service.

PRACTICES:

- There must be a Responsible Person in charge of the service and physically present at all times.
- The Responsible Person is placed in day to day charge of the service in accordance with the National Regulations.

- Generally the responsible person at a service will be the Nominated Supervisor.
- Certified Supervisors could agree to be the Responsible Person when the Nominated Supervisor is not on duty, to ensure that during all operating hours there is a Responsible Person present at the service.
- The Responsible Person, although in charge of the service does not take on the responsibilities of the Nominated Supervisor. The Nominated Supervisor has overall charge of the service and ensures that there is consistency and continuity in practice.

A responsible person can be:

1. The **Approved Provider** – The Principal of the school who is responsible for the management and control of the service.
2. The **Nominated Supervisor** – The Director who has a Supervisor’s Certificate and is designated by the service as the Nominated Supervisor
3. A **Certified Supervisor** – an Educator with a Supervisor’s Certificate, who has been placed in day-to-day charge of the service.

The Approved Provider will:

- **Ensure the Nominated Supervisor and the Certified Supervisors have a clear understanding of the role of the responsible person.**
- **Ensure that the responsible person is appropriately skilled and qualified**
- **Ensure a responsible person is physically present at the school at all times when the OSHC is operating.**
-
- The Nominated Supervisor or delegated authority will:
- Arrange for the keeping of a “**responsible person record**”. This record will document the current responsible person.
- **The name of the responsible person will be displayed on the Parent Information Board in the OSHC room.**

Develop rosters in accordance with the availability of responsible persons, school operation and attendance patterns of the children

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Participation of volunteers and students

QUALITY AREA 4: STAFFING ARRANGEMENTS

VOLUNTEERS AND STUDENTS POLICY

POLICY: Huntly P.S OSHC staff will maintain a safe and secure environment for staff, the children, families and visitors to the service. The OSHC will promote a positive role for volunteers and encourage a wide range of family participation.

BACKGROUND: Visitors to our OSHC are a regular occurrence.. The presence of visitors must be monitored and documented. The OSHC encourages students and volunteer participations as we are committed to assisting students gain valuable experience in early childhood settings.

Volunteers come from a wide range of backgrounds and bring with them a wonderful array of experiences, skills and interests. By providing support to the OSHC the School is also able to provide more affordable care to families in this area without compromising the quality.

It is hoped that the volunteer experience will also provide assistance to the volunteers themselves; providing opportunities to spend time with their young children in an educational setting, the acquisition of work skills and experience, helping to maintain self- esteem, confidence, and self-respect and developing broader social contacts.

REVELANT LEGISLATION:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 149, 168, 177

LINKS TO NATIONAL QUALITY STANDARD:

- 6.1.2 Families have opportunities to be involved in the service and contribute to service decisions
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

KEY RESOURCES:

- Department of Education, Employment and Workplace Relations: www.deewr.gov.au
- Early Childhood Australia: www.earlychildhoodaustralia.org.au
- Volunteering NSW : www.volunteering.com.au

GOALS:

- Records relating to visitors and students to our service will be maintained.
- Educators and staff will abide by regulatory protocol when visitors are in the service.
- Promote a positive role for volunteers within the OSHC.
- Encourage a wide range of parent/family participation within the OSHC.
- Provide a volunteer workforce for the OSHC to help provide affordable, high quality care and education.
- Utilize the range of experiences, skills and interests which can be provided by the parents, families and community groups.
- Provide support and clear guidelines for the operation of the volunteer program.

- Provide recognition of the contribution made by the volunteer group.

PRACTICES:

Rights and Responsibilities of Volunteers

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
- Contribute to the decision making process

Responsibilities:

Volunteers 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
 - Support other volunteers
 - Be a team member
 - Seek support when needed
 - Know their own limitations (time, money, physical needs, family and friendships)
-
- Most positions are described briefly in the OSHC Information Book given to all families on enrolment.

Orientation, Education and Training

- Prior to work the Volunteer receives an orientation which includes;
- Introduction to staff
- Tour of building (if unfamiliar)
- Location of Attendance book. Voluntary staff are to sign on and off at each attendance.
- Location of place to keep personal possessions, e.g. bag
- Location of adult toilet facilities
- Location of telephone (in playroom/office) and protocol of use (short, local calls only)
- Explanation /training for job, including any Work Health and Safety issues.
- Location of materials required to complete tasks.

- All Volunteers receive an orientation information package including the following;
- OSHC Information Book - received at enrolment.
- Position Description - of their specific position
- Guidelines for the Involvement of Volunteers
- Rights and Responsibilities of Volunteers
- Volunteer/Student Declaration - to be read, signed and returned to school before voluntary work commences

In brief;

The Approved Provider, Nominated Supervisor or Certified Supervisor will:

- Maintain a Visitor's Book and request all visitors to sign in to the service.
- Ensure educators and staff members understand the regulatory and ethical guidelines relating to visitors to the school and will provide an induction protocol for all staff to use with all visitors.
- Keep a record of all volunteers and students who spend time in the service. The record will include; *full name, address, date of birth, date and hours that each volunteer or student participates in the program*
- Be aware of protocols supplied by universities, TAFEs or RTOs in relation to participating students.

Educators and staff will:

- Welcome visitors to the service and seek information on their reason for coming.
- Direct visitor appropriately, have them complete the Visitor Book and make the Nominated Supervisor aware of a visitor at the service
- Welcome families to visit and participate at any time

Families will:

- Be aware of who they are providing access to the service for when they enter themselves and are requested to be aware of unknown visitors and direct them accordingly.

EVALUATION

- All educators and staff will maintain a safe and secure environment for other staff, the children families and visitors to the OSHC.
- The OSHC will have valuable input from volunteers and students.

Interactions with Children Policy

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN

INTERACTIONS WITH CHILDREN POLICY

Policy: To encourage warm nourishing relationships between children and educators that support and view children as strong, powerful, competent, complex and full of possibilities.

Background: The relationship between educators and children is perhaps the most important aspect of a service. Secure, respectful and reciprocal relationships are one of the basic principles of *Belonging, Being and Becoming: The Early Years Learning Framework* that provides a vision for the children's learning at OSHC. Relationships between educators and children can have an impact on other relationships and can dictate the mood of the group, or the whole OSHC environment. The value of other skills like observing, planning and organising the environment depends upon the extent to which educators are able to develop these relationships. Children who are secure in the relationship with their educator/s are confident in their learning and are able to enjoy and feel relaxed in their time at the OSHC program.

Children need positive relationships with adults that they can trust and who respond to them. This is the basic foundation that they need in order to feel good about themselves and their being in the world, and secure enough to take pleasure in actively exploring and learning about themselves, people and things around them.

Children continually are learning communication and social skills. The way in which educators relate and interact with them and to other people in the OSHC is an important source of information about how they should communicate and interact with others. Therefore, these adults should relate to children in a positive way which responds to each child's individual needs and enables the child to develop the ability to relate in a similar positive way to others. Children also need adults who actively teach them communication skills, by relating to them in ways which build upon their existing and emerging social and interactive communication skills, and by providing them with opportunities, and activities to exercise and develop these skills.

All adults, and especially experienced OSHC educators, are more able than young children to empathise, adapt and modify their behaviour. One of the basic principles of communicating with children is that educators need to approach the children in their care in an appropriate age level.. Children under five are still very much the centre of their own universe. From birth they are very sensitive to what is going on around them, and are continually trying to make sense of their environment and to discover new ways of relating to it. As they develop, their ability to understand other people, to take account of others' feelings, and to modify their behaviour, increases. However, even when they are five, they are not yet very experienced or skilled in the complexities of social and communications skills.

As educators we are able to establish trusting relationships with the children and at the same time we are able to be positive role models by communicating, interacting and socialising with the children in our care.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 155, 168

Links to National Quality Standard:

- 5.2.1 Each child is supported to work with and learn from and help others through collaborative learning opportunities
- 5.2.3 The dignity and rights of every child are maintained at all times
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

Key Resources:

- DEEWR (2009). Belonging, Being and Becoming – The Early Years Learning Framework for Australia. www.deewr.gov.au
- **Goals:**
 - Promote a safe, secure and nurturing environment
 - Be authentic and responsive
 - Be based in fairness, acceptance and empathy with respect for culture, rights, community and the individual

Practices:

The Nominated Supervisor and Educational Leader shall:

- **Guide professional development and practice to promote interactions** with children that are positive and respectful.
- **Establish practice guidelines to ensure that interactions with children are given priority** and those interactions are authentic, just and respect difference.

Educators and staff will:

- **Respond to children’s communication in a just and consistent manner.**
- **Respond sensitively to children’s attempts to initiate interactions and conversations.**
- **Initiate one to one interactions with children** during daily routines and conversations with each child.
- **Support children’s efforts**, assisting and encouraging as appropriate.
- **Support children’s secure attachment** through consistent and warm nurturing relationships.
- **Support children’s expression of their thoughts and feelings.**
- **Encourage children to express themselves** and show an interest and participate in what the child is doing
- **Encourage children to make choices and decisions.**

- **Acknowledge children’s complex relationships** and sensitively intervene in ways that promote consideration and alternative perspectives and social inclusion.
- **Acknowledge each child’s uniqueness in positive ways**
- **Respect cultural differences in communication and consider alternative approaches to own.**
- See further specific ideas for positive interactions with children - attached to this policy.

Children’s Rights, Family and Cultural Values

Interactions within the setting are greatly enhanced when children’s rights and family and cultural values are given due consideration and respect. Administrative procedures, initial conversations, documentation and ongoing communication with children and families are a reference point for interactions and a foundation for authentic and respectful communication.

Listening

Educators and staff must use listening as a foundation for interactions. Listening is based on observation and in leaving spaces in conversations and communication, suspending judgment and in giving full attention to children as they communicate. Truly attending to children’s communication promotes a strong culture of listening.

Children and Families

A culture of respectful interaction is promoted when children’s attempts to communicate are valued. Turn taking and regulating children’s conversations promotes active engagement. Respectful communication with families generates greater confidence in interacting.

Reflection

Time is dedicated to reflecting upon interactions within children. Reflections should consider how to spend extended periods engaged in interactions with children that comprise communication and listening.

Role Modeling

Educators model positive interactions when they:

- Show care, empathy and respect for children, educators and staff and families;
- Learn and use effective communication strategies;

Remember - quality interactions increase children’s knowledge and understanding of themselves, each other as unique individuals and develop the skills and understandings they need to interact positively with others.

Governance and Management of the Service Policy

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT

MANAGEMENT COMMITTEE

ROLES & RESPONSIBILITIES POLICY

POLICY STATEMENT: The School Council is responsible for the direction of the School and its effectiveness and works to ensure the School is conducted within all relevant legal requirements.

RATIONALE: It is important for the legal and effective functioning of the School that School Council members understand their role/s and are aware of their responsibilities.

SCOPE: This policy applies to all members of School Council and is for the information of the Nominated Supervisor and staff and families using the service.

RELEVANT LEGISLATION:

- Education and Care Services National Regulations 2011
- Children (Education and Care Services National Law Application) Act 2010
- VIC Department of Fair Trading and other relevant legislation such as Cooperatives Act 1992, and Associations Incorporations Act 1984.

Roles and Structure

There are many different types of children's services and the role and responsibilities of the committee vary according to the legal structure and management arrangements of each particular organisation.

Huntly Primary School is a government school and operates an Outside School Hours Care Program for parents requiring care.

The School Council and Principal undertake a great deal of responsibility. The School Council makes all legal, ethical, financial, employment, planning and policy making decisions. Its responsibility is total.

The School Council is elected by parents and family members and provides a way for users of our service to have a say in what happens at the school. It is also a way for parents to participate in the management of the OSHC.

When parents are actually involved in decision making they are more likely to understand decisions and to make a commitment to support them. It is also more likely that the service will reflect the real needs of the families and the community.

The School Council members are elected at a meeting of people who use the OSHC and don't use it. This meeting is the Annual General Meeting (A.G.M.) , which is held in February each year on a Monday evening.

The committee is generally elected for a two year term. At present the number of committee members elected is ten.

Briefly the School Council is responsible for;

- Being the **Provider** of the OSHC under national regulations;
- Appointing a Nominated Supervisor for the service (who may also be the Director);
- Being an employer;
- Undertaking strategic planning for the service;
- Being responsible for governance;
- Managing the services finances and funding;
- Being responsible for compliance to legislation.

Responsibilities of the Provider

- In order to provide a children's service in VIC you must have a licence. When a children's service is managed by a School Council/Principal, the incorporated body or association is the Provider of the service.

The Provider of a children's service is responsible for ensuring that:

The conditions and requirements of the *Children (Education and Care Services National Law Application) Act and Education and Care Services National Regulations* are met at all times, including the number of children the service is licensed for;

- The service employs a suitably qualified Nominated Supervisor (usually the Director);
- The Nominated Supervisor is the person nominated and approved as responsible for the day to day management of the service, daily operation of the programs and the supervision of the staff;
- The service engages suitable staff that will meet the needs of the service and licensing requirements;
- Staff child ratios are met at all times;
- The premises and equipment are adequate, clean and well maintained;
- The service is effectively and efficiently managed.

School Council normally meets twice a term, on Monday evenings at 7.30 pm. Meetings usually run for 1 to 2 hours.

Committee members are required to attend these meetings and the AGM which is held in February.

Code of Conduct

Each Committee member understands and agrees to uphold the following standards of behaviour. Committee members should; –

- behave ethically and professionally in all matters relating to the management of the School
- actively seek knowledge and current, accurate information about the operations of the School
- maintain confidentiality about information received at all times
- delineate and state any matters involving a conflict of interest on any School matter to better enable the Committee to make informed decisions
- put the needs and interests of the School ahead of personal perspectives
- perform the tasks/assignments delegated within the Committee
- provide strong support for the agreed strategies/decisions of the Committee
- attend meetings on a regular basis
- sufficiently prepare for meetings to enable informed debate and decision-making
- understand and have empathy with the School's history and current operations
- uphold high ethical standards at meetings and in decision making
- work impartially, collaboratively and harmoniously with other Committee members, School Principal, staff and families
- tender a resignation if unable to consistently uphold any of the above standards of behaviour within the Code of Conduct

Staff Communication Processes

The Committee (and each individual member) formally communicates with the staff of the School through the School Principal. However, the School Principal may delegate another staff member to deal with or assist the Committee, its Sub-Committee or individual members, either generally or on particular matters. Notwithstanding such delegation, the School Principal remains responsible for the actions and performance of all staff members.

Mutual respect should exist at all times between Committee members and staff, and recognition be given of the complementary roles of each. The Committee should seek and respect the advice of staff members, but must at all times make its own considered decisions upon the issue.

Any Committee or individual member's complaint regarding any School staff member must be directed through the School Principal.

Confidentiality Policy

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT CONFIDENTIALITY POLICY

Policy: The OSHC will maintain private and confidential files for staff, children and their families. These records will be securely stored and maintained.

Background: Our OSHC recognises and respects the importance of privacy and confidentiality as an individual right and a basis for building partnerships. This policy has been developed with regard to the *Information Protection Principles (IPPs) (2003)* and pursues the highest standard in the protection and preservation of privacy and confidentiality.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 181

Links to National Quality Standard:

- 7.3.1 Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Key Resources:

- Information Privacy Principles: www.privacy.gov.au/publications/ipps.html
- Department of the Officer of the Privacy Commissioner: www.privacy.gov.au
- Early Childhood Australia: www.earlychildhoodaustralia.org.au

Goals:

We will;

- Maintain private and confidential files for educators and staff, children and their families. We will develop systems for the appropriate use, storage and disposal of records.
- Ensure the information in these files is used only for the education and care of the child enrolled in the service, and only shared with relevant or authorised people as defined within authorisations of the *Education and Care Services National Regulations 2011*.

Practices:

To maintain security and confidentiality of personal and health-related information, the Nominated Supervisor and Staff will be aware of their obligations under the Regulation in relation to confidentiality of personal and health information of staff and their families, children in care and their families, and contractors of the service and their families.

Collection of Information

For the education and care service to be able to meet the needs of each child, family, educator and staff member information must be collected and maintained.

OSHC staff will keep the following information secure and confidential:

- personal information, date of birth, address, phone number, work address and phone number, any other personal identifying information,

- health, medical or dental information,
- social services, legal, financial, child protection information.

The OSHC will limit the amount and nature of information being kept to what is required for the centre.

The Nominated Supervisor will provide families with an *Information Management Statement*, with details on the collection of personal information. This information will include:

- The types of information collected by the education and care service;
- The purpose of collecting information;
- What types of information will be disclosed to the public or other agencies; and when and why disclosure may occur;
- How information is stored at the service;
- Approaches used to keep information secure;
- Who has access to the information;
- The right of the individual to view their personal information;
- The length of time information needs to be archived;
- How information is disposed;

The Nominated Supervisor will ensure information provided by families and staff is only used for the purpose it was collected for.

Storage of Information

The Nominated Supervisor will ensure that all personal information is stored securely reducing the chance of unauthorised access, use or disclosure.

Access to Information

The Nominated Supervisor will ensure that information kept is not divulged or communicated, directly or indirectly, to anyone other than:

- Medical and developmental information that is required to adequately provide education and care for the child, or
- The Department of Education and Communities, or an authorised officer, or
- As required by law.

Individuals will be allowed access to their personal information when they request it. Authorised persons may request to view any information kept on their child.

Information may be denied under the following conditions:

- Access to information could compromise the privacy of another individual;
- The request for information is frivolous or vexatious;
- The information relates to legal issues, or there are legal reasons not to divulge the information such as in cases of custody and legal guardianship.

If displaying information to highlight for staff names of children with medical or other special needs, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent.

The OSHC will obtain parent/ guardian permission before disclosing a child's personal and sensitive information to a professional attending our centre for the specific purpose of providing a service for your child. This includes early intervention teachers, speech therapists, occupational therapists, doctors and counsellors.

Personal or sensitive information about the child may be disclosed to other service provider in case of a medical or other emergency.

Maintaining Information

The Nominated Supervisor is responsible for keeping all service records required under the *Education and Care National Regulation 2011*. Information will be updated regularly.

In keeping with the Early Childhood Australia (ECA) *Code of Ethics* (2008), the *Education and Care Services National Regulations 2011* and the *Privacy Legislation*, educators and staff employed by the OSHC are bound to respect the privacy rights of children enrolled and their families; educators and staff and their families and any other persons associated with the service.

Educators will sign a Confidentiality Statement as it relates to privacy and confidentiality of information.

Evaluation

All information related to the service, the staff and families will be maintained in a private and confidential manner.

Huntly Primary School OSHC Information Management Statement

Protection of privacy and the need for confidentiality, is fundamental in providing a high quality childcare service

- The primary purpose for which our service collects information is to enable Huntly P.S OSHC to provide your child with an individual program that is educational, stimulating, nurturing and safe.
- Huntly P.S OSHC requires certain information be collected, in accordance with administration of regulations or legislation that directly relate to the operation of a children's service.
- Huntly P.S OSHC discloses personal and sensitive information to the service's staff, for the specific purpose of administration and education of your child.
- Huntly P.S OSHC will obtain parent/ guardian permission before disclosing a child's personal and sensitive information to a professional attending our centre for the specific purpose of providing a service for your child. This includes early intervention teachers, speech therapists, occupational therapists, doctors and counsellors.
- Personal or sensitive information about the child may be disclosed to other service provider in case of a medical or other emergency.
- Personal information collected about children is regularly disclosed to their own parents or guardians. On occasions information such as children's personal achievements, child portfolios and photos are displayed within the boundaries of our services building.
- Parents/Guardians have the right to access personal information collected about them or their child. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the service's duty of care to the child or where children have provided information in confidence.
- As you may know Huntly P.S OSHC from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent or for any other reason than for the purpose in which it was collected.
- Huntly P.S OSHC will include your child's name, age and specific needs in their educator's Focus Children's Folder. Huntly P.S OSHC may include your emergency contact details in a class list and in the OSHC's Contact Directory. Access to these is limited to the staff at Huntly P.S OSHC.

- If you provide Huntly P.S OSHC with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the Centre and why. You will also need to inform them that they can access that information if they wish to do so.
- Huntly P.S OSHC takes all reasonable precautions to ensure personal information that we collect, use and disclose is accurate, complete and up to-date. Please ensure you inform the service of any changes to the information supplied.
- Records are kept for periods of times required by *Education and Care Services National Regulations 2011: 183*;
 - If the record relates to an incident, illness, injury or trauma suffered by a child while/or following an incident while being educated and care by the OSHC, until the child is 25 years
 - If the record relates to the death of a child while/or following an incident while being educated and care by the OSHC, until the end of 7 years after the death
 - In the case of any other record, relating to a child enrolled at the OSHC, until the end of 3 years after the last date on which the child was educated and cared for by the service
- When no longer required, confidential records will then be shredded.

Enrolment and Orientation Policy

QUALITY AREA 6: COLLABORATIVE PARTNERSHIP WITH FAMILIES AND COMMUNITY

ENROLMENT POLICY: ENROLMENT AND ORIENTATION

Policy: To allocate positions at the program in an equitable and reasoned manner and to commence building a positive and ongoing relationship with children and their families.

Background: Huntly P.S OSHC is a government funded school, community based, open to parents with their children enrolled at Huntly P.S. The enrolment process must ensure that positions are allocated in an equitable manner.. Good procedures include consistent information around service operation and authorizations promoting compliance and a safe and secure environment for children and families.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 177

Links to National Quality Standard:

- 6.1.1 There is an effective enrolment and orientation process for families.
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Key Resources:

- Department of Education and Workplace Relations: www.deewr.gov.au

Goals:

- Enrolment and orientation processes are planned and implemented.
- Due consideration is given to culture and language in undertaking processes.
- Documentation, including authorisations, are completed during the enrolment and orientation process.
- A thoughtful process is planned in consultation with families, to orientate a child and family to the education and care service.

Practices:

Our OSHC welcomes visits from prospective families and children. The Nominated Supervisor or Educator may provide the visiting family with a tour of the service environment and information that may include:

- Brochures with information on;
 - Huntly P.S OSHC
 - The Value of Early Childhood Education
 - Our Additional Needs Program (if applicable)
 - The Role and Value of a Play-based Program
- Discussion and tour of;
 - service philosophy and curriculum;
 - approaches to documentation, curriculum and planning;
 - introduction to educators and staff
 - the physical environment;
 - administrative matters, cost, and fee payment methods;
 - how to provide feedback.

Enrolment

Parents require to fill out an enrolment form for every each child. Proof of immunisation needs to be with the enrolment form and any legal documents due to custody issues.

- An information booklet on the OSHC, which includes;
 - Current fee structure and payment details;
 - Policies including, but not limited to, those required under Regulation 168;
 - Information on National Quality Framework, National Quality Standards, and the EYLF;
- ECA Code of Ethics brochure;

The information in the enrolment package is retained by the family for future reference.

Evaluation

Successful orientation and enrolment procedures promote smooth transitions between to the service. Information sharing and the signing of authorisations ensure a safe and secure environment for the child.

Payment of Fees Policy

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT FINANCIAL MANAGEMENT: CHILDCARE FEES POLICY

Policy: OSHC will provide an affordable quality children's service for all families.

Background:

All children have a right of equal access to quality children's services, regardless of economic status, cultural background or disability.

At Huntly P.S OSHC we keep the cost of attending low but it must cover the running costs of the program. These include staff salaries, in-service training, replacement of worn out equipment, acquisition of new equipment and materials for the children, office materials, telephone, electricity, cleaning, maintenance and repairs.

In order to continue to provide an affordable, quality service, OSHC must charge fees that allow it to remain economically viable.

Families are entitled to Child Care Rebates through Family Assistance.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 177

Links to National Quality Standard:

- 7.3.2 Administrative systems are established and maintained to ensure the effective operation of the service
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Practice

Setting Fees

- **The fees are set by the School Council**, balancing the need to provide an affordable quality service and at the same time remain economically viable.
- In setting fees the School Council will examine the current Budget, likely future financial liabilities and receive advice from the Business Manager and Principal.

Fees

- **Fee invoices are issued at the end of the month.**
- **Families wishing to pay weekly, fortnightly etc., may do so after informing the Principal.**
- **Fees are payable by cash or eftpos .**
- Fee envelopes containing payment are placed in an envelope with the statement.
- **Receipts are sent home with the student,**
- **Fees are not subject to Goods and Services Tax (GST)**

Child Care Benefit

- **Families using child care can claim Child Care Benefit for Registered Care if they are;**
 - Working (including full time, part time or casual work, self employment, unpaid sick leave, paid or unpaid maternity leave or setting up a business)
 - Actively looking for paid work (including being in receipt of Newstart or Youth Allowance)
 - Studying or training (including voluntary or unpaid work to improve your skills)
 - A person with a disability
 - Caring for a child or adult with a disability, or
 - Your partner is in goal or living outside Australia

- **The benefit is claimed through the Family Assistance Office on 13 6150, located in all Medicare offices, Centrelink Customer Service Centres and Tax Office shop fronts.**

- Standard OSHC receipts are accepted as an official Receipt for Registered Child Care.

Overdue Fees

- **The OSHC requires families paying fees promptly.**

- **When invoices are issued families are given 2 weeks to pay fees.**

- **If fees have not been paid within 2 weeks of this due date a late fee note will be sent to families requesting payment.** This will be followed up with a phone call if fees continue to remain unpaid..

- If a family is having difficulty paying fees the Principal will discuss this with the family. A payment plan may be developed to assist families in paying the fees. If the payment plan is not completed the child's position at the preschool will be discontinued.

Dealing with Complaints Policy

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT COMPLAINTS AND FEEDBACK POLICY

Policy: To provide opportunities for consultation, evaluation and review of the service operation and delivery of the education and care program and deal with complaints diligently and confidentially.

Background: Our OSHC values the **feedback** of educators, staff, families and the wider community in helping to create a service that meets regulation and the needs of enrolled children and their families. We encourage open communication through opportunities to respond and feedback on the program. A component of this feedback is the ability to put forward a **complaint** and have this managed appropriately with due consideration for accountability and quality improvement.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 168, 173, 176

Links to National Quality Standard:

- 7.3.4 Processes are in place to ensure that all grievance and complaints are addressed, investigated fairly and documented in a timely manner.

Key Resources:

- VIC Ombudsman (2004) 'Effective Complaint Handling'
- VIC Ombudsman (2009) 'Complaint Handling Kit'

Goals: We will:

- Provide opportunities for consultation, evaluation and review of the service operation and delivery of the education and care program;
- Develop a process for making and managing complaints;
- Communicate the option and process of making a complaint;
- Handle complaints diligently and confidentially

Practice:

Feedback

Communications will aim at all times to be open, honest and confidential.

Our service will offer a variety of ways to communicate and provide feedback including:

- Daily Program - has a section dedicated to comments or feedback on the program and activities
- Daily interactions
- Formal feedback and comments
- Surveys

With permission, educators may write comments on behalf of families to help with evaluations of the program and encourage further family input.

Families are provided the service's email address and phone details at orientation. Families will be encouraged to converse with educators at pick up and drop off times, and may email or call throughout the day.

Feedback from families is encouraged and educators and staff will take this feedback into account in ongoing planning and quality improvement.

Families will be informed as to how their feedback has contributed to improvements in the service through information notice board displays, emails, and/or newsletters.

Complaints

The nominated Supervisor will:

- Develop a process for managing complaints. This process includes:
 - Receiving complaints;
 - Addressing and investigating complaints;
 - Documenting complaints.
- Communicate information on the process to families through enrolment and orientation processes and information.
- Provide contact details for putting forward a complaint.
- Ensure every complaint is managed and is an opportunity for quality improvement.
- Discuss the process for managing complaints with the educator and staff team.
- Provide training on complaints management through staff meetings, staff orientation training and in-service training.

Information for Families/Consumers

- Families can make a formal complaint about aspects of our service and no person will be disadvantaged in anyway as a result of that complaint.
- Inform families and consumers of OSHC about how they can register a concern or complaint and the correct procedures to follow by :-
- Providing information about Complaints and Feedback Procedure in the Parent Information Book provided to all families on enrolment.
- Having posters displayed on notice boards.
- Encourage compliments and suggestions as well as complaints.
- Opportunities to raise concerns or compliments are also provided by regular surveys conducted by OSHC.
- Endeavour to have interpreters available or other parents / friends of people of same cultural background, to interpret concerns of families of Non English Speaking background. Where possible have pamphlets written in languages other than English.
- Complaints should be forwarded to:
 - Huntly P.S OSHC The Nominated Supervisor and/or Principal of the School Huntly Primary School 101Brunel St Huntly 3551 54488866
- Complaints will be dealt with in the strictest confidentiality. Any educator or staff member involved in handling complaints will ensure that information is restricted only to those who genuinely need to be notified in order to deal with the complaint. If information specific to the complaint needs to be disclosed to others during its resolution, the complainant will be informed.
- Complaints will be documented by an educator or staff member, and placed on the complaints register. The complaint will then be forwarded on to the most appropriate person to investigate the complaint. This will include the Nominated Supervisor and the Principal.
- Actions to address the complaint will be determined. Once the outcomes or resolutions are agreed on, all persons involved in the original complaint will be notified and informed of any actions for improvement that will take place as a result of the complaint.
- The Department of Education and Communities will be notified of any complaint made to the service alleging a breach of regulation within 24 hours of the complaint being made.

Information for Educators and Staff

- *Please note - this is not a grievance procedure. Please see Staff Grievance and Complaint Policy*
- Educators and staff may make a formal complaint about aspects of our service and no person will be disadvantaged in any way as a result of that complaint.
- Complaints should be forwarded to:

- Huntly P.S OSHC The Nominated Supervisor and/ Principal of the School Huntly Primary School 101Brunel St Huntly 3551 54488866
- Your complaint will be dealt with in the strictest confidentiality. Any educator or staff member involved in handling complaints will ensure that information is restricted only to those who genuinely need to be notified in order to deal with the complaint. If information specific to the complaint needs to be disclosed to others during its resolution, the complainant will be informed.
- Your complaint will be documented.. The complaint will then be forwarded on to the most appropriate person to investigate the complaint. This will include the Nominated Supervisor and the approved provider.
- Actions to address the complaint will be determined. Once the outcomes or resolutions are agreed on, all persons involved in the original complaint will be notified and informed of any actions for improvement that will take place as a result of the complaint.
- The Department of Education and Communities will be notified of any complaint made to the service alleging a breach of regulation which alleges that the safety health or wellbeing of a child was or is affected, or that the service has broken the Education and Care Services National Law within 24 hours of the complaint being made.

Accept all Complaints

- Whether verbal or written.
- People should be able to comment or complain about anything they think is unfair. By listening and communicating we can help to resolve many complaints.

Steps in resolving a grievance

- Get a clear picture of what is each person's issue
- Clarify the issue to be resolved
- Seek possible solutions, from all parties
- Negotiate action/s to be undertaken
- Reach an agreement
- Undertake the action
- Review the issue/grievance once it has been resolved

Keep People Informed

- People will receive regular up-dates on the progress of their complaints, so grievances can be resolved as quickly as possible.

Record Complaints & Comments

- A simple record system will be set up to capture comments, suggestions or complaints received. This will assist the staff and School Council in improving the centre's program.
- Recording 'Thank You' comments will be encouraged, as this is important in building morale.

Levels of Complaint Handling

A tiered level of Complaints Handling will be organised.

- ***Informal 1***
 - This will be for simple straightforward complaints, usually verbal.
 - Parents will be encouraged to approach any of the staff members, to try and resolve these complaints.
- ***Informal 2***
 - These may be more complex matters which need to be referred to the Principal/Nominated Supervisor.
- ***Formal***
 - When complaints cannot be resolved at the staffing level or are more serious, they may need to be referred to the School Council, where a group of Parent representatives can discuss the matter.

Evaluation

Continuous improvement of our service occurs where there is reflection and constructive feedback given from the service community which results in positive change and improvement.

Complaints that are managed well, lead to quality improvement and are conducted in a safe manner in a secure environment.

Huntly P.S OSHC
101 Brunel St Huntly 3551
54488866

“If you tell us we will try and fix it”

Do you have a problem with our service?

While we are striving to provide a quality service for your child, problems do happen.

If you are not happy with any part of our service, you have a right to complain to us.

We welcome any complaints or suggestions because it helps us provide a better service.

How do I make a complaint?

Talk to a staff member.

Often problems can be sorted out by talking to a member of staff at this service.

Any complaints are treated with respect and kept confidential.

What if the problem is not solved?

If the problem is not solved, the next step is to speak to the Principal.

What if I am not happy with the Principals decision?

If you are not happy with the decision, School Council can which deals with problems which are harder to solve.

The complaint should be put in writing .

How long will it take to get an answer?

The School Council will try to solve the problem as soon as possible; the longest it should take is 2 - 3 weeks.

What if I am still not happy?

If we have not been able to solve the problem contact:-

The Department of Education and Early Childhood Development

Postal address: 7-15 McLaren St Bendigo Victoria 3111

Phone: 03 54403111

Contact Details for Complaints Handling: Craig Burnett Principal
Phone: 54488866

Occupational Health and Safety Policy

Huntly Primary School OSHC is committed to providing a secure and safe workplace for all members of staff. Huntly Primary School OSHC protects the health and safety of children, staff, families, visitors to the service by ensuring appropriate codes of practice are followed, and keeping informed about the Occupational Health and Safety Act.

Procedure:

The service will ensure that information about the Occupational Health and Safety Act and guidelines are displayed at the service and available to all

Staff are expected to report incidents leading to high stress levels and positive steps will be taken to understand and minimise stress suffered by individual staff members

Staff will record all illness, incidents and injuries to staff and children. Details recorded include: date, time, place of incident, injury or condition, brief description of events, adult witnesses, any treatment and the outcome

The service will ensure that appropriate workers compensation cover is available to all employees.

Play areas and equipment will be checked daily by staff to ensure they are in a clean and in a safe condition. Any damaged or unsafe equipment will be removed from the area. Details will be recorded and passed on to the Principal for repair or replacement

All new equipment will be checked against Australian Standards

1.5 Manual Handling

Manual handling is any activity requiring the use of force exerted by a person to lift, push, pull, carry or otherwise move or restrain any animate or inanimate object.

Regulations

Manual handling regulations came into force 1st July 1999. It is the duty of the employer to ensure these are followed by

- Consultation
- Hazard identification
- Risk assessment
- Risk control

The employees also have responsibility, these are

- Participate in hazard identification, risk control and assessment
- Follow information, training and instruction received
- Use risk controls provided by employer

Factors contributing to manual handling injuries may be

- Bending strongly forwards or sideways
- Slippery, uneven surfaces or other tripping hazards
- Sudden unexpected load
- Pushing, pulling, lifting or setting down heavy objects
- Jerking and twisting when lifting
- One handed lifting
- Maintaining static posture
- Load held at distance from the body
- Lifting weight while bending over an upright object
- Type of load e.g. heavy, sharp, hot, slippery
- Restricted room to move

- Over reaching

Things to remember

1. Stop and think before you move anything
 - How heavy
 - Move smaller amounts
 - Need help
 - Path clear
 - Use trolley
 - Twisting or jerking
 - Where will I put it down?
2. Heavier items are best carried at waist height
3. Risk increases greatly from 16 kgs up

Space Requirements Policy

Huntly Primary School OSHC is committed to ensuring that adequate indoor and outdoor areas are safe and available according to the number of children that attend each component of care. Adequate space is required to provide comfortable and uncramped conditions so that children can have a flexible play environment that is easily supervised.

Procedure:

Huntly Primary School OSHC follows the National Standards for Outside School Hours Care June 1995, which states:

Indoor space will be 3.25 square metres of unencumbered play space per child

Outdoor space will be 12 square metres of useable space per child

Toilets and Hand Basins Policy

Huntly Primary School OSHC will ensure that staff and children have safe access to toilets (including access for children with disabilities) and hand washing facilities.

Procedure:

The service shall provide:

- One toilet for every 15 children or part there of
- Hand washing facilities
- Soap and hand drying equipment

Children will be encouraged to flush toilets and wash hands after use

Telephone Facilities Policy

Huntly Primary School Outside School Hours Care service is committed to ensuring that communication between families and staff can occur at all times while the service is operating.

Huntly Primary School Outside School Hours Care services are also committed to ensuring that communication between families and the management can occur at all times.

Procedure:

The service will have access to either a landline telephone or a mobile telephone at all times

Families will be provided with contact details of the service as well as Huntly Primary School Outside School Hours Care Management.

Staff Qualifications/Training Policy

Huntly Primary School Outside School Hours Care service acknowledges that professional staff equates with quality programs, and that families need to feel comfortable with the staff supervising their children.

Huntly Primary School Outside School Hours Care service will ensure that Outside School Hours Care staff are offered opportunities for appropriate training to provide a quality service. Staff will be suitably qualified and/or experienced and meet the requirements as set out in their position description.

Procedure:

Coordinators will be qualified within the qualifications set out in the National Standards and have demonstrated experience in Outside School Hours Care

There shall be a maximum of 30 children to one qualified staff member or part thereof

In the case where qualified staff cannot be attracted, the Service will employ a person currently studying or someone willing to undertake studies to become qualified

Funding is allocated in the annual budget for relevant and approved professional development as identified in staff appraisal

One staff member on duty will have a current First Aid certificate at all times

Staff will have the skills and knowledge to prepare food

Staff: Child Ratios policy

Huntly Primary School Outside School Hours Care service believes that an appropriate staff: child ratio is an important factor in ensuring and enabling positive staff - child interactions and less directly, interactions between children.

Huntly Primary School Outside School Hours Care service will ensure staff: child ratios are in accordance with the National Standards (1995) for Outside School Hours Care (3.1).

Procedure:

There shall be a maximum of 15 children to one staff member

There shall be a maximum of 8 children to one carer for excursions

There shall be a maximum of 5 children to one carer for swimming

A minimum of 2 staff will be on duty at all times (unless Single Staff Model status has been approved from the Department of Family and Community Services)

In setting staff ratios, the service will consider the activities undertaken, ages and abilities of the children and any additional needs that the children may have.

The service will also ensure that one staff member trained in first aid is on the premises at all time

There will be a minimum of one qualified staff member to every 30 children or part thereof.

Programs Policy

Huntly Primary School Outside School Hours Care service will provide a program where children have access to a wide variety of safe, stimulating opportunities that are developmentally appropriate and cater to the social, intellectual, physical, recreational and emotional needs and interests of all children present.

These programs will reflect cultural diversity and incorporate the views of families/approved persons and the OSHC children. These programs will be clearly documented and displayed within the service.

Procedure:

Written programs will be displayed at the service

Children, families and staff are expected to provide input into the program

Cultural diversity, including the cultures of families using the service will be reflected in the program

The program will be evaluated regularly to determine the needs of all children attending the service

Children will be supervised at all times and staff will be actively involved in all aspects of program delivery

EXCLUSION TABLE

Recommended minimum periods of exclusion from school, pre-school and child care services for cases of and contact with infectious diseases from National Health and Medical Research Council - June 2001

Condition	Exclusion of cases	Exclusion of contacts
Amoebiasis (Entamoeba histolytica)	Exclude until diarrhoea ceases.	Not excluded.
Campylobacter	Exclude until diarrhoea has ceased.	Not excluded.
Chicken pox	Exclude for at least 5 days AND until all blisters have dried	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.
Conjunctivitis	Exclude until discharge from eyes has ceased.	Not excluded.
Cytomegalovirus Infection	Exclusion not necessary.	Not excluded.
Diarrhoea	Exclude until diarrhoea has ceased.	Not excluded.
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later.	Exclude family/household contacts until cleared to return by an appropriate health authority.
Glandular fever (mononucleosis)	Exclusion is not necessary.	Not excluded.
Hand, Foot and Mouth disease	Until all blisters have dried.	Not excluded.
Haemophilus type b (Hib)	Exclude until medical certificate of recovery is received.	Not excluded.

Condition	Exclusion of cases	Exclusion of contacts
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice or illness.	Not excluded.
Hepatitis B	Exclusion is not necessary.	Not excluded.
Hepatitis C	Exclusion is not necessary.	Not excluded.
Herpes ("cold sores")	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible.	Not excluded.
Hookworm	Exclusion not necessary.	Not excluded.
Human immun.-deficiency virus infection (HIV AIDS virus)	Exclusion is not necessary unless the child has a secondary infection.	Not excluded.
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded.
Influenza and influenza like illnesses	Exclusion is not necessary.	Not excluded.
Leprosy	Exclude until approval to return has been given by an appropriate health authority.	Not excluded.
Measles	Exclude for at least four days after onset of rash.	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case they may return to school.
Meningitis (bacterial)	Exclude until well.	Not excluded.
Meningococcal infection	Exclude until adequate carrier eradication therapy has been completed.	Not excluded if receiving rifampicin.

Condition	Exclusion of cases	Exclusion of contacts
Molluscum contagiosum	Exclusion not necessary.	Not excluded.
Mumps	Exclude for nine days or until swelling goes down (whichever is sooner).	Not excluded.
Parvovirus (erythema infectiosum fifth disease)	Exclusion not necessary.	Not excluded.
Poliomyelitis	Exclude for at least 14 days from onset. Re-admit after receiving medical certificate of recovery.	Not excluded.
Ringworm, scabies, pediculosis (lice), trachoma	Re-admit the day after appropriate treatment has commenced.	Not excluded.
Rubella (german measles)	Exclude until fully recovered or for at least four days after the onset of rash.	Not excluded.
Salmonella, Shigella	Exclude until diarrhoea ceases.	Not excluded.
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the person feels well.	Not excluded.
Tuberculosis	Exclude until a medical certificate from an appropriate health authority is received.	Not excluded.
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by an appropriate health authority.	Not excluded unless considered necessary by public health authorities.
Whooping cough	Exclude the child for five days after starting antibiotic treatment.	Exclude unimmunised household contacts aged less than 7 years for 14 days after the last exposure to infection or until they have taken five days of a 14-day course of antibiotics. (Exclude close child care contacts until they have commenced antibiotics).
Worms (intestinal)	Exclude if diarrhoea present.	Not excluded.

Note: The NHMRC recommends that children who are physically unwell should be excluded from attending school, pre-school and child care services.