

## **EMERGENCY AND EVACUATION POLICY**

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for emergency and evacuation and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021).

Emergency and evacuation situations may arise for a variety of reasons, often suddenly and unexpectedly. It is vital that if an emergency situation arises, staff are confident to manage the situation effectively and efficiently, maintaining the safety and wellbeing of children, families and visitors.

Ensuring that educators and children know what to do in an emergency situation requires vigilant planning and practice. Regularly practicing the drills for emergency situations also provides an opportunity to help support and build on children's coping mechanisms and resilience.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
4	Definitions "multi-storey building" and "storey"
12(d)	Meaning of a serious incident- any emergency for which emergency services attended

97	Policies and procedures in relation to emergency and evacuation
98	Emergency and evacuation procedures
99	Children leaving the education and care service premises
136	First aid qualifications
168	Telephone or other communication equipment
170	Policies and procedures are to be followed
171	Policies and procedures to be kept available

## RELATED POLICIES

Acceptance and Refusal Authorisation Policy	Family Communication Policy
Administration of First Aid Policy	Health and Safety Policy
Bush Fire Policy	Incident, Injury, Trauma and Illness Policy
Child Safe Environment Policy	Lockdown Policy
Delivery of Children to, and collection from Education and Care Service Premises	Retention of Records Policy
Enrolment Policy	Supervision Policy

## PURPOSE

Our OSHC Service has a duty of care to maintain the safety and wellbeing of each child, educator, and all using or visiting the OSHC Service during an emergency or evacuation situation. We are committed to identifying risks and potential hazards of emergency and evacuation situations by conducting thorough risk assessments on an annual basis and continually plan for further risk minimisation and improvement to our policy and procedures.

## SCOPE

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

## IMPLEMENTATION

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury, or illness to persons, or damage to the Service's premises. Emergency situations

may pose a risk to an individual's health and safety. It is important that services identify potential emergencies that may be specific to their location and environment.

An emergency is any event, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of children at the service. (Guide to the NQF)

Circumstances under which an emergency evacuation will occur may include:

- Fire within the building or playground
- Fire in the surrounding area where the OSHC Service may be in danger
- Flood
- Cyclone, severe storm or dust storm or other natural weather event
- dangerous animal, insect or reptile
- Terrorist threat
- Other circumstances may include:
  - gas explosion, traffic accident, or any event which could render the building unsafe (eg: earthquake).

The approved provider, in conjunction with educators of the service, will conduct a comprehensive risk assessment in order to identify any risk/s or hazards associated with potential emergencies that may affect the safe evacuation of children from the service.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance that may affect the safe evacuation of children All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service. If a risk concerning the safe evacuation of a child is identified during the risk assessment, the approved provider must update the Emergency and Evacuation Policy and procedure as soon as possible. The risk assessment is to be stored safely and securely and kept for a period of 3 years.

## THE AUSTRALIAN WARNING SYSTEM (AWS)

The Australian Warning System (AWS) is a nationally consistent, three-tiered approach designed to make warnings clearer and lead people to take action during emergencies like bushfire, flood, storm extreme heat and severe weather. The warning system comprises of levels, action statements, hazard icons, colours and shapes.

<https://www.ses.nsw.gov.au/about-us/our-warnings/>

The three warning levels are:

**Advice (Yellow):** An incident has started. There is no immediate danger. Stay up to date in case the situation changes. Monitor conditions.

**Watch and Act (Orange):** There is a heightened level of threat. Conditions are changing and you need to start taking action now. Prepare to leave/evacuate. Do not enter flood water.

**Emergency Warning (Red):** An Emergency Warning is the highest level of warning. You need to take action immediately. Leave/evacuate (immediately by am/pm/hazard timing).

When there is an Emergency Warning, educators need to prepare for possible emergency evacuation and implement the procedures effectively to ensure the safety of all children, staff, families and visitors in the Service.

#### TO ENSURE COMPLIANCE WITH NATIONAL REGULATIONS AND NATIONAL LAW, OUR OSHC SERVICE WILL ENSURE THAT:

- emergency and evacuation policies and procedures are available for inspection at the OSHC Service's premises at all times
- the approved provider will conduct an annual risk assessment to identify potential emergencies that are relevant to the OSHC Service
- the approved provider will review the risk assessment after becoming aware of any circumstance that may affect the safe evacuation of children from the service
- relevant stakeholders/authorities are consulted for advice and guidance to improve risk mitigation strategies as part of our emergency and evacuation plan (School Principal, police, fire, parents/families)
- all staff and educators have a thorough understanding of the [Australian Warning System \(AWS\)](#)
- consideration is made to evacuate non-ambulant children evacuating the premises resulting in enhanced ratios
- additional consideration is made for OSHC services operating in multi-storey buildings (assembly areas, lifts not being used, stairwells, non-ambulant children, staffing implications, supervision) [Reg. 97(1)(b)]
- emergency rehearsals should involve school students and staff if OSHC is located on a school site (if applicable)
- emergency evacuation plans are displayed in prominent positions near each exit at the OSHC Service premises including both the indoor and outdoor learning areas
- the emergency and evacuation procedures include instructions for what must be done in the event of an emergency
- the plan includes a floor plan for ease of reference with clearly defined assembly points and clearly marked exit routes from all locations
- all exits have exit signs clearly visible

- there are no obstructions in hallways, stairways or emergency exits
- all educators, including casual/relief educators and staff members, are familiar with our *Emergency and Evacuation Policy*, procedures and regulatory requirements
- new staff, volunteers and students are provided with information and training about our *Emergency and Evacuation Policy* and procedures during induction
- all staff are aware of their roles and responsibilities in event of an emergency situation
- Emergency evacuation rehearsals (drills) will be practiced **every three months** by the responsible person, all staff members, volunteers, and children present on the day
- National Regulations state that evacuation rehearsals are to be practiced **every 3 months**: However, to ensure best practice our Service will conduct emergency evacuation drills in a weekly block **every 3 months** so that all children and staff experience an evacuation on a regular basis.
- spontaneous rehearsals also take place during the year to assist in refining risk management procedures and evacuation procedures
- each time a planned or spontaneous emergency evacuation drill is performed it is to be timed and documented in the *Emergency Evacuation Rehearsal Record*.
- after reflection, notes on any areas that need improving or revising are to be documented in the *Emergency Evacuation Rehearsal Record*. Educators will discuss and implement strategies to make continuous improvement to procedures which will be documented in the Service's Staff Meeting minutes and Quality Improvement Plan (QIP).
- in the event of limited educators (e.g., early morning or late afternoon), staff members are to work together to perform the duties as per the evacuation plan (the roster must include a Responsible Person being on the premises at all times to take responsibility and delegate duties). This scenario will be discussed and documented in the Service's Staff Meeting Minutes (WHS).
- regular communication with families includes information about emergency and evacuation procedures
- families are informed when a rehearsal or drill has occurred
- at least one staff member or one Nominated Supervisor who holds current ACEQCA approved first aid qualifications, approved anaphylaxis management and emergency asthma management training is in attendance at all times
- each room has an *Emergency Evacuation Bag* located in a prominent position
- *Emergency Evacuation Bags* are regularly audited and restocked as required
- an up-to-date register of emergency telephone numbers for children is maintained. A copy of the current list will always be available in the *Emergency Evacuation Bag*
- portable First Aid Kits are readily available in case of an emergency evacuation
- Medical Management Plans for children are able to be accessed easily

- children's medication is collected during an evacuation
- all fire extinguishers, fire blankets, fire hoses, and other emergency equipment located throughout the Service will be inspected and tested at six monthly intervals by an authorised company as per the Australian Safety Standard AS 1851-2012: *Maintenance of Fire Protection Systems and Equipment*.
- extinguishers will be emptied, pressure tested, and refilled every five years
- all tests performed on emergency equipment and the date on which it was tested will be recorded on a label or metal tag attached to the unit. Certificates to verify testing will be filed.
- ensure smoke detectors are regularly tested and batteries replaced annually
- staff and educators have access to an operating telephone or other means of communication at all times (mobile phone)
- emergency telephone numbers will be displayed prominently throughout the Service in the kitchen, office, staff room and each area where children are educated and cared for
- Our emergency telephone list (located next to the telephone) includes the numbers for:
  - Police
  - Local fire station
  - Rural Fire Service
  - State Emergency Services (SES)

## EMERGENCY AND EVACUATION PROCEDURE GUIDELINES

(include who is responsible for the implementation of each step)

As per regulation 97, the emergency and evacuation procedures must set out-

- a) instructions for what must be done in the event of an emergency; and
- b) an emergency and evacuation floor plan
- c) if the education and care service premises is located within a multi-storey building shared with other occupants and on a storey with no direct egress to an assembly area—
  - I. all possible evacuation routes from each storey on which the premises is located; and
  - II. the evacuation routes that are proposed to be used in an evacuation; and
  - III. how all children will be safely evacuated from the premises, including non-ambulatory children; and
  - IV. the stages in which an evacuation will be carried out; and
  - V. the identity of the person in charge of an evacuation; and
  - VI. the roles and responsibilities of staff members during an evacuation; and
  - VII. the arrangements made with the other occupants of the multi-storey building in relation to the evacuation of the multi-storey building.

- the nominated supervisor/approved provider will make the final call to whether to evacuate the premises due to an emergency situation
- contact 000 for local emergencies- provide name, address and nearest cross street, reason for evacuation, phone contact number, number of children and adults evacuating
- guidance will be provided by the relevant emergency service (Fire service, SES, Police)
- move all children and visitors to identified evacuation/emergency assembly area as indicated on the *Emergency and Evacuation Plan*
- collect Emergency Evacuation Bag, Medical Management Plans and associated children's medication
- collect First Aid Kit
- check daily attendance record and visitor record
- once children are safely evacuated, administer first aid if required
- remain calm and reassure children
- once emergency services arrive, contact parents/emergency contacts
- await instructions from relevant emergency services for re-entering premises or alternative evacuation procedure

#### IMPORTANT:

Following the emergency evacuation, the educator will complete an *Emergency Evacuation Incident Report* and an *Incident, Injury, Trauma and Illness Record*. The approved provider will make a notification of a serious incident to a regulatory authority (within 24 hours) through the [NQA IT System](#) when emergency services have attended an education and care service in response to an emergency, rather than as a precaution or for any other reason.

#### FAMILIES WILL:

- ensure contact details are kept up to date
- provide emergency contact details on their child's enrolment form and advise the service of any change of name or phone number
- ensure the attendance record for their child is completed each day
- ensure they are aware of the service's *Emergency and Evacuation Policy* and procedures
- follow the directions of the Approved Provider/Incident Manager in the event of an emergency or evacuation

#### DEALING WITH TRAUMA

Emergencies and natural disasters are extremely stressful, and it is normal for children and adults to feel overwhelmed and distressed. People cope with trauma in many different ways. Children look to adults for

reassurance, care and opportunities to share their feelings. It is important for educators to understand the impact of disasters and seek help when needed.

The approved provider/nominated supervisor will support educators to provide information to parents and families following any emergency or natural disaster including:

- will the service be open in the days and weeks ahead?
- how to find alternative care and education
- how to contact services for support with dealing with trauma

Several organisations offer support for educators in these situations:

[Emerging Minds](#)

BeYou- [Trauma informed practice](#)

## PREPARING FOR AN EMERGENCY

Australian Government Department of Education Resources

[Help in an emergency](#)

[Australian Government Bureau of Meteorology](#)

## JURISDICTION SPECIFIC WEBSITE DETAILS FOR EACH STATE

NEW SOUTH WALES (NSW)
<ul style="list-style-type: none"> <li>• NSW Police: <a href="http://www.police.nsw.gov.au">www.police.nsw.gov.au</a></li> <li>• NSW Rural Fire Service: <a href="http://www.rfs.nsw.gov.au">www.rfs.nsw.gov.au</a></li> <li>• NSW State Emergency Services: <a href="http://www.ses.nsw.gov.au">www.ses.nsw.gov.au</a></li> </ul>

## CONTINUOUS IMPROVEMENT/REFLECTION

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

## CHILDCARE CENTRE DESKTOP RESOURCES

Emergency Bag Audit	Emergency Support Services Template
Emergency Evacuation Procedure	EMP evacuation diagrams-images
Emergency Management Plan (EMP)	Multi-Storey Building Emergency and Evacuation Procedure

## SOURCE

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

Australian Children's Education & Care Quality Authority. (2023). Policy and procedure guidelines- [Emergency and evacuation guidelines](#).

Australian Children's Education & Care Quality Authority. (2023). [Multi Storey Buildings:Evacuations and Approvals](#)

Australian Government Department of Education. (2023). [Help in an emergency](#)

Australian Government Department of Home Affairs. [Emergency Management](#) <http://www.australia.gov.au/information-and-services/public-safety-and-law/emergency-services>

Australian Government. National Emergency Management Agency. Australian Warning System.

<https://www.australianwarningsystem.com.au>

Early Childhood Australia Code of Ethics. (2016).

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

Fire Protection Association Australia: [www.fpaa.com.au/](http://www.fpaa.com.au/)

Fire System Services: <http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html>

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

NSW Rural Fire Service: [www.rfs.com.au](http://www.rfs.com.au)

Revised National Quality Standard. (2018).

*Work Health and Safety Act 2011*.

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

## REVIEW

POLICY REVIEWED BY	Gus Gomez	Supervisor	08/01/24
	Silvia Jaimes	2IC	08/01/24
POLICY REVIEWED	January 2023	NEXT REVIEW DATE	July 2024
VERSION NUMBER	V10.09.23		

MODIFICATIONS	<ul style="list-style-type: none"> <li>review of policy to include additional considerations for multi-storey buildings (NQF review)</li> <li>new resources from CCD added</li> <li>sources updated</li> </ul>	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JANUARY 2023	<ul style="list-style-type: none"> <li>annual policy maintenance</li> <li>minor formatting edits within text</li> <li>additional information Australian Warning System (AWS)</li> <li>hyperlinks checked and repaired as required</li> <li>continuous improvement/reflection section added</li> <li>link to Western Australian Education and Care Services National Regulations added in 'Sources'</li> <li>update to DESE to Department of Education</li> </ul>	JANUARY 2024
NOVEMBER 2021/DECEMBER 2021	<ul style="list-style-type: none"> <li>Policy reviewed and included suggested guidelines from ACECQA <i>Emergency and Evacuation Policy Guidelines</i> (June 2021)</li> <li>Additional legislative requirements added</li> <li>Additional related policies</li> <li>Additional section added- <i>Families will</i></li> <li>Reviewed as part of annual review cycle</li> </ul>	JANUARY 2023
JANUARY 2021	<ul style="list-style-type: none"> <li>Restructure of policy- some sections moved for better flow</li> <li>deleted repetitive points</li> <li>procedure guidelines modified and extended</li> <li>additional section- Dealing with Trauma</li> <li>sources checked for currency</li> </ul>	JANUARY 2022
JANUARY 2020	<ul style="list-style-type: none"> <li>additional information added to introduction</li> <li>purpose modified</li> <li>additional information added to content</li> <li>sources checked for currency- small edits highlighted</li> </ul>	JANUARY 2021
JANUARY 2019	<ul style="list-style-type: none"> <li>point added to ensure these numbers are on the emergency phone list by the phone</li> <li>Additional information added to points</li> <li>Duplicated information deleted</li> <li>Rearranged the order of some points for better flow</li> <li>Sources/references alphabetised.</li> <li>Minor formatting (line spacing &amp; paragraph spacing) for consistency throughout policy.</li> </ul>	JANUARY 2020

## **REST TIME POLICY**

The United Nations Convention on the Rights of the Child states that “*all children have the right to relax and play*” (My Time, Our Place: Framework for School Age Care in Australia, p. 4). Our Out of School Hours Care (OSHC) Service will cater for the needs of individual children who may require a rest, or even a sleep, after a busy school day.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1	Design	The design of the facilities is appropriate for the operation of a service.
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazard
<del>81</del>	<del>Sleep and Rest</del>
82	Tobacco, drug and alcohol-free environment
84A	Sleep and Rest
84B	Sleep and rest policies and procedures
84C	Risk assessment for purposes of sleep and rest policies and procedures

103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies or procedures
176	Time to notify certain information to Regulatory Authority

## RELATED POLICIES

Administration of First Aid Policy	Interaction with Children, Family and Staff Policy
Child Safe Environment Policy	Physical Environment Policy
Enrolment Policy	Respect for Children Policy
Death of a Child at the Service Policy	Staffing Arrangements Policy
Family Communication Policy	Tobacco, Drug and Alcohol-Free Policy
Health and Safety Policy	Work Health and Safety Policy

## PURPOSE

The *Education and Care Services National Regulations* requires approved providers and nominated supervisors to ensure their services have policies and procedures in place for children's sleep and rest having regard to the ages, developmental stages and individual needs of the children. Our OSHC Service will ensure that all children have appropriate opportunities to rest and relax in accordance with their individual needs whilst attending the service. Our Service has a duty of care, to ensure we respect and cater for each child's specific needs and provide an environment that takes every reasonable precaution from harm and hazard.

## SCOPE

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

## IMPLEMENTATION

'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that Nominated Supervisors and Educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.' (ACECQA)

Our OSHC Service defines 'rest' as a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of a child's day, we feel that it is important for children to participate in a quiet/rest period after school if required, to rest, relax and recharge their body.

Our OSHC Service will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep/rest requirements.

## SLEEP AND REST SPECIFIC RISK ASSESSMENT

The approved provider, in conjunction with educators of the service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest.

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. **All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service.** If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the *Sleep and Rest Policy* and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- the number, age, developmental stages and individual needs of children
- the sleep and rest needs of individual children being educated and cared for (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
  - the level of knowledge and training of staff supervising children during sleep and rest periods

- the location of sleep and rest areas, including the arrangement of beds within the sleep and rest areas
- the safety and suitability of beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment
- any potential hazards
  - in sleep and rest areas
  - on a child during sleep and rest periods (such as jewellery, clothing)
- the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)

(ACECQA 2023)

#### THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- conduct a sleep and rest specific risk assessment at least annually to ensure all protentional hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines
- take reasonable steps to ensure that children's needs are being met by giving them the opportunity to rest, having regard to the ages, developmental stages and individual needs of each child
- ensure the area for sleep and rest is well ventilated and has natural lighting
- ensure educators provide safe and adequate supervision when children rest their bodies
- provide information to educators and staff about evidence based safe sleep practices as recommended by Red Nose (although school aged children are not considered high risk, these practices should be known by all educators)
- ensure children who are sleeping or resting are closely monitored and that all sleeping or resting children are within hearing range and observed. This involves physically checking/inspecting sleeping children at regular ( **intervals 10 minutes**) and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children-(Note: CCTV, audio monitors or heart monitors do not replace the need for physical checking/inspecting sleeping children)
- ensure educators, staff and volunteers follow the policy and procedures
- ensure sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke

#### EDUCATORS WILL:

- have a thorough understanding of the OSHC Service's policy and practices and embed practices to support safe sleep/rest into everyday practice

- consult with families about children's rest needs and include children in decision making (children's agency)
- ensure children are provided with a high level of safety when (sleeping and having quiet time ) resting and every reasonable precaution is taken to protect them from harm and hazard
- maintain adequate supervision and ratios throughout any rest period
- assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- communicate with families about their child's rest time and observed requirements
- encourage children to dress appropriately for the room temperature when resting. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- monitor the room temperature to ensure maximum comfort for the children
- provide an environment that is free from cigarette or tobacco smoke
- opportunities are presented for rest and relaxation, as well as sleep if required
- consideration is made for each child's sleep/rest needs- including the age of the child, medical conditions, individual needs
- a quiet area is provided for children to sleep/rest, away from the main group of children
- the designated rest area may include a cushion, bean bag or comfortable seat in a quiet section of the care environment
- sleeping and resting children are monitored at regular intervals
- faces of sleeping children are uncovered when they are sleeping
- an educator is always within sight and hearing of sleeping and resting children so they can be monitored (breathing patterns, colour of skin) .
- light bedding is provided for children as required

#### FAMILIES WILL:

- be informed during orientation of our *Rest Policy* and procedure
- be requested to provide educators with updates on their child's individual need for rest (or sleep) routines if applicable.

#### CONTINUOUS IMPROVEMENT/REFLECTION

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

#### Key terms

Term	Meaning
ACECQA- Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
Adequate supervision	Adequate supervision means: <ul style="list-style-type: none"> <li>that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation;</li> <li>knowing where children are at all times and monitoring their activities actively and diligently</li> </ul>
Continuous supervision	Ensure an educator is in sight and hearing of a sleeping child at all times- representing best practice (Red Nose)
Rest	A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep.
Relaxation	Relaxation or other activity for bringing about a feeling of calm in your body and mind.
<a href="#">Red Nose</a>	Red Nose is Australia's leading authority on safe sleep and safe pregnancy advice.

## CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Safe Sleep Practices Risk Assessment Action Plan	
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## SOURCE

ACECQA. (n.d.). Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/information-sheets/safe-sleep-and-rest-practices>

ACECQA. (2023). [Sleep and Rest for Children. Policy Guidelines.](#)

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

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

Early Childhood Australia Code of Ethics. (2016).

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

Education and Care Services National Regulations (Amended 2023).

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

NSW Department of Education. (2022). [Sleep and rest for children-Policy guidelines for early childhood education and care services. \(updated\)](#)

Revised National Quality Standard. (Amended 2023).

*The NSW Work Health and Safety Act 2011*

The NSW Work Health and Safety Regulation 2011

## REVIEW

POLICY REVIEWED BY	Silvia Jaimes	2IC	17/01/24
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024
VERSION NUMBER	V8.10.23		
MODIFICATIONS	<p>OCTOBER</p> <ul style="list-style-type: none"> <li>New information added regarding regulation changes effective October 2023</li> </ul> <p>FEBRUARY</p> <ul style="list-style-type: none"> <li>annual policy review</li> <li>additional related policies added</li> <li>Family section updated</li> <li>Key Terms section added</li> <li>Continuous improvement/reflection section added</li> <li>Hyperlinks checked and repaired if needed</li> <li>link to Western Australian Education and Care Services National Regulations added in 'Sources'</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
FEBRUARY 2022	<ul style="list-style-type: none"> <li>minor edits</li> <li>sources checked for currency</li> </ul>	FEBRUARY 2023	
FEBRUARY 2021	<ul style="list-style-type: none"> <li>additional points added to ensure adequate supervision</li> <li>minor editing- punctuation/grammar</li> <li>sources and information checked for currency</li> <li>additional sources added</li> </ul>	FEBRUARY 2022	
FEBRUARY 2020	<ul style="list-style-type: none"> <li>Referenced appropriate content to ACECQA</li> <li>Sources checked for currency</li> </ul>	FEBRUARY 2021	
February 2019	<ul style="list-style-type: none"> <li>Contextualised for OHSC.</li> <li>Added MTOP reference.</li> <li>Additional information added to points.</li> <li>Sources checked for</li> <li>Sources/references corrected and alphabetised.</li> </ul>	February 2020	
February 2018	<ul style="list-style-type: none"> <li>New policy created to comply with revised NQS</li> </ul>	February 2019	



## UV / SUN SAFE POLICY

Australia has one of the highest rates of skin cancer in the world with two in three Australians developing some form of skin cancer before the age of 70. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life (Cancer Council Australia).

### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.1	Fit for Purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child

EDUCATION AND CARE SERVICES NATIONAL LAW	
167	Protection from harm and hazards

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
100	Risk assessment must be conducted before excursions
113	Outdoor space natural environment

114	Outdoor space shade
168	Education and care service must have policies and procedures
168 (2)(a)(ii)	Sun Protection
170	Policies and procedures to be followed

## RELATED POLICIES

Clothing Policy	Physical Environment Policy
Enrolment Policy	Supervision Policy
Excursion/Incursion Policy	Water Safety Policy
Health and Safety Policy	Work Health and Safety Policy

## PURPOSE

By implementing a 'best practice' Sun Safe Policy, our OSHC Service can help to protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun and teach children good sun protection habits from an early age to reduce their risk. To ensure the outdoor environment provides shade for children, educators and staff to minimise unsafe UV exposure.

## SCOPE

this policy applies to children, families, staff, management, approved provider, nominated supervisor and visitors (including contractors) of the Out of School Hours Care Service.

## IMPLEMENTATION

Our OSHC Service will work in compliance with the *National SunSmart Program* to ensure children's health and safety is maintained at all times whilst at the Service. This policy applies to all activities on and off site.

## MONITORING UV LEVELS

Sun protection is required when UV levels reach level 3 or above. Our Service will monitor the UV levels daily through one or more of the following methods:

- using the smartphone [SunSmart global UV app](#) available at iTunes App Store and Google Play store
- using the SunSmart widget on the Service's website available at [www.cancer.org.au](http://www.cancer.org.au)

- viewing the Bureau of Meteorology website <http://www.bom.gov.au/>
- visiting [www.myuv.com.au](http://www.myuv.com.au)

## OUTDOOR ACTIVITIES

The sun protection measures listed are used for all outdoor activities during the daily local sun protection times, when the UV Index is 3 or above. The sun protection times are a forecast from the Bureau of Meteorology for the time-of-day UV levels are forecast to reach 3 or higher. At these levels, a combination of sun protection is recommended for all skin types.

The OSHC Service will use a combination of sun protection measures (see below) whenever UV Index levels reach 3 and above.

## SUN PROTECTION TIMES

UV levels vary across Australia and throughout the year. This listing highlights when UV is typically three and above in each state / territory. There may be times UV levels are three and above outside these periods. Please check the daily local sun protection times and UV levels to be sure you are using sun protection when it is required for your location.

### NSW All year

Extra care is taken during the peak UV radiation times and outdoor activities are scheduled outside of these times where possible.

The sun protection measures listed are used for all outdoor activities during the **daily local sun protection times**. A combination of sun protection measures is considered when planning all outdoor activities such as excursions and water play.

## SHADE

### THE APPROVED PROVIDER WILL ENSURE:

- sufficient natural, portable, or man-made shade is provided, particularly in high use areas
- shaded areas will be used for play experiences
- play experiences will be monitored throughout the day and moved as required to remain in the shade
- regular risk assessments and reviews will be made of the outdoor area to assist in planning for further shade requirements

- children who do not have appropriate hats or outdoor clothing are required to choose a shady play space or a suitable area protected from the sun and not move to unshaded areas of the playground
- children will still be required to wear hats, protective clothing, and sunscreen if playing under natural or portable shade

## HATS

Educators, children, and visitors are required to wear sun safe hats at all times they are outdoors. Cancer Council Australia describes sun safe hats as:

- Hats that protect a person's face, neck, and ears, which include:
  - a legionnaire hat – the front peak and flap should overlap at the sides and the flap should cover the neck
  - a bucket hat with a deep crown and angled brim that is size least 5cm for young children and at least 6cm for adults and must shade the face, neck, and ears
  - a broad brimmed hat with a brim size of at least 6cm for children or 7.5cm for adults. The brim should provide shade for the whole face.

*Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended*

Children without a sun safe hat will be asked to play in an area protected from the sun *or* they may be provided with a spare hat if available at the Leisure Service.

## CLOTHING

- When outdoors, staff and children will wear sun safe clothing that covers as much of the skin as possible. Cancer Council Australia recommends clothing that:
  - covers the shoulders, back and stomach
  - is loose fitting such as loose-fitting shirts and dresses with sleeves and collars or covered neckline, or longer style skirts, shorts and trousers.
- Children who are not wearing sun safe clothing can be provided with spare clothing or will be required to play under shade or in an area protected from the sun or provided with spare clothing.

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

## SUNSCREEN

As per Cancer Council Australia recommendations:

- staff and children will apply SPF30 or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours or more frequently if washed or wiped off
- where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen, or the child is encouraged to play in the shade. A record of any allergy must be provided in writing from the parent/guardian and recorded on the child's enrolment record. Cancer Council Australia recommends usage tests before applying a new sunscreen.
- sunscreen is stored in a cool, dry place and the use-by-date monitored.

## RISKS OF SUMMER PLAY

Australia has a hot climate and inevitably playground equipment and surfacing can heat up rapidly and retain heat. Many playground surfaces and equipment can exceed temperatures greater than 50°C and if young children come into contact with these surfaces, they can be burned severely within seconds.

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

- ensure risk assessments are conducted to identify any potential hazards to children during summer months that could cause harm or injury to children. Risk minimisation control measures will be put in place to protect children. Potential hazards could include:
  - hot equipment- slides, poles, guardrails, any metal surfaces
  - hot surfaces- rubber and synthetic grass, walkways, concrete surfaces
  - sun burn
  - access to bodies of water (filled water troughs/containers/trays/pools)
- use a thermometer or their hand to test surface temperature and make an informed decision about permitting children to play on equipment or in the outdoor space. If the surface temperature is determined to be too hot or is recorded as at or above 50°C it is recommended by Kidsafe Australia that children do NOT play on the surface
- ensure children wear shoes when playing in the outdoor area.

## ROLE MODELLING AND WORK, HEALTH AND SAFETY

Cancer Council Australia acknowledges that children are more likely to develop sun-safe habits if they are role-modelled and demonstrated by adults around them. Occupational UV exposure is also a WH&S issue. All educators, staff at the OSHC Service will therefore be required to role model appropriate sun protection behaviours by:

- wearing a sun safe hat (see Hats)

- wearing sun safe clothing (see Clothing)
- applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors
- using and promoting shade
- wearing sunglasses that meet the Australian Standard 1067 (optional)
- discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the OSHC Service
- families and visitors are encouraged to role model positive sun safe behaviour
- monitoring the UV Index Levels and Daily Sun Protection Times throughout the day
- regularly monitoring and reviewing the effectiveness of the *Sun Safety Policy*
- submitting the Sun Safety Policy to the Cancer Council every three years to maintain SunSmart status (required if a SunSmart member).

## EDUCATION AND INFORMATION

- Sun protection will be incorporated regularly into learning programs
- Sun protection information will be promoted to staff, families and visitors
- Educators and staff are encouraged to complete free Cancer Council Generation SunSmart online PL learning modules.
- Further information and resources are available from the Cancer Council website <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety> and each state and territory SunSmart web page.  
See <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/become-sunsmart/sunsmart-in-schools> for links.
- The *Sun Safety Policy* will be made available to all educators, staff, families, and visitors of the OSHC Service to ensure a comprehensive understanding about keeping sun safe including appropriate hat, clothing and sunscreen requirements
- Information about Sun Safety will be included in our Family Handbook and sun protection information and resources made accessible and communicated regularly to families

## CONTINUOUS IMPROVEMENT

Our *Sun Safe Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

Daily Playground Surface Temperature Check Enrolment Form	Sun Safe Procedure
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## Australian Safety Standards

AS 4174:2018 Knitted and woven shade fabrics

AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles

AS/NZS 4399:2020, Sun protective clothing - Evaluation and classification

AS/NZS 2604:2012 Sunscreen products - Evaluation and classification

AS/NZS 4685.0:2017, Playground equipment and surfacing - Development, installation, inspection, maintenance and operation.6.2.1 General considerations, 6.3.9 Shade and sun protection, Appendix A Shade and sun protection

## SOURCE

Australian Children's Education & Care Quality Authority. (2021). Sun Protection- Policy Guidelines

Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0, 2022](#)

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

Bureau of meteorology. Home page (for UV Index): <http://www.bom.gov.au/uv/>

Cancer Council Australia. Be SunSmart. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart>

Cancer Council. Home page: <https://www.cancer.org.au/>

Cancer Council. Preventing cancer: Sun protections. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety>

Children's Services Act 1996

Cancer Council. SunSmart programs <http://www.sunsmartnsw.com.au/about/>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

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

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2017).

Kidsafe NSW [Playground Safety](#) .(2020).

Occupational Health and Safety Act 2004

Revised National Quality Standard. (2020).

Safe Work Australia: [Guide on exposure to solar ultraviolet radiation \(UVR\) \(2019\)](#).

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

## REVIEW

POLICY REVIEWED BY	Gus Gomez	Supervisor	08\01\24
	Silvia Jaimes	2IC	08\01\24

POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024
VERSION NUMBER	V11.9.23		
MODIFICATIONS	<ul style="list-style-type: none"> <li>regular policy maintenance</li> <li>hyperlinks checked and repaired as required</li> <li>best practice measures checked with Cancer Council</li> <li>CCD related resources added</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
SEPTEMBER 2022	<ul style="list-style-type: none"> <li>regular policy maintenance</li> <li>link to Western Australian Education and Care Services National Regulations added in 'Sources'</li> <li>minor formatting edits within text</li> <li>hyperlinks checked and repaired as required (DESE is now Department of Education)</li> </ul>		SEPTEMBER 2023
AUGUST 2021	<ul style="list-style-type: none"> <li>Policy reviewed by Cancer Council's SunSmart Program for all states/territories</li> <li>additional information re: Sun Protection times for each state/territory added</li> <li>small additions to wording included in policy- re: hat/brim size, safety standards, links to resources and information</li> </ul>		SEPTEMBER 2022
JANUARY 2021	<ul style="list-style-type: none"> <li>additional UV index level information</li> <li>edited webpage address for BOM</li> <li>optional Daily Playground Surface Temperature Check added</li> <li>minor edits</li> </ul>		SEPTEMBER 2021
SEPTEMBER 2020	<ul style="list-style-type: none"> <li>Additional regulation re: risk assessments</li> <li>Additional section for Risks of Summer Play</li> <li>Information about parent handbook added</li> <li>Additional sources</li> </ul>		SEPTEMBER 2021
SEPTEMBER 2019	Revision and re-write following recommendations from Cancer Council		SEPTEMBER 2020
MAY 2019	Latest updates have been made to comply with the latest recommendations by the Cancer Council of Australia and the SunSmart program.		SEPTEMBER 2019
SEPTEMBER 2018	<p>Latest updates include terminology and grammar improvements.</p> <p>Added the section displaying related policies on page 1.</p>		SEPTEMBER 2019
OCTOBER 2017	Updated the references to comply with the revised National Quality Standard		SEPTEMBER 2018

## **SAFE TRANSPORTATION POLICY**

Our Out of School Hours Care (OSHC) Service provides education and care for children before school, after school and during school holidays. For children to access our Service, we provide transportation between our Service location, primary schools and other locations whilst participating on excursions.

Compliance with the Education and Care National Law and Regulations is mandatory to ensure the safety of children at all times and new provisions and amendments to these regulations are reflected in our procedures and policy for transportation and the safe handover of children.

We acknowledge our duty of care obligations by adhering to relevant legislation providing adequate supervision of children at all times, maintaining correct educator to child ratios, maintaining accurate attendance records and providing appropriate child restraints for children under our care.

[Note: This policy includes new requirements under the Education and Care Services National Law for regular transportation effective 1 March 2023.]

### **NATIONAL QUALITY STANDARD (NQS)**

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

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND LAW	
4 (1)	Definition regular transportation
24(ha)	Application for service approval—centre-based service A description of any proposed regular transportation of children by or arranged by the education and care service
85	Incident, injury, trauma and illness policies and procedures
89	First Aid Kits
98	Telephone or other communication equipment

99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
101	Conduct a risk assessment for excursion
102A	Transportation of children other than as part of an excursion
102B	Transport risk assessment must be conducted before service transports child
102C	Conduct of risk assessment for transporting of children by the education and care service
102D	Authorisation for service to transport children
102E	Children embarking a means of transport – centre-based services
102F	Children disembarking a means of transport – centre-based services
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios
136	First aid qualifications
158	Children's attendance record to be kept by approved provider
161	Authorisations to be kept in enrolment record
168	Education and care service must have policies and procedures
168(2)(ga)	Education and care service must have policies and procedures (transportation)
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures
175(2)(f)(g)	A notification must be made to the regulatory authority if regular transportation starts or ceases being provided or arranged by the service
177(1)(o)(p)	Prescribed enrolment and other documents to be kept by the approved provider  a record of children embarking a means of transport at the education and care services premises as set out in regulation 102E(4)(c); a record of children disembarking a means of transport at the education and care service premises as set out in regulation 102F(4)(d)
183	Storage of records and other documents

S51(4A)	The approved provider must ensure that the number of children educated and cared for by the service at any one time does not exceed the maximum number of children specified in the service approval
s165	Failure to adequately supervise children
s167	Failure to take reasonable precautions to protect children from harm and hazards

## RELATED POLICIES

Administration of First Aid Policy	Emergency Evacuation Policy
Acceptance and Refusal of Authorisations Policy	Enrolment Policy
Administration of First Aid Policy	Excursion Policy
Behaviour Guidance Policy	Health and Safety Policy
Child Protection Policy	Incident, Injury, Trauma and Illness Policy
Child Safe Environment Policy	Medical Conditions Policy
Delivery of, and collection from Education and Care Service Premises	Record Keeping and Retention Policy
	Responsible Persons Policy
	Work Health and Safety Policy

## PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place in relation to the safe transportation of children and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

[ACECQA, 2021]

We aim to ensure that all children being educated and cared for by our OSHC Service are adequately supervised at all times. This includes ensuring educator to child ratios are met whenever and wherever our service is operating including providing or arranging transportation as part of our OSHC Service activity.

## SCOPE

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

## IMPLEMENTATION

The safety of children enrolled at the North Sydney Community Centre After School Care is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury. Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including transporting children before and after school to our Service and when children are participating in excursions as part of the educational program. Educator to child ratio is adhered to in addition to ensuring the maximum numbers on the service approval are not breached at any time. Adequate supervision is therefore not static as it is dependent upon a range of considerations documented in risk assessments. Specific risk assessments and procedures for excursions during school holidays are included in our *OSHC Excursion Policy*. Procedures are in place to ensure a Nominated Supervisor or staff member is present and accounts for each child (and make a record) when children embark and disembark the vehicle at the service premises and the interior of the vehicle is thoroughly checked to ensure no child is left behind.

## DEFINITIONS (March 2023)

**Excursion:** an outing organised by an education and care service

**Regular outing:** in relation to an education and care service, means a walk, drive or trip to and from a destination

- (a) that the service visits regularly as part of its educational program; and
- (b) where the circumstances relevant to the risk assessment are *substantially* the same on each outing

**Regular transportation:** in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are *substantially* the same for each occasion on which the child is transported.

**Transportation** (that is part of the education and care service): Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to, children applied in scenarios where services are transporting children, or have arranged for the transportation of children, including between an education and care service premises and another location, for example their home, school or a place of excursion.

**Transition:** In relation to the day-to-day process of moving between the service and a range of different education and care settings or from the education and care setting to a school setting.

Written authorisation: authorisation given by a parent or other person named in the child's enrolment record as having authority to authorise the child being transported by the service or on transportation arranged by the service. If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12-month period. The authorisation must state:

- a) the child's name; and
- b) the reason the child is to be transported; and
- c) if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outings; and
- d) if the authorisation is **not** for a regular transportation, the date the child is to be transported; and
- e) a description of the proposed pick-up location and destination; and
- f) the means of transport; and
- g) the period of time during which the child is to be transported; and
- h) the anticipated number of children likely to be transported; and
- i) the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation; and
- j) any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and
- k) that a risk assessment has been prepared and is available at the education and care service; and
- l) that written policies and procedures for transporting children are available at the education and care service.

## TRANSPORT SPECIFIC RISK ASSESSMENT

As per the Education and Care Services National Law, our service will '*ensure that every reasonable precaution is taken to protect children...from harm and from any hazard likely to cause injury*' (Section 167). Our OSHC Service will conduct comprehensive transport specific risk assessments to minimize and manage all potential risks for transporting children before authorisation is sought to transport a child. [Reg. 102B, 102D (4)].

A risk assessment will be undertaken at least annually for '*regular transportation*' of children. Each time our Service transports, or arranges, the transport of children as part of an excursion, a new risk assessment will be conducted. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service.

Our risk assessment process is guided by the following:

- identify any hazards or potential hazards that transporting the child may pose to the safety, health and wellbeing of the child
- assess the risk of harm or potential harm using a risk matrix
- specify how the identified risks will be managed by eliminating or minimising the impact using control measures
- evaluate the current risk or potential harm by implementing control measures
- review and monitor the risk or potential harm to ensure it continues to be managed as a low risk

source: Risk assessment and management ACECQA (2020)

Our risk assessment will consider:

- a) the proposed route and duration of the transportation; and
- b) the proposed pick-up location and destination; and
- c) the means of transport; and
- d) any requirements for seatbelts or safety restraints (as per the law of our jurisdiction); and
- e) any water hazards; and
- f) the number of adults and children involved in the transportation; and
- g) given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialized skills are required; and
- h) whether any items should be readily available during transportation (mobile phone, list of emergency contact numbers) and;
- i) the process for entering and exiting-
  - i. the education and care service premises; and
  - ii. the pick-up location or destination (as required); and
- j) procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

Additional considerations may include:

- the experience of the driver and licensing conditions for the vehicle
- the age, ability, needs and skills of children being transported (non-ambulant)
- the experience of the adults involved in transportation and their capacity for supervising children
- movement of children between the vehicle and venues
- traffic conditions
- extreme weather conditions or natural disasters

- environmental hazards such as temperature extremes, smoke
- communication to/from the vehicle- mobile phone reception
- health needs of all children and adults
- first aid provision and management of illness, injuries and emergencies
- child safe practices.

source: NSW Government Kids and Traffic (2020)

#### THE APPROVED PROVIDER WILL NOTIFY THE REGULATORY AUTHORITY:

- that the Service will offer or arrange transportation as part of the service approval application
- within seven (7) days if there is a change to the regular transportation provided or arranged by the service, including if the regular transportation is no longer provided.

#### THE APPROVED PROVIDER/ NOMINATED SUPERVISOR WILL ENSURE:

- all staff, volunteers and students follow the *Safe Transportation Policy* and procedure
- all staff and driver (s) are aware of and inducted in the *Safe Transportation Policy* and procedure and have completed practical training relating to safe transportation of children
- a copy of any training undertaken by staff related to practical training of safe transportation is kept at the Service
- risk assessments are carried out prior to seeking authorisation for transporting children
- risk assessments for 'regular transportation' are evaluated to ensure potential risks are identified and managed at least annually or when circumstances for transportation change such as route or destination, identified risks/hazards (water hazards)
- any updates to policies and procedures are clearly communicated to all staff
- roles and responsibilities are clearly communicated with educators
- a designated driver is nominated as the person who will be responsible for driving the vehicle
- a designated educator is nominated as the person who will be responsible for accounting for each child before, during and after transportation and ensuring relevant records are completed
- messages from families regarding attendance changes to pick up or drop offs are communicated to the designated educator/educators
- children are signed into the service attendance record upon collection, noting the time children enter the vehicle
- rehearsals for transportation of children are conducted throughout the year as 'best practice'
- details of the safest route for travel, type of vehicle and required restraints are included in the risk assessment

- every reasonable precaution is taken to protect students from harm and hazards likely to cause injury
- effective and adequate supervision is provided (see below)
- educator to child ratio requirements are maintained at all times, including when children are being transported as part of the service activity
- a record of staff working with directly with children (regulation 151) is kept
- compliance with first aid requirements of Regulation 136 is met at all times
- parents/guardians complete a written authorisation for regular transportation of their child and a copy of this is filed in the child's enrolment record/ attached to the enrolment form
- children are instructed on processes for entering and exiting the OSHC service premises and school (drop off) site; and are aware of pick up and destination locations
- the *Transport Pick up/Drop off Checklist* is completed each time transportation is provided to children
- A *Transportation Attendance Record* is provided to the designated educator prior to leaving the service to record:
  - children's attendance on the vehicle
  - how children are accounted for as they embark and disembark on the vehicle
  - a final check of the vehicle, including the interior, to ensure no child is left on the vehicle
- children are signed into or out of the attendance record upon delivery or collection of child to the service in accordance with the *Delivery of Children to, and Collection from Education and Care Service Premises Policy*
- the *Transportation Attendance Record* is completed to record how each child was accounted for as they embark or disembark from the vehicle during transportation
- once all children have exited the vehicle/bus, a final check is conducted, including the interior of the vehicle, to ensure no child is left on the vehicle
- a secondary educator conducts a final sweep of the vehicle, including the interior of the vehicle, to ensure there are no children or belongings left behind (best practice)
- the designated educator/Nominated Supervisor confirms the interior of the vehicle was checked and has signed the *Transportation Attendance Record*
- a second educator confirms the interior of the vehicle was checked and has signed the *Transportation Attendance Record* (best practice)
- under no circumstances will the driver and educators/employees supervising children be under the influence of alcohol or drugs
- children's attendance is checked against an accurate attendance record showing when children are within the care of the OSHC service (including when being transported)
- children's attendance is checked by the supervising educator/staff before departure from the designated pick-up location and marked as present as they disembark from the vehicle

- procedures for the safe handover of children between the Service and other educational site is documented correctly
- educator to child ratio requirements are maintained at all times, including when children are being transported as part of the service activity
- a record of staff working directly with children (regulation 151) is kept
- children exit the vehicle using the 'safety door'
- children wear approved seatbelts/restraints whilst the vehicle is in motion in accordance to NSW New South Wales Department of Transport Road Rules and Road Transport Act
- children are never left unattended in the vehicle
- education on road safety for children is included in the Service's programming (for example Kids and Traffic, Vic Roads Primary School roads information)
- safety rules are developed with children to ensure a clear understanding of appropriate and inappropriate behaviour
- staff are aware of appropriate procedures to be followed in the event of a vehicle crash involving staff and children from the OSHC Service
- a working mobile phone or other similar means of communication to communicate with the service, parents/carers is provided in case of emergency
- a list of emergency contact numbers for the children and staff being transported
- every effort will be made to notify parents/carers of delays returning to the OSHC Service if applicable
- relevant criminal history requirements and Working with Children Checks are made and verified for any person transporting children. WWCC is recorded in staff records
- the designated person driving the vehicle/bus holds a current Australian driver's licence relevant to the vehicle classification
- any allegation of misconduct of the educator or staff member will be reported immediately as per the Reportable Conduct Scheme detailed in our *Child Protection Policy* and/or *Child Safe Environment Policy* and *Code of Conduct Policy*
- the maximum number of children approved for a service as confirmed on the service approval is adhered to no matter where the children are located, including when they are being transported by the Service [S. 51(4A)]
- the *Administration of First Aid Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- flow charts for procedures of what to do in case of an emergency (missing or unaccounted child) are clearly communicated with all stakeholders regularly, including implementation of the the *Missing Child During Regular Transportation Procedure*

- to explicitly communicate attendance register procedure with all stakeholders (school, parents, educators)
- effective and adequate supervision is provided when children are being transported. Consideration must include:
  - the number, age and ability of children
  - visibility and accessibility
  - physical positioning of educators
  - risks related to the mode of transportation (including travel on foot)
  - risks in the environment, location, route and while travelling
  - the experience, knowledge and skill of each educator
  - the capacity of an educator to immediately respond to a situation requiring urgent intervention
- an easily recognised and suitably equipped first aid kit is easily accessible during transportation
- educators carry medication, health plans and risk assessments for individual children
- at least one staff member accompanying children during transportation holds:
  - an approved first aid qualification and
  - a current approved anaphylaxis management training qualification and
  - an approved emergency asthma management training qualification.

#### THE DESIGNATED EDUCATOR/DESIGNATED DRIVER/EDUCATORS WILL ENSURE:

- they adhere to the *Safe Transportation Policy* and participate in practice training relating to the safe transportation of children
- they are aware of their roles and responsibilities while providing transportation for children
- a Risk Assessment has been completed in accordance with the requirements as outlined above
- their driver's licence is current and the driver is in a fit and proper state to drive
- if driving larger vehicles to transport children they hold the relevant licence for the vehicle classification
- every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
- effective and adequate supervision is provided when transporting children
- educator to child ratio requirements are maintained at all times, including when children are being transported as part of the service activity
- children are never left unattended in the vehicle
- they adhere to the road rules and regulations mandated by law within each state/territory
- children remain seated and do not behave in a dangerous or inappropriate manner
- children wear approved seatbelts/restraints whilst the vehicle is in motion in accordance to NSW New South Wales Department of Transport Road Rules and Road Transport Act

- the vehicle is parked in a secure and safe location for children to access
- the number of passengers does not exceed the legal requirement
- a working, fully charged mobile phone is taken in case of an emergency
- the *Administration of First Aid Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- the *Missing Child During Regular Transportation Procedure* is followed in the event a child is deemed missing or unaccounted for
- a fully equipped first aid kit is easily accessible
- medication, health plans and risk assessments for individual children are available during transportation
- educators and designated drivers wear a high visibility vest
- a list of emergency contact numbers for the children and staff being transported is available
- emergency contact information is available
- every effort will be made to notify parents/carers of delays returning to the Service if applicable
- messages from families regarding children's attendance changes to pick up or drop offs are communicated effectively and timely to educators travelling with children

## TRANSPORTATION ATTENDANCE RECORD KEEPING [Reg: 177 (1)(o)(p)]

The designated driver and designated educator will ensure:

- the *Transport Pick up/Drop off Checklist* is completed each time transportation is provided to children
- the *Transportation Attendance Record* is completed to record:
  - each child is signed into the Transportation Attendance Record and Service attendance record upon collection, noting the time children enter the vehicle (for collection from school/home)
  - each child is signed out of the Transportation Attendance Record and service attendance Record noting the time children exit the vehicle (delivery of children to school/home)
  - each child is accounted for as they embark and disembark from the vehicle during transportation
  - that once all children have exited the vehicle/bus, a final sweep of the vehicle is conducted by the designated educator/ nominated supervisor, including the interior of the vehicle, checking around and under seats, storage areas and under the vehicle to ensure there are no children or belongings left behind
  - a secondary educator conducts a final sweep of the vehicle, including the interior of the vehicle, checking around and under seats, storage areas and under the vehicle to ensure there are no children or belongings left behind (best practice)
  - a second educator will confirm the interior of the vehicle was checked and sign the *Transportation Attendance Record* (best practice)

## SAFE MAINTENANCE OF TRANSPORTATION VEHICLE

THE APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR/ DESIGNATED EDUCATOR/ DESIGNATED DRIVER/EDUCATORS WILL ENSURE:

- the transportation vehicle is fitted with the required seat belts and child restraints, approved by the Roads and Traffic Authorities (see Rule 266 of the Australian Road Rules)
- there are sufficient seat belts installed for all passengers in accordance with current Australian Safety Standards- (AS/NZS 1754)
- the vehicle has enough fuel to transport the children each day as in accordance to schedule
- the vehicle is registered, roadworthy and insured (general legal requirements and best practice standards are adhered to)
- any repairs are completed as soon as possible by a qualified mechanic
- checks of the vehicle should be recorded, signed by the relevant person and kept for inspection by the Regulatory Authority
- drivers hold a current Australian driver's licence, licenced to carry the required number of passengers for the vehicle
- in the event of any mechanical or other breakdown, children will be kept safe, comfortable and occupied with suitable activities
- every effort will be made to notify parents/carers of delays returning to the Service if applicable

## FAMILIES WILL:

- adhere to the Service's Delivery of children to, and collection from Education and Care Service Premises *Policy and Safe Transportation Policy*
- communicate any change in transportation requirements for their child with the OSHC Service management/nominated supervisor as soon as they are aware (for example: no transport is required on a particular day as the child has returned home from school due to illness)
- notify the OSHC Service if their child is going to be absent on a particular day and not require transport
- ensure written authorisation for transportation of their child by the OSHC Service is granted by either the parent or authorised nominee (for transportation authorisation) named in the child's enrolment record
- provide emergency contact details and phone numbers upon enrolment and update emergency contact details and phone numbers regularly
- sign attendance record upon delivery or collection of child to the service in accordance with the *Delivery of Children to, and Collection from Education and Care Service Premises Policy*.

## EDUCATOR TO CHILD RATIOS (ACECQA 2020)

Over preschool age	1:15	NT, QLD, SA, TAS, VIC, NSW
	1:11	ACT
	1:13	WA ( <a href="#">Regulation 369</a> )
	(or 1:10 if kindergarten children are in attendance)	

## CONTINUOUS IMPROVEMENT/ REFLECTION

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

## CHILDCARE CENTRE DESKTOP RELATED RESOURCES

Employee Induction Checklist	Transport Pick Up/Drop Off Checklist
Missing Child during Regular Transportation Procedure	Transporting Children Risk Assessment Template
Regular Transportation Authorisation	Vehicle/Bus Transportation Procedure
Safe Transportation of Children Module	Transportation Attendance Record

### [Kids and Traffic- Early Childhood Road and Safety Education Program](#)

- Transporting children safely- Guidance on Understanding safe transport and travel requirements for education and care service providers (2020).
- Safe Travel and Transport- Advice for working with children, families, schools and communities (2020).

## SOURCE

Australian Children's Education & Care Quality Authority. (2014).  
 ACECQA. (2023). Policy and Procedure Guidelines. *Safe Transportation of Children*.  
 ACECQA. (2023). [Fact sheet. Changes to Regular Transportation of Children](#)  
 ACECQA. (2023). [Risk Assessment and management- Safe Transportation of children safety checklist and regular transportation record form](#).  
 ACECQA. (2023). [Guidance for Adequate Supervision During Transportation](#).  
 ACECQA. (2023). [Minimising the Risk of Children Being Left Behind in Vehicles](#). NQF Review 2019  
 Australian Government Department of Education (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)  
 Childhood Australia Code of Ethics. (2016).  
 Education and Care Services National Law Act 2010. (Amended 2023).  
[Education and Care Services National Regulations](#). (Amended 2023)  
 Guide to the National Quality Framework. (2017). (Amended 2023)  
 Kids and Traffic Early Childhood Road Safety Education Program (NSW)  
 Revised National Quality Standard. (2018).

Road Transport (Safety & Traffic Management) Act 1999.

Queensland Government Early Childhood Education and Care (2021) [Guidelines for health and safety- Transportation](#)

Vic Roads- Primary school road safety education resources

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

## REVIEW

POLICY REVIEWED BY:	Silvia Jaimes	2IC	09/01/24
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE	JULY 2024
VERSION NUMBER	V11.07.23		
MODIFICATIONS	<ul style="list-style-type: none"> <li>Major edit of existing policy to comply with new regulations effective 1 March 2023</li> <li>Amendment to National Regulations 2022 (under the Education and Care Services National Law) added</li> <li>New section added: <i>Transportation Attendance Record</i></li> <li>Merging of some sections to avoid repetition- (picking up children/during transportation/dropping off children- included in main policy content and related Procedure)</li> </ul> <p>JULY</p> <ul style="list-style-type: none"> <li>Review of policy</li> <li>MTOP V2.0 added to sources</li> </ul>		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JULY/SEPTEMBER 2022	<ul style="list-style-type: none"> <li>policy maintenance – additional National Law section added</li> <li>no major changes to policy</li> <li>addition of various roles for a designated educator- e.g. buckling each seat belt together after children have exited the vehicle/bus</li> <li>minor formatting edits within text</li> <li>hyperlinks checked and repaired as required</li> <li>September 2022 small edits following Kids and Traffic information Continuous improvement section, <i>effective</i> supervision, clear communication with all stakeholders, deleted comment driver acting as supervisor (this would be in breach of regulations)</li> </ul>		JULY 2023
OCTOBER 2021	<ul style="list-style-type: none"> <li>additional law/regulations added- ACECQA Guidelines to Policy and Procedure document (August 2021)</li> <li>additional consideration for risk assessment included</li> </ul>		JULY 2022

	<ul style="list-style-type: none"> <li>• training and rehearsals of transport policy and procedure added as best practice</li> <li>• checks of the vehicle after disembarkation to be recorded as best practice</li> </ul>	
OCTOBER 2020	<ul style="list-style-type: none"> <li>• relevant National Law added</li> <li>• clarification of adequate supervision added</li> <li>• additional information re: communication/telephone</li> <li>• additional resources added- Kids and Traffic</li> </ul>	JULY 2021
AUGUST 2020	<ul style="list-style-type: none"> <li>• Policy name changed to reflect new regulations- Safe Transportation</li> <li>• NEW regulations added (effective 1 October 2020)</li> <li>• definitions added to reflect amendments to Regulations</li> <li>• transport-specific risk assessment added</li> <li>• inclusions for risk assessment and information for written authorisation added</li> <li>• resources added for reference</li> </ul>	JULY 2021
JULY 2020	<ul style="list-style-type: none"> <li>• additional regulations included</li> <li>• further information added to ensure compliance to National Regulations requirements</li> <li>• additional sections- picking up children, dropping off children</li> <li>• additional points included to ensure safety of all children</li> </ul> <p>sources checked for currency</p>	JULY 2020
JULY 2019	New policy created for OSHC services	JULY 2020

## **ADMINISTRATION OF FIRST AID POLICY**

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed. First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an out of school hours service where educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

### **NATIONAL QUALITY STANDARD (NQS)**

<b>QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY</b>		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

<b>EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS</b>	
Sec.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record

93	Administration of medication
94	Exception to authorisation requirement-anaphylaxis or asthma emergency
97	Emergency and evacuation procedures
101	Conduct a risk assessment for excursions
102C	Conduct a risk assessment for transporting of children by the education and care service
136	First aid qualifications
137	Approval of qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168 (2)(a)(iv)	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

## RELATED POLICIES

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

## PURPOSE

North Sydney Community Centre After School Care Service has a duty of care to provide and protect the health and safety of children, families, educators, and visitors of the Service. This policy aims to support educators to:

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

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

## SCOPE

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

## IMPLEMENTATION

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

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

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

- at least one educator, staff member or nominated supervisor of the service who has undertaken current approved anaphylaxis management training
- at least one educator, staff member or nominated supervisor of the service who has undertaken current approved emergency asthma management training

(One staff member may hold one or more of the three qualifications)

OR

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

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

- ensuring that staff members are offered support and debriefing subsequent to a serious incident requiring the administration of first aid
- ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the OSHC Service
- keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes

#### A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- implement and follow the *Administration of First Aid Policy* and procedure
- maintain current ACEQCA approved first aid qualification
- refresh their CPR skills at least annually [Reg. 136] (as recommended by Australian Resuscitation Council Guideline 10.1)
- support staff when dealing with a serious incident and/or trauma
- maintain an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards
- maintain a transportable first aid kit/s that can be taken to excursions and other activities
- monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached
- dispose of out-of-date materials and supplies appropriately
- ensure safety signs showing the location of first aid kits are clearly displayed
- ensure that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA
- keep up to date with any changes in the procedures for the administration of first aid
- contact families immediately if a child has had a head injury whilst at the OSHC Service
- ensure that appropriate documentation is being recorded by the Nominated Supervisor / Responsible Person regarding incidents, injury, trauma, and illnesses and the administration of first aid
- ensure families are notified of any event requiring first aid administration as soon as practicable but no later than 24 hours after the incident, injury or trauma requiring first aid

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

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

- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

#### EDUCATORS WILL:

- implement appropriate first aid procedure. when necessary, by adhering to the service's *Administration of First Aid Procedure*
- maintain current ACECQA approved first aid qualification, and qualifications in approved anaphylaxis management and emergency asthma management as required
- renew cardio-pulmonary resuscitation every 12 months
- participate in administration of an auto-injector device training at least annually (not mandatory)
- ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensure that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness* Record accurately
- conducting a risk assessment prior to an excursion, regular outing or when providing regular transportation of children to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]

#### FAMILIES WILL:

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

## FIRST AID KIT

The approved provider of the North Sydney Community Centre After School Care Service will ensure that first aid kits are kept in accordance with National Education and Care Service Regulations (Reg. 89).

### ALL FIRST AID KITS AT THE SERVICE MUST:

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

Our nominated First Aid Officer responsible for maintaining all First Aid kits at the OSHC Service is:

FIRST AID OFFICER	
Name	Gus Gomez
Role	Nominated Supervisor

Number of First Aid Kits Responsible for at the Service:	3
Additional First Aid Officer:	Bianca Salis

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

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

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

### FIRST AID KIT CHECKLIST

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

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

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

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

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

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

### CONTINUOUS IMPROVEMENT/REFLECTION

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

## CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

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

## SOURCES

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

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

Australian Children's Education & Care Quality Authority. (2023). Policy and procedure guidelines- [Administration of First Aid Policy Guidelines](#)

Early Childhood Australia Code of Ethics. (2016).

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

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

Revised National Quality Standard. (2018).

Safe Work Australia First Aid in the Workplace Code of Practice: [First Aid in the Workplace](#)

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

## REVIEW

POLICY REVIEWED BY	Gus Gomez	Supervisor	03/01/24
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024
VERSION NUMBER	V11.11.23		
MODIFICATIONS	<p>NOVEMBER</p> <ul style="list-style-type: none"> <li>regulation amendment re: CPR training to be completed annually</li> <li>additional information re: Regulation 136 Sub regulation (1)- where the OSHC service premises is located on the site of a school</li> </ul> <p>MAY</p> <ul style="list-style-type: none"> <li>policy maintenance</li> <li>additional information added- CPR annual training recommended</li> <li>hyperlinks checked and repaired as required</li> </ul>		

	<ul style="list-style-type: none"> <li>• minor formatting edits within text</li> <li>• continuous improvement/reflection section added</li> <li>• Childcare Centre Desktop Related resources section added</li> <li>•</li> </ul>	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MAY 2022	<ul style="list-style-type: none"> <li>• policy maintenance - no major changes to policy</li> <li>• minor formatting edits within text</li> <li>• hyperlinks checked and repaired as required</li> </ul>	MAY 2023
OCTOBER 2021	<ul style="list-style-type: none"> <li>• Policy reviewed and included suggested guidelines from ACECQA Administration of First Aid Policy (August 2021)</li> <li>• Additional legislative requirements added</li> <li>• Additional related policies</li> </ul>	MAY 2022
MAY 2021	<ul style="list-style-type: none"> <li>• minor edits</li> <li>• risk assessment for regular outing and transportation added</li> <li>• annual training for auto injectors highlighted as best practice (not mandatory)</li> <li>• reference to Administration of First Aid Procedure to guide immediate response</li> </ul>	MAY 2022
MAY 2020	<p>minor changes- rewording of mandatory regulations regarding minimum staffing qualifications</p> <p>minor formatting edits</p> <p>sources checked for currency</p>	MAY 2021
MAY 2019	<p>Sources checked for currency – removed if obsolete.</p> <p>URLs added.</p> <p>Sources/references alphabetised.</p> <p>Minor formatting for consistency throughout policy.</p> <p>‘Related policies’ alphabetised.</p>	MAY 2020
MAY 2018	Minor grammatical changes made to content	MAY 2019

# **PHILOSOPHY DEVELOPMENT AND REVIEW PROCEDURE**

## **Our Philosophy**

Children need to feel supported and protected while in a safe and happy environment.

Children have rights and their views and opinions should be valued.

Create opportunities that promote learning, creativity, self-expression, cooperation and play.

Independence, leadership and autonomy of choice help develop positive self-esteem in children.

Children can learn to value themselves and make healthy choices.

Positive role modelling is essential in fostering children's attitudes of tolerance, respect and fairness to each other.

## **CENTRE OBJECTIVES**

- To provide the highest quality Outside School Hours Care (OSHC) in a friendly, supportive, safe and caring environment.
- To provide a program that is varied, stimulating and designed to cater for the full range of ages, backgrounds, interests and needs.
- To have open communication with children, families and the community and continually evaluate and develop the program in response to changing needs.
- To provide a welcoming environment for families and have a good working relationship with parents. Enable parents to be involved in decision-making, guidelines and program development.
- To employ dedicated, experienced and highly motivated staff. Maintain staff relations and a positive work environment through open communication, peer support and providing opportunities for professional development.

The National Quality Standards (NQS), Element 7.1.1 acknowledges that a statement of philosophy '*outlines the purpose and principles under which the Service operates*'. A *Service Philosophy* is important as it provides a foundation of core values, beliefs and views to guide educators' work with children, families and the wider community. The *Education and Care Services National Regulations* sets a requirement that all Services must create and review a statement of philosophy that guides all aspects of the Service operations (reg 55).

The *Service Philosophy* should be a statement which influences all decision-making processes and guides the educators' pedagogy, planning and practice when delivering the educational program. The *Service Philosophy* will underpin and reinforce all other documentation and the practices of the Service while reflecting the principles of the approved national framework (*EYLF/MTOP*) and the National Child Safe Standards.

The *Service Philosophy* should be reviewed on an annual basis or when required, for example with changes in children and families at the Service, or changes with leadership and management. During the development and

review of a *Service Philosophy* children, families, educators, and the Service community should be consulted to establish a shared understanding of the Service goals and desired outcomes. The philosophy should remain a 'living' document. The *Service Philosophy* will be included in each new family and new educator induction and orientation process to assist in the ownership and commitment of the philosophy.

Working in conjunction with the *Governance Policy*, this procedure provides guidance for educators and management to assist with the development and ongoing regular review of a *Service Philosophy*. Actions are suggested to ensure contributions from children, families, educators and the wider community in the development and review of the *Service Philosophy*.

*Education and Care Services National Law or Regulations (R. 55) NQS QA 7: Element 7.1.1. Governance practices and procedures*

*Related Policies: Governance Policy*

STEP 1: DEVELOPMENT OF SERVICE PHILOSOPHY		
1	Provide opportunities for children to contribute to the development of the <i>Service Philosophy</i> <ul style="list-style-type: none"> <li>• Discuss with children what makes them happy at the Service</li> <li>• Discuss with children how the Service helps them feel safe</li> <li>• Discuss how children know that educators listen to them and respect their decisions</li> <li>• Review draft philosophy statements with children and discuss what the values mean to them</li> </ul>	
2	Provide opportunities for families to contribute to the development of the <i>Service Philosophy</i> <ul style="list-style-type: none"> <li>• Ask families to write down their hopes and dreams for their child/children</li> <li>• Ask families what they want to see, hear and feel at the Service</li> <li>• Ask families what the purpose of the Service is</li> <li>• Ask families what they value the most from the Service</li> <li>• Ask families about the importance of creating a child safe culture within the Service</li> </ul>	
3	Provide opportunities for educators to contribute the development of the <i>Service Philosophy</i> <ul style="list-style-type: none"> <li>• Discuss what guides our pedagogy curriculum decisions and teaching practices</li> <li>• Ask educators what they want to see, hear and feel at the Service</li> <li>• Discuss the values and practices that guide attitudes and behaviours required to create a child safe culture within the Service</li> <li>• Discuss with educators the wishes and dreams they hope to achieve at the Service</li> </ul>	
4	Consider who should be represented within the <i>Service Philosophy</i> , are different cultures represented? Consider Aboriginal and Torres Strait Islander children and families. How are strengths of Aboriginal culture acknowledged? Are our policies and procedures, systems and processes providing a culturally safe and inclusive environment to meet the needs of Aboriginal children and their families?	
5	Consider what values, beliefs and understandings should be represented within the <i>Service Philosophy</i>	

6	<p>During the development of the <i>Service Philosophy</i> reflect upon how the Service Philosophy influences and aligns with:</p> <ul style="list-style-type: none"> <li>• Our commitment to providing a child safe environment</li> <li>• Our Code of Conduct</li> <li>• Our pedagogy, teaching practices and curriculum decisions</li> <li>• Our relationships with children and families and the community</li> <li>• Our approaches to access and participation</li> <li>• Our approaches to equity, inclusion, and diversity</li> <li>• Our approaches to engaging in sustainable practices and supporting environment responsibilities</li> <li>• Our commitment to quality outcomes for children</li> <li>• The Early Childhood Australia Code of Ethics</li> <li>• The National Quality Framework and National Quality Standard</li> <li>• The approved learning frameworks (EYLF/MTOP)</li> </ul>	
7	Combine all feedback from children, families and educators to develop statements of core values, beliefs and hopes that will create the draft <i>Service Philosophy</i>	
8	Draft a <i>Service Philosophy</i> , provide opportunities for children, families and educators to provide feedback before the final <i>Service Philosophy</i> is published.	
9	Confirm any changes to the draft <i>Service Philosophy</i> and publish the final <i>Service Philosophy</i> .	

## STEP 2: REVIEW OF SERVICE PHILOSOPHY

1	Provide an opportunity for educators, children and families to review the <i>Service Philosophy</i>	
2	<p>Consult with educators regarding the review of the <i>Service Philosophy</i></p> <ul style="list-style-type: none"> <li>• Reflect upon how the <i>Service Philosophy</i> connects and reinforces our understanding of the approved learning framework (EYLF/MTOP), decisions relating to pedagogy and teaching practices and how our Service embeds child safety and wellbeing- (Child Safe Standards)</li> <li>• Discuss how the <i>Service Philosophy</i> and key statements are still relevant and representative of the values and beliefs of the Service</li> <li>• Discuss if/how the <i>Service Philosophy</i> helps to achieve our goals</li> </ul>	
3	Consult with families regarding the review of the <i>Service Philosophy</i> to ensure the philosophy is understood and supported by families of the Service, see below for examples of activities to involve families with the Philosophy review.	
4	<p>Open ongoing conversations with children, families and educators reflecting upon how the Service Philosophy influences and aligns with:</p> <ul style="list-style-type: none"> <li>• Our commitment to providing a child safe environment</li> <li>• Our Code of Conduct</li> <li>• Our pedagogy, teaching practices and curriculum decisions</li> <li>• Our relationships with children and families and the community</li> <li>• Our approaches to access and participation</li> <li>• Our approaches to equity, inclusion and diversity</li> </ul>	

	<ul style="list-style-type: none"> <li>• Our approaches to engaging in sustainable practices and supporting environment responsibilities</li> <li>• Our commitment to quality outcomes for children</li> <li>• The Early Childhood Australia Code of Ethics</li> <li>• The National Quality Framework and National Quality Standards</li> <li>• The approved learning framework (EYLF/MTOP)</li> </ul>	
5	Following a review of the <i>Service Philosophy</i> complete the <i>Record of Service Philosophy Review</i> form	
6	Confirm any changes and publish review of the <i>Service Philosophy</i>	
7	Share the reviewed <i>Service Philosophy</i> with all stakeholders.	

### STEP 3: PRESENTATION OF THE SERVICE PHILOSOPHY

1	Include the <i>Service Philosophy</i> within the Family Handbook and Staff Handbook to develop a shared understanding and common goals of practices and pedagogy	
2	Communicate with new families the importance of the <i>Service Philosophy</i> and describe how the <i>Service Philosophy</i> connects to all Service operations and decision-making processes (Policies and procedures and attitudes and behaviours of all staff)	
3	Ensure the <i>Service Philosophy</i> is included in the Staff Handbook and forms a part of the recruitment and induction process for new educators to develop a sound foundation for practice and relationships	
4	Ensure the <i>Service Philosophy</i> is displayed proudly within the Service (e.g., foyer)	
5	Ensure the <i>Service Philosophy</i> is located within the Quality Improvement Plan	
6	Ensure the <i>Service Philosophy</i> is published on the Service website	
7	Consider translating the <i>Service Philosophy</i> into languages represented within the Service community	

### Review

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## SERVICE PHILOSOPHY REVIEW RECORD

The National Quality Standards (NQS), Element 7.1.1 acknowledges that a Philosophy outlines the purpose and principles under which the Service operates. A *Service Philosophy* is important as it provides a foundation of core values, beliefs and views to guide educators work with children, families and the wider community. The NQS sets a requirement that all Services must create and review a *Service Philosophy* that guides all aspects of the Service operations.

Refer to the *Philosophy Development and Review Procedure*

PHILOSOPHY REVIEW DATE	REASON FOR REVIEW	MODIFICATIONS	NEXT REVIEW DATE
Name of Director/ Nominated Supervisor			
Signature			Date ____/____/____

PHILOSOPHY REVIEW DATE	REASON FOR REVIEW	MODIFICATIONS	NEXT REVIEW DATE
Name of Director/ Nominated Supervisor			
Signature			Date ____/____/____

## **MEDICAL CONDITIONS POLICY**

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition our OSHC Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication

94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168(2)(d)	Policies and procedures are required in relation to dealing with medical conditions in children, including the matters set out in regulation 90
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the Service
174	Time to notify certain circumstances to Regulatory Authority

## PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure Services have policies and procedures in place for medical conditions. Our OHSC Service will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the Service. We will support children with medical conditions to participate fully in the day-to-day program in the Service in order to promote their sense of wellbeing, connectedness and belonging to the Service (“My Time, Our Place” 1.2, 3.1). Our educators will be fully aware of the nature and management of any child’s medical condition and will respect the child and the family’s confidentiality (“My Time, Our Place” 1.4). The medical conditions policy will be provided to parents who identify that their child has a medical condition and a medical plan will be completed for each child that identifies with a medical condition.

## SCOPE

This policy applies to children, families, staff, management and visitors of the OSHC Service.

## DUTY OF CARE

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

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

## IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our OSHC Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the Service. Key procedures and strategies must be in place prior to the child commencing at the Service to ensure their individual health, safety and wellbeing. It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

The Approved Provider/Management will ensure:

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- parents are provided with a copy of the Service's *Medical Conditions Policy*
- a diagnosed child is not enrolled at, nor will attend the Service without a medical management plan and prescribed medication by his/her medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided to the Service each day [eg asthma inhalers, adrenaline auto injection devices or insulin]
- educators, staff and volunteers have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy/Diabetes Management Policy*)
- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition that may be ongoing or acute/short term in nature
- new staff members are provided with induction and ongoing training to assist managers, educators and other staff effectively
- all aspects of operation of the Service must be considered to ensure inclusion of each child into the program
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators to ensure communication between families and educators is on-going and effective

- at least one staff member or nominated supervisor is in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA)
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
  - medication requirements
  - allergies
  - medical practitioner contact details
  - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the Service and/or
  - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner e.g.: (ASCIA) or National Asthma Council of Australia
  - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- a risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the Service
- educators and staff will be informed immediately about any changes to a child's medical management plan, risk management plan
- to record any prescribed health information and retain copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child
- casual staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to staff in the OSHC Service
- procedures are adhered to regarding the administration of medication at all times
- administration of medication record is accurately completed and signed by the educator and witnesses
- medication self-administered by a child over preschool aged, is only permitted with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication

- a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173).
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent is provided in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation (including Victoria- Child Information Sharing Scheme (CISS) or the Family Violence Information Sharing Scheme (FVISS). See *Child Protection Policy* for further information regarding legal obligations to sharing of information as per CISS or FIVSS schemes.)

In the event that a high-risk scenario where a child suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will follow the child's emergency medical management plan as per Regulation 90(1)(c)(ii)

- the first aid responder will commence first aid measures immediately as per the child's medical management plan
- urgent medical attention from a registered medical practitioner is contacted if required
- an ambulance is called by dialling 000 if the child does not respond to initial treatment
- the nominated supervisor will contact the child's parent/guardian or emergency contact when practicable, but as soon as possible
- the Director/Nominated Supervisor will ensure the *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the Director/Nominated Supervisor will notify the regulatory authority (within 24 hours) in the event of a serious incident.

Cook and Food Handlers will ensure:

- to keep up-to-date with professional training to help manage food allergies in ECEC Services
- practices and procedures are in place, and adhered to, in relation to safe food handling, preparation and consumption of food
- any changes to children's medical management plans or risk minimisation plans are implemented immediately

Families will ensure:

- the OSHC Service enrolment form is completed in its entirety providing specific details about the child's medical condition

- they provide management with information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form and through verbal communication/meetings
- they provide the OSHC Service with a medical management plan prior to enrolment of their child
- they consult with management to develop a risk minimisation plan
- they acknowledge they have received/or are provided access to the Service's *Medical Conditions Policy and Administration of Medication Policy* at time of enrolment
- they notify the OSHC Service if any changes are to occur to the medical management plan
- notify the OSHC Service, verbally when children are taking any short-term medications AND whether or not these medications may be self-administered (only applicable for a child over preschool age)
- they provide adequate supplies of the required medication and medication authorisation on an Administration of Medication Record
- they provide an updated copy of the child's medical management plan annually or evidence from a Medical Practitioner to confirm the plan remains unchanged
- they provide written consent for their child's medical management plan to be displayed in the OSHC Service.

### Self-Administration of Medication

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

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

### MEDICAL MANAGEMENT PLAN

Any Medical Management Plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition

- first aid/emergency response that may be required
- any medication that may be required to be administered in case of an emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance
- contact details of the medical practitioner who signed the plan
- the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed for educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the OSHC Service
- the OSHC Service must ensure the medical management plan remains current all times
- educators and staff are updated immediately about any changes to a child's medical management plan.

## RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (regulation 90(1)(c))

The Director/Nominated Supervisor will arrange a meeting with the parents/guardian as soon as the OSHC Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised.
- that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented.
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented.
- practices are developed and implemented to ensure that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.
- that the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the Medical Management Plan in conjunction with parents/guardians.
- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by educators.

- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed.
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

## COMMUNICATION PLAN

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child; and
- that an individual child communication book/document is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

At all times, families who have a child attending the OSHC Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.

## RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

## SOURCE

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

Australian Government Department of Education, Skills and Employment. (2011). *My Time, Our Place: Framework for School Age Care in Australia*.

Australian Children's Education & Care Quality Authority (ACECQA). 2020. Policy and Procedure Guidelines. *Dealing with Medicals in Children Policy Guidelines*.

Australian Society of Clinical Immunology and Allergy. ASCIA <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

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Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2017). (amended 2020).

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

*Occupational Health and Safety Act 2004*.

Revised National Quality Standard. (2018).

Department of Education Victoria *Meeting children's health needs* (2020).

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## **DIABETES MANAGEMENT POLICY**

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

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication

94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

## PURPOSE

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

## SCOPE

This policy applies to children, families, staff, management, and visitors of the OSHC Service.

## DUTY OF CARE

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

- c. a safe environment and
- d. adequate supervision at all times.

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

## DESCRIPTION

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

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

## IMPLEMENTATION

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

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

Children diagnosed with diabetes will not be enrolled into the OSHC Service until the child's medical management plan is completed and signed by their medical practitioner or diabetes team and the relevant staff members have been trained on how to manage the individual child's diabetes. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

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

## MANAGEMENT, NOMINATED SUPERVISOR / RESPONSIBLE PERSON WILL ENSURE THAT:

- before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the *Diabetes Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*

- each child with type-1 diabetes has a current individual diabetes medical management plan prepared by the child's diabetes medical specialist team, at or prior to enrolment
- discussions occur regarding authorisation for children to carry diabetes equipment with them and the self-administration of Blood Glucose testing and insulin injecting. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian, and the child's medical management team
- a child's diabetes medical management plan is signed by a registered medical practitioner or paediatrician and inserted into the enrolment record for each child. This will include all information on how to manage the child's diabetes on a day-to-day basis as well as the emergency management of the child's medical condition. Information may include:
  - blood glucose testing- BG meter
  - insulin administration
  - food, carbohydrate counting
  - how to store insulin correctly
  - how the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
  - oral medicine the child may be prescribed
  - managing diabetes during physical activities and excursions
  - permission for the child to self-administer blood glucose testing and insulin injecting
- a risk minimisation plan will be developed in collaboration with parents/guardian and cover the child's known triggers and where relevant other common triggers which may lead to a diabetic emergency
- a Communication Plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the status of the child's medical condition, and this policy and its implementation within the Service prior to the child starting at the OSHC Service
- all staff members including volunteers are provided with a copy of the *Diabetes Management Policy* and the *Medical Conditions Policy* which are reviewed annually
- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff members have completed first aid training approved at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the OSHC Service's premises
- when a child diagnosed with diabetes is enrolled, all staff attend regular professional training on the management of diabetes and, where appropriate, emergency management of diabetes

- at least one staff member who has completed accredited training in emergency diabetes first aid is present in the Service at all times whenever a child /child with diabetes are in attendance at the Service [not mandated but regarded as best practice]
- there is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal whenever the child attends the service
- consideration is given as to how and where insulin is stored and the safety of sharps disposal
- the family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment
- all staff members are trained to identify children displaying the symptoms of a diabetic emergency and are aware of the location of the diabetic medical management plan, required insulin/food as well as the risk minimisation plan
- all staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the OSHC Service, their individual symptoms of low blood sugar levels, and the location of their medical management/action plans and risk minimisation and communication plans
- individual child's medical management plans will be displayed in key locations throughout the Service
- a staff member accompanying children outside the OSHC Service to attend excursions, or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the diabetes medical management /action plan for children diagnosed with diabetes
- the programs delivered at the OSHC Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential
- all staff and volunteers at the Service are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes medical management plan
- updated information, resources and support is regularly given to families for managing childhood diabetes
- meals, snacks and drinks that are appropriate for the child and are in accordance with the child's diabetes Medical Management plan are available at the Service at all times
- eating times are flexible and children are provided with enough time to eat
- Diabetes Australia are contacted for further information to assist educators to gain and maintain a comprehensive understanding about managing and treating diabetes
- applications for additional funding opportunities are made if required to support the child and educators.

## EDUCATORS WILL:

- read and comply with the *Diabetes Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- know which children are diagnosed with diabetes, and the location of their monitoring equipment, diabetes medical management and risk management plans and any prescribed medications
- perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's diabetes medical management plan if these are abnormal
- communicate with parents/guardians regarding the management of their child's medical condition as per their communication plan
- ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the OSHC Service
- follow the strategies developed for the management of diabetes at the OSHC Service
- ensure a copy of the child's diabetes medical management plan is visible and known to staff within the Service
- take all personal medical management/action plans, monitoring equipment, medication records, and any prescribed medication on excursions and other events outside the Service
- recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes medical management/action plan
- ensure a suitably trained and qualified educator will administer prescribed medication if needed according to the medical management/action plan and in accordance with the Service's *Administration of Medication Policy*
- record any medication in the *Administration of Medication Record*
- identify and where possible minimise possible triggers as outlined in the child's medical management plan and risk minimisation plan
- increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days, as well as during periods of high-energy activities
- ensure appropriate supplies of insulin administration equipment, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays
- maintain a record of the expiry date of the prescribed medication relating to the medical condition to ensure it is replaced prior to expiry
- ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g., glucose tablets, glucose jellybeans, etc.

## FAMILIES WILL ENSURE THEY PROVIDE THE SERVICE WITH:

- details of the child's health condition, treatment, medications, and known triggers
- their doctor's name, address and phone number, and a phone number for an authorised nominee and/or emergency contact person in case of an emergency
- written authorisation for their child over preschool age to self-administer medication (if applicable)
- a medical management plan following enrolment and prior to the child starting at the Service is completed by their child's diabetes team (paediatrician or endocrinologist, general practitioner and diabetes educator).

The plan should include:

- when, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
- what meals and snacks are required including food types/groups amount and timing
- what activities and exercise the child can or cannot do
- whether the child is able to go on excursions and what provisions are required
- what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
- what action to take in the case of an emergency
- an up-to-date photograph of the child
- the appropriate monitoring equipment needed according to the diabetes medical management plan- blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- an adequate supply of emergency insulin for the child at all times according to the ~~Emergency Action Plan~~ medical management plan
- information regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition and management of their condition
- any changes to their child's medical condition including the provision of a new diabetes Medical Management Plan to reflect these changes as needed
- all relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact on the management of their diabetes

## DIABETIC EMERGENCY

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

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

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

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

## SIGNS & SYMPTOMS

### HYPOGLYCAEMIA (HYPO)

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

If caused by low blood sugar, the child may:

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

### HYPERGLYCAEMIA (HYPER)

If caused by high blood sugar, the child may:

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

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

- Always provide adult supervision

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

## REPORTING PROCEDURES

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

- staff members involved in the situation are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours as per regulations
- staff will be debriefed after each incident and the child's individual medical management plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used

For more information, contact the following organisations:

Diabetes Australia

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

Juvenile Diabetes Research Foundation: [www.jdrf.org.au](http://www.jdrf.org.au)

National Diabetes Services Scheme- An Australian Government Initiative <https://www.ndss.com.au/living-with-diabetes/about-you/young-people/living-with-diabetes/school/>

State and Territory specific information

Diabetes NSW & ACT: <https://diabetesnsw.com.au/>

Diabetes Victoria: <https://www.diabetesvic.org.au/>

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

Diabetes Queensland: <https://www.diabetesqld.org.au/>

Diabetes Western Australia: <https://diabeteswa.com.au/>

Healthy Living, Northern Territory: <https://healthylivingnt.org.au/our-services/diabetes/>

Diabetes Tasmania: <https://www.diabetestas.org.au/>

## Source

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

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

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

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

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020)

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

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

Revised National Quality Standard. (2018).

Siminerio, L., Albanese-O'Neill, A., Chiang, J. L., Hathaway, K., Jackson, C. C. (2014). Care of young children with diabetes in the childcare setting: A position statement of the American Diabetes Association. *Diabetes Care*, 37, 2834-2842. Retrieved from <http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ps-care-of-young-children-with-diabetes-in-child-care-setting.pdf>

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

# **RULES OF THE ORGANISATION, COMMITTEE MEMBERS AND**

## **AGM**

### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality Service.
7.1.1	Service philosophy and purposes	A statement of philosophy guides all aspects of the Service's operations.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality Service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision making and operation of the Service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place.
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
55	Quality Improvement Plans
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

### PURPOSE

## THE RULES OF THE ASSOCIATION

The Articles of Association is the most important policy document belonging to North Sydney Community Centre Inc. It underpins all of the Centre's operations and Services, and specifies the legal framework in which the Centre operates.

## FAMILIARITY WITH ARTICLES OF ASSOCIATION

Management Committee members and the Director should be familiar with the details of the Articles and make sure that all of North Sydney Community Centre's policies and practices are consistent with the Articles. In particular, the Committee must make sure that the legal requirements specified in the Articles are met. A copy of the Articles of Association is available on request.

### Committee Record

Genia McCaffery 9 Priory Rd Waverton 2060	PRESIDENT elected October 2023
Lynn Oswald 48 Mitchell Street Naremburn 2065	VICE PRESIDENT elected October 2023
Vivek Samdarshi 12 Beazley St Ryde 2112	TREASURER elected October 2023
Beate Reinhardt 1/33-37 Belmont Ave Wollstonecraft 2065	SECRETARY elected October 2023
Trish Cutler Unit 2, 135 West St Crows Nest 2065	COMMITTEE MEMBER elected October 2023
Barbara De Graff	COMMITTEE MEMBER elected October 2023

56 Ernest St  
Crows Nest 2065

John Playford  
2/5 Green Street  
Cremorne Point 2090

COMMITTEE MEMBER elected October 2023

## ANNUAL GENERAL MEETING

The Annual General Meeting (AGM) of North Sydney Community Centre Inc will be held within six months of the end of the financial year in accordance with Articles of Association.

## AGENDA

The agenda for the AGM will be:

1. Opening and Welcome
2. Apologies
3. Acceptance of the report from the previous year.
4. Presentation of reports for the year just ended:

President's Report

Treasurer's Report and the Audited Financial Statements

Playgroup Report

After School Care Report

Program Development Report

Director's Report

5. The election of the new Committee

President

Vice President

Treasurer

Secretary

Committee Members

6. The appointment of an auditor for the current financial year.
7. Any other business placed on the agenda before the meeting.

## QUORUM FOR THE AGM

The quorum for the AGM is four members.

## NOTICE OF ANNUAL GENERAL MEETING

Notice of the AGM will be mailed to all current members and other related Services in the area. At least 14 days' notice must be given of the AGM.

## FUNCTIONS OF THE MANAGEMENT COMMITTEE

The Management Committee sets the strategic direction of the OSHC Service and is responsible for the overall operation of the Service.

Essentially, the Management Committee has vital functions and Committee members contribute to one or more of these functions, depending on their interests and skills:

- Finance: day to day finances, administration issues, employee duties, general organisation; annual budget, financial statements; legal requirements; insurance policies; reporting requirements to Government bodies- (CCS); fundraising.
- Communication: Publicity and public relations, keeping the Service's community informed of Committee decisions, new policies, events, etc.
- Future planning: Being actively involved in the Service's Quality Improvement Plan (QIP) and the Professional Development Plan for Service staff.
- Policy development: Formulating and updating the Service's policies, procedures, and philosophy as required, in conjunction with the Nominated Supervisor, staff, and families.

The complete set of policies is available from the Nominated Supervisor at any time. Families are encouraged to consult these regularly.

## SOURCE

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

Australian Government Department of Education, Skills and Employment. (2011). *My Time, Our Place: Framework for School Age Care in Australia*.

Community Early Learning Australia

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Regulations. (2011).

Education and Care Services National Law Act 2010. (Amended 2018).

Guide to the National Quality Standard. (2017).

Network of Community Activities <http://networkofcommunityactivities.org.au/management-matters-management-committees/>

Revised National Quality Standard. (2018).

Victoria State Government Education and Training *Guide to Outside School Hours Care (OSHC) Provision (2017)*

<https://www.education.vic.gov.au/Documents/school/teachers/management/oshcprovisionguide.pdf>

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	March 2024
	Michelle Worthley	Director	
POLICY REVIEWED	March 2024	NEXT REVIEW DATE	July 2024

## **GOVERNANCE POLICY**

The Governance Policy provides the overall direction, effectiveness, supervision and accountability of a Service. Management is responsible for guiding the direction of the Service, ensuring that its goals and objectives are met in line with the philosophy, and all legal and regulatory requirements governing the operation of the Service.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality Service.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality Service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the Service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place.
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.
7.2.3	Development of professionals	Educators, co-ordinations and staff members performance is regularly evaluated, and individual plans are in place to support learning and development.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 13	Matters to be considered in assessing whether fit and proper person
Sec. 14	Regulatory Authority may seek further information
Sec. 21	Reassessment of fitness and propriety
Sec. 51	Conditions on Service approval
Sec. 162	Offence to operate education and care Service unless responsible person is present

Sec.172	Offence to fail to display prescribed information
Sec. 173	Offence to fail to notify certain circumstances to Regulatory Authority
Sec. 174	Offence to fail to notify certain information to Regulatory Authority
Sec. 175	Offence relating to requirement to keep enrolment and other documents
Sec.188	Offence to engage person to whom prohibition notice applies
29	Condition on Service approval-insurance
31	Condition on Service approval-quality improvement plan
55	Quality improvement plan
73	Educational program
74	Record of child assessments or evaluations for delivery of educational program
84	Awareness of child protection law
117B	Minimum requirements for person in day-to-day charge
157	Access for parents
158	Children's attendance record to kept by approved provider
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
165	Record of visitors
167	Record of Service's compliance
168	Education and care Services must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies and procedures
173	Prescribed information to be displayed
176	Time to notify certain information to Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider
180	Evidence of prescribed insurance

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

## PURPOSE

Our Service aims to provide a quality education and care Service and will operate according to all legal requirements and recognised best practice in Service management. We will ensure there are appropriate governance arrangements in place at all times (as per the Australian Children's Education and Care Quality Authority (ACECQA) Quality Area 7.1.1). There will be an ongoing process of review and evaluation and all relevant information will be readily available to stakeholders.

## SCOPE

This policy applies to children, families, staff, management and visitors of the OSHC Service.

## IMPLEMENTATION

For the purpose of the Children (Education and Care Services) National Law (NSW) (the National Law) and the Education and Care Services National Regulations (the National Regulations) the Management Committee of North Sydney Community Centre Inc (the Management Committee) is the Approved Provider.

The Management Committee will ensure that all aspects of governance and management are clearly articulated and complement the Service philosophy. The Management Committee will ensure that copies of the current policies and procedures required under regulation 168 are available for inspection by the children's parents at the Service at all times (as per regulation 171).

Approved Provider	Management Committee
Nominated Supervisor	Gus Gomez
Educational Leader	Linda Ramsden
Responsible Persons	Gus Gomez, Callum Boyd and Linda Ramsden

## THE APPROVED PROVIDER IS LEGALLY RESPONSIBLE FOR:

- ensuring compliance with the Education and Care Services National Law and Education and Care Services National Regulations
- complying with Family Assistance Law

- appointing a Nominated Supervisor, an Educational Leader and a Director/coordinator for the Service
- displaying the prescribed information as listed in Regulation 173 including the current rating levels for each quality area stated in the National Quality Standard
- ensuring background checks, including criminal history and Working with Children Checks/ Clearance, are completed for all staff and educators (NSW)
- determining whether or not a person working in the Service is a 'fit and proper person'
- provide information to the regulatory authority upon request in relation to being a 'fit and proper person'
- implementing a probation and induction orientation program to ensure employees are aware of their roles and responsibilities, understanding of the values and organisational culture of the Service, policies and procedures, child protection law and other legislation
- supporting the Nominated Supervisor [Responsible Persons] in their role, providing adequate resources to ensure effective administration of the Service
- developing a clear and agreed philosophy, which guides business decisions and the work of management and staff
- acting honestly and with due diligence
- ensuring that families of enrolled children have access to enter the premises (regulation 157)
- ensuring there is a sound foundation of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the Service to be in line with the Service's philosophy and goals
- maintaining up-to-date and current policies and procedures for compliance by all educators
- ensuring the health, safety and wellbeing of children and taking every reasonable precaution to protect children from harm or hazard
- confirming incident, injury, illness or trauma records are stored in a kept in a safe and secure place until the child is 25 years of age. In the event of a death of child while being cared for by the Service or may have occurred as a result of an incident, the records must be kept until seven years after the death.
- being an employer, including all legal and ethical responsibilities that this entails
- appointing staff and monitoring their performance
- ensuring educator qualification requirements are current
- ensuring all educators and staff have a clear understanding of the hierarchy of management
- providing clear and direct written and verbal feedback and instruction that is suitable and appropriate to the task
- ensuring the Service remains financially viable and can meet its debts and other obligations as they fall due

- ensuring the Service holds a current insurance policy for public liability with a minimum cover of \$10, 000, 000 [or public liability provided by the Government of a State or Territory in respect for an education and care Service]
- managing control and accountability systems
- reviewing the Service's budget and monitoring financial performance and management to ensure the Service is solvent at all times and has sound financial strength
- approving annual financial statements and providing required reports to government bodies and maintaining appropriate delegations and internal controls
- complying with funding agreements where appropriate
- reviewing the work process regularly
- completing a Quality Improvement Plan (QIP) for the Service and updating it at least annually
- developing coherent aims and goals that reflect the interests, values and beliefs of all stakeholders of the Service
- establishing clearly defined roles and responsibilities for the members of the Management Committee and staff, individually and as a collective, and clearly articulating the relationship between all stakeholders
- evaluating and improving the performance of the Management Committee
- ensuring the educational program is based on an approved learning framework (MTOP) and contributes to each child's sense of identity and wellbeing
- complying with all other NSW and Australian governments' legislation that impacts upon the management and operations of a Service
- ensuring that requirements relating to the physical environment, space, equipment and facilities are met
- notifying families at least 14 days before changes to policy or procedures that:
  - affect the fees charged or the way they are collected
  - significantly impact the Service's education and care of children, or
  - significantly impact the family's ability to utilise the Service.

#### THE NOMINATED SUPERVISOR IS RESPONSIBLE FOR:

- adhering to the Education and Care Services National Law and National Regulations
- developing ethical standards and a code of conduct which guide actions and decisions in a way that is consistent and reflective of the Service's expectations
- undertaking periodical planning and risk assessments and having appropriate risk management strategies in place to manage risks faced by the Service
- ensuring that actions taken, and decisions made are clear and consistent and will help build confidence in all stakeholders

- the day-to-day management of the Service
- ensuring all notification and reporting requirements are met regarding the National Quality Framework and other legislation
- the effectiveness of the Service's well-defined partnership between the Management Committee and the Nominated Supervisor. The partnership requires clear understanding of roles and responsibilities, and regular and open communication.
- producing outcomes together with educators and staff. Educators must agree on their responsibilities and work according to current policies and procedures.
- providing educators with training, resources and support
- identifying and reporting if something significant occurs (for example: Work Health and Safety; Fraud Prevention; Complaint handling)
- identifying work required for completion and delegate to the appropriate educator/staff
- ensuring educators and staff do not delegate responsibilities for which they are accountable for or have been delegated to them by Management
- delegate all tasks in writing with a clear due date
- ensuring educators are adhering to Service policies and procedures.

## SERVICE PHILOSOPHY

- The development and review of the philosophy and policies will be a continuous process on an annual basis or when required.
- The philosophy and associated statement of purpose will reinforce all other documentation and the practices of the Service. The philosophy will reflect the principles of the approved national framework *My Time, Our Place: Framework for School Age Care in Australia*.
- There will be a collaborative and consultative process to support the development and maintenance of the philosophy that will include children, parents and educators.
- All documents will be dated and include nominated review dates.

## CODE OF CONDUCT

The standards of behaviour outlined in our *Code of Conduct Policy* provide guidance for all staff to make personal and ethical decisions related to confidentiality, recruitment, duty of care, record keeping, professional relationships and appropriate use of resources within the Service.

## CONFIDENTIALITY

All members of the Management Committee along with the Nominated Supervisor, Responsible Person,

educators, and staff who gain access to confidential information, whether in the course of their work or otherwise, shall not disclose information to anyone unless the disclosure of such information is required by law and will respect the confidentiality of all documents and meetings that occur.

This also includes:

- using information acquired for their personal or financial benefit, or for the benefit of any other person
- permitting any unauthorised person to inspect or have access to any confidential documents or other information
- any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (e.g. email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially.

This obligation, placed on a member of the Committee of Management, Nominated Supervisor, Responsible Person, educator, and staff shall continue even after the individual has completed his/her term and is no longer on the Management Committee or employed by the OSHC Service.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Management Committee.

## ETHICAL DECISION-MAKING

Our OSHC Service will make decisions which are consistent with our policies and procedures and that work in conjunction with the Education and Care Services National Law and National Regulations, our approved learning framework (MTOF), and the ethical standards within the ECA Code of Ethics.

## REVIEW AND EVALUATION OF THE SERVICE

- Ongoing review and evaluation will support the continuing development of the Service. We will ensure that the evaluation involves all stakeholders.
- The development of a Quality Improvement Plan (QIP) will form part of the reflection procedure. Reflection on what works within the Service and what needs additional development will be included in the QIP.

## MAINTENANCE OF RECORDS

- The OSHC Service will adhere to record keeping requirements outlined in the National Regulations (177).
- Records will be kept of all visitors to the OSHC Service while children are at the Service as outlined in the National Regulations (165)

- The OSHC Service will adhere to the storage of confidential records outlined in the National Regulations (181-184)
- The Service has a responsibility to keep sufficient records about staff, families, and children in order to operate dependably and lawfully
- The Service will safeguard the interests of all children, their families, and the staff, using procedures to ensure appropriate privacy and confidentiality practices are upheld
- The Approved Provider assists in determining the process, storage location, and timeline for storage of records, using the National Regulations as a minimum standard
- The Service's orientation and induction processes will include the provision of significant information to managers, educators, children, and families to comply with National Regulations and Standards.
- The Approved Provider will ensure that the record retention procedure meets the requirements of the following government departments:
  - Australian Tax Office (ATO)
  - Family Assistance Office (FAO)
  - Family Assistance Law
  - National Law and Regulations

## WORK, HEALTH AND SAFETY

Policies and procedures will be in place to address the legal requirements relating to safety in the workplace and this information should underpin any Service specific requirements, including grievance/complaints procedures. The Nominated Supervisor will report back to the Management Committee on any work, health and safety issues as they arise.

All Committee members will be provided with information to assist them in meeting their obligations under the legislation.

## MANAGING CONFLICTS OF INTEREST

- Conflict of interest, whether actual, potential or perceived, must be declared by all members of the Management Committee/Nominated Supervisor and managed effectively to ensure integrity.
- Every stakeholder that is in a position of management has a responsibility to ensure their transactions, external business interests and relationships will not cause potential conflicts and to make such disclosures in a timely manner as they arise.
- The following process will be followed to manage any conflicts of interest:
  1. Whenever there is a conflict of interest, the member concerned must notify the Approved Provider about the conflict.

2. The member with a conflict of interest must not be present during the meeting of the Management Committee or Management meeting where the matter is being discussed or participate in any decisions made on that matter. The member concerned must provide the committee / Licensee with any and all relevant information they possess on the particular matter.
3. The minutes of the meeting must reflect that the conflict of interest was disclosed, and appropriate processes followed to manage the conflict.
4. A conflict of interest disclosure statement must be completed by each member of the Management Committee / staff member upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the Approved Provider/ and revise the disclosure statement accordingly.

## SOURCE

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

ACECQA. (2021). Policy and procedure guidelines. *Governance and Management Guidelines*.

Australian Government. Department of Education. *Child Care Provider Handbook*. (2019).

<https://www.dese.gov.au/child-care-package/ccp-resources-providers/child-care-provider-handbook>

Early Learning Association Australia (ELLA) *Employee management and development kit* (2014)

<https://elaa.org.au/resources/free-resources/employee-management-development-kit/>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

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

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2017). (Amended 2020).

Revised National Quality Standards. (2018)

*Work Health and Safety Act 2011 (Cth)*

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## **FIRST AID POLICY**

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed. First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of an out of school hours Service where Educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement-anaphylaxis or asthma emergency

97	Emergency and evacuation procedures
101	Conduct a risk assessment for excursions
102C	Conduct a risk assessment for transporting of children by the education and care Service
136	First aid qualifications
137	Approval of qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168 (2)(a)(iv)	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

## RELATED POLICIES

Administration of Medication Policy	Health and Safety Policy
Anaphylaxis Management Policy	Incident, Injury, Trauma and Illness Policy
Asthma Management Policy	Responsible Person Policy
Child Safe Environment Policy	Safe Transportation Policy
Diabetes Management Policy	Sick Child Policy
Emergency and Evacuation Policy	Sun Safety Policy
Enrolment Policy	Supervision Policy
Epilepsy Policy	Water Safety Policy
Family Communication Policy	Work Health and Safety Policy

## PURPOSE

The Service believes that in order to maintain the highest level of care for children attending the Service, all educators should be suitably qualified in emergency first aid management. The Service will ensure that first aid equipment and support is available to all children, educators and visitors to the Service and whilst on excursions. All educators are required to undertake senior first aid, asthma management and anaphylaxis management training as part of their conditions of employment to ensure full and proper care of all is maintained (My Time Our Place 3).

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

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

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

## SCOPE

This policy applies to children, families, staff, management, and visitors of the OSHC Service.

## IMPLEMENTATION

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

## MANAGEMENT IS RESPONSIBLE FOR:

- taking every reasonable precaution to protect children at the OSHC Service from harm and/or hazards that can cause injury
- budget for the cost of the first aid course or renewal for each educator as part of the training budget
- ensuring that the following qualified people are in attendance **at all times** the Service is providing education and care to children
  - at least one staff member or one nominated supervisor who holds a current ACECQA approved first aid qualifications (mandatory for all the staff members)
  - at least one staff member or one nominated supervisor of the Service who has undertaken current approved anaphylaxis management training

- at least one staff member or one nominated supervisor of the Service who has undertaken current approved emergency asthma management training
- ensuring a risk assessment is conducted prior to an excursion, regular outing, or when providing transportation to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised
- ensuring that first aid training details are recorded and kept up-to-date on each staff member's record
- ensuring there is an induction process for all new staff, including casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans
- ensuring that parents are notified when practicable or within 24 hours if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the *Incident, Injury, Trauma and Illness* Record
- ensuring the Regulatory Authorities are notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the OSHC Service
- ensuring that staff members are offered support and debriefing subsequent to a serious incident requiring the administration of first aid
- ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the OSHC Service
- keeping up-to-date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

#### A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- maintain a current approved first aid qualification
- support staff when dealing with a serious incident and/or trauma
- provide and maintain an appropriate number of up-to-date, fully equipped first aid kits that meet Australian Standards
- provide and maintain a transportable first aid kit/s that can be taken to excursions and other activities
- monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached
- dispose of out-of-date materials and supplies appropriately
- ensure safety signs showing the location of first aid kits are clearly displayed

- ensure that all educators approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA
- keep up-to-date with any changes in the procedures for the administration of first aid
- contact families immediately if a child has had a head injury whilst at the OSHC Service
- ensure that appropriate documentation is being recorded by the Nominated Supervisor / Responsible Person regarding incidents, injury, trauma, and illnesses and the administration of first aid.

Documentation of the following must be recorded:

- name and age of the child
- circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
- time and date
- details of action taken by the Service including any medication administered, first aid provided or
- medical personnel contacted
- details of any witnesses
- names of any person the Service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this.

#### EDUCATORS WILL:

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

### PARENTS/FAMILIES WILL:

- sign OSHC Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child
- provide the required information for the Service's medication record
- provide the Service with a medical management plan for their child if required
- provide written consent (via the enrolment record) for Service staff to administer first aid
- provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical practitioner, hospital or ambulance Service and if required, transport the child to hospital
- be contactable, either directly or through emergency contacts listed on the child's enrolment record

### FIRST AID KIT

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

### ALL FIRST AID KITS AT THE SERVICE MUST:

- be suitably equipped
- not be locked
- not contain paracetamol
- be suitable for the number of employees and children and sufficient for the immediate treatment of injuries at the Service
- be easily accessible to staff and educators
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit
- be regularly checked using the *First Aid Kit Checklist* to ensure the contents are as listed and have not degraded or expired
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- be easily recognisable
- be easy to access and if applicable, located where there is a risk of injury occurring
- include emergency telephone numbers, and location of the nearest first aid trained educators

- display a photograph of the first aid trained educators, along with contact details to assist in the identification process
- be stocked with precautionary items such as sunscreen and water if using outdoors
- be taken on excursions
- be maintained in proper condition and the contents restocked as required.

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

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

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

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

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

<https://www.safeworkaustralia.gov.au/first-aid>

## SOURCE

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

ACECQA. (2021). Policy and procedure guidelines- *Administration of First Aid Guidelines*

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

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

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2017). (amended 2020).

Revised National Quality Standard. (2018).

Safe Work Australia First Aid in the Workplace Code of Practice: <https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace>

Safe Work Australia Legislative Fact Sheets First Aiders: <https://www.safeworkaustralia.gov.au/first-aid>

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## **EPILEPSY MANAGEMENT POLICY**

Epilepsy refers to recurring seizures where there is a disruption of normal electrical activity in the brain that can cause momentary lapses of consciousness, or sudden loss of body control (Epilepsy Australia, 2019). The effects of epilepsy can vary, some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Out of School Hours Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan

91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

## PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their Services have policies and procedures in place for medical conditions. Our OSHC Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members who have been diagnosed with Epilepsy. The aim of this policy is to ensure that educators, staff, and families are aware of their obligations in supporting children with epilepsy and work in partnership with families and health professionals to manage seizures by following the child's medical management plan.

## SCOPE

This policy applies to children, families, staff, management and visitors of the Out of School Hours Care Service.

## DUTY OF CARE

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

- e. a safe environment free from foreseeable harm and
- f. adequate supervision for all children at all times.

Staff members including relief staff need to know enough about epilepsy and the management of seizures to ensure the safety and wellbeing of the children.

## BACKGROUND AND LEGISLATION

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not. Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child's abilities, learning and skills will be affected by seizures. Because the child's brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop.

The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have a Medical Management Plan. It is important that all those working with children living with epilepsy have a thorough understanding of the effects of seizures, required medication and appropriate first aid.

Legislation that governs the operation of approved children's Services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. National Regulations of the Education and Care Services requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, it is recommended that all educators have current approved first aid qualifications.

## IMPLEMENTATION

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

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

Children diagnosed with epilepsy will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be

developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

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

#### MANAGEMENT, NOMINATED SUPERVISOR / RESPONSIBLE PERSON WILL ENSURE:

- before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions
- parents/guardians of an enrolled child who is diagnosed with epilepsy are provided with a copy of the *Epilepsy Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- all children enrolled at the OSHC Service with epilepsy must have an epilepsy medical management plan, seizure record and, where relevant, an emergency action plan, signed by a registered medical practitioner and a copy filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner and/or neurologist
- the medical management plan will describe the prescribed medication for that child and the circumstances in which the medication should be administered
- individual epilepsy medical management will be displayed in key locations throughout the Service
- a risk minimisation plan is developed in consultation with the parents of a child diagnosed with epilepsy outlining procedures to minimise the incidence and effect of a child's epilepsy. The plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure
- that no child who has been prescribed epilepsy medication attends the OSHC Service without their medication
- they collaborate with parents/guardians to create and implement a communication plan and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy, and its implementation
- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff, including volunteers, are provided with a copy the *Medical Conditions Policy* and *Epilepsy Management Policy* annually
- a copy of this policy is provided and reviewed during each new staff member's induction process
- all staff members have completed first aid training approved by ACECQA at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Service's premises

- all staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the OSHC Service
- all staff members are trained to identify children displaying the symptoms of a seizure and are aware of the child's epilepsy medical management plan and required medication (if applicable)
- updated information, resources and support is regularly given to families for managing epilepsy
- that a staff member accompanying children to or from school, or outside the Service on excursions or to events carries the prescribed medication and a copy of the epilepsy medical management/action plan for children diagnosed with epilepsy
- that they notify the Regulatory Authority of any serious incident of a child while being educated and cared at the Service within 24 hours.

#### EDUCATORS WILL:

- read and comply with the *Epilepsy Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure a copy of the child's epilepsy medical management plan is visible and known to staff and volunteers in the OSHC Service
- recognise the symptoms of a seizure and treat appropriately and in accordance with the child's epilepsy medical management plan in the event of a seizure
- record all epileptic seizures according to the epilepsy medical management plan
- take all personal epilepsy medical management plans, seizure records, medication records, and any prescribed medication when delivering or collecting the child from school, or on excursions and other events outside the Service
- ensure a suitably trained and qualified educator will administer prescribed medication when needed in accordance with the Service's *Administration of Medication Policy*.
- identify and where possible, minimise possible seizure triggers as outlined in the child's epilepsy medical management plan and risk minimisation plan
- communicate with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- ensure that children with epilepsy can participate in all activities safely and to their full potential
- increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, parties and family days
- maintain a record of the expiry date of the prescribed epilepsy management medication so as to ensure it is replaced prior to expiry

## FAMILIES WILL

- provide information upon enrolment or on diagnosis, of their child's medical condition-epilepsy.
- provide staff with an epilepsy medical management plan developed and signed by a registered medical practitioner for implementation within the Service
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide permission for their child to self-administer medication if required as stated in their child's Medical Management Plan signed by the registered General Practitioner or neurologist
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with prescribed medications each day their child attends care at the OSHC Service
- maintain a record of the expiry date of medication and ensure it is replaced prior to expiry
- notify staff of any changes to their child's medical condition including the provision of a new epilepsy medical management plan to reflect these changes as needed
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child

If a child (known to have an epileptic condition) suffers from an epileptic emergency the OSHC Service will:

- Follow the child's medical management /action plan
- Protect the child from injury- remove any hazards that the child could come into contact with
- Not restrain the child or put anything in their mouth
- Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair safe and airway is clear)
- Monitor the airway
- Call an ambulance immediately by dialling 000 if:
  - a seizure continues for more than three minutes
  - another seizure quickly follows the first
  - it is the child's first seizure
  - the child is having more seizures than is usual for them
  - certain medication has been administered
  - they suspect breathing difficulty or injury
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable

- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident through the NQA IT System (as per regulations)

If a child (NOT known to have an epileptic condition) suffers from an epileptic emergency the OSHC Service will follow the above procedure.

## DEFINITIONS

FOCAL SEIZURES	
<b>Focal Seizures</b> <b><u>without</u> impaired</b> <b>consciousness</b>	<p>Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas. Consciousness is NOT impaired and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (e.g. limp, stiff, jerking). If sensory areas of the brain are involved the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.</p>

<b>Focal Seizures with impaired consciousness</b>	<p>Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes.</p> <p>Consciousness is lost and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure.</p> <p>Often the person's actions are clumsy and they will not respond normally to questions and commands. Behaviour may be confused and they may exhibit automatic movements and behaviours eg picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures.</p> <p>Following the seizure, the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.</p>
<b>Focal Seizures becoming bilaterally convulsive</b>	<p>Focal seizures may progress due to spread of epileptic activity over one or both sides of the brain. Formerly called secondarily generalised seizures, bilaterally convulsive seizures look like generalised tonic-clonic seizures</p>

GENERALISED SEIZURES	
<b>Tonic-clonic Seizures</b>	<p>Tonic-clonic seizures produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Shallow or 'jerky' breathing, bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur.</p> <p>The seizures usually last one to three minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused. If the seizures last more than five minutes an ambulance should immediately be called.</p>

<b>Absence Seizures</b>	Absence seizures (previously called petit mal seizures) produce a brief cessation of activity and loss of consciousness, usually lasting less than 10 seconds. Often the momentary blank stare is accompanied by subtle eye blinking and mouthing or chewing movements. Awareness returns quickly and the person continues with the previous activity. Falling and jerking do not occur in typical absences.
<b>Myoclonic Seizures</b>	Myoclonic seizures are sudden and brief muscle contractions usually only lasting a second or two, that may occur singly, repeatedly or continuously. They may involve the whole body in a massive jerk or spasm, or may only involve individual limbs or muscle groups. If they involve the arms, they may cause the person to spill what they were holding. If they involve the legs or body the person may fall.
<b>Tonic Seizures</b>	Tonic seizures are characterised by generalised muscle stiffening, lasting 1-10 seconds. Associated features include brief cessation of breathing, colour change and drooling. Tonic seizures often occur during sleep. When tonic seizures occur suddenly with the child awake, they may fall violently to the ground and injure themselves. Fortunately, tonic seizures are rare and usually only occur in severe forms of epilepsy.
<b>Atonic Seizures</b>	Atonic seizures produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward ('head nods'), but may cause sudden collapse and falling ('drop attacks').

Source: Epilepsy Australia (2019)

## RESOURCES/POSTERS

[Animated Seizure First-Aid video for children](#)

[Seizure first aid posters](#)

## SOURCE

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

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

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

Epilepsy Australia. (2021). <http://www.epilepsyaustralia.net/>

Epilepsy Action Australia. (2020). <https://www.epilepsy.org.au/>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2020).

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

Revised National Quality Standard. (2018).

The Royal Children's Hospital Melbourne:

[http://www.rch.org.au/neurology/patient\\_information/about\\_epilepsy/](http://www.rch.org.au/neurology/patient_information/about_epilepsy/)

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## **ASTHMA MANAGEMENT POLICY**

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

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents

92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

## PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their Services have policies and procedures in place for medical conditions including asthma management.

We aim to provide a safe and healthy environment for all children enrolled at the Out of School Hours Care (OSHC) Service. We believe in providing children with asthma the ability to participate in the programmed learning activities and experiences ensuring an inclusive environment is upheld. We ensure all staff, educators and volunteers follow our *Asthma Management Policy* and procedures and children's medical management plans.

## SCOPE

This policy applies to children, families, staff, management and visitors of the OSHC Service.

## DUTY OF CARE

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

- the majority of staff have current training in Asthma First Aid and routine Asthma management
- at least one staff member is on duty at all times children are in attendance at the Service who holds a current ACECQA-approved Emergency Asthma Management certificate
- Asthma Emergency Kits (AEKs) are accessible to staff and include in-date reliever medication
- Asthma First Aid posters are on display and information is available for staff and parents
- policies are Asthma Friendly

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

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

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

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

## BACKGROUND

Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. In clinical practice, asthma is defined by the presence of both excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'), and respiratory symptoms (e.g. wheeze, shortness of breath, cough, chest tightness) that vary over time and may be present or absent at any point in time (National Asthma Council Australia, 2015, p.4).

Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. However, with correct asthma management people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

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

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

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

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

## ASTHMA AND COVID-19

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

Health practitioners have encouraged parents of children with asthma to:

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

*(Asthma Australia, June 2020)*

## IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Our OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs. It is imperative that all educators and volunteers at our OSHC Service follow each individual child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

## MANAGEMENT AND NOMINATED SUPERVISOR WILL ENSURE:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record
- if the answer is *yes*, the parents/guardians are required to provide a medical management plan and signed by a registered medical practitioner prior to their child's commencement at the Service [see section below- *In Services where a child is diagnosed with asthma*]
- parents are provided with a copy of the Service's *Medical Conditions Policy*, *Asthma Management Policy* and *Administration of Medication Policy* upon enrolment of their child

- written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required
- at least one educator or nominated supervisor with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate (as approved by ACECQA) is in attendance at all times education and care is provided by the Service as per Regulation 136(c)
- all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- all educators have completed anaphylaxis management training and emergency asthma management training every two years [not mandated, but recommended as best practice]
- that all staff members are aware of
  - any child identified with asthma enrolled in the Service
  - the child's individual medical management plan/action plan
  - symptoms and recommended first aid procedure for asthma and
  - the location of the child's asthma medication
- all staff members are able to identify and minimise asthma triggers for children attending the Service where possible
- upon employment at the OSHC Service all staff will read and be aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies
- children with asthma are not discriminated against in any way
- children with asthma can participate in all activities safely and to their full potential
- *Asthma Australia's Asthma First Aid* for posters are displayed in key locations at the Service
- that medication is administered in accordance with the *Administration of Medication Policy*
- that in the event of a serious incident such as a severe asthma attack, notification to the regulatory authority is made within 24 hours of the incident
- communication between management, educators, staff and parents/guardians regarding the Service's *Asthma Management Policy* and strategies are reviewed and discussed regularly to ensure compliance and best practice
- that updated information, resources, and support for managing asthma is regularly provided for families.

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

- meet with the parents/guardians to begin the communication process for managing the child's medical condition

- not permit the child to begin education and care until a medical management plan developed in consultation with parents and the child's medical practitioner is provided
- develop and document a risk minimisation plan in collaboration with parents/guardian [*see Risk Minimisation Plan section*]
- discuss with the requirements for completing an *Administration of Medication Record* for their child
- discuss authorisation for children to self-administer asthma medication if applicable. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian and the child's medical management team
- ensure the medical management plan includes:
  - specific details of the child's diagnosed medical condition
  - supporting documentation (if required)
  - a recent photo of the child
  - triggers for asthma (signs and symptoms)
  - list of usual asthma medicines including doses and self-medication (if applicable)
  - response for an asthma emergency including medication to be administered
  - contact details and signature of the registered medical practitioner
  - date the plan should be reviewed
- keep a copy of the child's asthma medical management plan and risk minimisation plan in the enrolment record
- ensure families provide reliever medication and a spacer (including a child's face mask, if required) whilst their child attends the OSHC Service
- collaborate with parents/guardians to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's asthma whilst at the Service [*see Communication Plan section*]
- ensure that a staff member accompanying children outside the Service carries a copy of each child's individual asthma medical management action plan and required medication
- ensure an *Administration of Medication Record* is kept for each child to whom medication is to be administered by the Service
- ensure families update their child's asthma medical management/action plan regularly or whenever a change to the child's management of asthma occurs
- regularly check the expiry date of reliever medication and ensure that spacers and facemasks are cleaned after every use

- discussions occur regarding authorisation for children to self-administer asthma medication if applicable. Any authorisations for self-administration must be documented in the child's Medical Management Plan and approved by the OSHC Service, parents/guardian and the child's medical management team

#### EDUCATORS WILL:

- ensure they are aware of the Service's *Asthma Management Policy* and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, and Asthma medical management/action plans)
- maintain qualifications for approved emergency asthma management training
- be able to identify and, where possible, minimise asthma triggers as outlined in the child's Asthma medical management plan and risk minimisation plan
- ensure the first aid kit, children's personal asthma medication and Asthma medical management/action plans are taken on excursions or other offsite events, including emergency evacuations and drills
- administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the Service's *Administration of Medication Policy*
- ensure any asthma attacks are clearly documented in the *Incident, Injury, Trauma or Illness Record* and advise parents as a matter of priority, when practicable
- consult with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma
- communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensure that children with asthma are not discriminated against in any way
- ensure that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program.

#### FAMILIES WILL:

- inform staff, either on enrolment or on initial diagnosis, that their child has asthma
- read and be familiar with the Service's *Asthma Management Policy*
- provide a copy of their child's Asthma medical management/action plan to the Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- provide written authorisation to the OSHC Service for their child to self-administer medication (if applicable)
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person and other Service staff

- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Out of School Hours Care Service
- provide an adequate supply of appropriate asthma medication and equipment for their child
- provide an updated plan at least annually or whenever medication or management of their child's asthma changes
- communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encourage their child to learn about their asthma, and to communicate with Service staff if they are unwell or experiencing asthma symptoms

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

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

## REPORTING PROCEDURES

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

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

## RISK MINIMISATION PLAN FOR A CHILD WITH DIAGNOSED ASTHMA

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

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

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

Common asthma triggers include:

- viral infections- such as colds, flu and respiratory conditions
- cigarette smoke
- physical exercise
- allergens- mould, pollens, pets
- irritants in the environment- dust, pollution, wood/bush fire smoke
- weather- changes in air temperature or thunderstorms
- chemicals and strong smells- perfumes, cleaning products
- stress or high emotions (including laughter or crying)

Betterhealth.vic.gov

## COMMUNICATION PLAN

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

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

## RESOURCES

[Asthma First Aid A4 Poster](#)

[Asthma Action Plan](#)

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

## SOURCE

Asthma Australia: [www.asthmaaustralia.org.au](http://www.asthmaaustralia.org.au)

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

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2018).

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

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework (2017). (Amended 2020).

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

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

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

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

[Revised National Quality Standard](#). (2018).

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## **ANAPHYLAXIS MANAGEMENT POLICY**

The *Education and Care Services National Regulations* requires approved providers to ensure Services have policies and procedures in place for medical conditions including anaphylaxis. Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents

92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
173(2)(h)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the Service
174	Time to notify certain circumstances to Regulatory Authority

## PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Out of School Hours Care (OSHC) Service by following our *Anaphylaxis Management Policy* and implementing risk minimisation strategies. We ensure all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

## SCOPE

This policy applies to children, families, staff, management, and visitors of the OSHC Service.

## DUTY OF CARE

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

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

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our OSHC Service. Staff members including relief staff need to be aware of children at the OSHC Service who suffer

from allergies that may cause an anaphylactic reaction. Management will ensure all staff are aware of children's medical management plans, risk management plans and if required, medication.

## BACKGROUND

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

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g., cashews)
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

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

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

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

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

## IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's action plan in prominent positions within the Service. It is imperative that all educators and volunteers at the OSHC Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

## MANAGEMENT NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL ENSURE:

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

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

**IN OSHC SERVICES WHERE A CHILD DIAGNOSED AT RISK OF ANAPHYLAXIS IS ENROLLED THE NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL ALSO:**

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan developed in collaboration with the family and a medical practitioner is provided
- develop and document a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care of the Service
- ensure the medical management plan includes:
  - specific details of the child's diagnosed medical condition
  - supporting documentation (if required)
  - a recent photo of the child
  - triggers for the allergy/anaphylaxis (signs and symptoms)
  - first aid/emergency action that will be required
  - administration of adrenaline autoinjectors
  - ASCIA Action Plan
  - contact details and signature of the registered medical practitioner
  - date the plan should be reviewed
- ensure that a child who has been prescribed an adrenaline auto-injection device is **not** permitted to attend the OSHC Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- ensure that all staff in the Service know the location of the auto-injection device kit
- collaborate with parents/guardians to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
- display a medical management plan or Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) *Action Plan for Anaphylaxis 2021 (RED)* for each child with a diagnosed risk of anaphylaxis in key locations at

the OSHC Service, for example, in the main area of the OSHC Service, near the kitchen, and / or near the medication cabinet

- display ASCIA First Aid Plan for Anaphylaxis (**ORANGE**) in key locations in the OSHC Service
- ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation, and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels
- ensure that a notice is displayed prominently in the main entrance of the OSHC Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s (regulation 173)
- ensure that all relief staff members in the OSHC Service have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- display an emergency contact card by the telephone
- ensure risk assessments for excursions consider the risk of anaphylaxis
- ensure that a staff member accompanying children outside the OSHC Service carries a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided every 12 to 18 months or whenever any changes have occurred to the child's diagnosis or treatment

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

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

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

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

#### EDUCATORS WILL:

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

- regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- provide information to the OSHC Service community about resources and support for managing allergies and anaphylaxis.

#### FAMILIES WILL:

- inform staff at the OSHC Service, either on enrolment or on diagnosis, of their child's allergies
- provide staff with an anaphylaxis medical management plan giving written consent to use the auto-injection device in line with this action plan and signed by the registered medical practitioner
- develop an anaphylaxis risk minimisation plan in collaboration with the Nominated Supervisor and other Service staff
- develop a communication plan in collaboration with the Nominated Supervisor/Responsible Person and lead educators
- provide staff with a complete auto-injection device kit each day their child attends the OSHC Service
- maintain a record of the adrenaline auto-injection device expiry date to ensure it is replaced prior to expiry
- assist staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- notify the OSHC Service if their child has had a severe allergic reaction while not at the Service- either at home or at another location
- comply with the OSHC Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the OSHC Service or its programs without that device
- read and be familiar with this policy
- identify and liaise with the nominated staff member primarily caring for their child
- notify staff of any changes to their child's allergy status and provide a new anaphylaxis medical management plan in accordance with these changes
- provide an updated plan every 12-18 months or if changes have been made to the child's diagnosis.

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

- Follow the child's medical management plan/action plan- administer an adrenaline injector
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector

- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours

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

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

## REPORTING PROCEDURES

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

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

## EDUCATING CHILDREN ABOUT ALLERGIES AND ANAPHYLAXIS

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

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

## CONTACT DETAILS FOR RESOURCES AND SUPPORT

Allergy Aware- A hub for allergy awareness resources A project developing national Best Practice Guidelines and supporting resources for the prevention and management of anaphylaxis in schools and children's education and care Services (October 2021)

Australasian Society of Clinical Immunology and Allergy (ASCIA) provide information on allergies. The ASCIA Action Plans for Anaphylaxis are device-specific and must be completed by a medical practitioner.

<https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Current ASCIA Action Plans are the 2021 versions, however previous versions (2020 and 2018) are still valid for use throughout 2021. There are two types of ASCIA Action Plans for Anaphylaxis:

- ASCIA Action Plan 2021 **(RED)** are for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors (Plans are available for EpiPen®)
- ASCIA Action Plan for Allergic Reactions **(GREEN)** is for adults or children with drug (medication) allergies who have not been prescribed adrenaline autoinjectors. ASCIA First Aid Plan for Anaphylaxis **(ORANGE)** 2021 EpiPen have replaced the versions of ASCIA Action Plans for Anaphylaxis (Orange).

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

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

Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's Services staff and parents. Telephone 1300 725 911 or Email:

[anaphylaxisadvice@rch.org.au](mailto:anaphylaxisadvice@rch.org.au)

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

### Source

Australian Children's Education & Care Quality Authority. (2014).  
 ACECQA. (2021). Policy and procedure guidelines- *Dealing with Medical Conditions*  
 ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions:  
<https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>  
 Australian Children's Education & Care Quality Authority. (2014).  
 Early Childhood Australia Code of Ethics. (2016).  
 Education and Care Services National Law Act 2010. (Amended 2018).  
[Education and Care Services National Regulations](#). (2011).  
 Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2020).  
 Guide to the National Quality Standard. (2017).  
 National Allergy Strategy. (2021). *Best practice guidelines for anaphylaxis prevention and management in schools and children's education and care (CEC) Services (Guidelines)*.  
 National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care Services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).  
 New South Wales Department of Education and Communities. (2014). *Anaphylaxis Guidelines for Early Childhood Education and Care Services*.  
 Revised National Quality Standard. (2018).

### REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## **TERMINATION OF ENROLMENT POLICY**

Our Out of School Hours Care (OSHC) Service is dedicated to developing a respectful and effective partnership between the family and Service. This partnership supports children's inclusion, access, engagement and participation in the Service. Management implements systems to manage risks whilst promoting the health, safety and wellbeing of all children and all staff associated with our Service.

There may be some circumstances where this is compromised due to non-compliance of our policies and management may be required to terminate a child's enrolment. The OSHC Service will adhere to policies and procedures to ensure a fair, ethical, and appropriate decision is made.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality Service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
155	Interaction with children
168	Education and care Service must have policies and procedures
177	Prescribed enrolment and other documents to be kept by approved provider
181	Prescribed enrolment documents to be kept by the Approved Provider
183	Storage of records and other documents

## PURPOSE

*'All children have the right to experience quality education and care in an environment that provides for their physical and psychological wellbeing and provides support for each child's growing competence, confidence and independence.'* Quality Area 2, ACECQA.

We have the legal duty to ensure the health, safety and wellbeing of children, educators, families, coordinators and volunteers at our OSHC Service. To promote respectful and effective partnerships with families, we ensure that each child and family participate in a comprehensive induction including detailing our terms of enrolment, as per our legal agreement, which advises families on the Services' right to terminate a child's enrolment if a Service policy has been breached.

## SCOPE

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

## IMPLEMENTATION

### NOMINATED SUPERVISORS AND EDUCATORS WILL:

- work in partnership with families to promote inclusion of all children within the OSHC Service
- use positive language and a range of communication strategies with children and families to ensure positive relationships
- discuss concerns or issues of non-compliance with management before communicating with families
- document all communication and meetings (informal and formal) with families and outside professional support
- access external professional support to ensure child's inclusion in the Service's program
- document proposed strategies and practices suggested to resolve any issue
- remind families of our *Code of Conduct*

- document evidence of non-compliance, events, behaviour, grievances and observations.
- ensure minutes are collected and signed by all parties present at meetings to ensure a true and accurate record of the meeting.

## BEHAVIOUR GUIDANCE

There are times when children's behaviour requires guidance, which will always be undertaken according to the Service's policies and procedures. Every effort will be made to deal with the behaviour using positive guidance and working closely with families to implement a plan in order to help rectify any unacceptable behaviour. If the child's behaviour continues to be disruptive and harmful and the safety of other children and staff is compromised, we reserve the right to ask you to withdraw your child from the OSHC Service.

## OUT OF SCHOOL HOURS POLICIES AND PROCEDURES

Our OSHC Service has a range of policies and procedures to ensure the safety, welfare, and wellbeing of children, educators, families and visitors. We reserve the right to terminate a child enrolment if at any time a Service policy has been breached.

This may include:

- failure to comply with the enrolment contract
- disparaging or hurtful behaviour of a child that continues even with parent collaboration in stopping the behaviour
- lack of partnership and communication with Service
- non-payment of childcare or late fees and/or recurring late payment of fees
- continuing to pick up the child past the required licensed time following multiple warnings
- inability to meet the child's needs without family support and commitment to ensure their child receives the best possible support within our Service
- deliberate impertinence towards the approved provider or educators/educator assistants- (Code of Conduct)
- consistent child-rearing style differences between the parent and provider
- false information given by a parent either verbally or in writing
- bullying and/or harassing OSHC educators, children or families enrolled at the Service

## TERMINATION NOTIFICATION

The Approved Provider or Nominated Supervisor will advise families in writing that their child's enrolment will be terminated following all attempts to rectify any non-compliance.

Two weeks' notice will be provided to families, unless the safety and wellbeing of other children, educators or other families are at risk. In this case, an immediate termination of enrolment may apply.

Any outstanding fees will be provided to families and remain due to be paid upon termination of enrolment.

The initial Bond payment made on enrolment will not be refunded until any outstanding fees are paid.

## TERMINATION ADVISED BY THE FAMILY

Families are advised upon enrolment of the withdrawal of enrolment conditions. Families are required to provide two (2) weeks written notice of termination of enrolment. Families will abide by the conditions set within the *Withdrawal of a Child Policy*.

## SOURCE

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

Australia Children's Education & Care Quality Authority. (2018). *Guide to the National Quality Framework*.

Early Childhood Australia Code of Ethics. (2016).

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

Guide to the Education and Care Services National Law Regulations. (2017).

NSW Government. Anti-Discrimination Act 1977. No 48. <https://www.legislation.nsw.gov.au/#/view/act/1977/48/full>

Revised National Quality Standard. (2018).

Work Health and Safety Act 2011 <https://www.legislation.gov.au/Details/C2017C00305>

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## **BULLYING, DISCRIMINATION AND HARASSMENT POLICY**

Our Out of School Hours Care (OSHC) Service is committed to creating a workplace with vision and meaningful direction, adhering to our code of conduct and practicing ethical behaviour to ensure a productive work environment free from bullying, discrimination, and/or harassment.

### **NATIONAL QUALITY STANDARD (NQS)**

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships.

### **EDUCATION AND CARE SERVICES NATIONAL REGULATIONS**

168	Education and care Services must have policies and procedures
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### **PURPOSE**

We are committed to providing a safe and equitable workplace for all staff and educators. Bullying, discrimination and harassment will not be tolerated under any circumstances. As part of this commitment, we aim to prevent workplace bullying by adhering to the National Quality Standard, Fair Work requirements, *My Time, Our Place*-Framework for school age care in Australia and our Service statement of philosophy, ensuring a safe workplace and the wellbeing of all staff and educators employed at the Service.

### **SCOPE**

This policy applies to management, staff, and educators, of the OSHC Service.

### **IMPLEMENTATION**

Everyone has a right not be bullied or harassed at work. Workplace bullying occurs when a person or group of people repeatedly behave unreasonably towards a worker or a group of workers, creating a risk to health, safety, and wellbeing.

Bullying may involve any of the following types of behaviour:

- aggressive or intimidating conduct
- making belittling or humiliating comments
- spreading malicious rumours
- teasing, practical jokes or initiation of, or participation in 'initiation ceremonies'
- exclusion from work-related events
- unreasonable work expectations
- displaying offensive material, and/or
- pressure to behave in an inappropriate manner.

Bullying does not include management action carried out in a reasonable manner including:

- making decisions about poor performance
- taking disciplinary action
- directing and controlling the way work is to be carried out.

Discrimination occurs when someone is treated less favourably than others because of a particular characteristic (such as age, disability, or gender), or belong to a particular group within the population (due to, for example, religion, culture, or sexual orientation).

Harassment involves unwelcome behaviour that intimidates, offends or humiliates a person because of particular characteristics as listed above.

There are a number of anti-discrimination, equal employment, workplace relations, and human rights laws which make it illegal to discriminate or harass a person in the workplace. Australia's federal anti-discrimination laws are contained in the following legislation:

[Age Discrimination Act 2004](#)

[Disability Discrimination Act 1992](#)

[Racial Discrimination Act 1975](#)

Our Service philosophy, code of conduct and the [Early Childhood Australia \(ACA\) Code of Ethics](#) will guide educator behaviours and interactions and adhere to best practice by providing a vision and a purposeful and meaningful direction to ensure a safe working environment for all staff.

## MANAGEMENT AND THE NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL ENSURE:

- a thorough induction process for new employees is conducted at the commencement of employment
- an understanding and compliance with discrimination law is communicated with all employees
- all staff have a comprehensive understanding of the Service's code of conduct, *Grievance (Complaints) Policy* and *Code of Ethics*
- the *Bullying, Discrimination and Harassment Policy*, and all related policies are reviewed annually
- educators are informed that inappropriate behaviour, including bullying, discrimination, and harassment will not be tolerated and will be advised of potential consequences of this behaviour
- all staff are aware of the *Bullying, Discrimination, and Harassment Policy* and procedure
- inappropriate behaviour is addressed immediately
- all staff are aware of appropriate interactions through professional development and training
- all staff and educators are aware of their job roles and responsibilities which are clarified through job descriptions, team meetings, performance appraisals, and Service expectations
- constructive feedback is provided to staff and educators
- communication practices are reviewed frequently to ensure best practice
- all staff and educators are treated equally
- all staff and educators are encouraged to embrace the uniqueness and diversity of their colleagues
- an understanding and compliance with discrimination law is communicated with all employees.

## EDUCATORS WILL:

- be involved in decision making with a clear understanding of their roles and responsibilities, outlined in each individual job description
- respect the skills, strengths and opinions of all educators in order to create a professional, cohesive team
- comply with all discrimination laws
- be responsible for their own actions in the workplace
- raise matters of concern at an early stage to management
- provide management with specific information regarding the perceived bullying, discrimination, and/or harassment, and be prepared to have the complaint made known to the person to allow for fair management and rectification
- maintain confidentiality and not discuss or release information relating to a bullying, discrimination, or harassment allegations
- take bullying seriously
- follow the Service's *Bullying, Discrimination and Harassment procedure*

- evaluate the effectiveness of strategies implemented to discourage and eradicate bullying, discrimination, and/or harassment.

## SOURCE

*Anti-Discrimination Act*: See <https://raisingchildren.net.au/disability/disability-rights-the-law/law/anti-discrimination-laws> for Acts for specific Australian states and territories.

Australasian Legal information institute: [www.austlii.edu.au](http://www.austlii.edu.au)

Australian Human Rights Commission: <https://www.humanrights.gov.au/employers/good-practice-good-business-factsheets/quick-guide-australian-discrimination-laws>

Australian Human Rights Commission. (2019). Reform of discrimination law: <https://www.humanrights.gov.au/>

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

Early Childhood Australia Code of Ethics. (2016).

Education and Care National Regulations. (2011).

*Fair Work Act 2009* (Cth).

Fair Work Ombudsman. (2019). Managing performance & warnings: <https://www.fairwork.gov.au/employee-entitlements/managing-performance-and-warnings>

Fair Work Ombudsman. Rights and obligations: <https://www.fairwork.gov.au/how-we-will-help/templates-and-guides/fact-sheets/rights-and-obligations/workplace-discrimination>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2020).

Guide to the National Quality Standard. (2017).

OSHC Code of Professional Standards: [http://networkofcommunityactivities.org.au/wp-content/uploads/2013/03/OSHC\\_Code\\_Standards.pdf](http://networkofcommunityactivities.org.au/wp-content/uploads/2013/03/OSHC_Code_Standards.pdf)

Safe Work Australia. (2019). Bullying: <https://www.safeworkaustralia.gov.au/bullying>

*Work Health and Safety Act 2011* (Cth).

*Workplace Relations Act 1996* (Cth).

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## CHILD SAFE ENVIRONMENT POLICY

The United Nations Convention on the Rights of the Child (UNCRC) outline that children and young people have a right to be safe and cared for, no matter where they are or who they are with. Children have the right to be

protected from violence, abuse or neglect. When working with children and young people, it is important to understand children's rights and needs.

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

#### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

#### EDUCATION AND CARE SERVICES NATIONAL REGULATIONS and NATIONAL LAW

82	Tobacco, drug and alcohol-free environment
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84	Awareness of child protection law
102(A-D)	Transportation of children (risk assessments and authorisations)
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
115	Facilities designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios- centre based services
136	First aid qualifications
155	Interactions with children
162	Health information to be kept in enrolment record
165	Record of visitors
166	Children not to be alone with visitors
167	Record of Service's compliance
168 (h)	Education and care services must have policies- Providing a child safe environment
170	Policies and procedures to be followed
S162 (A)	Persons in day to day charge and nominated supervisors to have child protection training
S165	Offence to inadequately supervise children
S166	Offence to use inappropriate discipline
S167	Offence relating to protection of children from harm and hazards

## RELATED POLICIES

Arrival and Departure Policy	Nutrition and Food Safety Policy
Child Protection Policy	Physical Environment Policy
Code of Conduct Policy	Recruitment Policy
Cyber Safety	Safe Storage of Hazardous Chemicals Policy
Emergency and Evacuation Policy	Safe Transportation of Children Policy
Excursion/Incurion Policy	Staffing Arrangements Policy
Furniture and Equipment Safety Policy	Student and Volunteer Policy
Injury, Incident, Trauma and Illness Policy	Sun Safe Policy
Interactions with Children, Families and Staff Policy	Supervision Policy
Medical Conditions Policy	Technology Policy
	Water Safety Policy
	Work, Health and Safety Policy

## PURPOSE

Our Out of School Hours Care Service (OSHC) has a legal and ethical responsibility to provide a safe and friendly environment where all children are respected, valued and encouraged to reach their full potential. Children's safety and wellbeing is paramount, and we aim to take all practical steps to protect children from harm, ensuring a healthy and safe environment. Educators will maintain the premises and equipment, adhere to procedures regarding safe practices and operate in line with legislative requirements relating to child protective practices and the Education and Care Services National Regulations and Law. Educators and management are aware of their legal responsibility as Mandatory Reporters to take action to protect and support children they suspect may be at significant risk of harm. Educators will ensure that children are adequately supervised at all times and that every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury or trauma.

## SCOPE

This policy applies to children, families, staff, management and visitors of the OSHC Service.

## IMPLEMENTATION

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

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

## NATIONAL PRINCIPLES FOR CHILD SAFE ORGANISATIONS

Our OSHC Service is committed to being a child safe organisation and endorses the National Principles for Child Safe Organisations, placing the protection of children as a priority of our responsibilities and obligations. The Child Safe Standards recommended by the Royal Commission provide guidance for our Service to ensure our policies and procedures, strategies and attitudes, ensure children's safety is paramount.

Our OSHC Service has a zero tolerance to child abuse, and we are committed to the safety, participation and empowerment of all children. We promote diversity and tolerance and aim to form equitable and positive relationships with children. We ensure children participate in decisions affecting them and listen and respect their suggestions and ideas. We respond to any concerns, disclosures, allegations or suspicions of harm.

We are dedicated in promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds and to providing a safe environment for children with a disability.

## RECRUITMENT

Our OSHC Service maintains a rigorous and consistent recruitment, screening and selection process to ensure the best staff possible based on skills, qualifications, experience and suitability for the position available. All staff participate in robust interviews and have reference checks completed to ensure the applicant's suitability to the role, previous experiences and their commitment to child safe values and practices. All staff are provided with a comprehensive induction process which outlines our Code of Conduct, identifying and responding to child abuse, grievance processes, and work health and safety.

[Primary policy - Recruitment]

## WORKING WITH CHILDREN CHECK- POLICE CHECKS

Working in conjunction with the Child Protection Act and National Regulations, the safety, welfare and wellbeing of children is paramount within our Out of School Hours Service and community. All educators employed by the

Service including management, full time/ part time and casual educators, volunteers and students will be subject to a Working with Children Check carried out by the NSW Commission for Children and Young People. Management is responsible for the periodic review and maintenance of up to date records of employees' Working with Children Check, including the Working with Children Check number and the date on which each clearance expires. Once an employee provides their WWCC clearance, management will verify the clearance to ensure that it is valid and current. The WWCC will be placed in the individual's file and continue to be updated as required.

[Primary policy - Child Protection, Recruitment, Staffing Arrangements]

## CHILD PROTECTION- REPORTABLE CONDUCT SCHEME

Children and young people always have a right to be safe and protected. To comply with legislation and ensure a child safe environment, educators are provided with training and ongoing supervision to ensure they understand that *child safety is everyone's responsibility*.

Nominated supervisors, responsible persons, coordinators, educators and other staff are mandatory reporters and must make reports if they suspect, on reasonable grounds, a child is at risk of significant harm. Management team and responsible persons, in day-to-day charge, are provided with up-to-date training on child protection law (approved by the Regulatory Authority) and their obligations under this law. Management team ensures they are confident in following the reporting guidelines within NSW and adhere to our *Child Protection Policy*.

Through continual education and training, educators and staff are equipped with the knowledge, skills and awareness to keep children safe. Training gives educators and staff confidence to identify, respond and report child abuse.

Management team and responsible persons, in day-to-day charge, must refresh their knowledge about mandatory reporting each year or as required by the law.

[Primary policy – Child Protection]

## CHILD PROTECTION – ALLEGATIONS AGAINST EMPLOYEES

To protect children and ensure their safety, welfare and wellbeing, management is responsive to report allegations or convictions of child abuse and child related misconduct by any staff member, volunteer or contractor to the Office of the Children's Guardian (OCG) as part of the *Reportable Conduct Scheme*.

Our OSHC Service will ensure there is an appropriate level of confidentiality of information relating to the reportable allegations as per the Children's Guardian Act 2019. We take our legislative responsibilities seriously

as part of the Reportable Conduct Scheme and will respond to any reportable allegation or conviction against employees or volunteers that may arise.

#### PHYSICAL ENVIRONMENT- SUPERVISION AND SAFETY CHECKLISTS

Children's safety is embedded in our day-to-day practices. We ensure effective and adequate supervision is provided to children at all times. Educators will employ 'active supervision' strategies within the Service environment and when participating in excursions or transporting children. Consideration will be made for the different ages and abilities of children and the activities that may require different levels of supervision.

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

Through conducting risk assessments, we assess and manage risks in the physical environment collaborating with children to develop behaviour guidelines for play, including adventurous play, to ensure their safety. Educators have a sound understanding of their duty of care and responsibilities in ensuring a child-safe environment.

Regular safety checks maintain basic standards of safety within our OSHC Service venue. We believe that child safety is a shared responsibility at all levels within our OSHC Service. Children are encouraged to speak up about their safety and the safety of their friends by telling an educator if they feel unsafe in a particular situation or environment.

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

#### **Safety checklist: attachment 1**

Any findings that require attention will be either dealt with immediately or notified to the NSCC personnel for any action needed.

#### STORAGE OF HAZARDOUS SUBSTANCES

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

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

To maintain a safe environment for children, the following audits and checklists are conducted:

**Safety checklist: attachment 1**

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

## EQUIPMENT, FURNITURE & MAINTENANCE RECORD

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

The venue of our OSHC Service and all equipment and furniture used within the service are audited to ensure all aspects are safe, clean and in good repair. We understand that hazards are specific to developmental stages of children. Educators are aware that toys and equipment need to be checked to ensure they are safe and developmentally appropriate for school aged children from Year 1 to Year 6. Regular checks occur within the OSHC Service to ensure that all toys, furniture and equipment are in good condition and working order. These checks include:

**Safety checklist: attachment 1**

[Primary policy – Furniture and Equipment Safety Policy]

## RISK ASSESSMENT & RISK ASSESSMENT TOOL

It is a legislative requirement that all Services implement a risk management system where they identify and manage hazards and risks within the workplace to ensure a child safe environment. The key principles of risk management include:

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

It is the responsibility of coordinators or responsible persons in day-to-day charge to complete a risk assessment where children's safety may be jeopardised and when organising an excursion/incursion.

Children's safety must be incorporated into everyday practice within the OSHC Service.

Common hazards which may require a risk assessment include:

- cross-infection and infectious disease
- administration of medication
- anaphylaxis procedures and management
- building and equipment (including storage)
- inadequate space for conducting activities and experiences
- hazardous chemicals
- electrical appliances
- food preparation and storage
- environmental influences such as shade, noise etc
- sun safety
- children's behaviours
- water safety
- fire equipment
- pets and/or animals
- inadequate supervision of children
- children's activities and experiences
- Work Health and Safety such as manual handling
- non-compliance risk
- hot drinks
- transportation of children (regular outing and regular transportation)
- excursions

To maintain a child-safe environment, we will adhere to our OSHC Service policies and procedures and conduct the following checklist and audits:

[Insert checklists and audits used, this may include risk assessment, maintenance record, excursion risk assessment etc]

[Primary policies – Emergency and Evacuation; Incident, Injury, Trauma and Illness; Safe Transportation of Children; Sun Safety; Administration of First Aid; Medical Conditions]

## EMERGENCY AND EVACUATION PROCEDURES

Management will ensure that copies of the emergency and evacuation floor plan are displayed in prominent positions near each exit of the Service premises, including indoor and outdoor learning areas.

All staff are familiar with emergency evacuation procedures and regulatory requirements.

Rehearsals for emergency and evacuation procedures, including lock downs, are conducted at least once every 3 months.

[Primary policy- Emergency Evacuation Policy]

## ARRIVAL AND DEPARTURE AUTHORISATION

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

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

Educators will work in collaboration with our *Arrival and Departure Policy* and *Student and Visitors Policy* to ensure children feel safe and secure at all times.

To ensure children's safety, educators have a clear understanding of their legal obligation to check identification when a person is collecting a child from the Service.

[Primary policies - Arrival and Departure; Student and Visitors]

## CODE OF CONDUCT

Management, coordinators, educators, staff, volunteers and students will adhere to our Service's Code of Conduct Policy. We will:

- provide adequate supervision of children at all times
- take reasonable action to protect children and young people at risk of harm
- ensure the Service's premises is free from the use of tobacco, illicit drugs and alcohol
- adhere to our *Privacy and Confidentiality Policy*
- not discriminate against any child, because of culture, race, ethnicity or disability
- be responsible for our own and others health and safety
- be positive role models to children
- respect children's privacy and dignity at all times
- not put children at risk of abuse- refusing food/play, making threats, exposing children to inappropriate language or material (movies, internet, photos)
- report any allegations of child abuse to the approved provider as mandatory reporter
- notify the approved provider and/or the regulatory authority within 24 hours of any serious incident or complaint as per the National Regulations

## CONTINUOUS REVIEW

To ensure we maintain a culture of continuous improvement, we will ensure our child-safe practices are regularly reviewed, evaluated and improved. We aim to ensure all educators, staff and volunteers understand and effectively implement our policies and procedures to provide a child-safe environment at our OSHC Service.

We will regularly review and monitor the effectiveness of our child-safe policies and procedures and invite children, staff members, families and communities to contribute to their development.

Any updates or revisions will be communicated to all stakeholders.

## FAMILIES

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

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

## SOURCE

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

ACECQA. (2021). Policy and procedure guidelines. *Providing a Child-Safe Environment*.

Australian Government Department of Education, Skills and Employment. (2011). *My Time, Our Place: Framework for School Age Care in Australia*.

Australian Human Rights Commission (2020). *Child-Safe Organisations*. <https://childsafes.humanrights.gov.au/>

Child Protection (Working with Children) Act 2012

Children's Health and Safety – An analysis of Quality Area 2 of the National Quality Standard

Department of Education NSW Providing a child safe environment

Education and Care Services National Regulations. (2011).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2017). (Amended 2020).

NSW Department of Education (2021). [Guide to the Child-Safe Standards for early childhood education and care and outside school hours care services](#)

NSW Government Office of the Children's Guardian *A guide to the Child Safe Standards*. (2020).

Revised National Quality Standard. (2018).

United Nations Convention of Rights of the Child, (1989). (UNCRC)

Victoria State Government Health and Human Services. Creating child safe organisations:

<https://providers.dhhs.vic.gov.au/creating-child-safe-organisations>

Work Health and Safety Act, (2011).

## REVIEW

	Name	Title	Date
POLICY REVIEWED BY:	Gus Gomez	Nominated supervisor	January 2024
POLICY REVIEWED	January 2024	NEXT REVIEW DATE	July 2024

## Attachment 1

## Safety Checklist.

Score	0%	Flagged items	0	Actions	0
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Conducted on

Location

Audit 0%

**Outdoors** 0%

Is the playground clean and clear of any hazards?

Are all the gates working properly?

Are the toilets clean and ready to use?

Comments (outdoors checklist)

**Kitchen** 0%

Is the kitchen clean and clear of any hazards?

Is the equipment organised and placed safely?

Temperature: Fridge 1 (It Should be below 5°C)

Temperature: Fridge 2 (It Should be below 5°C)

Temperatures Freezer (It Should be below -18°C)

Dishwasher clean and ready to use?

Are windows safe and working?

---

Are lights safe and working?

---

Comments (Kitchen checklist)

---

## Rooms

0%

### Jacaranda Room

0%

---

Is the room clean and clear of any hazards?

---

Are windows safe and working?

---

Are lights safe and working?

---

Is the equipment organised and placed safely?

---

### Wattle Room

0%

---

Is the room clean and clear of any hazards?

---

Are windows safe and working?

---

Are lights safe and working?

---

Is the equipment organised and placed safely?

---

### Moreton & Bay Room

0%

---

Is the room clean and clear of any hazards?

---

Are windows safe and working?

---

Are lights safe and working?

---

Is the equipment organised and placed safely?

---

## Who completes the checklist?

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