

POLICY GROUP 4 – Health & Well-Being

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General Health & Safety Policy 4.1

POLICY GROUP: HEALTH & WELL-BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: GENERAL HEALTH & SAFETY POLICY 4.1	REVIEWED: 2020 REVISED: 2020

This Service strives, through the following specific policies and procedures, to provide a clean, safe and healthy environment where hygienic procedures are always practiced promoting and support the health, wellbeing and safety of children. The Service recognises the needs of children in this respect, and of Educators and parents and others coming to the Service.

RELEVANT LAWS & OTHER PROVISIONS

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *NQS Area: 2.1.1, 2.1.3, 2.1.4; 2.2.1; 2.3.1, 2.3.2, 2.3.3; 3.1.1, 3.1.2; 3.2.1; 4.1; 6.1.1; 6.2.2; 6.3.3, 7.1.2; 7.3.1; 7.3.5.*
- *Policies: Illness and Injury, Medication, Sun Safety, Food Handling and Storage, Enrolment.*

PROCEDURES

- The enrolment procedures will include the requirement that parents advise any health issues (including medications, special dietary or other requirements) and any other specific needs of their children.
- The Coordinator will ensure that all Educators are aware of all such specific notified needs.
- The Coordinator will ensure that some Educators have had appropriate education or training to enable them to undertake basic support of the health needs of children, including administering medications, allergic reactions, and basic first aid and special dietary requirements.
- The Coordinator will ensure that there is always at least one Educator who has the requisite first aid qualifications prescribed under Child Care Regs.
- In the event of a child falling ill at the Centre, the child's parent or emergency contact will be contacted. If it is not possible to contact a family member, then an ambulance will be called (if necessary) and an Educator will accompany the child until a family member arrives.
- It is the parent's responsibility to find alternate arrangements if their child is ill. Any child that arrives at the Centre with a suspected infectious illness will not be permitted to stay until a doctor's clearance has been received.
- A playground safety check will be done each afternoon before children play outdoors to check for vermin, dangerous insects or animals and faulty/ broken equipment. It is the responsibility of the Educators to check the grounds thoroughly.
- Safety checklists of other areas used by the Service will be completed each morning
- Educators will ensure that equipment is cleaned/sanitised as per the cleaning checklist
- Educators will ensure that equipment is used safely and appropriately
- Risk assessments will be conducted for all activities, including excursions
- Educators will actively supervise children within their area
- Educators will ensure that they, and the children comply with the sun safe policy
- Children who are unwell will be isolated from other children in a quiet area
- Educators will ensure that all food handling and storage procedures are followed to prevent the risk of contamination
- Educators will adapt strict hygiene procedures and follow stringent practices regarding outbreaks or pandemics as per government and health regulations such as the requirements for the COVID19 pandemic in 2020.

Infectious Disease Policy 4.2

POLICY GROUP: HEALTH & WELL-BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: INFECTIOUS DISEASE POLICY 4.2	REVIEWED: 2020 REVISED: 2020

The Service strives to remove immediate and/or serious risks to the health of the children, from possible cross- infections, by adopting appropriate procedures for dealing with infectious diseases, whilst respecting the rights of individual privacy. Accordingly, all people, including children, Educators and parents, with infectious diseases will be excluded from attending the Service to prevent the diseases spreading to others. When infectious disease is referred to in these policies and procedures, it means communicable diseases and notifiable diseases (see Commonwealth Department of Health at and Communicable Diseases Network Australia at www.cda.gov.au).

RELEVANT LAWS & OTHER PROVISIONS

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *National Health and Medical Research Council 'Staying Healthy in Childcare' 4th edition*
- *NQS Area: 2.1.3, 2.1.4; 4.2.1; 6.1.3; 7.3.1, 7.3.2, 7.3.5.*
- *Policies: 4.1 – General Health and Safety, 4.3 – Hygiene, 4.4 – Preventative Health and Wellbeing, 4.14 – Infectious Disease Response Strategy, 8.16 – Employee Immunisation, 9.2 – Enrolment.*

PROCEDURES

Monitoring

- The Service will subscribe to reasonably available alert services through the Commonwealth Government Department of Health (see www.health.gov.au and www.cdagov.au) and Queensland Health (www.health.qld.gov.au) to keep up to date information on infectious diseases within the community.
- Coordinator may enforce procedure of all children having temperatures taken upon arrival at service if they feel that the current health climate within the community warrants this procedure.

Reporting It is the responsibility of parents/guardians to inform the Coordinator of any infectious disease that their child or other immediate family members may be suffering.

- Parents/guardians will be advised through the enrolment procedures and the Parent Handbook that children who are ill are not to be brought to the Service.
- Children who are ill with the communicable illnesses of vomiting and diarrhoea are not permitted to return to care until 48 hours has lapsed after the last occurrence of vomiting or diarrhoea.
- It is the responsibility of Educators to inform the Coordinator of any infectious disease that the Educators, or their other immediate family members, may be suffering.
- This Service is responsible for reporting to the State Health Authorities of any illness that the centre has had 10 or more cases of at any one time, these notifiable diseases are (as per requirements of the Commonwealth Government Department of Health) and also to report this to parents of other children in this Service as appropriate, but having regard to the privacy of individuals concerned.
- Records in regard to infectious disease will be maintained by the Coordinator. These records will include the child's name, age, symptoms, date and time Educators first noticed the illness and any action taken. This record will not be available to other parents/guardians in view of the sensitive nature of a child's health information.

- A notice will be posted, and attention drawn to it when there has been a report of an infectious disease at this Service.
- The rights of individual privacy will be respected always, and the Privacy Policy of the Service will be observed by all Educators implementing these procedures relating to infectious diseases.

Exclusion

- All people, including children and Educators, who are suffering from any infectious diseases need to be excluded from the Service to prevent others from being introduced to the infection. When any such person is found to be showing signs of any infectious disease: -
- For children, their parents/guardians will be asked to immediately collect their child and seek medical advice
- Vomiting /diarrhoea: exclusion for 48 hours after the last occurrence of vomiting or diarrhoea.
- For Educators, they will immediately be released from work to seek immediate medical attention and for the period of the infectious disease.
- For parents or other adults, they will be required to leave the premises of the Service immediately and not re-enter the premises unless and until they are no longer suffering from the infectious disease.
- If a duly qualified and registered medical practitioner diagnoses an infectious disease, the child/Educators shall be excluded for the recommended period (as per Commonwealth Government Department of Health requirements).
- or diseases which are from time to time published as requiring a doctor's certificate clearing the child/Educators, the doctor's certificate will be required before the child/Educators are re-admitted to the Service.

Pandemic Policy 4.3

POLICY GROUP: HEALTH & WELL- BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: PANDEMIC POLICY 4.3	REVIEWED: 2020 REVISED: 2020

The international novel coronavirus (COVID-19) pandemic evolved rapidly, with local transmission reported in many states across Australia

Children are at the same risk of contracting COVID-19 as adults. Children are more likely to have a milder illness, and some may not have any symptoms.

Children can spread a range of respiratory infections, even with only mild symptoms, so we recommend that early childhood education and care services have established plans in place in the event of service-wide infection outbreaks or broader community epidemics.

RELEVANT LAWS & OTHER PROVISIONS

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *National Health and Medical Research Council 'Staying Healthy in Childcare' 4th edition*
- *NQS Area: 2.1.3, 2.1.4; 4.2.1; 6.1.3; 7.3.1, 7.3.2, 7.3.5.*
- *Policies: 4.1 – General Health and Safety, 4.3 – Hygiene, 4.4 – Preventative Health and Wellbeing, 4.14 – Infectious Disease Response Strategy, 8.16 – Employee Immunisation, 9.2 – Enrolment.*

Procedures:

- Anyone (staff and children) who is sick with influenza-like symptoms, even with mild symptoms, **should not attend** the service.
- If a child or staff member becomes ill while they are at the service, they should be sent home as soon as possible. While awaiting collection by their carer, ideally, the symptomatic child should be cared for in an area that is separated from other children at the service. This is to prevent the spread of respiratory viruses.
- Enhance hygiene practices for staff, children and visitors. Washing hands frequently is the single most effective way to reduce the spread of germs that cause respiratory disease. Alcohol-based hand gel is a suitable alternative **if used and stored safely around children**.
- Develop a process to rapidly communicate with staff (including casual workers), visitors, families and your local public health unit.
- Ensure robust infection control and cleaning and routine environmental cleaning procedures are in place. In response to a suspected or confirmed case of any pandemic the service should follow existing protocols for cleaning and disinfection for outbreaks of gastrointestinal illness/gastroenteritis outbreaks.
- Develop strategies (where possible) to limit movement of children staff and families between groups at the service.
- Cancel any planned activities outside of the service, such as visits to residential aged care facilities and other large gatherings.
- Promote the annual influenza vaccine for staff, children and their families.
- Implement temperature checks for all children and educators.
- Reduce the requirements for non-service users on site.
- Report any infections or outbreaks of the pandemic to the required authorities immediately.
- Implement social distancing as per guidelines from Health authorities.

Hygiene Policy 4.4

POLICY GROUP: HEALTH & WELL- BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: HYGIENE POLICY 4.4	REVIEWED: 2020 REVISED: 2020

For the ongoing and general health and wellbeing of the children, the Service strives to ensure for its children and Educators a standard of general hygiene which complies, as a minimum, with legal requirements and, as far as reasonably possible, with the standards expected in the wider community.

RELEVANT LAWS AND OTHER PROVISIONS

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *Work Health and Safety Act 2011*
- *NQS Area: 2.1.3, 2.1.4; 2.2.1; 4.2.1; 7.1.2, 7.3.5.*
- *Policies: General Health and Safety, Infectious Diseases, Preventative Health and Wellbeing, Illness and Injury, Children's Toileting, Non Smoking, Food Handling and Storage, Cleaning and Sanitising.*

Procedures

Use of Gloves

- When preparing food and when cleaning, or otherwise having contact with, bodily fluids (e.g. blood, mucus, vomit, urine, faeces etc), Educators will wear disposable gloves.
- Used gloves are to be carefully disposed of, immediately after use, in such a way that they would reasonably be expected to be secure from children or other Educators.
- Educators must ensure all soiled clothing is placed in a plastic bag then put inside a secure container and left in area until parents arrive to collect children.
- Educators are responsible for advising the Coordinator/ Co-ordinator (or other responsible person) to ensure that there is an adequate store of disposable gloves always available.

Washing hands:

Educators will wash their hands with soap and running water, and ensure that children do the same unless unable to have access to facilities in which case children will be given sanitiser to clean hands.

- Before handling, preparing and eating of food.
- After giving First Aid.
- After toileting, handling of animals or other activities which could lead to the spread of infection
- After contact with/cleaning of body fluids (blood, mucus, vomit, urine, faeces etc)

Hand Sanitisers

Hand sanitisers may be used in situations where soap and water are not available. They will be used only under supervision of Educators

Dishwasher Usage

- A properly functioning temperature-activated sanitizing cycle that must sense a temperature of 65.6 degrees Celsius or above before the machine advances to the next step.
- A water inlet temperature above 68 degrees if the machine has no sanitising cycle or has a sanitising cycle and forced airflow drying.

Preventative Health & Well-Being Policy 4.5

POLICY GROUP: HEALTH & WELLBEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: PREVENTATIVE HEALTH & WELLBEING POLICY 4.5	REVIEWED: 2020 REVISED: 2020

For the ongoing and general health and wellbeing of the children, the Service strives to ensure for its children and Educators a standard of general preventative health and wellbeing which complies, as a minimum, with legal requirements and, as far as reasonably possible, with the standards expected in the wider community.

RELEVANT LAWS & OTHER PROVISIONS

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *NQS Area: 2.1.2, 2.1.3, 2.1.4; 3.1.2; 7.1.2; 7.3.5*
- *Policies: General Health and Safety, Non Smoking, First Aid Waste Management, Infectious Diseases Response Strategy, Food Handling and Storage, Cleaning and Sanitising, Workplace Health and Safety.*

Sun Safety

- Children and Educators will wear hats and appropriate clothing when outside and have adequate shade provided by trees, shelter sheds or shade cloth.
- Educators will encourage children, including by way of modelling behaviour, to avoid excessive exposure to the sun. This will be reflected in the timing of outdoor activities which will be kept to a minimum during the hours of 10.00am and 3.00pm during Vacation Care and 3.00pm–5.00pm during after school care on excessively hot days.
- Educators will encourage children, including by modelling behaviour, to wear a suitable sunscreen (SPF 50), which is reapplied per the manufacturer's recommendations.

Service Environment

- A quiet area will be provided where children can be quiet and away from other children.
- 'No smoking' at or about the Service is a condition of entry for all people, including Educators, parents and others, entering the premises.
- The Service will place a reminder notice, for Educators and children, in the Service to remind all of the need to maintain a clean and healthy environment, and of its 'no smoking policy'.

Cleanliness

- Educators will ensure that premises used for the Service and all toys, dress- up clothes, paint shirts and other materials and resources will be kept clean.
- Tables, benches, floor surfaces and toilets will be cleaned thoroughly each day.
- The refrigerator will be cleaned once a week.
- Cupboards will be kept in a hygienic state to protect against any vermin outbreak.
- The premises will be regularly treated for the control of pests.
- Educators will ensure that all tissues are disposed of immediately after use.
- There will be a suitable area for waste disposal. This is to be covered and emptied daily into outside garbage units that are collected regularly.
- Recycled items (for craft activities) which were used, or suspected to have been used, in a non-hygienic environment will not be used at the Service.

Illness, Injury & First Aid Administration Policy 4.6

POLICY GROUP: HEALTH & WELLBEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: ILLNESS, INJURY & FIRST AID ADMINISTRATION POLICY 4.6	REVIEWED: 2020 REVISED: 2020

The Service proactively strives to avoid injuries occurring at the Service, and to minimise the impact of injuries and illnesses by responding appropriately and as quickly as possible, to all injuries and illnesses. The rights and responsibilities of parents with respect to injuries to and illnesses of their children are acknowledged and will be taken in to account in administering all procedures. (See also Policy 6.3 - Workplace Health and Safety)

RELEVANT LAWS & OTHER PROVISIONS

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *First Aid Code of Practice 2004*
- *NQS Area: 2.1.1, 2.1.2, 2.1.4; 2.3.3; 4.2.1; 6.1.1; 6.2.1; 7.1.2; 7.2.3; 7.3.1, 7.3.2, 7.3.3, 7.3.5.*
- *Policies: Observational Recording, Medication, Anaphylaxis Management, Anaphylaxis Management, Emergency Health and Medical Procedure Management, First Aid Waste Management, Infectious Diseases Response Strategy, Asthma, Enrolment, Information Handling (Privacy and Confidentiality).*

Procedures Parental Permission

- Written permission from the child's parent/guardian will be sought through the enrolment process (see Policy 9.2) for the Coordinator (or, in absence of the Coordinator, an Educator qualified in first aid) to obtain medical attention, in keeping with the Policies and Procedures of the Service, if required.
- Written consent will also be obtained from the parent/guardian for the use of all health and other personal information which the Service has relating to the child for enabling Educators of the Service to:
 - administer care and assistance to the child, including by obtaining
 - emergency or other medical assistance or care for the child in accordance with the Injury and Illness Policy and Procedures of the Service; and
 - report any injury or illness as required by law First Aid
- At least one Educator with a current first-aid, CPR, asthma and anaphylaxis qualification, as required by the Child Care Regs, will be on duty at all times while children are in attendance at this Service.
- Disposable gloves will be worn by Educators when administering first-aid, and will be disposed of immediately after use, in a way that they are reasonably secure from children and other Educators.
- The Coordinator will delegate a qualified Educator to ensure that the following are always kept at the Service, and are accessible to the Educators but not to children:
 - A fully maintained and equipped first aid kit, adequate for the number of children attending the Service;
 - A recognised and current first-aid manual
 - Cold packs and ice ready for use in the administering of first aid;
 - A store of disposable gloves.
 - An in-date epipen
 - A spacer for administration of asthma medication

Immediate procedure upon injury or illness

If a child becomes ill or injured while attending the Service:-

- Educators will comfort and calm the child;
- Educators qualified in first aid will administer appropriate first aid and assess the child's condition;
- No Educator will administer non-prescribed oral medications to any child, unless parent has given prior written permission or verbal permission for panadol / nurofen etc.
- If necessary, the Coordinator, Assistant Co-ordinator or Responsible Person, will ensure that the child is separated from the other children and made as comfortable as possible in a quiet, well-ventilated area;
- If necessary, the Coordinator, Assistant Co-ordinator or Responsible Person, will contact the parents/guardians to collect their child as soon as possible.
- The child will be kept under adult supervision and their condition monitored until the parent's arrival.
- Where a child requires medication, consent will first be obtained from the parent/guardian unless previous written permission has been obtained.

If the child's condition is assessed as serious or deteriorates and emergency medical attention is necessary:

- The Coordinator, Assistant Co-ordinator or Responsible Person, will direct an Educator to call an ambulance
- All attempts will be made to notify the parents; and if parents are unable to accompany the child to the hospital, the Coordinator, Assistant Co-ordinator or Educator who administered the first aid, will accompany the child provided this leaves at least one Educator who is qualified in first aid at the Service and that the Service Educator: child ratios are still met
- All costs incurred in obtaining medical attention for a child will be met by the parents/guardians.

Recording and Reporting Injuries and Illness

- The Educator who administered care or first aid to the child will complete an incident report detailing the following information:
 - The child's name;
 - PRIN
 - Details of accident;
 - Parents/guardians contacted;
 - Treatment and outcome of accident;
 - Whether first-aid kit was used and if so what treatment;
 - Educators signature and witness signature (if applicable); and
 - Parent's signature confirming knowledge of accident.
- The information contained in the injury/illness record must not be used for any purpose except strictly in accordance with the Injury and Illness Policy, the Privacy Policy and any other relevant policies of the Service.
- The Coordinator will ensure that the parent of a child who is injured or ill at the Service is informed of the situation, and the treatment given, on collection of the child.
- The Coordinator is responsible for the obligation under section 81 of the Child Care Act, 2002 to report to the relevant State Government Department (at publication date the Department of Families and Community Service) (or its relevant successor) if a child dies, or suffers an injury at the Service for which treatment from a medical practitioner was obtained, or thought reasonably to have been sought.

Medication Policy 4.7

POLICY GROUP: HEALTH & WELL- BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: MEDICATION POLICY 4.7	REVIEWED: 2020 REVISED: 2020

In the interests of health and wellbeing of the children, the Service will only permit medicines to be given to a child if a medical practitioner has prescribed the medicine, and it is directed in writing by the medical practitioner to be administered during operational hours.

RELEVANT LAWS & OTHER PROVISIONS

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *NQS Area: 2.1.1, 2.1.4; 2.3.3; 4.2.1; 6.1.1; 6.2.1; 6.3.2; 7.1.2; 7.3.1, 7.3.2; 7.3.3, 7.3.5.*

Policies: General Health and Safety, Anaphylaxis Management, Emergency Health and Medical Procedure Management, Asthma, Enrolment, Information Handling (Privacy and Confidentiality).

Procedures

- See procedures under Policy 4.1 regarding obligation for parents to advise the Service of health needs, including medication, for their children.
- Educators will only be permitted to administer medication to a child if it is:
 - A prescribed oral medication; in its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date. Parents/ caregivers must complete a medication form giving these details
- Part tablets must be provided in webster packs (see below)
- Parents may give permission for panadol or antihistamine use either verbally or via electronic means.
- Nurofen will not be used at the Centre due to the attendance of asthmatic children who may be allergic to nurofen.
- If Panadol or antihistamines are given to a child, a medication form must be completed
- All medication will be kept by the Coordinator (or her/his nominee) and stored in a locked cupboard or similar storage receptacle. Storage should prevent unsupervised access and damage to medicines e.g. some may require refrigeration.
- All medication will be administered by the Coordinator, Assistant Co-ordinator or an Educator who is duly qualified in first aid. The administration of medication must be witnessed by another Educator.
- All unused medication will be returned to the parent upon collection of the child.
- For asthma, diabetes or other similar ongoing medications parents will be required to advise the Coordinator in writing whether their child will be responsible for administering their own medication or will require supervision. Families must give details of how, when (i.e. at what intervals) and by whom all such treatment is to be administered.
- All staff are to be made aware of children's allergies along with treatment and procedures required.
- Individual procedures are developed in regard to each child who has an allergy.
- Each child with a condition such as anaphylaxis or asthma will have their own pouch containing their individual requirements and this will always be obtainable from centre office and then when required taken to the area that the child is playing in.

The following rule applies regarding all Part Tablet Medications.

To eliminate the risk of educators providing the incorrect dosage of medication to children requiring **PART TABLET** doses ($\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$ tablet), families are required to provide these in pre-prepared Webster packs. Webster packs can be purchased from chemists where pharmacists will prepare the correct individual dosage of medication in a sealed and labelled package. (Parents/carers will need to speak with their doctor and pharmacist to obtain further details).

This does not affect medications that are currently provided in pharmacy labelled original packaging that are administered as **WHOLE** tablets.

Families failing to comply with this amended policy will be required to attend Ironside OSHC to administer medications to their child/ren as prescribed.

Keeping of Animals Policy 4.8

POLICY GROUP: HEALTH & WELL- BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: KEEPING OF ANIMALS POLICY 4.8	REVIEWED: 2020 REVISED: 2020

Any animals cared for by this Service will be given adequate care. Children will be given the opportunity to share in the responsibility of looking after any animals in care.

RELEVANT LAWS & OTHER PROVISIONS

- *Duty of Care*
- *Check local authority regulations, eg Brisbane City Council by-laws on keeping relevant animals*
- *NQS Area: 2.1.3, 2.1.4; 2.3.1, 2.3.2; 3.1.1; 6.1.2; 6.2.1; 7.3.5.*
- *Policies: General Health and Safety, Infectious Diseases, Hygiene, Preventative Health and Wellbeing, Communication with Families.*

Procedures

- The Service will only keep animals at the Service where they are appropriate to the program of the Service and only if permitted by local authority regulations.
- The Coordinator will ensure that any animal, which poses a health or safety risk to any child in the Service, is safely and responsibly removed immediately.
- Animals cared for by the Service will have plenty of food, water, air, bedding and shelter.
- Under the supervision of Educators, the children can help in the care of the animals.
- Children will always be supervised when handling animals and will be reminded of treating animals with care and respect

Vermin Policy 4.9

POLICY GROUP: HEALTH & WELL- BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: VERMIN POLICY 4.9	REVIEWED: 2020 REVISED: 2020

We aim to ensure the safety of the Educators and children within our service. This includes protection from potentially dangerous pests and animals in the centre grounds

We consider vermin / pests to be;

- Spiders
- Bees / Wasps
- Toads/ Snakes
- Mice
- Cockroaches
- Rats

RELEVANT LAWS & OTHER PROVISIONS

Procedure

- The Centre is to be pest controlled once every 12 month unless otherwise noted by school
- An Educator rostered on is first aid trained in the event of a vermin bite.
- Ice packs are kept in freezer always
- The Coordinator/Coordinators will ensure that Educators are aware that playgrounds/ play areas are checked for any vermin before the children play outdoors.

Sun Safety Policy 4.10

POLICY GROUP: HEALTH & WELL- BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: SUN SAFETY POLICY 4.10	REVIEWED: 2020 REVISED: 2020

Ironside OSHC in collaboration with Ironside State School is a sun safe centre. We endeavour to ensure the children always wear hats whilst outdoors. We have strict policies on the wearing of hats and the application of sunscreen.

RELEVANT LAWS & OTHER PROVISIONS

- [Work Health and Safety Act 2011](#)
- [Duty of Care](#)
- [Qld Cancer Fund 'Sun Smart Policy Guidelines'](#)
- [Cancer Council Australia](#)

Procedures

When using the pool during vacation care;

- Educators will role model to children by applying sunscreen, where possible at least 30 minutes prior to children entering the pool.
- Educators will enforce that all children must wear sunscreen when going to pool or they will not be allowed to attend. Children and Educators will wear a hat whilst in the pool where possible. If children have allergies or sensitive skin, then parents must supply appropriate sunscreen.
- Educators will enforce the policy of NO HAT NO PLAY always
- During Vacation Care, children are allowed to apply their own sunscreen, however educators are to ensure children apply liberally as an Educators duty of care.
- It is the parent's responsibility to ensure their child arrives sun screened at the beginning of each day over the vacation care period.
- Educators are to ensure they role model sun safety whilst near water, by wearing a rash shirt, hat and sunscreen. Children involved in pool play are not to spend more than 2 hours at any one time in the pool or direct sun. Children must wear rash shirts or T-shirts whilst in the pool.
- Educators are to ensure after 2 hours of swimming that children are removed from the pool, towel dried and sunscreen reapplied. Children must wait at least 30 minutes after sunscreen reapplication before returning to water activities.

Before / afterschool and vacation care:

- Children will be taught sun safe ideas from Educators. Educators will enforce the policy of NO HAT NO PLAY always.
- Educators will monitor the heat of the day and the decision will be made by the nominated supervisor on the day as to the time limit for outdoor activities.
- On hot days, regular monitoring of outdoor facilities and equipment will be conducted to assess their suitability to be accessed by children.
- Educators are to ensure that children wear shoes outside and will be mindful of children kneeling, sitting or lying down on surfaces during hot weather.

- Educators will assess the positioning and re-positioning of shades for areas affected by direct sunlight during different times of the day and/or seasons.
- Sunscreen to be used on children is SPF 50+ and where possible is to contain titanium or zinc ingredients. Children with allergies are requested to supply their own sunscreen for Educators to apply.
- For before and after school care sunscreen will be readily available for Educators to apply and to always be given to children for application.
- If outdoor temperatures are considered too high by the Director, Assistant Co-ordinator or the responsible person, a directive will be given to restrict play to indoor areas or areas provided with solid shade (i.e fixed roof or undercover area)
- All children are requested to wear clothing that covers the shoulders whilst in care even if sunscreen has been applied.
- The service takes no responsibility for children being sunburnt if parents have not dressed children in appropriate clothing for the expected weather conditions (according to the service policy around singlet tops or shoe string strap dresses).

Children's Toileting Policy 4.11

POLICY GROUP: HEALTH AND WELL- BEING	FORMULATED: 2018 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: CHILDRENS TOILETING POLICY 4.11	REVIEWED: 2020 REVISED:2020

The service recognises the need to ensure the safety of all children whilst accessing the toilet and acknowledges that from time to time, children may require additional support and assistance if they are unable to toilet independently. Thus, the service management seeks to ensure that the personal health, hygiene and safety of children and educators is supported, through the consistent implementation of the following procedures to protect children from risk of harm or injury.

RELEVANT LAWS AND OTHER PROVISIONS

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *Commission for Children and Young People and Child Guardian Act 2000*
- *NQS Area: 1.1.5; 2.1.1, 2.1.3; 2.3.1, 2.3.2; 4.1; 4.2.1; 5.2.3; 6.1.1; 6.3.3; 7.1.2; 7.3.1, 7.3.5.*
- *Policies: Respect for Children, Educator Ratios, Including Children with Special/Additional Needs, Excursions, Hygiene, Enrolment, Communication with Families*

Procedures

- Educators shall check the toilet facilities for safety prior to the commencement of the daily program/s including before school, after school and vacation care.
- All children shall be actively supervised whilst accessing the toilet facilities.
- Children shall have access to the toilets located at the top of the stairs near the pool.

When toilets are shared by adults and children the following procedure will be in place:

- The educator shall notify another team member that they intend to use the toilet;
- The educator shall ensure that no children are in the immediate area of the toilet prior to accessing the toilet facilities;
- Should the primary facilities become unavailable then other toilets may be accessed, however when these are out of sight, children will be escorted to the toilet by an educator.
- Educators shall be required to support the personal hygiene of children with toileting when it becomes known to them that a child needs assistance.
- If a child is involved in a personal hygiene incident, the Parents/Guardian will be notified immediately and shall have the opportunity to collect the child.
- Children who are frequently troubled with personal hygiene and toileting needs shall be required to have spare clothes and pull ups if necessary.

Escorting children to the toilet

- Educators shall observe practices to ensure that they are not placing themselves in a compromising situation while escorting children to the toilet area and shall ensure that a minimum of two children are escorted at any one time.
- Children shall be regularly reminded to go to the toilet. Where the toilet is out of direct supervision of educators, children will go in groups of at least 2.
- Educators will ensure that the service communication procedures are followed when escorting children to the toilet in another area.

Assisting children with toileting

- Educators shall notify the Coordinator/Coordinator that a personal hygiene incident requires their support and, where possible, a second team member shall be called to be present during the toileting support. Gender and developmental consideration should be given to the situation in ensuring the most appropriate educators manage the situation and that the process is open and transparent.
- Educators shall support children's emotional needs, demonstrating empathy and compassion and should not, under any circumstances, cause further embarrassment to the child. Nor should they become forceful in their assistance to children.
- Staff shall assist children to toilet and follow hygiene procedures by:
- Encouraging children (if able) to clean themselves independently through provision of suitable wipes and means of disposal (if wipes are not suitable for flushing).
- Ensuring hands are cleaned and sanitized and gloves are generally worn.
- All staff shall be provided with training and support to assist in toileting children, particularly in the case of children with high support needs. This may be through written communications, direct training and/or meetings.

Toileting on excursions

- For the purposes of Excursions, the following procedures shall be implemented to ensure the health and safety of children while using the toilet:
- A risk assessment will be conducted prior to the excursion with all educators required to read and sign off.
- On arrival at the venue, the toilet cubicles shall be checked for safety by an educator before being used by the children.
- A minimum of two educators shall be present when possible to supervise children's use of the toilets

Anaphylaxis, Asthma & Medical Conditions Management Policy 4.12

POLICY GROUP: HEALTH AND WELL-BEING	FORMULATED: 2011 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: ANAPHYLAXIS ASTHMA AND MEDICAL CONDITIONS MANAGEMENT POLICY 4.12	REVIEWED: 2020 REVISED:2020

The service recognises the increasing prevalence of children attending services who have been diagnosed with anaphylactic reactions. Such reactions may be the result of severe allergies to eggs, peanuts, tree nuts, cow milk, shellfish, bee or other insect stings, latex, medications or other allergens as identified through professional diagnosis.

It is known that reactions to allergens may occur through ingestions, skin or eye contact or inhalation of food particles.

Relevant Laws and other Provisions

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *Health (Drugs and Poisons) Regulation 1996*
- *Commission for Children and Young People and Child Guardian Act 2000*
- *NQS Area: 1.1.5; 2.1.1, 2.1.4; 2.2.1; 2.3.2, 2.3.3; 4.2.1; 6.1.1; 6.2.1; 7.1.2; 7.3.1, 7.3.2, 7.3.5.*
- *Policies: Illness and Injury, Medication, Emergency Health and Medical Procedure Management, Food Handling and Storage, Enrolment, Information Handling (Privacy and Confidentiality), Risk Management and Compliance.*

Procedures

- Parents will be requested, through the initial enrolment procedures to ensure that the service is made aware of any allergies or medical ailments that their child may be suffering. Information regarding the triggers and severity of allergic reactions will also be requested
- The service shall take appropriate action to minimize, where possible, exposure to known allergens where children have been professionally diagnosed with anaphylaxis, asthma or other medical diagnosis's this information has been presented to the service with certification from a medical practitioner.
- The service shall develop and implement a risk management plan to identify the possible exposure to allergens and how these will be managed and monitored within the service.
- The service will ensure that at least one educator with a current first-aid qualification and CPR qualification, anaphylaxis management and emergency asthma management training as required by the *Education and Care Services National Regulations 2012*, will attend any place children are being care for, and be immediately available in an emergency.
- All children diagnosed with anaphylaxis shall have a Personal Action Plan, outlining what to do in an emergency, developed in consultation with families, educators and the child's medical practitioner. Each plan shall be displayed in a clearly accessible area and be approved by the child's family/guardian.
- Individual children's health care and management plans shall be discussed on a regular basis with all educators at team meetings.
- Each child shall have the appropriate medication for ailments including EPIPEN, VENTOLIN ECT accessible to educators.
- Each child with a condition such as anaphylaxis or asthma will have their own pouch containing their individual requirements and this pouch will always be taken to the area that the child is doing activities in.

- Appropriate medication shall be stored at the service for each child in clearly labelled and marked containers.
- In circumstances where medication requires transportation between the child's school/home and the service, the medication shall be signed in and out of the service in appropriate record books by educators. Families may be requested to provide a spare pen or ventolin to be kept at the service, if these arrangements are not suitable
- Medication is transported by a responsible adult person, and
- In circumstances where children arrive at the service without the required medication, appropriate procedures shall be followed to ensure that the medication becomes immediately accessible.
- Anaphylaxis plans shall be reviewed annually or as required by governing authorities.

First Aid Waste Management Policy 4.13

POLICY GROUP: HELATH AND WELL BEING	FORMULATED: 2012 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: FIRST AID WASTE MANAGEMENT POLICY 4.13	REVIEWED: 2020 REVISED: 2020

The service acknowledges the need to manage first aid waste effectively to prevent cross infection or contamination from waste materials. Such materials shall include, but not be limited to: bandaids, bandages, swabs, cotton buds/balls and ice packs.

Relevant Laws and other Provisions

- *The laws and other provisions affecting this policy include:*
- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *Work Health and Safety Act 2011*
- *First Aid Code of Practice 2004*
- *NQS Area: 2.1.1, 2.1.3, 2.1.4; 4.2.1; 7.1.2; 7.3.5.*
- *Policies: Illness and Injury, Emergency Health and Medical Procedure Management, Workplace Health and Safety*

Procedures

- A bin within kitchen area will be used for first aid waste.
- The bin will be emptied each day.
- A first aid blood spill kit will be readily available in the kitchen area for any major incidents
- Blood spill kit will be cleaned and sanitised daily (if required);
- Located in a suitable place that is not readily accessible to children.
- Educators shall thoroughly wash hands using specified hand washing procedures before and after implementing first aid.
- Educators shall wear suitable gloves to manage incidents of first aid involving waste materials as identified.
- When conducting first aid, educators shall:
 - Remove required items to be used to manage first aid from the first aid kit;
 - Clean the injured area of the person using principles of first aid as per policy/ procedure and training eg wiped with sterile swab etc.
 - The used swab or like shall be placed in the lined first aid waste bin;
 - Educators will change gloves if moving from one stage of first aid treatment to next eg cleaning to bandaging. These gloves should also be placed in the first aid waste bin.

Child Safe Environment Policy 4.14

POLICY GROUP: HEALTH AND WELL BEING	FORMULATED: 2012 COMPILED BY: STAFF, PARENTS & MANAGEMENT
TITLE: CHILD SAFE ENVIRONMENT POLICY 4.14	REVIEWED: 2020 REVISED: 2020

Ironside OSHC has a moral, ethical and legal responsibility to ensure that all children are safe in their care, and will provide training, resources, information and guidance to support this.

Relevant Laws and other Provisions

- *The laws and other provisions affecting this policy include:*
- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *Work Health and Safety Act 2011*
- *First Aid Code of Practice 2004*
- *NQS Area: 2.1.1, 2.1.3, 2.1.4; 4.2.1; 7.1.2; 7.3.5.*
- *Policies: 4.5 – Illness and Injury, 4.11 – Emergency Health and Medical Procedure Management, 6.3 – Workplace Health and Safety*

Ironside OSHC is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling its duty of care obligations under the law by protecting children from any reasonable, foreseeable risk of injury or harm
- ensuring that all staff, students and volunteers caring for children at the service act in the best interests of the child, and take all reasonable steps to ensure the child's safety and wellbeing at all times
- supporting the rights of all children to feel safe, and be safe, at all times
- developing and maintaining a culture in which children feel valued, respected and cared for
- encouraging active participation from parents/guardians and families at the service, and ensuring that best practice is based on a partnership approach with shared responsibility for children's health, safety, wellbeing and development
- ensuring that we are proactive in educating children of their individual rights by including personal safety education within our centre

In relation to child protection matters:

- ensuring that the Nominated Supervisor and staff members who work with children are advised of current child protection legislation, its application, and any obligations that they may have under that law (Regulation 84)
- screening all educators, staff, volunteers and students to ensure that they hold a current Working with Children Check (except for individuals under the age of 18, registered teachers or police officers)

- ensuring that volunteers/students, parents/guardians and other visitors to the service are not left with sole supervision of individual children or groups of children
- ensuring clear procedures are in place for reporting suspected child abuse and management of complaints
- offering support to the child and their family, and to educators and staff in response to concerns or reports relating to the health, safety and wellbeing of a child.
- maintaining confidentiality at all times
- offering support to the child and their family, and to educators and staff in response to concerns

In relation to providing a child safe environment at the service:

- ensuring children are adequately supervised and that educator-to-child ratios are maintained at all times
- ensuring the physical environment is safe, secure and free from hazards for children conducting risk assessments for excursions and considering children's safety when leaving premises
- ensuring all equipment and materials used meet relevant safety standards implementing and practising emergency and evacuation procedures
- ensuring there are appropriate procedures in place for the safe delivery and collection of children
- ensuring that the Nominated Supervisor, educators and all staff who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- identifying and providing appropriate resources and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy
- protecting the rights of children and families, and encouraging their participation in decision-making
- ensuring the Nominated Supervisor, educators, staff, volunteers and students are kept informed of any relevant changes in legislation and practices in relation to this policy

The Centre Co-ordinator is responsible for:

In relation to child protection matters:

- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- identifying the potential for child abuse and developing and implementing effective prevention strategies in consultation with the Approved Provider and educators/staff
- identifying and implementing appropriate programs and practices to support the principles of a child safe organisation in consultation with the Approved Provider and educators.
- co-operating with other services and/or professionals in the best interests of children and their families
- ensuring that no child is left alone (or is out of sight) with a contractor, visitor, volunteer, student or parent/guardian at the service.

- implementing the procedures for reporting suspected child abuse and management of complaints
- notifying the Management Team immediately on becoming aware of a concern, complaint or allegation regarding the health, safety and welfare of a child.
- offering support to the child and their family, and to educators and staff in response to concerns or reports relating to the health, safety and wellbeing of a child.
- implementing and reviewing this policy in consultation with the Approved Provider, educators, staff, and parents/guardians
- maintaining confidentiality at all times

In relation to providing a child safe environment at the service:

- ensuring that all educators and staff who work with children are aware of this policy, and are supported to implement it
- protecting the rights of children and families, and encouraging their participation in decision-making
- ensuring that all children are adequately supervised at all times
- ensuring learning environments are established that provide sufficient space, and include carefully chosen and well-maintained resources and equipment that will help enhance the quality of children's learning and experiences
- organising/facilitating regular safety audits of the following:
 - playgrounds and fixed equipment in outdoor environments
- ensuring that all cupboards/rooms are labelled accordingly, including those that contain chemicals and first aid kits
- ensuring that all contractors/visitors sign in to the visitor's log book
- ensuring the physical environment is safe, secure and free from hazards for children
- ensuring risk assessments are completed for excursions and considering children's safety when leaving
- implementing and practising emergency and evacuation procedures
- ensuring there are appropriate procedures in place for the safe delivery and collection of children
- implementing and reviewing this policy in consultation with the educators and parents/guardians
- identifying and providing appropriate resources and training to assist educators, staff, visitors, volunteers and students to implement this policy
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy