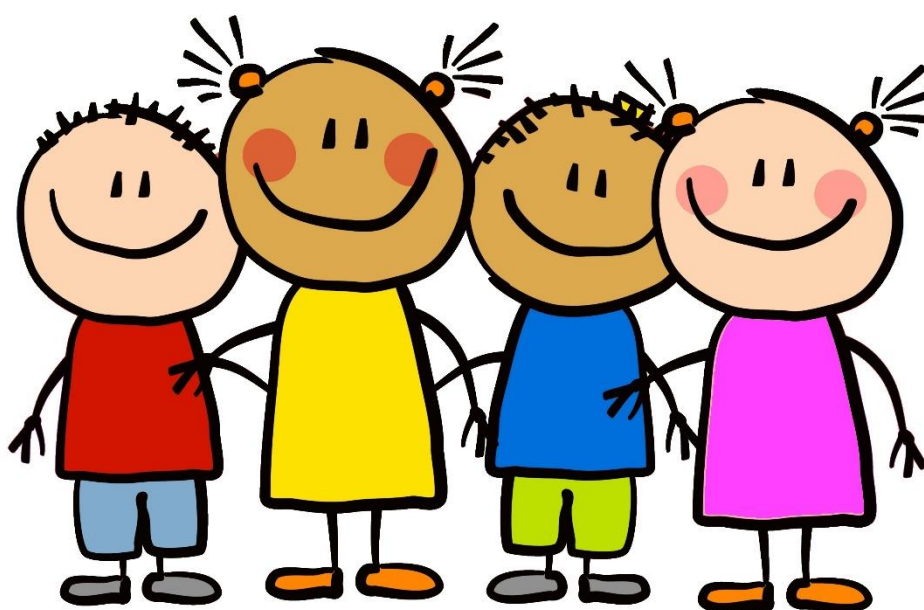




ASCOT PARK PRIMARY SCHOOL

# Out of School Hours Care and Vacation Care



## POLICIES

OSHC mobile: 0429 120 445

OSHC phone: 8374 1231

Email: [ascotoshc@gmail.com](mailto:ascotoshc@gmail.com)

Address: 1-37 Pildappa Ave Park Holme

*Providing quality care in a safe and happy environment*

## ACKNOWLEDGEMENT OF COUNTRY

## PHILOSOPHY AND AIMS

## GENERAL INFORMATION

- Contact details

## ENROLMENT AND BOOKINGS

- Enrolment and orientation
- Additional needs
- Delivery and collection

## FEES

- Payment of fees

## STAFFING

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- Educational program
- Environmental sustainability

## CHILDREN

- Interactions with children
- Behaviour guidance

## HEALTH

- Medical conditions
- Incident, illness accident and trauma
- Handwashing
- First aid
- Anaphylaxis management
- Infectious diseases
- Administration of medicine
- Authorisations
- Pandemics - COVID-19
- Nutrition and food safety

## SAFETY

- Child safe environments
- Emergency evacuation
- Emergency invacuation - lockdown
- Sun protection
- Excursions
- Water safety

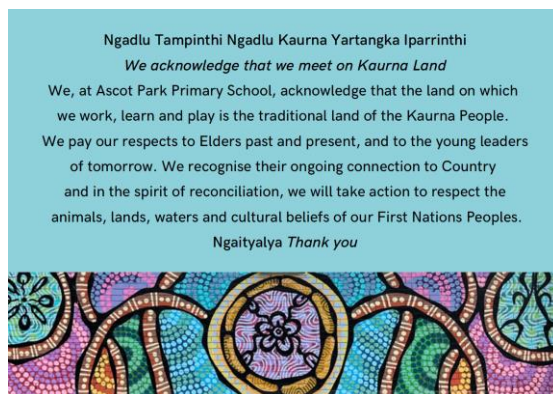
## MANAGEMENT

- Governance
- Grievance

<b>Policy handbook review date: 2 August 2022</b>	
<b>Director signature:</b> Bella Washington	<b>Governing Council chairperson signature:</b> Katy Chadwick

*This policy handbook has been developed by the Ascot Park Primary School OSHC advisory committee.  
The advisory committee consists of the Director, the Principal or nominee, governing council representative and parents.  
It has been endorsed by the approved provider which is the Ascot Park Primary School Governing Council.*

# ACKNOWLEDGEMENT OF COUNTRY



## PHILOSOPHY AND AIMS

Ascot Park Primary School OSHC is an important part of the community where children learn through play, have fun, and develop life skills and friendship in a safe and caring environment.

Ascot Park Primary School OSHC is an inclusive service catering for the developmental needs and interests, cultural diversity, beliefs, values, gender and for children with special needs. All children are respected and supported through equity and inclusion.

The educators play an important role in the operation of the service and in the children's lives. The development of each individual child is fostered recognising the importance of learning through play and leisure in a variety of structured and spontaneous recreational activities. The educators are dedicated to providing quality care. Educators positively guide children's behaviour and support them to develop confidence and self-esteem. Educators are committed to an ongoing cycle of continuous learning, reflection and improvement.

Educators work in partnership with children, families, the school and the wider community to enrich children's wellbeing, development and learning.

## GENERAL INFORMATION

Provider approval number: PR-40009394

Service approval number: SE-40008310

### Contact details

Address: 1-37 Pildappa Ave, Park Holme SA 5043

OSHC mobile: 0429 120 445

OSHC phone: 8374 1231

Email: [ascotoshc@gmail.com](mailto:ascotoshc@gmail.com)

### Hours of operation

Before School Care: 7.00am – 8.30am

After School Care: 3.10pm – 6.00pm

Pupil Free Day Care: 7.00am – 6.00pm

Vacation Care: 7.00am – 6.00pm

More information for OSHC services, families and staff can be found on the SA Department for Education's OSHC website:

<https://www.education.sa.gov.au/parenting-and-child-care/child-care/services-and-programs/out-school-hours-care-oshc>

# ENROLMENT

## PURPOSE

We aim to ensure children and families receive a positive and informative enrolment and orientation process that meets their individual needs. We strive to establish respectful and supportive relationships between families and the service to promote positive outcomes for children whilst adhering to legislative requirements.

## SCOPE

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

## IMPLEMENTATION

Our service accepts enrolments of school age children.

Enrolments will be accepted providing:

- a) The maximum daily attendance does not exceed the approved capacity of the service.
- b) The adult to child ratio is maintained (1:15).

### Priority of Access guidelines

The child care provider handbook (<https://www.education.gov.au/child-care-provider-handbook/managing-child-care-places>) states there are no requirements for filling vacancies and providers can set their own rules for deciding who receives a place.

We prioritise children who are:

1. enrolled at Ascot Park Primary School
2. at risk of serious abuse or neglect
3. a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.

This meets the Australian Government's aims of helping families who are most in need and supporting the safety and wellbeing of children at risk.

The priority lists are used when there is a waiting list for the service or when several parents are applying for a limited number of vacant places. When families apply to join the list, they are asked a series of questions to determine their particular circumstances. Children with disabilities will be enrolled, if in the opinion of management, the service can meet the child's needs. Additional resources and funding may be required.

Within these three categories priority is also given to:

- Children in Aboriginal and Torres Strait Islander families.
- Children in families, which include additional needs.
- Children in families on low income.
- Children in families from culturally and linguistically diverse backgrounds.
- Children in socially isolated families.
- Children of single parents/guardian.

### Enrolment

When a family has indicated their interest in enrolling their child in our service, the following will occur:

- Families will be invited to come on a tour of the service including meeting educators
- Families will be provided with information about the service and given a copy of the family handbook which includes program, menu, incursions, excursions, inclusion, fees, policies, procedures, sun-smart requirements, signing in and out procedure, the National Quality Framework, routines, educator qualifications.
- Families are invited to ask questions and seek any further information they require.

- Families will be provided with vacancies, a start date and a suitable time for the child to be orientated to the service.
- Families are informed of the Priority of Access guidelines and have their position assessed as to how they place within this system. Any matters that are sensitive of nature, such as discussing a child's medical needs, court orders, parenting plans or parenting orders, will be discussed privately. Families will be required to bring any corresponding documents in relation to court orders, medical needs or plans.
- Families will need to complete the enrolment form informing educators of their child's interests, strengths and individual needs.
- If a family or child uses English as a second language, or speak another language at home, we request that families provide us with some key words in the languages the child speaks at this time so that educators can learn the words. Educators will furthermore use visuals to assist the child to understand.
- Families will need to contact Centrelink to have their eligibility for Child Care Benefit assessed. Once these details have been confirmed, we can then formalise the child's enrolment and provide an accurate weekly fee for the family.
- Families will be invited to bring their child into the service at a time that is convenient in order to familiarise themselves with the environment and educators.
- It is a legal requirement that prior the child starting at the service we have all corresponding documents including enrolment form, medical plans, immunisation status and any court orders.
- It is a requirement from Department of Human Services that immunisation information is continuous. Parents are reminded through the year to provide any immunisation updates to the service in order to continue receiving childcare benefits.
- It is the family's responsibility to keep the service informed of any changes to the information recorded on the application form.

Families will be asked to provide the following information:

1. The full name, residential address, place of employment and contact telephone number of a parent.
2. The full name, residential address, place of employment and contact telephone number of any person authorised to collect the child from the service. Parents must nominate who can be contacted for the collection of the child.
3. The gender of the child.
4. Any court orders or parenting agreements regarding the child.
5. The primary language spoken by the child; if the child has not learnt to speak, the child's family's language.
6. The cultural background of the child.
7. Any special requirements notified by the family, including for example cultural or religious requirements.
8. The needs of a child with a disability or with other additional needs.
9. A statement indicating parental permission for any medications to be administered to the child whilst at the service. Only a parent on the enrolment form can authorise the administration of medication.
10. A statement indicating parental permission for any emergency medical hospital and ambulance services.
11. The name and address and telephone number of the child's doctor and the nearest public hospital
12. Excursion permission for regular occurring outings.
13. The child's Medicare number.
14. Specific healthcare needs of the child, including any medical condition including allergies, including whether the child has been diagnosed as at risk of anaphylaxis.
15. Any medical management plan, anaphylaxis Medical Management Plan or Risk Minimisation Plan to be followed with respect to a specific healthcare need, medical condition or allergy.
16. Details of any dietary restrictions for the child.
17. The immunisation status of the child.
18. CRN for child and claimant.

### Enrolment pack

Families will be provided with an enrolment pack which consists of:

- Current fee structure and payment details.
- Family information book.
- Information on the National Quality Framework, National Quality Standards and the *My Time, Our Place* curriculum framework.

### Orientation of the service

During the orientation of the service, families will be:

- Given the service enrolment form to be completed.
- Provided with an outline of the Service policies which will include fees payment, sun safety, illness and accident and medical authorisation.
- Shown the signing in/out process.
- Spoken to about appropriate clothing worn to the service, particularly in vacation care ie sun-smart, loose fitting clothes in term 1, 3 and 4, closed in shoes (no thongs, except swimming days), no jewellery
- Informed about children bringing in toys from home during vacation care – the service cannot take any responsibility for toys that go missing or broken.
- Introduced to child's Educators.
- Taken on a tour around the service.
- Discuss medical management plan and allergies completed on file (if applicable).
- Introduced to the room routine and service program.
- Informed about service communication – meetings, interviews, newsletters, emails etc.
- Informed about sun protection at the service.
- Asked to communicate any goals they have for their child's learning or wellbeing.
- Asked to confirm preferred method of communication.

### The Director will ensure:

- The enrolment form is completed accurately and in its entirety.
- That educators are informed of the new child, highlighting any medical conditions, interests, needs and strengths.
- That immunisation certificate has been sighted and photocopied.
- That the child is included in the program and is observed at the service.
- That information about the children's medical and health needs is easily accessible.
- That the enrolment form and information is filed confidentially.

### On the child's first day:

- The child and their family will be welcomed.
- They will be greeted by one of the educators who will show them where to sign in and out

### Bookings

Bookings must be made in advance for each session so that adequate staffing can be arranged:

- Before school care – before 5.00pm the day before
- After school care – before 9am of the same day
- Pupil free days - before 5.00pm the day before
- Vac care - before 5.00pm the day before (for excursions, bookings must be made before the end of term)

Walk-ins cannot be guaranteed a space as staffing has already been arranged and ratios must be adhered to. If there isn't a space available, children will be sent to the school's front office and parents or emergency contacts will be called to collect the child. If there is a space available, an extra fee of \$20 will be charged.

Bookings for each session may be made in person, by email or by telephone/text with a detailed message.

### Emergency attendance

In an emergency situation where a child needs to be cared for eg child not collected after school and parent or emergency contacts cannot be reached by the school, the child can be sent to OSHC if educator to student ratios permit.

- The school will leave a message, where possible on the parent's phone informing them their child must be collected from OSHC as soon as possible
- Contact, medical and any other relevant information must be supplied by the school
- An enrolment form will be given to the parent on collection for them to complete before they leave
- If the child is not collected, the OSHC Director in liaison with the Principal will ring Crisis Care (Dept for Child Protection) 13 16 11 or SAPOL 131 444.

### National Quality Standards (NQS)

<b>Quality Area 2: Children's Health and Safety</b>
<b>Quality Area 6: Collaborative partnership with families and communities</b>

### Education and Care Services National Regulations

<b>Children (Education and Care Services) National Law</b>	
<b>77</b>	Health, hygiene and safe food practices
<b>78</b>	Food and beverages
<b>79</b>	Service providing food and beverages
<b>80</b>	Weekly menu
<b>88</b>	Infectious diseases
<b>90</b>	Medical conditions policy
<b>92</b>	Medication record
<b>93</b>	Administration of medication
<b>96</b>	Self-administration of medication
<b>97</b>	Emergency and evacuation procedures
<b>99</b>	Children leaving the education and care service premises
<b>100</b>	Risk assessment must be conducted before excursion
<b>101</b>	Conduct of risk assessment for excursion
<b>102</b>	Authorisation for excursions
<b>157</b>	Access for parents
<b>160</b>	Child enrolment records to be kept by approved provider
<b>161</b>	Authorisations to be kept in enrolment record
<b>162</b>	Health information to be kept in enrolment record
<b>168</b>	Education and care service must have policies and procedures
<b>173</b>	Prescribed information is to be displayed
<b>177</b>	Prescribed enrolment and other documents to be kept by approved provider
<b>181</b>	Confidentiality of records kept by approved provider
<b>183</b>	Storage of records and other documents

### Source

<ul style="list-style-type: none"><li>• The Business of Childcare, Karen Kearns 2004</li><li>• Education and Care Services National Regulation 2015</li></ul>
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## ADDITIONAL NEEDS

*Including children with additional needs requires educators to extend upon the strategies they already use in providing quality care for children. It is imperative for educators to develop a comprehensive understanding of each child's interests and abilities, and implement a program and environment that is receptive to their needs.*

### PURPOSE

To be responsible for each child, irrespective of their additional needs and abilities, with a supportive and inclusive environment that sanctions each child to fully participate in its education and care at the service. Educators will remain encouraging, unprejudiced and authentic, ensuring that all children are treated equally and fairly and have the opportunity to grow and develop to their individual potential.

### SCOPE

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

In accordance with The National Quality Standard, our service positively responds to and welcomes children with additional needs who -

- Are Aboriginal and Torres Strait Islander
- Are recent arrivals in Australia
- Have a culturally and linguistically diverse background
- Live in isolated geographic locations
- Are experiencing difficult family circumstances or stress
- Are at risk of abuse or neglect
- Are experiencing language and communication difficulties
- Have a diagnosed disability—physical, sensory, intellectual or autism spectrum disorder
- Have a medical or health condition
- Demonstrate challenging behaviours and behavioural or psychological disorders
- Have developmental delays
- Have learning difficulties
- Are gifted or have special talents
- Have other extra support needs

We understand that additional needs may be temporary or permanent and ascend from diverse origins, which require different responses. Supporting children with additional needs enables them to participate and feel included; this also helps promote their strengths and may reduce their risk of developing mental health difficulties. Strategies for supporting children with additional needs can diverge significantly, because every child is unique.

### IMPLEMENTATION

#### **The Director and educators will ensure:**

- The indoor and outdoor environment and equipment is designed or adapted to ensure access and participation for all children to support the inclusion of children with additional needs.
- The program and curriculum is inclusive and meets the individual needs of children with additional needs.
- The service works with external professionals and families to develop an educational program and learning environment which is suited to each child with additional needs and children and families from culturally diverse backgrounds. We will keep a copy of any specific plans or instructions provided by external resource providers and professionals for children with additional needs.
- Children's sensory sensitivities to pressure, texture, smell, noise or visual expectation of the environment or colour will be considered within the environment.
- That children are encouraged to feel safe and secure during their education and care at the service by developing trusting relationships with educators, other children and the community.



- Families are encouraged to meet with the educators who will be working with the child to converse and comprehend the child's needs and to certify the suitable resources and support provided to both the family and the child is appropriate.
- That educators are supported through professional development and networking with professional agencies to certify educators are meeting the needs of each child with additional needs.
- Assistance and training is sought where possible, financial funding from inclusive support agencies (such as Gowrie SA) to promote the development of skills in children with identified additional needs.
- That confidentiality for children and families is maintained.

#### **Educators will:**

- Treat all children equally and fairly.
- Create an inclusive program, which is adaptable and supportive of all children.
- Advocate for children's rights.
- Create a flexible environment, which can be adapted to each child's needs within the service to support the inclusion of children with additional needs.
- Implement programming experiences and activities, encouraging children to explore and participate.
- Listen carefully to children's concerns and discussing diverse perspectives on issues of inclusion and exclusion and fair and unfair behaviour.
- Work with other professionals who play a role in supporting the child's development.
- Seek specific professional intervention and training in order to meet the individual child's needs
- Develop an Inclusion Support Plan (ISP) for each child that will be kept on file at the service and shared with families, the child's medical practitioners and/or professional support services.
- Act as role models by displaying appropriate behaviour and language, being consistently aware of and responsive to children who may require additional support, attention or assistance.
- Discuss a wide range of emotions, thoughts and views constructively with the children within a supportive environment.
- Not judge or compare one child's development with another.
- Work with families to meet children's developmental needs, building strengths and capabilities.
- Work collaboratively with health professionals and families together to discuss and plans to support children.
- Talk to children about differences and acceptance.
- Provide opportunities for all children to play and learn together, promoting cooperative, caring and pro social behaviours.

#### **National Quality Standards (NQS)**

<b>Quality Area 1: Educational program and practice</b>
<b>Quality Area 3: Physical Environment</b>
<b>Quality Area 5: Relationships with children</b>
<b>Quality Area 6: Collaborative partnership with families and communities</b>

#### **Education and Care Services National Regulations**

<b>Children (Education and Care Services) National Law</b>	
<b>155</b>	Interactions with children
<b>156</b>	Relationships in groups
<b>157</b>	Access for parents

#### **Source**

- Australian Children's Education & Care Quality Authority (2014). Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- <https://www.kidsmatter.edu.au/early-childhood/about-mental-health/about-mental-health-and-wellbeing-children-additional-needs>

- Early Years Learning Framework
- National Quality Standards
- Putting Children First, Newsletter of the National Childcare Accreditation Council (NCAC) Issue 23 September 2007
- Children's Services Central – Early Identification of Children with Additional Needs

# DELIVERY AND COLLECTION OF CHILDREN

*We will maintain the wishes of families as per the individual enrolment form. Families who are separated cannot deny another parent access to the child at the service unless there is a court order in place.*

## PURPOSE

To ensure the protection and safety of children, educators and families accessing the service, educators will only release children to an authorised person. The daily sign in and out register will be used to determine who is present at the service in case of emergencies.

## IMPLEMENTATION

Guidelines for delivery and collection of children are put in place to ensure the safety and wellbeing of each individual child.

## ARRIVALS

- In order for children to feel secure and safe, it is important that they are greeted upon arrival by an educator and have the chance to say goodbye to the person delivering them. Saying goodbye helps to build trust. Leaving without saying goodbye could cause the child to think they have been left behind.
- All children need to be signed in. This will include the time and parent signature.
- Sign in sheets are to be used in the case of an emergency to account for all children.
- Children are to be sighted by an educator before the parent or person responsible for the child leaves. This ensures that the educator is aware that your child has arrived and is in the building.
- Medication requirements or any other information should be passed on to an educator by the person delivering the child.
- In the case of a separated family, either biological parent is able to add a contact in writing unless a court order is provided to the Director stating that one parent has sole custody and responsibility.
- In the case of an emergency, where the parent or a previously authorised contact is unable to collect the child, the parent or person responsible for the child (as listed on enrolment form as having a parenting role) may telephone the service and arrange an alternative person to pick up the child. This contact will then need to be authorised in writing to the service.

## DEPARTURE

- Parents are to advise their child's educator if someone different is picking up their child, both verbally and on the sign in/out sheet. This person is to be named on the enrolment form or added in writing by the Director as an authorised contact for the child.
- Photo identification will need to be sighted by the Director or Responsible Person (see page 15). If educators cannot verify the person's identity they may be unable to release the child into that person's care.
- All children must be signed out by their parent or person who collects the child from our service. If the parent or other person forgets to sign the child out they will be signed out by the Director or Responsible person.
- No child will be withheld from an authorised contact or biological parent named on the enrolment form unless a current court order is on file at the service.
- Parents are requested to arrive to collect their child/children by 6.00pm.
- In the case of a particular person being denied access to a child, the service requires a written notice from a court of law. Educators will attempt to prevent that person from entering the service and taking the child, however the safety of the educator is also important and they will not be expected to physically prevent any person from leaving the service. In this case the parent with custody will be contacted along with the local police. The court order overrules any requests made by parents to adapt or make changes.
- If the person collecting the child appears to be intoxicated, or under the influence of drugs, and educators feel that the person is unfit to take responsibility for the child, educators will:

- Discuss their concerns with the person, if possible without the child being present.
- Suggest they contact another parent or authorised nominee to collect the child.
- Educators will inform the police of the circumstances, the person's name and vehicle registration number if the person insists on taking the child. Educators cannot prevent an incapacitated parent from collecting a child, but must consider their obligations under the relevant child protection laws.
- At the end of each day educators will check the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes. The sign in/out list will also be checked.
- Children may leave the premises in the event of an emergency, including medical emergencies with an educator.
- Details of absences during the day will be recorded.
- Allowances can be made for arrival and departure for certain children with written permission of the guardian.

## VISITORS

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting our service must sign in when they arrive at the service, and sign out when they leave.

## LATE COLLECTION OF CHILDREN

- To cover the late collection of children, a late fee of \$1 per minute per child will be charged (eg if you are 5 minutes late you will be charged \$5 per child. If you are 20 minutes late you will be charged \$20 per child etc.)
- Parents are required to notify the service if they are going to be late, or they need to organise for someone else (that is on the emergency contact list) to collect their child.
- If a family has not arrived by 6:00pm they will be contacted. If they are unable to be contacted alternative authorised contacts as listed on the enrolment form will be contacted to organise the collection of the child.
- If by 6:15pm neither the parent nor any of the authorised contacts are available or contactable, we
  - will contact Crisis Care (Dept for Child Protection) 13 16 11 or SAPOL 131 444.
  - we may need to take your child to the closest police station for you to collect.
  - a sign will be displayed at the service notifying you of your child's whereabouts.

## National Quality Standards (NQS)

<b>Quality Area 2: Children's Health and Safety</b>
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## Education and Care Services National Regulations

<b>Children (Education and Care Services) National Law</b>	
<b>99</b>	Delivery and collection of children

## Source

<ul style="list-style-type: none"> <li>• Australian Children's Education &amp; Care Quality Authority. (2014).</li> <li>• Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,</li> <li>• ECA Code of Ethics.</li> <li>• Guide to the National Quality Standard.</li> </ul>
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# PAYMENT OF FEES

## PURPOSE

For parents to gain a clear understanding of the service fee structure, ensuring fees are paid on time.

## SCOPE

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

## IMPLEMENTATION

The fee structure of the service includes:

### General Fees

- Fees are charged on a daily basis and vary depending on the family's Child Care Subsidy (CCS) entitlements.
- Fees are to be paid weekly via the QKR! App or bank deposit
- Fees are charged at full days only (no matter what the attendance hours are).
- CCS is available to all families who are Australian Residents. To find out about eligibility, families must contact the Department of Human Services or Centrelink.
- CCS can be received as:
  - A reduction of fees through the service.
  - A lump sum payment to families at the end of the financial year that the service is used in.

### Fee Structure

Before school care:	\$14
After school care:	\$25
Pupil free day:	\$55
Vacation care:	\$55 (excursion/incursion days are \$60)

### Payment of fees

- Families will be issued with a fee statement on a weekly basis in accordance with the fee payment and regulatory requirements.
- Fees are to be paid weekly via the QKR! app or bank deposit

### Financial Difficulties

- If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of the Director.

### Failure to Pay

- If a family fails to pay the required fees on time, a reminder letter will be issued after one week and then again after two weeks, where the fees are still outstanding.
- A child's position at before school and after school care will be terminated if payment has not been made after the three weeks, to which the family will receive a final letter terminating the child's position. At this time the service may initiate its debt collection procedure.
- A child's position at vacation care will be terminated if payment has not been made before the next holidays to which the family will receive a final letter terminating the child's position. At this time the service may initiate its debt collection procedure.

### Late Fees

- It is unacceptable to pick children up late from the service. A late fee will apply where children are not picked up prior to closing time. A fee of \$1 per minute per child is charged.
- A review of the child's enrolment will occur where families are consistently late.

### Change of Fees

- Fees are subject to change at any time provided a minimum of four weeks written notice is given to all families

### Responsibility of Management

- The Director is responsible for the billing and chasing of fees.
- Should families wish to discuss fees, they will need to see the Director.
- The Director will liaise with the school's business manager when required

### National Quality Standards (NQS)

<b>Quality Area 7: Leadership and service management</b>
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### Source

- |   |
|---|
| <ul style="list-style-type: none"><li>• The Business of Child Care, Karen Kearns</li><li>• National Quality Standards</li></ul> |
|---|

# STAFFING

## Educators

As part of their employment requirements, all educators have:

- A current Working With Children Check (WWCC).
- A current Responding to Risks of Harm, Abuse and Neglect – Education and Care certificate.
- A first aid certificate (there is always at least one educator rostered on with a current senior first aid certificate, emergency asthma and anaphylaxis management training). See the ACECQA website for a list of approved first aid, asthma and anaphylaxis training courses.
- An understanding of the guidelines in ***Protective Practices for educators in their interactions with children and young people*** which provides clear advice to adults for the establishment of positive, caring and respectful relationships with children and young people in education and care settings.

## Educator to child ratios

Our educator to child ratios will always meet the minimum requirements as stated below:

- For children over preschool age the educator to child ratio will be 1 educator to 15 children.
- For every 30 children, the service employs one educator with a recognised qualification eg Diploma of Community Services (Children's Services) or Diploma of OSHC. See the ACECQA website for a list of approved Out of School Hours Care qualifications. Educator to child ratios may need to be increased based on the needs of the children and the activities provided eg excursions.

## Volunteers

Any person interested in volunteering in OSHC must fill in an expression of interest form, have a current WWCC and complete the Responding to Risks of Harm, Abuse and Neglect – Education and Care training for volunteers. Potential volunteers will be interviewed by the Director to determine their suitability and job role. All volunteers must be approved by the governing council.

## Code of conduct

The approved provider, nominated supervisor, Director, educators, volunteers and students at the service will uphold the following core ethical principles at all times and promote positive interactions when at the service and within the local community.

There will be:

1. A commitment to the service's philosophy and values, including promoting a meaningful connection to the National Quality Framework, best practices when working within the *My Time, Our Place* framework and working in partnership with families.
2. Effective, open and respectful two-way communication and feedback between families, children, employees and management.
3. Honesty and integrity with all interactions between children, families, employees and management within the service.
4. Consistency and reliability when engaged in exchanges between children, families, employees and management.
5. A commitment to the workplace which values and promotes safety of all persons, health and wellbeing of employees, volunteers, children and families within the service.
6. A commitment to provide equal opportunities within the workplace and promote cultural awareness which values the knowledge, experience and professionalism of all employees, managers and management, and incorporates the diverse heritage of our children and families.

## Responsible Person

Our service will nominate a qualified and experienced educator, or other individual as the Responsible Person present at the service. The name of the Responsible Person who is in charge will be clearly displayed at the service. If the responsible person needs to change (eg the current person needs to leave the service) he or she will hand over responsibility for the role to another eligible person at the service. Both people will then



communicate directly and ensure the name of the current person will be displayed at the service to reflect who currently is in the position.

### **Qualifications for educators:**

For services educating and caring for children over preschool age, the first of every 2 educators required to meet the educator to child ratio must:

- hold a qualification that is published on the national authority's website [www.acecqa.gov.au](http://www.acecqa.gov.au) in the list of approved qualifications for educators working with children over preschool age in SA.

### **Service dress code**

Educators must ensure they maintain a professional image at all times. Educators are to be clean and tidy at all times with no offensive clothing worn.

### **Footwear**

- Closed in shoes are preferred for educators.

### **Sun safety**

- Educators will be required to wear a hat when outdoors.
- Educators will be provided with sunscreen for use.
- Educators may wear sunglasses in the outdoor environment.

### **Alcohol, tobacco and other drugs**

- Educators are not permitted to consume alcohol, tobacco or other drugs whilst on the premises of the OSHC service.
- Educators are not to offer, supply or obtain alcohol, tobacco or other drugs to any person at the service.
- Educators who are intoxicated or under the influence of drugs are not to work during any episode of intoxication.
- Any breach of these conditions will result in disciplinary action.
- Educators who use prescription medication are asked to discuss the possible side effects of these drugs with management to ensure that the children remain safe at all times.

### **Relief educators**

#### **PURPOSE**

We aim to maintain continuity of care and endorse national regulations and standards by employing relief educators to replace permanent educators on a short-term basis maintaining a high standard of care and supervision.

#### **SCOPE**

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

#### **IMPLEMENTATION**

- Potential relief educators will be required to attend an interview with management to ensure they are a fit and proper person.
- Once the prospective educator has been successful in the interview process, management will check their references, and verify their WWCC and qualifications.
- Relief educators will be placed on the casual list and invited to the service for an orientation prior to commencing any work.

### **Orientation**

Relief educators are required to undergo a full induction & orientation into the service to ensure they have a clear understanding of:

- The service's policies and procedures

- Sign in and out process
- Emergency evacuations
- Service amenities
- Children's medical conditions
- The service's program and routine
- Their roles and responsibilities

### Relief Educators Induction pack

Relief educators will be emailed an induction pack prior to commencing employment, which will contain:

- Family handbook
- OSHC Policies
- Job description
- Employment contract
- Code of Ethics

### Service Requirements

Prior to relief educators commencing at the service they must supply the following documentation:

- Copy of qualifications, including First Aid, Asthma and Anaphylaxis, RRHAN-EC and WWCC
- Banking details
- Signed employment contract and job description adhering to service requirements
- Tax File Declaration
- Superannuation details
- Emergency contact details
- Sign statutory declaration

### National Quality Standards (NQS)

<b>Quality Area 7: Leadership and service management</b>
<b>Quality Area 4: Staffing arrangements</b>

### Education and Care Services National Regulations

<b>Children (Education and Care Services) National Law</b>	
<b>120</b>	Educators who are under the age of 18 to be supervised
<b>145</b>	Educator's Records
<b>149</b>	Volunteers and Students
<b>168</b>	Policies and Procedures

### Source

<ul style="list-style-type: none"> <li>• The Business of Childcare, Karen Kearns 2004</li> <li>• Education and Care Services National Regulation 2015</li> <li>• National Quality Standards</li> <li>• Fair Work</li> <li>• Industrial Relations</li> </ul>
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# EDUCATIONAL PROGRAM

Research highlights that quality programs significantly influence children's growth and development. We have the opportunity to construct a supportive learning environment and program, with inspirations from the children and families. This contribution can encourage the children to feel a sense of control over their actions, interactions, to explore, be curious and test out their understanding of themselves others and the world around them.

## PURPOSE

To enhance children's learning and development through the pedagogical practices of educators and families in a positive learning environment which is promoted across the five learning outcomes from the Framework for School Age Care *My Time, Our Place*. Educators will gather and interpret information about children to inform the preparation of the environment and implement experiences that are engaging and meaningful.

## SCOPE

This policy applies to children, families, educators, and management of the service.

## IMPLEMENTATION

The Guide to the National Quality Standard states that, 'Planning involves observing, gathering and interpreting information about children to inform the preparation of environments and experiences that engage them and are meaningful for them. It also involves reflecting on and documenting children's experiences and learning.' Under the National Law and National Regulations, approved services are required to base their educational program on an approved learning framework. The program should focus on addressing the developmental needs, interests and experiences of each child, while taking into account the individual differences of each child.

There are two nationally approved learning frameworks in South Australia which outline practices that support and promote children's learning:

- [Belonging, Being and Becoming: The Early Years Learning Framework for Australia \('Early Years Learning Framework \(EYLF\)'\)](#)
- [My Time, Our Place: Framework for School Age Care in Australia \('Framework for School Age Care'\)](#).

### **Our service is committed to using *My Time, Our Place* inform the curriculum at the service.**

- Children will be supported to learn through play in a recreational environment.
- Children will have uninterrupted blocks of play time.
- Each child's learning will be based on their interests and strengths.
- Educators must work in collaboration with families to provide relevant learning experiences for each child, based on their interests and family experiences.
- Every child will be equally valued. Their achievements and learning will be celebrated.
- Educators will observe and record the strengths and learning of each child.
- Educators will work closely with children and families to produce ideas for the curriculum.
- Where appropriate, the service will liaise with external agencies and support persons to best educate and care for children with additional needs.
- The curriculum will be evaluated and reflected upon continuously by educators.

### **The program will provide a variety of developmentally appropriate activities to support children to achieve in each of the five learning outcomes:**

- Outcome 1: Children have a strong sense of identity, children feel safe, secure and supported
- Outcome 2: Children are connected with and contribute to their world
- Outcome 3: Children have a strong sense of wellbeing
- Outcome 4: Children are confident and involved learners
- Outcome 5: Children are effective communicators

## PROGRAMMING PROCEDURE

The program will be guided by observations on children that have been reflected on and then followed up as per the planning cycle outlined in *My Time, Our Place*.

- Educators plan an interest based, child centred recreational program. This program will be evaluated and extended upon. Educators will critically reflect on children's learning and development.
- Through interacting with children during unstructured learning times, educators are able to discover the child's interests and extend upon these in a relaxed, spontaneous atmosphere. Educators will interact with children in a way that encourages and challenges them to extend their thinking and interests.
- Educators will respect the child's rights to choose not to participate at times and provide them with another activity or experience.
- The OSHC room set up will remain the same for consistency, only changing to support children's interests or safety. An evaluation will be completed should the learning environment change.
- The children are provided with a range of choice of activities and are responsible for packing away these activities when they are finished with a particular project. We wish to instil in children a sense of care and respect for their equipment and environment.
- Educators will conduct smooth flexible transitions between activities. Transitions are to be integrated into the program as learning opportunities.
- The environment and program will encourage children's choice in a selection of experiences.
- Routine tasks will be incorporated into the program as a means of furthering children learning self-help and social skills.
- Information about each child's program and progress will be shared with their family on a regular basis.

## National Quality Standards (NQS)

### Quality Area 1: Educational Program and Practice

## Education and Care Services National Regulations

Children (Education and Care Services) National Law	
73	Educational programs
74	Information about the educational program to be kept available
75	Information about educational program to be given to parents
76	Documenting of child assessments or evaluations for delivery of educational program

## Source

- Australian Children's Education & Care Quality Authority. (2014). Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015, ECA Code of Ethics.
- Australian Children's Education & Care Quality Authority. (2013). Guide to the National Quality Standard.
- Frith, John Dr & Kambouris, Nita & O'Grady, Onagh & University of New South Wales. School of Public Health and Community Medicine (2003). Health & safety in children's centres : model policies & practices (2nd ed). School of Public Health and Community Medicine, University of New South Wales on behalf of the Australian Early Childhood Association (NSW Branch), and the NSW Children's Services Health and Safety Committee, [Sydney]
- Tansey, Sonja. (2005, September 2005). Supervision in Children's Services. Putting Children First, the Newsletter of the National Childcare Accreditation Council (NCAC) Issue 15, p. 8-11.
- Programming with the Early Years Learning Framework (2014)
- Program and Planning in Early Childhood Settings 5<sup>th</sup> Edition (2012)

# ENVIRONMENTAL SUSTAINABILITY

We encourage and increase awareness of environmental responsibilities and implement practices that contribute to a sustainable future. Children are supported to become environmentally responsible and show respect for the environment. Sustainability is often thought about in terms of environmental sustainability—reducing waste, minimising consumption and protecting and conserving wildlife and natural habitats.

## PURPOSE

We aim to ensure the environment is safe, clean and sustainable. We believe in educating children about the environment which is promoted through daily practices, resources and interactions. Sustainable practice will be encouraged within the service assisting children and families to become advocates for a sustainable future.

## SCOPE

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

## IMPLEMENTATION

We believe environmentally sustainable practices should be embedded into the operations of the service. This involves educators, children and families working together to protect our environment to ensure a sustainable future for our children through continuous improvement. We strive to improve every day.

### Management will:

- Network with the local community to keep up to date with current practices and ideas for sustainability. This may include water tanks, grey water system, converting toilet cisterns to dual flush and converting water saving taps.
- Encourage educators, families and children to engage in innovative practices and appreciate the natural environment.
- Where relevant, review policies and procedures within the service to find more sustainable outcomes. (For example; Using hand dryers or washers instead of paper towel to dry hands).
- Where possible, electronic communication for newsletters, billing etc will be used to reduce paper use within the office and in each room.
- Source resources and materials from reverse garbage or second hand stores to use within the service.
- Ensure sustainable practices are incorporated into the daily routine. This will include:

Sustainable Practice	Ideas
Recycling	<ul style="list-style-type: none"><li>- Recycle paper and rubbish</li><li>- Using recycled water</li></ul>
Gardening	<ul style="list-style-type: none"><li>- Plant vegetables, herbs and fruits</li><li>- Worm Farm</li><li>- Give food scraps to worms or the animals</li></ul>
Energy Conservation	<ul style="list-style-type: none"><li>- Turn off lights and switches when not in use</li></ul>
Water Conservation	<ul style="list-style-type: none"><li>- Using half flush on the toilet</li><li>- Turn off the water when not in use</li><li>- Turn off tap when brushing teeth</li></ul>
Natural Resources & Equipment	<ul style="list-style-type: none"><li>- Caring for pets</li><li>- Reusing natural materials – trees, blocks, boxes etc</li></ul>

### Educators will:

- Incorporate recycling as part of everyday practice at the service.
- Role model sustainable practices.
- Discuss sustainable practices with the children and families and the local community as part of the curriculum.

- Provide information to families on sustainable practices that are implemented at the service and encourage the application of these practices in the home environment.
- Role model energy and water conservation practices of turning off lights and air-conditioning when a room is not in use, emptying water play containers onto garden areas.
- Seek to purchase equipment that is environmentally friendly where possible. Educators will reduce the amount of plastic and disposable equipment they purchase and select materials that are made of natural materials.
- Use the concept of “reduce, re-use and recycle” which will become part of everyday practice for both children and educators to build lifelong attitudes towards sustainable practices.
- Use the red general waste bin, blue paper recycling bin and yellow mixed recyclables to reinforce sustainability practices.
- Use a composting bin to reduce food waste in the service. Children will be encouraged to place food scraps into this green bin.

### **National Quality Standards (NQS)**

Quality Area 3: Physical Environment
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### **Source**

- |  |
|--|
| <ul style="list-style-type: none"> <li>• The Business of Childcare, Karen Kearns 2004</li> <li>• Education and Care Services National Regulation 2015</li> <li>• National Quality Standard</li> <li>• Department of Sustainability, Environment, Water, Population and Communities – <a href="http://www.environment.gov.au">www.environment.gov.au</a></li> </ul> |
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# INTERACTIONS WITH CHILDREN

**Children are encouraged to display socially acceptable behaviour and language when dealing with their peers:**

- Educators will create a welcoming and relaxed atmosphere in which children experience equitable, friendly and genuine interactions with all educators.
- Appropriate language and behaviour will be role modelled by educators.
- Educators will support children to be aware of their own feelings as well as the feelings of others.
- Children are encouraged to treat all children with respect as their friend.

**Positive communication and mutual respect that is role modelled by educators will benefit children in their development of similar skills along with increasing their self-esteem and self-confidence:**

- Children will be spoken to in a positive manner at all times to promote respect, tolerance and empathy.
- Children will engage with educators in meaningful, open interactions that support the acquisition of skills for life and learning.
- Educators will respect each child's uniqueness, are attuned to and respond sensitively and appropriately to children's efforts to communicate and will use the child's own language, communication styles and culture to enhance their interactions.
- Educators will listen to children and take them seriously - they will support and encourage children to use appropriate language in their interactions with adults and peers.
- Educators will extend upon children's interests and ideas through questions and discussions, supported in observations, reflections and programming
- Communication with children will be down on the child's level as this shows respect to the child, allows for eye contact to occur and therefore promotes effective communication.
- Educators will encourage and be involved in spontaneous interactions.
- Educators will always use appropriate language keeping in mind that they are powerful influences in children's lives and are very active role models.
- Children will never be singled out or made to feel inadequate at any time.
- Educators will ensure that the dignity and rights of each child are respected at all times.
- Educators will show empathy to children.
- Educators will ensure that the values, beliefs and cultural practices of the child and family are considered and respected.
- No child is ever isolated for any reason other than illness, accident or pre-arranged appointment with parental consent. During this time they will be under adult supervision.
- Encouragement and praise is given freely regardless of success, allowing the children to undertake experiences that develop self-reliance and self-esteem.
- Educators will regularly reflect on their relationships and interactions with children and how these can be improved to benefit each child.

**Educators will acknowledge families as a valuable source of information about their child:**

- All families will be treated equitably without bias or judgement, recognising that each family is unique.
- Educators are to greet parents as well as children upon arrival.
- Educators are to encourage two-way communication through leading by example and asking questions.
- Educators are to use common terminology when talking to parents regarding their child's development.
- Educators are never to discuss another child or family information with a parent or visitor.
- Educators are to be sensitive to cultural differences amongst families and are to encourage families to share cultural aspects with the children and educators.



- Educators will always endeavour to seek the advice and opinion from experts with family permission, to help with regards to a child with additional needs or support a family through resources available from support agencies such as Gowrie - inclusion support and Intervac.
- Educators will endeavour to recognise and implement a number of different ways to communicate with families in their preferred chosen way.
- Verbal communication will always be open, respectful and honest.
- Service information, updates and notices will be made available to all families through newsletters and displays at the service.
- Educators will regularly reflect on parent input into the program and make changes where necessary that will best benefit the service and children.

#### **Educators will communicate with each other always exercising professionalism, respect and equality:**

- The service recognises that the way educators interact with each other has an effect on the interactions they have with children and families.
- Professional communication is very important to create an effective work environment and to build a positive relationship with families. Communication amongst colleagues creates a positive atmosphere and a professional service for families. Communication between educators and families ensures that important information is being passed on and that consistency occurs.
- All duties within the room are to be shared and educators are responsible for ensuring this occurs through the use of a roster where necessary.
- Educators are to be respectful when listening to each other's point of view and ideas
- Effective communication is required to ensure that the teamwork occurs
- Educators will use meetings to communicate their professional reflections and ideas for continuous improvement as a team.
- In-service training on communication will be encouraged to update and refresh knowledge.
- Educators will refer to the Grievance Policy if they feel a situation with another educator is not being handled with professionalism, respect and quality.

#### **Educators will convey mutual respect and recognition of each other's strengths and skills through;**

- Recognising each other's strengths and valuing the different work each does.
- Working collaboratively to reach decisions which will enhance the quality of the education and care offered at the service.
- Welcoming diverse views and perspectives.
- Working together as a team and engaging in open and honest communication at all times.
- Respecting each other's feelings.
- Developing and sharing networks and links with other agencies.
- Resolving differences promptly and positively and using the experience to learn more effective methods of working together.

This policy was made with consideration to the National Quality Standard and Education and Care Services National Regulations

<b>Quality Area 5: Relationships with children</b>
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# BEHAVIOUR GUIDANCE

The right for children to receive positive guidance in a supportive and respectful environment is protected in National Regulations. Children learn to face a variety of challenges throughout their lives. Learning the difference between acceptable and unacceptable behaviour assists children to regulate their own behaviours in different social and emotional environments as well as when interacting with peers and adults.

## PURPOSE

We aim to create positive relationships with children making them feel safe, secure and supported within our service. We will ensure children are treated with respect, consistency, fairly and equitably as they are supported to develop the skills and knowledge required to behave in a socially and culturally acceptable manner.

Supporting children to develop socially acceptable behaviour is a primary goal for educators and families. This is embedded in fundamental documents including the *My Time, Our Place*, the Education and Care Services National Regulations and the National Quality Standards.

## SCOPE

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

## IMPLEMENTATION

The behaviour and guidance techniques used by educators at our service are designed to give children the opportunity to expand their experiences of life in a productive, safe environment that allows individuals the right to safety, tolerance, self-expression, cultural identity, dignity and the worth of the individual.

### Management and the Director will ensure:

- Information is gathered from families about their children's social skills and relationship preferences, which will be recorded in the child's individual file. Our educators will use this information to engage children in experiences that support children to develop and practice their social and shared decision-making skills.
- A partnership is developed with local schools and other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. This information will be kept confidential and in the individual child's file.
- Children are given the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else.
- Children are being acknowledged when they make positive choices in managing their behaviour.
- Positive strategies are being implemented to enable educators to encourage positive behaviour in children in order to minimise adverse behaviour. In addition, we will implement strategies educating children about developing behaviour limits and the consequences of inappropriate behaviour.
- Excessive behaviour is managed and communicated with families.
- Support educators enhance their skills and knowledge in guiding children's behaviour.

### Educators will:

- Encourage the individual social development in each child, striving to develop children's self-control and understanding the feelings of others
- Guide children's behaviour, teaching them how to be considerate of others – to think about the effects of their actions on others. It is important that children understand what acceptable and unacceptable behaviour is and how to manage their emotions.
- Use positive guidance through redirection. In the instance of adverse behaviour being persistently observed, Educators will evaluate their program, room set up, supervision etc. to reflect on inappropriate behaviour, triggers and sources.

- Role model appropriate behaviour and language, encouraging children to socialise with other children, including children of diverse cultural backgrounds as well as from different age groups and genders.
- Take into consideration the child's past experiences as their behaviour could be a result from past trauma such as changes in routine, changes or losses within the family, placement in care, or more serious circumstances involving abuse, neglect, or family violence.
- Be responsive to these former experiences, designing and implementing behaviour plans with the individual child that include strategies which will assist alternative and positive behaviour.
- Ensure all strategies being implemented are appropriate to the child's age and developmental capacity.
- Adapt a positive approach.
- Consult with industry professionals to support the child within the service and implement techniques within the program to benefit all.
- Commit to professional development and keep up to date with industry information regarding behaviour management.
- Re-direct a child who may be causing or about to cause harm to himself or herself, another child or adult. Incidents may include a child who is kicking, spitting, biting, throwing furniture or toys, punching or hitting, or being disruptive. Re-direction may also include an incident where a child places themselves in a dangerous situation, for example, climbing a fence or hiding under furniture. Safety is a priority, and this may mean using physical re-direction in which an Educator will need to remove the child from the harmful situation.
- Complete a 'Behaviour Incident Report' with each incident that occurs. Families are to be notified where they will be required to read and sign in an instance where a child or children's safety has been jeopardised.
- Continue observing the child, where a similar incidence occurs three times the child's parents and Educators will meet to discuss the issue and create a behaviour management plan of action to support the child in the environment.
- Exchange information with families on the subject of behaviour management which is encouraged both on an informal and more formal basis, such as parent interviews and through newsletters.
- Be sufficiently informed, trained and supervised to implement the behaviour management plan created, ensuring that information is composed and recorded for reflection on its effectiveness for the individual child.
- Support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others.
- Discuss emotions, feelings and issues of inclusion and fairness, bias and prejudice and the consequences of their actions and the reasons for this as well as the appropriate rules.
- Encourage children to listen to other people's ideas, consider pro-social behaviour and collaborate in problem solving situations.
- Listen empathetically to children when they communicate their emotions, provide encouragement as they reassure the child it is normal to experience positive and negative emotions.
- Guide children to remove themselves from situations where they are experiencing frustration, anger or fear.
- Work with individual families and professional agencies to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties.
- Use positive language, gestures, facial expressions and tone of voice when redirecting or discussing children's behaviour with them.
- Remain calm, tender and tolerant as they encourage children who are strongly expressing distress, frustration or anger.
- Guide children's behaviour with a focus on preserving and promoting children's self-esteem as they learn to self-regulate their behaviour.

### Families will:

- Be informed of behaviour management concerns we may have with their child, this includes: the positive and negative aspects of the day.
- Collaborate with Educators and professional agencies when required in order to develop a broader understanding of the child's developmental level, the child's family, the parent's approach, and any recent events, which may be influencing the child's behaviour.

### Children will:

- Learn to respect the rights and needs of others by anticipating the result and consequences of their behaviour.
- Be given positive guidance towards acceptable behaviour so they learn what acceptable and unacceptable behaviour is.
- Need to learn to be responsible for their actions and how their behaviour impacts on others.
- Be encouraged to use their words rather than actions to resolve conflicts
- Build on strengthening their communication through intentional teaching moments which will include:
  - Greeting others when they arrive and depart from the service
  - Sharing resources
  - Assisting when it is time to pack away the indoor and outdoor environment
  - Using manners such as please and thank-you
- Learn to wait for their turn for an appropriate period of time. This will depend on age and development
- Learn about the feelings of others throughout the program in order to assist children to understand the consequences of their actions.
- Be encouraged to engage in cooperative and pro-social behaviour and express their feelings and responses to others' behaviour confidently and constructively, including challenging the behaviour of other children when it is disrespectful or unfair.

### National Quality Standards (NQS)

<b>Quality Area 5: Relationships with Children</b>
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### Education and Care Services National Regulations

<b>Children (Education and Care Services) National Law</b>	
<b>155</b>	Interactions with children
<b>156</b>	Relationships in groups

### Source

<ul style="list-style-type: none"><li>• Australian Children's Education &amp; Care Quality Authority. (2014).</li><li>• Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,</li><li>• ECA Code of Ethics.</li><li>• Guide to the National Quality Standard.</li><li>• <a href="http://raisingchildren.net.au">http://raisingchildren.net.au</a></li><li>• <a href="http://www.napcan.org.au">www.napcan.org.au</a></li><li>• <a href="http://www.cyh.com">www.cyh.com</a></li><li>• <a href="http://www.acwa.asn.au">www.acwa.asn.au</a></li><li>• <a href="http://www.kidsmatter.edu.au">www.kidsmatter.edu.au</a></li><li>• Louise Porter - Developing Responsible Behaviour</li></ul>
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# MEDICAL CONDITIONS

In supporting the health and wellbeing of children, the use of medications may be required by children at the education and care service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure continuing health for the child and for the child's safety and wellbeing.

## PURPOSE

To ensure all educators of the service can safely administer required medication to children with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the service.

## Supporting children with their health care needs:

### Before enrolment

- On enrolment ask parents if there are health or learning needs that need to be supported so we can conduct a risk assessment, plan for meeting the needs of the child and provide for a supportive environment for children and staff.
- Provide a safe environment for children and staff.
- At least one educator will be in attendance with first aid, asthma and anaphylaxis management training approved by ACECQA and that the qualification is recorded, with each educator's certificate held on the service's premises.

### When a need is identified

- At the initial meeting with families we ask if there are any emergency or routine health needs and personal care support needs
  - eg anaphylaxis, seizure management, asthma, diabetes
  - routine supervision for health care safety such as supervision of medication
  - personal care, including assistance with personal hygiene, continence care, eating, drinking, transfers and positioning, and use of health-related equipment.
- If a child has a specific health care need, allergy and other relevant medical condition, parents must provide information (in the form of a Health Care Plan) that has been written by a doctor or medical health professional. This is to ensure that we can provide a safe environment and trained staff to best support the child's needs.
- The Director will ensure that there is a Health Care Plan for each child with a medical condition and it is easily accessible from the service. A list a children's needs is displayed so all staff are aware.

### Asthma

- All children with diagnosed asthma will have a Health Care Plan written by their doctor or medical professional outlining the child's name, medication and first aid procedure.
- Medication must be brought each time to the service.
- Educators will record when asthma medication has been administered and parents will be notified.

### Anaphylaxis

The key to the prevention of anaphylaxis in education and care services is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between the service and families is important in helping children avoid exposure.

- Each child must have a Health Care Plan from their doctor and medication prescribed by that doctor must have the label clearly showing the child's name and medication name and dosage.
- All staff are trained using the EpiPen
- Signs displaying how to use the EpiPen are displayed in the service
- Staff will follow First Aid Procedures for Anaphylaxis.

- The EpiPen kit containing a copy of the anaphylaxis Health Care plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is away from the service e.g. on excursions that this child attends.

**In the event that a child suffers from an anaphylactic reaction the service and educators will:**

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Contact the parent/guardian
- Contact the emergency contact if the parents or guardian can't be contacted
- A notification will be made to the Regulatory Authority (Education Standards Board) within 24 hours.

**Monitoring and Review**

- All Health Care Plans from the doctor, have a review date. Parents are responsible of informing the service of any changes to the Health Care Plan and providing a current plan.

**National Quality Standards (NQS)**

**Quality Area 2: Children's Health and Safety**

**Education and Care Services National Regulations**

<b>Children (Education and Care Services) National Law</b>	
<b>12</b>	Meaning of serious incident
<b>85</b>	Incident, injury, trauma and illness policies and procedures
<b>86</b>	Notification to parents of incident, injury, trauma and illness
<b>87</b>	Incident, injury, trauma and illness record
<b>88</b>	Infectious diseases
<b>89</b>	First aid kits
<b>97</b>	Emergency and evacuation procedures
<b>161</b>	Authorisations to be kept in enrolment record
<b>162</b>	Health information to be kept in enrolment record
<b>168</b>	Education and care service must have policies and procedures
<b>174</b>	Prescribed information to be notified to Regulatory Authority
<b>176</b>	Time to notify certain information to Regulatory Authority

# INCIDENT, ILLNESS ACCIDENT AND TRAUMA

In early childhood illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur. Our service is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

## PURPOSE

Educators have a duty of care to respond to and manage illnesses, accidents and trauma that occur at the service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

## SCOPE

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

### Identifying signs and symptoms of illness:

Educators are not doctors and are unable to diagnose an illness of infectious disease. To ensure the symptoms are not infectious and minimise the spread of an infection medical advice is required to ensure a safe and healthy environment. Families will be contacted to collect their child if they become unwell.

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High Temperature or Fevers
- Loose bowels
- Faeces with grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear
- Skin that display rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficult in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

### High temperatures or fevers

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. But sometimes a fever will last much longer, and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child's normal temperature will range between 36.0°C and 37.0°C, this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the service until 24 hours after the temperature/fever has subsided.

### When a child has a high temperature or fever

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the service and will not be permitted back for a further 24 hours after the child's last temperature
- Educators will complete an Illness, Accident and Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

### Colds



The service has the right to send to children home if they appear unwell due to a cold. Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment. Management will assess each individual case prior to sending the child home.

### **Diarrhoea and Vomiting (Gastroenteritis)**

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days. Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

Children and educators with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours. If there are 2 or more cases of gastroenteritis, the Director will report the outbreak to the local health department.

### **Serious Injury, Incident or Trauma**

In accordance with Education and Care Services National Regulations, the Approved Provider must ensure that any serious incident, injury, trauma and illness occurrences are addressed, reported and recorded appropriately.

Definition of serious incidents

The service recognises the following as serious incidents:

- the death of a child while either at the service or as a result of an incident/accident that occurred at the service.
- any incident involving injury or physical or emotional trauma to a child, or illness of a child that results in or should have resulted in the child seeking medical attention from a doctor or attending hospital.
- any incident where the attendance of emergency medical services was, or should have been sought.

Severe or serious injuries may include head injuries, eye injuries, back injuries, loss of limbs or appendages, bone fractures, wounds requiring suturing, serious muscular injuries, burns and ear injuries.

The service also recognises a serious incident to be when a child is missing or unaccounted for, appears to have been taken or removed from the premises in a manner that contravenes regulations.

### **Incident, injury, trauma and illness record keeping:**

In accordance with Regulations, the service will keep a written record of any incident, injury, trauma or illness a child suffers whilst in care of the service, or as a result of being in care of the service. This record will include:

- the name and date of birth of the child
- the circumstances leading up to the incident or child becoming ill.
- the time and date the incident occurred or illness began.
- action taken and by which staff person, including any first aid and medication given.
- any environmental aspects (eg equipment involved) related to the incident.
- any medical services contacted and time of contact.
- details of any person who witnessed the incident.
- name, time and date of the person/persons who were notified about the incident or illness by the service.
- the name and signature of the person filling out the report and the time it was signed.

### The Director, management and educators will ensure:

- Parents/carers are notified no later than 24 hours of the illness, accident or trauma occurring.
- To complete an Illness, accident or trauma record accurately and without deferral.
- First aid kits are easily accessible and recognised where children are present at the service and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated.
- Adults or children who are ill are excluded for the appropriate period.
- Educators and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Educators who have diarrhoea do not prepare food for others.
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- To report any serious incident to the Education Standards Board as stated in the National Regulations and ensure the incident is reported on the Incident Response Management System (IRMS) within 12 hours of the incident.
- Notify parents of any infectious diseases circulating the service.

### National Quality Standards (NQS)

#### Quality Area 2: Children's Health and Safety

### Education and Care Services National Regulations

Children (Education and Care Services) National Law	
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
97	Emergency and evacuation procedures
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

### Source

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Raising Children Network - [http://raisingchildren.net.au/articles/fever\\_a.html](http://raisingchildren.net.au/articles/fever_a.html)
- Staying healthy in child care. 5<sup>th</sup> Edition
- Policy Development in early childhood setting
- First Aid Workplace - <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>

# HANDWASHING

Under the National Law and Regulations, early childhood services are required to obtain written authorisation from parents/guardians, and authorised nominees in some circumstances, to ensure that the health, safety, wellbeing and best interests of the child are met.

## PURPOSE

To ensure that all educators, volunteers, families and children of the service perform specific hand hygiene practices required minimising the risks associated with infection.

## SCOPE

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

## IMPLEMENTATION

Handwashing is a vital strategy in the prevention of spreading many infectious diseases. Research emphasises handwashing as the single most important task you can do to reduce the spread of bacteria, germs, viruses and parasites that infect yourself, other educators and children being cared for.

Micro-organisms such as bacteria, germs, viruses and parasites are present on the hands at all times and live in the oil that is naturally produced on your hands. The use of soap or detergent and water remove most of these organisms and decreases the risk of cross infection.

Our service will adhere to National Regulation requirements, standards and tools to support the effectiveness of our hand washing policy. We aim to educate and encourage children to wash their hands effectively which will help to reduce the incidence of infectious diseases.

### **To ensure the greatest level of personal hygiene, it is a requirement of the service to wash your hands:**

- Before and after toileting
- After going to the toilet
- After wiping a runny nose or blowing your own nose
- Before and after administering first aid
- Before and after administering medication
- After using chemicals
- Before eating, preparing and serving food
- After cleaning up bodily fluids
- After removing protective gloves

Children will be encouraged to follow educators' modelling and wash their hands at appropriate times throughout the day. Educators will ensure all required equipment is easily accessible and appropriate for use.

### **Educators will encourage effective hand hygiene by:**

- Talking about the importance of hygiene
- Using a clear visual poster with a step by step instructions
- Using positive language
- Encouraging and using positive reinforcement
- Ensuring equipment is accessible
- Provide clear simple routines
- Give children sufficient time to practice and develop their skills
- Ensure adequate supervision and assistance is available when required

We believe hygiene practices of children being cared for should be as rigorous as educators'. Our hygiene environment supports appropriate practice.

### Hand Drying

Effective hand drying is just as important as comprehensive hand washing. Research states that wet hands can pick up and transfer up to 1000 times more bacteria than dry hands. Drying hands thoroughly also helps remove any germs that may not have been rinsed off. We provide children and educators disposable paper towel/warm air dryers to ensure effective hand hygiene.

### National Quality Standards (NQS)

<b>Quality Area 2: Children's Health and Safety</b>
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### Education and Care Services National Regulations

<b>Children (Education and Care Services) National Law</b>	
<b>77</b>	Health, Hygiene and safe food practices
<b>106</b>	Laundry and hygiene facilities
<b>109</b>	Toilet and hygiene facilities

### Source

<ul style="list-style-type: none"><li>• Australian Children's Education &amp; Care Quality Authority. (2014).</li><li>• Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,</li><li>• ECA Code of Ethics.</li><li>• Guide to the National Quality Standard.</li><li>• Staying Healthy in Child Care 5<sup>th</sup> Edition</li></ul>
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# FIRST AID

## RATIONALE

OSHC services have a responsibility to act to protect the safety and wellbeing of the children and staff at the service. Staff will be employed with an approved first aid qualification. All staff will maintain an approved first aid qualification.

## POLICY STATEMENT

The service recognises that a first aid response to children or adults suffering from physical, emotional or psychological trauma is a matter of priority and so will act to ensure all possible assistance is rendered in accordance with state and national legislation. Staff will have the required qualifications and there will be trained staff present at all times.

## HOW THE POLICY WILL IMPLEMENTED

- At all times there will be an educator on duty who holds an approved first aid qualification that includes anaphylaxis and asthma management.
- The service keeps a record of all qualifications.
- The priority of all staff will be the prompt and appropriate administration of first aid as required, to ensure the safety and wellbeing of children, staff and families.
- In the event that a child is injured or becomes unwell during the session, the senior staff person will administer first aid and then determine if the child is too unwell or injured to remain at the service. The child will be cared for in an appropriate setting whilst waiting to be collected.
- If the child needs to leave the service, the designated staff person will contact the emergency contacts listed on the child's enrolment form in order of priority.

## In the event that a child needs to be transported in an ambulance

- The Director or responsible person will determine if the injury/illness/condition of the child warrants calling emergency services.
- All effort will be made to contact parents/guardians/emergency contact people listed on the enrolment form to arrange meeting at the ambulance's destination.
- All relevant medical and personal information will be collected, and if possible, a designated staff person will travel with the child and the information to the hospital until a family member or emergency contact person arrives.
- If contact has not been made before the child is transported, educators at the service will continue to attempt contact.
- Injured or unwell children WILL NOT be transported by staff in private vehicles.

## First Aid kit

- The service has a first aid kit available.

## ROLES AND RESPONSIBILITIES

The Director will be responsible for

- Ensuring that staff employed hold current first aid qualifications that include CPR, asthma and anaphylaxis training and that these qualifications are kept up to date. Check the ACECQA website for approved qualifications.
- Ensure that first aid kits are re-stocked, and items are in date.
- Ensure all accident/illness reports are completed.

All staff will be responsible for

- Being aware of location of first aid kits and children's medication.
- Being vigilant in supervision of children to minimize the chance of injury/accident.
- Being familiar with location of emergency phone numbers.
- Correctly completing accident/illness reports.

Families will be responsible for

- Ensuring enrolment forms are up to date, providing current health and emergency contact information.
- Communicating with staff in relation to children's health and wellbeing.
- Ensuring medication is current.

#### **National Quality Standards (NQS)**

<b>Quality Area 2: Children's Health and Safety</b>
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# INFECTIOUS DISEASES

Our service will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation and implement effective hygiene practices.

## PURPOSE

Our service has a duty of care to ensure that children, families, educators and visitors of the service are provided with a high level of protection during the hours of the service's operation. We aim to manage illnesses and prevent the spread of infectious diseases throughout the service. Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

## SCOPE

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

### Management will ensure:

- That all information regarding the prevention of infectious diseases is sourced from a recognised health authority.
- Recommendations from preventing infectious diseases in early childhood education and care services (5th Edition) will be followed.  
[https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55\\_staying\\_healthy\\_5th\\_edition\\_150602.pdf](https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55_staying_healthy_5th_edition_150602.pdf)

### The Director will ensure:

- A hygienic environment is maintained.
- Children are directed in their understanding of health and hygiene throughout the daily program and routine.
- Information is collected on enrolment and maintained regarding each child's immunisation status, and any medical conditions.
- Families are provided with relevant sourced materials and information on infectious diseases, health and hygiene including:
  1. exclusion guidelines in the event of an infectious illness at the service for children that are not immunised or have not yet received all of their immunisations
  2. advice and information regarding any infectious diseases in general, and information regarding any specific infectious illnesses that are suspected/present in the service.
- Information about any identified infectious disease at the service is shared with families.
- An illness record form is completed.
- Advice from the health department, or local health unit regarding infectious diseases is sourced when required.
- Children do not attend the service if they are unwell. If a child has been sick they must be well for 24hrs before returning to the service.
- Washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry.
- Floor surfaces are to be cleaned on a daily basis.
- Toilets/bathrooms are to be cleaned at the end of the day and whenever needed throughout the day using disinfectant and paper towel.
- Disposable paper towel and disinfectant are used to clean bodily fluids off beds, floors, bathrooms, etc.
- Cleaning schedules will be reviewed and increased when there has been an infectious disease at the Service.



**Educators will ensure:**

- That any child suspected of having an infectious illness are responded to and their health and emotional needs supported at all times.
- To implement appropriate health and safety procedures, when treating ill children.
- To take into consideration the combination of children to decrease the risk of contracting an infectious illness when planning the routines/program of the day.
- To adhere to the service's health and hygiene policy including:
  - hand washing
  - daily cleaning of the service;
  - wearing gloves (particularly when in direct contact with bodily fluids);
  - Appropriate handling and preparation of food.
- If a child has a toileting accident, the items will be placed in a plastic bag with the child's name on it.

**Families will:**

- Alert the service if their child is diagnosed with an infectious illness.

**National Quality Standards (NQS)****Quality Area 2: Children's Health and Safety****Education and Care Services National Regulations**

<b>Children (Education and Care Services) National Law</b>	
<b>77</b>	Health, hygiene and safe food practices
<b>85</b>	Incident, injury, trauma and illness policies and procedures
<b>86</b>	Notification to parents of incident, injury, trauma and illness
<b>87</b>	Incident, injury, trauma and illness record
<b>88</b>	Infectious diseases
<b>90</b>	Medical conditions policy
<b>162</b>	Health information to be kept in enrolment record

**Source**

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- [http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/\\$File/No-Jab-No-Pay.pdf](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/$File/No-Jab-No-Pay.pdf)
- Department of Human Resources: National Immunisation Program Schedule NHMRC.
- Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition
- Medicare Australia
- Public Health Act 2010 (as amended by Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013)
- Public Health Regulation 2012

# ADMINISTRATION OF MEDICINE

In supporting the health and wellbeing of children, the use of medications may be required by children at the education and care service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure continuing health for the child and for the child's safety and wellbeing.

## PURPOSE

To ensure all educators of the service can safely administer required medication to children with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the service.

## SCOPE

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

### Management will ensure:

- A Medication Record is completed for each child using the service who requires medication. A separate form must be completed for each medication if more than one is required.
- Medication may only be administered by the service with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parents to make decisions about the administration of medication.
- Medication must be provided by the child's parents which includes –
  - The administration is authorised by a parent or guardian;
  - Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner).
  - Medication is from the original container;
  - Medication has the original label clearly showing the name of the child;
  - Medication is before the expiry/use by date.
  - Any instructions attached to the medication or related to the use of the medication
- Medication must be given directly to an educator for appropriate storage upon arrival.
- Health care plans are readily accessible and will be followed by educators when necessary.
- Written and verbal notifications are given to a parent or other family member of a child as soon as practicable, if medication is administered to the child in an emergency
- Medication forms are kept in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time.
- Families are informed of the service's medical and medication policies.

### The Director and Educators responsibilities:

- Medication will not be administered without the authorisation of a parent or person with authority – except in the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- Ensure that medications are stored in the refrigerator or in a secure place which is easily accessible to educators.
- On administering medication educators will
  - Check the medication form
  - Check the prescription label and the amount of medication being administered
  - Ensure that the instructions on the medication form are consistent with the doctor's instructions and the prescription label
  - Sign and date the medication form
- Follow hand-washing procedures before and after administering medication.
- Discuss any concerns or doubts about the safety of administering medications with the Principal to ensure the safety of the child.

- Seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication if required.
- Invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English.

#### **Families will:**

- Notify educators, both via enrolment forms and verbally when children are taking any medications. This includes short and long term medication use.
- Complete a medication record for child requiring medication whilst they are at the service.
- Keep prescribed medications in original containers with pharmacy labels. Expired medications will not be administered.
- Keep children away from the service while any symptoms of an illness remain.
- Keep children away from the service for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.
- Complete the medication record and give the medication to an educator.
- Provide any herbal/ naturopathic remedies or non-prescribed medications (including Paracetamol or cold medications) with a letter from the doctor detailing the child's name, dosage and the expiry date for the medication.

#### **Guidelines for administration of Paracetamol**

- Families must provide their own Paracetamol for use as directed by a medical practitioner.
- Paracetamol will be kept in the locked medication container for emergency purposes should authorised collectors not be contactable.
- To safeguard against the disproportionate use of Paracetamol, and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter stating the reason for administering, the dosage and duration it is to be administered for.
- If a child presents with a temperature whilst at the service, the family will be notified immediately and asked to organise collection of the child as soon as possible.
- The family will be encouraged to visit a doctor to find the cause of the temperature. While waiting for the child to be collected, educators will:
  - Remove excess clothing to cool the child down
  - Offer fluids to the child
  - Encourage the child to rest
  - Provide a cool, damp cloth for the child's forehead and back of the neck
  - Monitor the child for any additional symptoms
  - Maintain supervision of the ill child at all times, while keeping them separated from children who are well.

#### **Medications kept at the service**

- Any medication, cream or lotion kept on the premises will be checked to ensure current expiry dates.
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.
- It is the families' responsibility to take home medication.
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PASSED THE PRODUCT EXPIRY DATE.

#### **Emergency involving Anaphylaxis or Asthma**

- For anaphylaxis or asthma emergencies, medication will be administered to a child without authorisation, following the child's medical management plan.
- The service will contact the following as soon as practicably possible -
  - Emergency services 000
  - A parent of the child.

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

### **National Quality Standards (NQS)**

<b>Quality Area 2: Children's Health and Safety</b>
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### **Education and Care Services National Regulations**

<b>Children (Education and Care Services) National Law</b>	
<b>90</b>	Medical conditions policy
<b>91</b>	Medical conditions policy to be provided to parents
<b>92</b>	Medication record
<b>93</b>	Administration of medication
<b>94</b>	Exception to authorisation requirement - anaphylaxis or asthma emergency
<b>95</b>	Procedure for administration of medication

### **Source**

<ul style="list-style-type: none"> <li>• Australian Children's Education &amp; Care Quality Authority. (2014).</li> <li>• Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,</li> <li>• ECA Code of Ethics.</li> <li>• Guide to the National Quality Standard.</li> <li>• Staying Healthy in Child Care - Fourth Edition 4</li> <li>• National Health and Medical Research Council - <a href="http://www.nhmrc.gov.au">www.nhmrc.gov.au</a></li> </ul>
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# AUTHORISATIONS

## RATIONALE

The service must obtain authorisations from parents/guardians and authorised nominees in some circumstances for situations such as:

- administering medication to children.
- children leaving the service premises with someone other than the parent/guardian.
- children being taken on excursions.

## ADMINISTRATION OF MEDICATION

Where medication is required for the treatment of long-term conditions or complaints such as asthma, epilepsy or ADHD, the service will require a letter and medication plan from the child's doctor/specialist detailing the condition, correct dosage and timing of dosage, and procedure of how to manage the condition. This can be requested for prescription and non-prescription medication. In the absence of a medication plan (for short term medication only) parents will need to complete a medication form that details – name of child, date, name of medication, dosage amount and time (this must match the prescription label). Staff will not administer medication without written authority.

## SELF-MANAGEMENT OF MEDICATION

Self-management of medication is not encouraged but may be considered on an individual basis if needed. Children can only carry and self-manage their medication when they have written medication authority from a parent/guardian, clear direction from family and doctor and when the service has been made aware of the child self-medicating.

## CHILDREN LEAVING THE SERVICE PREMISES

All children being signed out and collected from the service must be signed out by a parent or authorised person. If the authorised person is not a parent or guardian staff must ask for and sight proof of identification. Children must not leave the service premises unaccompanied without written permission from the parent/guardian. Staff reserve the right to check with parents before releasing a child to anyone if there is any concern for a child's safety.

## CHILDREN BEING TAKEN ON EXCURSIONS

No child will be taken outside the service premises on an excursion without the parent/carer's written authorisations (consent) on a booking form that includes the following:

1. Child/children's name
2. Reason for leaving the premises
3. Date of excursion
4. Description of destination
5. Method of transport to and from destination
6. Description of proposed activity at the destination
7. Time of departure from and arrival back at the premises
8. Maximum number of children attending the excursion
9. Maximum number of staff attending the excursion
10. Assurance that a risk assessment has been completed.
11. A parent guardian signature and date of signature.

## National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety
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# PANDEMICS - COVID-19

Coronavirus disease (COVID-19) is a respiratory illness caused by a virus. The virus can spread from person to person.

## What are the symptoms of COVID-19?

As with other respiratory illnesses, COVID-19 can cause mild symptoms but for some people, it can be more severe and can lead to pneumonia or breathing difficulties and can even be fatal.

Symptoms can include:

- fever (a temperature of 37.5°C or higher) or chills
- cough
- loss of taste or smell
- sore throat
- tiredness (fatigue)
- runny or blocked nose
- shortness of breath (difficulty breathing)
- nausea, vomiting or diarrhoea
- headache
- muscle or joint pain
- loss of appetite

## How is COVID-19 spread?

COVID-19 is spread through:

- direct close contact with a person while they are infectious
- contact with droplets from an infected person's cough or sneeze.

COVID-19 may also spread through touching objects or surfaces like doorknobs or tables, mobile phones, stair rails, elevator buttons that have droplets from a cough or sneeze of an infected person, and then touching your mouth, nose, eyes or face

## How can you prevent COVID-19?

You can take steps to protect yourself from COVID-19. For example, by:

- get vaccinated against COVID-19
- stay home when you are unwell
- practice good hand hygiene
- cover coughs and sneezes and wipe down surfaces
- wear a mask when required or when you can't physically distance.

## IMPLEMENTATION

The service will aim to minimise children's exposure to COVID-19 by adhering to all recommended guidelines from the SA Department for Education to slow the spread of the virus. We will implement practices that help to reduce the transmission of the virus including implementing effective hygiene practices as per our existing policies and procedures. Our service will provide up-to-date information and advice to parents, families and educators sourced about COVID-19 as it becomes available. Recommendations and health measures mandated by the department will be strictly adhered to at all times.

As information is changing rapidly, our service is constantly monitoring health alerts and implementing measures to minimise the transmission of COVID-19.

- **SA Health:**  
<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/conditions/infectious+diseases/covid-19>

- **Department for Education:**  
<https://www.education.sa.gov.au/parents-and-families/covid-19-coronavirus/covid-safe-measures-and-requirements>

## SCOPE

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

## COVID SAFE MEASURES AND REQUIREMENTS

### Testing, isolating and quarantine requirements

OSHC and vacation care services operating on department sites must follow [testing, isolating and quarantine requirements for school and OSHC settings \(PDF 163KB\)](#) if there's a positive COVID-19 case.

### Positive COVID-19 case protocol and communication templates

The [OSHC confirmed COVID-19 case protocol \(PDF 198.7KB\)](#) provides an outline of how to manage a positive COVID-19 case in an OSHC service. Template letters to communicate positive cases with families and staff are available on the [positive COVID-19 case protocol \(PDF 97.3KB\)](#) page on EDi.

### Notifying schools of positive COVID-19 cases

- During school term - OSHC services must contact the principal that the positive case attended. Communication should include details of each positive case, for example a PDF version of the [COVID-19 positive case reporting form](#).
- During school holidays - Vacation care service providers should copy the school principal into any communication with families or staff regarding positive COVID-19 cases. The Director and Principal will agree on communication arrangements prior to school holidays.

### Reporting positive COVID-19 cases

All OSHC and vacation care services must report COVID-19 cases at their service through the [COVID-19 - positive case reporting form](#). A [schools.sa.edu.au](mailto:schools.sa.edu.au) email address is required to complete the COVID-19 - positive case reporting form.

### Vaccinations

Vaccination requirements are in place in department schools, preschools and children's centres (including OSHC and early childhood services). See COVID-19 vaccination requirements for education and early childhood settings page for details:

<https://www.education.sa.gov.au/parents-and-families/covid-19-coronavirus/covid-19-vaccination-requirements>

### Vacation care

Out of school hours care (OSHC) and vacation care should remain open, except:

- in the event of a significant outbreak as determined by SA Health
- due to a business decision to fully or partially close based on a business assessment of risk and/or staffing.

### Managing declining enrolments

Beyond operating for a minimum of 7 weeks per year for OSHC/vacation care, a provider can decide the hours of care provided per day and the number of days per week. Providers can consider flexible options that suit families as well as their business.

### Prevention and managing illness – what you can do

Services play a vital role in supporting the effort to contain and slow the spread of COVID-19.

The best way to stop the spread of illness is to practice good hygiene. We encourage all staff and students to:

- wash your hands regularly, particularly after using the toilet and before eating

- use alcohol based sanitiser – place it at the gate/service entrance for each parent and child to use on arrival
- establish hand sanitation stations around the learning space to reduce children accessing the bathroom at the same time
- wipe down frequently touched surfaces
- cover a cough or sneeze with a tissue
- avoid touching your eyes, nose and mouth
- if you are unwell, stay home so you don't spread infections to others
- consider getting the annual influenza vaccination, see [infection control and employee immunisation programs](#).

## Contact

COVID-19 hotline

Phone: 8226 2000 | 8am to 6pm Monday to Friday (closed public holidays)

This policy must be read in conjunction with our other service policies:

- Medical Conditions
- Incident, illness accident and trauma
- Handwashing
- Infectious diseases
- Interactions with children
- Child safe environments

## National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety	
Education and Care Services National Regulations	
Children (Education and Care Services) National Law	
77	Health, hygiene and safe food practices
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
90	Medical conditions policy
93	Administration of medication
162	Health information to be kept in enrolment record

## Source

- Australian Children's Education & Care Quality Authority. (2014).
- Australian Government Department of Health *Health Topics* Health Topics Coronavirus COVID-19
- Australian Government Fair Work Ombudsman *Coronavirus and Australian workplace laws* (updated 13 March 2020) <https://www.fairwork.gov.au/about-us/news-and-media-releases/website-news/coronavirus-and-australian-workplace-laws>
- Australian Government Department of Education, Skills and Employment *Information for child care providers and services* <https://docs-edu.govcms.gov.au/node/53362>
- 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). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
- *Public Health Act 2010*
- *Public Health Amendment Act 2017*
- Public Health and Wellbeing Regulations 2019 Victoria
- Revised National Quality Standard. (2018).



# NUTRITION AND FOOD SAFETY

## National Quality Standards (NQS)

Our service recognises the importance of healthy eating to the growth and development of young children and is committed to supporting the healthy food and drink choices of children in their care. This policy concerns the provision of healthy food and drink while children are in care and the promotion of normal growth and development.

We are committed to implementing the healthy eating key messages outlined in the Right Bite guidelines. Furthermore, our service recognises the importance of supporting families in providing healthy food and drink to their children. It is acknowledged that the early childhood setting has an important role in supporting families in healthy eating.

## PURPOSE

Our service aims to promote children's wellbeing by providing good nutrition and endorsing a healthy lifestyle which works in accordance with the Right Bite guidelines. We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promote lifelong learning for children.

## SCOPE

This policy applies to children, families, educators, and management of the service.

## IMPLEMENTATION

Meal times reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. When possible, educators will role model healthy eating behaviour, by sharing a small amount of the food on offer with the children. This assists in creating a positive and enjoyable eating environment. Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas shall comply with Food Standards Australia and New Zealand. (FSANZ)

*Promote healthy food and drinks based on the Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents.*

### Our Service will:

#### **Where food is provided by the service:**

- Provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats and alternatives.
- Plan and display the service menu that is based on sound menu planning principles and meets the daily nutritional needs of children in care.
- Plan healthy snacks on the menu and ensure the snacks are substantial enough to meet the energy and nutrient needs of children.
- Vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food ideas.

#### **Where food is brought from home:**

- Provide information to families on the types of foods and drinks recommended for children and suitable for children's lunchboxes.
- Encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided.
- Discourage the provision of highly processed snack foods high in fat, salt and sugar and low in essential nutrients in children's lunchboxes. Examples of these foods include lollies, chocolates, sweet biscuits, muesli bars, breakfast bars, fruit filled bars, chips, oven-baked crackers and corn chips.

### The Director and Educators will:

- Ensure water is readily available for children to drink throughout the day.
- Be aware of children with food allergies, food intolerances and special diets and consult with families to develop individual management plans.
- Ensure all children are always supervised children while eating and drinking.
- Encourage and provide opportunities for educators to undertake regular professional development to maintain and enhance their knowledge about early childhood nutrition.
- Ensure the weekly menu must be displayed in an accessible and prominent area for parents to view.
- Ensure food is presented attractively.
- Ensure age and developmentally appropriately utensils and furniture will be provided for each child.
- Not allow food to be used as a form of punishment or to be used as a reward or bribe.
- Establish healthy eating habits in the children by incorporating nutritional information into our program.
- Talk to families about their child's food intake and voice any concerns about their child's eating.
- Encourage parents to the best of our ability to continue our healthy eating message in their homes.

### Storing, preparing and serving food in a hygienic manner promoting hygienic food practices.

Our service will:

- Ensure gloves are (or food tongs) used by all educators handling 'ready to eat' foods.
- Children and educators wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks.
- Food is stored and served at safe temperatures ie below 5°C or above 60°C.
- Separate cutting boards are used for raw meat and chicken, fruit and vegetables and utensils and hands are washed before touching other foods.
- Children will be discouraged from handling other children's food and utensils.
- Educators are trained in safe food handling practices.

### National Quality Standards (NQS)

#### Quality Area 2: Children's Health and Safety

### Education and Care Services National Regulations

Children (Education and Care Services) National Law	
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures

### Source

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- Guide to the National Quality Standard.
- Food Standards Australia New Zealand
- Safe Food Australia, 2nd Edition. January 2001
- Australian Dietary Guidelines 2013
- Food Safety Standards for Australia 2001
- Food Standards Australia and New Zealand Act 1991
- Food Standards Australia New Zealand Regulations 1994
- Food Act 2003

- Food Regulation 2004
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Dental Association Australia
- Rite Bite guidelines

# CHILD SAFE ENVIRONMENT

This service is committed to child protection and child safe environments at all times when children and families are present within the service setting environment. This policy describes the scope of obligations that must be met to maintain child safe environments and the roles and responsibilities of OSHC staff and volunteers in establishing and maintaining child safe environments.

## SCOPE

This policy applies to all OSHC staff and volunteers.

## PRINCIPLES

- Protecting the safety and wellbeing of children is a fundamental responsibility that cannot be compromised by other considerations.
- Children have a right to:
  - be treated with respect and to be protected from harm
  - be asked to express their views and wishes about matters affecting their lives and to have those views appropriately considered by adults
  - feel and be safe in their interactions with adults and other children
  - understand, as early as possible, what is meant by 'feeling and being safe'
- Children are entitled to the rights above irrespective of their special needs, gender, race, sexual orientation or cultural, religious or family circumstances.
- Preventing and intervening in the abuse and neglect of children and young people are moral and legal obligations. They contribute to improving safety and health of current and future generations.

## OBLIGATIONS

1. All staff and volunteers will be screened as part of an ongoing process to ensure adults are suitable to work, access or volunteer at OSHC.
2. Staff and volunteers will receive training that explains their responsibilities for children's safety and wellbeing and outlines how those responsibilities should be met with sensitivity and purpose. The training will cover the obligations underpinning a child safe environment and will include the role of a mandated notifier under Sections 30 and 31 of the *Children and Young People (Safety) Act 2017*.
3. Staff and volunteers will relate respectfully and protectively with children. Staff and volunteers have a responsibility to report and intervene against behaviours that compromise the safety or wellbeing of children.

## RESPONSIBILITIES

Staff and volunteers must:

- act in accordance with the obligations outlined in this policy
- raise concerns when barriers or threats to the protection of children's safety and wellbeing are identified, including through the conduct of other adults at the service.

## NOTIFICATIONS OF ABUSE

When someone with mandatory reporting obligations has reasonable suspicion of abuse, contact:

**CHILD ABUSE REPORT LINE: 131 478**

**POLICE CHILD EXPLOITATION INVESTIGATION SECTION: 8207 5800**

**CALL 000 FOR EMERGENCIES / 131 444 FOR NON-URGENT MATTERS**

## National Quality Standards (NQS)

Quality Area 2: Children's health and safety
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# EMERGENCY EVACUATION

It is vital that if an emergency situation arises, it is handled effectively and with consideration for all involved. Supporting educators and children with an emergency situation requires vigilant planning and consistent implementation. Effective management of emergency situations provides an opportunity to help support and build on children's coping mechanisms and resilience.

## PURPOSE

We aim to maintain the safety and wellbeing of each child, educator and individual using the service during an emergency or evacuation situation.

## SCOPE

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

## IMPLEMENTATION

We have set procedures to follow in the event of any emergency requiring evacuation and lock down. These procedures comply with regulatory requirements and are consistent with recommendations by recognised authorities. They are designed to ensure the safe and calm evacuation of all children, educators, families and visitors.

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 environment. It is a risk to an individual's health and safety. It is important that services define emergencies that are specific to their environment.

To ensure compliance with National Regulations, the emergency and evacuation procedure must set out

- Instructions for what must be done in the event of an emergency.
- An emergency evacuation floor plan.
- Emergency evacuation plans must be **practised every three months (termly)**.
- Evacuation procedures and map must be displayed in a prominent positions near each exit.

Circumstances under which evacuation will occur are as follows:

- Fire within the building or playground
- Fire in the surrounding area where the service is
- Flood (call State Emergency Service – 132500)
- Terrorist threat
- Others may include: gas explosion, traffic accident or event which could render the building unsafe

## Emergency and evacuation

- Children's medication must be taken on an evacuation.
- We will maintain an up-to-date and register of emergency telephone numbers that must be taken in an emergency or evacuation that is to be taken in an emergency.
- Emergency telephone numbers will be displayed at the service.
- Emergency procedures will be rehearsed every term at before school, after school and vacation care.
- Evacuations and evacuation rehearsals will be evaluated. Notes on any areas that need improving or revising are to be documented and any changes made in response.
- The dates of each emergency procedure rehearsal will be recorded.
- Inspecting, testing, and servicing fire extinguishers, blankets and other emergency equipment thoroughly is imperative to safety, and compliance to Australian regulations. The maintenance regime for the inspection and testing of fire extinguishers and hydrants is specified in the Australian Standard AS 1851 Maintenance of Fire Protection Systems and Equipment.
- The tests and intervals are to be recorded on a label or metal tag attached to the unit.

### South Australia (SA)

- Country Fire Service – [www.cfs.org.au](http://www.cfs.org.au)
- Department of Education and Early Childhood Services  
[www.decs.sa.gov.au/childrensservices](http://www.decs.sa.gov.au/childrensservices)
- Department for Communities and Social Inclusion – [www.dcsi.sa.gov.au](http://www.dcsi.sa.gov.au)
- Gowrie SA - [www.pscsa.org.au](http://www.pscsa.org.au)
- SA Health – [www.health.sa.gov.au](http://www.health.sa.gov.au)
- South Australia Police - [www.police.sa.gov.au](http://www.police.sa.gov.au)
- South Australian State Emergency Service – [www.ses.sa.gov.au](http://www.ses.sa.gov.au)
- WorkCover SA – [www.workcover.com](http://www.workcover.com)
- Police attendance: 131 444
- Crime stoppers: 1800 333 000

### National Quality Standards (NQS)

#### Quality Area 2: Children's Health and Safety

### Education and Care Services National Regulations

Children (Education and Care Services) National Law	
97	Policies and procedures in relation to emergency and evacuation
98	Emergency and evacuation procedures
168	Telephone or other communication equipment

### Source

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Fire Protection Association Australia <http://www.fpaa.com.au>
- Australian Government – Emergency Services  
<http://www.australia.gov.au/information-and-services/public-safety-and-law/emergency-services>
- Managing Emergency Situations  
<http://www.cscentral.org.au/Resources/managing-emergency-situations.pdf>
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- NSW Rural Fire Service  
[www.bushfire.nsw.gov.au](http://www.bushfire.nsw.gov.au)
- Department of Education and Early Childhood Development Victoria  
<http://www.education.vic.gov.au/Documents/childhood/providers/support/SampleCSEMPPlan.pdf>
- ATFS  
<http://www.atts.com.au/Fire-Services>
- Fire System Services  
<http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html>

# EMERGENCY INVACUATION - LOCKDOWN

Our service is committed to the ongoing safety and wellbeing of children, educators, families and visitors. To achieve this, we will implement a clear plan to manage all emergency situations.

## PURPOSE

We aim to minimise the risk of harm, ensuring the safety of children, educators, families and visitors of the service in the event of a threatening situation.

## SCOPE

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

## IMPLEMENTATION

We have set procedures to follow in the event of any emergency requiring evacuation and lock down. These procedures comply with regulatory requirements and are consistent with recommendations by recognised authorities. They are designed to ensure the safe and calm evacuation of all children, educators, families and visitors.

Whilst many emergency situations will require educators and children to evacuate from the service, there are potential situations that will require the facility to go into 'lockdown'. For example, the following are examples of situations that may require lockdown:

- Severe storms
- Extreme smoke from distant bushfire
- Chemical or hazardous substance spill
- Gas leak / atmospheric hazardous substance
- Dangerous animal or insects
- Potentially dangerous intruder/unwanted or uninvited visitor
- Potentially violent/dangerous person due to intoxication or substance abuse
- Unidentified external disturbance

Lockdown means that all windows and external doors are locked, and where possible internal doors are locked, with children and adults being moved to a room/position that does not allow them to be viewed. Where possible access should be maintained to a bathroom and enough space should be available for children to be comfortably involved in quiet activities. It is therefore vital that appropriate spaces have been identified and displayed on an emergency lockdown procedure.

### The Director will:

- Plan to maintain children's safety
- Ensure all children, educators, families and visitors of the service remain inside.
- If possible, make every effort to lock doors and windows.
- Ensure children remain in a confined area, or out of sight during the lockdown period.
- Practise emergency drills every three months (termly)
- Review and Reflect on each emergency drill to ensure strategies are effective

### National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety
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### Education and Care Services National Regulations

Children (Education and Care Services) National Law	
168	Policies and Procedures in relation to emergency and evacuation
97	Emergency and Evacuation procedures
98	Telephone or other communication equipment

**Source**

- The Business of Childcare, Karen Kearns 2004
- Education and Care Services National Regulation 2015
- National Quality Standards
- Managing Emergency Situations in Education and Care Services



# SUN PROTECTION

*This policy applies to all service events on and off-site.*

## Rationale

A balance of ultraviolet (UV) radiation exposure is important for health. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Sun exposure during childhood and adolescence is a major factor in determining future skin cancer risk. Too little UV radiation from the sun can lead to low vitamin D levels. Vitamin D is essential for healthy bones and muscles and for general health.

This Sun-smart policy has been developed to:

- Encourage children and educators to use a combination of sun protection measures whenever UV Index levels reach 3 and above.
- Work towards a safe outdoor environment that provides shade for children and educators at appropriate times.
- Assist children to be responsible for their own sun protection.
- Ensure that families and new educators are informed of and have the opportunity to have input into the service's Sun-smart policy.

## The Director and educators will ensure:

**Before school care:** Children attending before school care do not need to practice sun protection measures as the UV radiation levels are rarely above 2 during this time. Services are to check local sun protection times.

**After school care:** This policy is implemented during **terms 1, 3 and 4** and whenever the UV levels reach 3 and above at other times. Educators are encouraged to access the Sun-smart UV Alert at <http://www.bom.gov.au/sa/uv> to find out daily local sun protection times to assist with the implementation of this policy, and to determine if children are required to wear sun protection during term 2.

**Pupil free day care:** This policy is implemented for all outdoor activities during **terms 1, 3 and 4** and whenever UV levels reach 3 and above at other times. Educators are encouraged to access the Sun-smart UV Alert at <http://www.bom.gov.au/sa/uv> to find out daily local sun protection times to assist with the implementation of this policy.

**Vacation care:** This policy is implemented for all outdoor activities in **terms 1, 3 and 4 holidays** and whenever UV levels reach 3 and above at other times. Educators are encouraged to access the Sun-smart UV Alert at <http://www.bom.gov.au/sa/uv> to find out daily local sun protection times to assist with the implementation of this policy.

## 1. Clothing

When attending the service, children are required to wear loose fitting clothing that covers as much skin as possible. Clothing made from cool, closely woven fabric is recommended.

## 2. Sunscreen

- SPF 30 or higher, broad spectrum sunscreen is available for educators and children's use.
- Sunscreen is applied at least 20 minutes before going outdoors and reapplied every 2 hours if outdoors.
- With parental consent, children with naturally very dark skin are not required to wear sunscreen to help with vitamin D requirements.

## 3. Hats

All children are required to wear sun-smart hats. Hats that protect their face, neck and ears, ie legionnaire, broad-brimmed (without cords) or bucket hats are encouraged.

#### 4. Shade

- A shade audit is conducted regularly to determine the current availability and quality of shade.
- Management to ensure there is a sufficient number of shelters and trees providing shade in the outdoor area.
- The availability of shade is considered when planning excursions and all other outdoor activities.
- Children are encouraged to use available areas of shade when outside.
- Children who do not have appropriate hats or outdoor clothing are asked to play in the shade or a suitable area protected from the sun.

#### 5. Educators WHS and role modelling

As part of WHS UV risk controls and role-modelling, when the UV radiation is 3 and above, educators:

- wear sun protective hats and clothing when outside.
- apply SPF 30 or higher broad spectrum.
- seek shade whenever possible.

#### National Quality Standards (NQS)

Quality Area 2: Children's Health and Safety
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# EXCURSIONS

The service acknowledges the value of relevant excursions in allowing children to gain a greater insight of the society in which they live and learn from these experiences. Our service will actively seek to minimise any risks associated with excursions and respond promptly and appropriately to any emergency whilst on an excursion. Educators will educate children and families regarding safe road (or other transport) and play practices.

No child is to be taken outside the service (including an excursion away from the service that involves the use of transport or crossing a main road) without the parent's written authorisation regarding the date, proposed destination, method of transport, activities and the number of staff to accompany and supervise the children.

- Children may be taken on walking excursions within the community when parents have signed the authority contained in the enrolment form.
- On excursions there will be a maximum of eight children to one adult at all times. An adult may be a staff person or a volunteer. If the adult is a volunteer, they must be over the age of 18 and approved by the management committee to accompany staff and children on excursions. The staffing ratio of one paid staff member to every 15 children or part thereof will be maintained on all excursions.
- Single staff services: more than one adult must accompany children on excursions that involve leaving the close proximity of the service.
- On outings from the service, children will at all times be in the charge of a responsible adult staff member. The Director will appoint a person in charge for each outing.
- In determining an educator to child ratio above what is required, the following will also be considered:
  - The age and abilities of the children
  - The destination and length of the excursion
  - The transport method used
  - The previous experience of the accompanying adults
- A private vehicle may be used to carry children on excursions as passengers only if:
  - It is equipped with seat belts and has an approved child seat if required
  - It is registered and there is reason to believe that it is in safe mechanical condition
  - It has minimum third-party property damage insurance
- The driver has a full or provisional license and there is reason to believe that they are safe and responsible behind the wheel. 'L' plate drivers must not carry children.
- Before the journey begins a person in charge should ensure that:
  - No child occupies a seat that is not fitted with a seat belt
  - Every child has their seat belt on and secured
  - The vehicle is not overloaded as this could impede the driver and also jeopardise insurance entitlements should there be an accident
- When excursions are planned, staff will take possible changes in weather and temperature into account. They will ensure there are sufficient shaded areas for all the children to protect them from the sun, and undercover areas or enclosed areas to protect them from rain and cold weather.
- All excursions will be publicised to all parents with full details of destination, times of departure and return, staff and volunteers attending, and any special items children required to bring. There will be no change to the publicised itinerary unless the person in charge of the excursion decides it is necessary for the safety and wellbeing of the children.
- Excursions requiring transport will require that parents sign a consent form. The consent form will provide parents with full details about travel arrangements and other details as listed above.
- On swimming excursions there will be a higher educator to child ratio than required by National Regulations.
- Adult volunteers may be used to augment adult: child ratios on outings. Parents may be invited to assist should they have a certified Working with Children Check or DCSI clearance.

- Parents are requested not to send their child on an excursion if the child has any signs of being unwell. This is in the best interests of all children, educators and volunteers.
- Alternative arrangements will be made for children not going on excursions.
- When on an excursion staff will take and have accessible:
  - A first-aid kit
  - A list of all children on the excursion
  - List of emergency phone numbers
  - Medication should a child require it while on an excursion (eg puffers, Epi-pen, diabetes medication).
- Should a child require medication while on an excursion the usual service procedures regarding medication, as outlined in the Health section, will be followed. The medication and administration directions will be kept in the first-aid kit and a staff member will ensure the medication is administered.
  - The service's sun-protection policy will be implemented on all excursions.
  - Before the excursion, parents will be provided with the following details:
  - Departure and arrival times
  - Transport arrangements
  - Costs
  - Snack and lunch arrangements
  - Staffing and volunteers
- All excursions will have a risk assessment completed before the commencement of the expected excursion.

<b>Quality Area 2: Children's Health and Safety</b>
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#### **Education and Care Services National Regulations**

<b>Children (Education and Care Services) National Law</b>	
<b>100</b>	<b>Risk assessment must be conducted before excursion</b>
<b>101</b>	<b>Conduct of risk assessment for excursion</b>
<b>102</b>	<b>Authorisation for excursion</b>

# WATER SAFETY

## RATIONALE

Water activities are a significant part of Australian life and provide children with opportunities to access a variety of activities, experiences, fun and learning. However, all bodies of water present significant hazard and require increased vigilance to ensure the safety of the children.

Whenever an activity includes water the adequacy of supervision shall be determined by a range of factors that include;

- Number, age and ability of children
- Environment and location of activity
- Accessibility and visibility at activity location

### The service recognises the following to be 'bodies of water'

- swimming pools
- wading pools
- lakes/ponds/dams
- rivers/creeks
- the ocean
- any vessel/equipment used by the service that could contain a depth of 5cms or more and would allow a child to submerge both mouth and nose at the same time.

## HOW THE POLICY WILL BE IMPLEMENTED

The service shall ensure the safety of children around bodies of water by:

- Undertaking a risk assessment that will determine the required staff to child ratio for the proposed activity.
- Ensuring there are staff present that have current approved first aid that includes CPR.
- Ensuring staff are placed in positions that allow them to directly and actively supervise any activity that involves a body of water.
- Avoid any venue or activity with a body of water where optimum precautions cannot be taken to ensure the safety of the children.

## ROLES AND RESPONSIBILITIES

### The Director will be responsible for:

- Ensuring a risk assessment is carried out on any activity involving a body of water.
- Actively seek venues/activities that allow for maximum supervision when involving a body of water.
- Ensuring staff are positioned during an activity to enable every child to be seen.

### All staff will be responsible for:

- Being vigilant when supervising activities involving a body of water.
- Keeping first aid training up to date.

### Children will be responsible for:

- Keeping within the physical and behavioural guidelines set out by staff.

Quality Area 2: Children's Health and Safety
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# GOVERNANCE

## RATIONALE

Effective management and leadership guide and oversee the service. Well documented policies and procedures, well maintained records, clear direction and reflective practices support and enable the service to provide high quality care and education. An ongoing cycle of planning and reviewing that engages the whole OSHC community creates the environment for continuous improvement and a sense of ownership and belonging.

## POLICY STATEMENT

The service undertakes to ensure that all aspects of governance and management are clear, relevant and work in partnership with the service philosophy. There is an ongoing process of review and evaluation of all aspects of the service and this information is available to all stakeholders.

## IMPLEMENTATION

### The Director will be responsible for:

- providing leadership to and manage staff
- providing high quality care and education
- maintaining best practice, be reflective and set goals
- service management
- maintaining the budget, collection of fees
- grievances – staff and parents
- legislation and regulation management
- storage of service records in accordance with regulations
- liaising with Principal, governing council, business manager

### Qualified staff will be responsible for:

- providing high quality care and education
- liaising with Director
- overseeing the implementation of the program
- maintaining best practice, be reflective and set goals
- overseeing, guiding and supporting unqualified/new staff
- acting as the 'responsible person' when the Director is absent

### Unqualified staff will be responsible for:

- providing high quality care and education
- maintaining best practice, be reflective and set goals
- liaising with qualified staff and Director
- seeking direction/clarification whenever necessary
- implementing the program

### All staff will be responsible for:

- Maintaining the equipment, fixtures, resources at the service
- Day to day cleaning of the service
- Reporting any damage or unsafe equipment, fixtures or resources to the Director/school
- Keeping and maintaining confidentiality in relation to – children, parents, staff, families

### The OSHC advisory committee will be responsible for:

- liaising with the school governing council and the Principal
- supporting the service
- overseeing of program, budget, future planning, policy development and review

**School governing council will be responsible for:**

- supporting the service
- ratifying programs, policies, procedures and budget
- being the Approved Provider of the service

**The school business manager will be responsible for:**

- Managing the service's finances and setting the yearly budget in partnership with the Director
- Proper keeping of the service financial records
- Day to day banking - recording of profit and loss, payment of invoices, payment of wages
- Reporting to the school governing council finance committee on behalf of the service

**The school grounds/maintenance person will be responsible for:**

- Undertaking any repairs/maintenance approved by the school Principal
- Liaising with the service Director in relation to maintenance

**Schedule of meetings:**

- Service staff will meet once each term, additional meetings can be called when needed
- Staff will meet with Director for staff evaluation once each year
- OSHC advisory committee will meet a minimum of once each term the week preceding a governing council meeting
- The Director will meet with the school business manager every week
- The school governing council will meet twice each term and the AGM will be held in February of each year.

**PHILOSOPHY AND POLICIES:**

- The service philosophy will be on display in the service and included in the Quality Improvement Plan for the service.
- There is a periodic review of all policies and procedures in consultation with all stakeholders. Policies and procedures provide clear guidelines for best practice.
- Policies are available on the school website.

**FINANCIAL MANAGEMENT:**

Ascot Park Primary School OSHC is a non for profit service providing high quality care and education at an affordable rate.

The school business manager in consultation with the Director will develop a yearly budget that incorporates all known costs in regard to income and expenditure, including maintaining provisions for planned future spending and staff entitlements. The budget will be ratified by the school governing council finance sub-committee and the governing council.

A financial report will be given to the school governing council each meeting.

**REVIEW AND EVALUATION OF SERVICE**

Our service values and encourages feedback from all stakeholders. Parent feedback is encouraged by ongoing verbal communication, regular feedback forms in relation to all aspects of the service and when reviewing policies and procedures. The QIP will guide service continuous improvement.

**MAINTENANCE OF RECORDS**

The service has an obligation to keep adequate records about staff, families and children in order to operate responsibly and legally. The service will protect the interests of the children and their families and the staff by using procedures that ensure appropriate confidentiality.

Regulation 177 outlines requirements and includes references to records that services must keep.

The nominated supervisor and service Director will determine the process, storage place and time line for storage of OSHC records.

All documents relating to children and families will only be made available to the parent/guardian and approved persons nominated on the enrolment form, staff, authorised members of the governing council and when requested by authorised government officers. All documents will be stored securely.

All documents relating to staff will only be made available to the individual staff person, the 'responsible person' present at the time, an authorised member of the governing council. All documents will be stored securely.

All documents relating to fees, payment of fees and CCS will only be made available to the parent/guardian who is the nominated 'enrolling parent' as outlined in the enrolment form and authorised persons from the relevant government department. All documents will be stored securely.

### **National Quality Standards (NQS)**

#### **Quality Area 7: Leadership and Service Management**

#### **Source**

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015,
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- *My Time, Our Place* framework for Australia



# GRIEVANCE

The service promotes and values feedback and works to manage complaints to improve performance, systems and service delivery.

This procedure aims to:

- identify the key processes required to support staff to consistently and effectively manage feedback and resolve complaints
- clarify the roles and responsibilities of staff in complaint handling
- encourage and support where possible, the resolution of complaints at a local level by the original decision maker.

## Scope

This procedure applies to all OSHC staff.

## Responsibilities

Parents should raise any concerns or complaints with the Director. It is expected that the Director will:

- make a time available (face-to-face, by phone) as soon as reasonably possible to discuss with the parent/s their complaint
- consider relevant legislation, policy and guidelines and OSHC processes and/or seek advice from the Principal
- identify and discuss with the parent possible courses of action that could be taken to resolve their complaint and the timeframe for this to occur
- where practicable, follow up with the parents, after a reasonable period of time for any changes to take effect, to ensure that the parent is satisfied with the outcome.
- if appropriate (depending on the nature of the concern or complaint) keep a written record of the complaint, its progress and outcomes
- if a parent is not satisfied with the outcome of the complaint management process, or decides that it is more appropriate to discuss their complaint directly with the Principal then the Director must follow up by scheduling a meeting or phone call with the Principal
- this information must be easily accessible for parents:
  - on the school website
  - in the service.

## Reporting and recording complaints

- OSHC directors must follow the service grievance policy and report the complaint to the Principal and school governing council.
- The approved provider must report the complaint to the ESB through the [National Quality Agenda IT System \(NQAITS\) public portal](#) within the regulated timelines on the [OSHC notification requirement checklist \(PDF 279KB\)](#).
- Complaints **alleging that a serious incident has occurred or that the National Law has been contravened** must be reported within 24 hours of the complaint.
- The Principal may record complaints on the department's Incident Recording Management System (IRMS).
- The service will keep a record of complaints with the parent's details, an outline of the complaint and the action taken to resolve the complaint.

## National Quality Standards (NQS)

Quality Area 6: Partnership with Families and Communities
Quality Area 7: Leadership and Management

## Education and Care Services National Regulations

Children (Education and Care Services) National Law
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<b>168</b>	Education and care service must have policies and procedure
<b>173</b>	Prescribed information to be displayed
<b>176</b>	Time to notify certain information to Regulatory Authority