

Policy Group 4: Health and Wellbeing

4.1 General Health and Safety Policy

This service strives, through the following specific policies and procedures, to provide a safe, clean and healthy environment where safety and hygiene procedures are practiced at all times to promote and support the health, wellbeing and safety of children, recognising particular needs of children in this respect, and of educators, staff members, parents and others coming into the service.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Work Health and Safety Act 2011 and Regulations 2011
- Child Protection Act 1999 and Regulations 2000
- Duty of Care
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.5 – Illness and Injury, 4.6 – Medication, 4.8 - Sun Safety, 5.1 – Food Handling and Storage, 9.2 – Enrolment.



Procedures

The enrolment procedures (see Policy 9.2) will include the requirement that parents/guardians advise any particular health issues (including medications, special dietary or other requirements) and any other specific needs of their children.

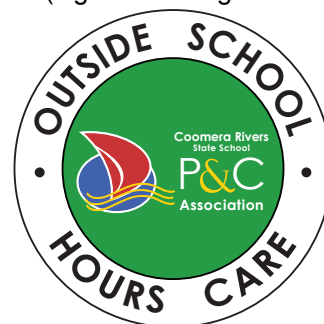
The Coordinator will ensure that all educators and other staff members are aware of all such specific notified needs.

The Coordinator will ensure that educators have appropriate education or training to enable them to undertake support of the health needs of children, including administering medications, minimising risks associated with allergic reactions, basic first aid and special dietary requirements.

The Coordinator must ensure that, at least one educator with the required first aid qualification, and anaphylaxis management and emergency asthma management training, as prescribed under Education and Care Services National

Regulations 2011 (Part 4.4, 136(1)), is in attendance at any place children are being cared for, and immediately available in an emergency, at all times children are being cared for (e.g. if children go to an oval or park then a qualified first aid person must go with them).

To ensure the environment is safe for children, the Coordinator will be responsible to ensure that the relevant daily safety checklists (see 4.1.1 and 4.1.2) are completed, prior to the children having access to those areas.



Educators will ensure that equipment is:

- Cleaned as per the cleaning schedule checklist;
- Used safely by the children; and
- Is used for its correct purpose.

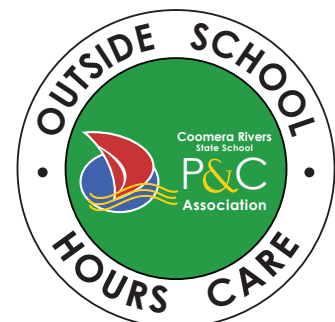
Risk assessments will be conducted for high risk activities and/or events including excursions.

Educators will actively supervise all areas which children are accessing.

Educators will ensure that they, and the children, have applied a SPF30+ sun screen and wear a broad brimmed hat, prior to outdoor play. Timing of outdoor activities will be guided by the Sun Safety Policy (see Policy 4.8), and specifically in relation to the advised UV rating for the day.

Children who are unwell will be isolated from other children in a quite area.

Educators will ensure that all food handling and storage procedures are followed to prevent the risk of contamination.

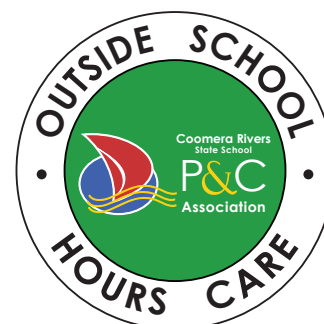


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4.1.1 Indoor Areas Daily Risk Management Checklist

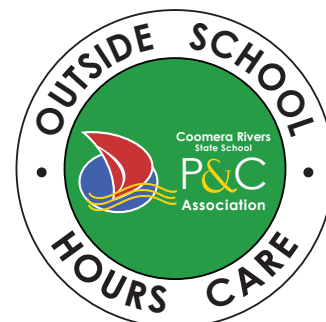
Checklist must be completed before children have access to these areas

Staff Name:	Date: From Monday / / to Friday / /										
OSHC Room											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Fire exits/doors free from obstructions?											
Fire exits/doors open easily and safely?											
Windows and/or glass doors intact?											
All lights working?											
Notices of evacuation procedures clearly displayed at each exit?											
Plug sockets are protected with safety covers?											
Electrical cords are tidy, secure and inaccessible to children?											
Flooring clean and free from spillage?											
Bins clear and clean?											
Broken or inappropriate play equipment removed?											
Play areas clean and tidy?											



Toilets											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Toilets are flushed properly?											
Toilets are clean?											
Toilet paper available?											
Toilet floors clean and dry?											
Sinks clean and taps working?											
Hand blowers working/paper towels available											
Hand soap available?											
Bins clear and clean?											
Toilets are flushed properly?											
Toilets are clean?											
Toilet paper available?											

Kitchen Area											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Floor area clean and dry?											
Work surfaces clean, hygienic and sanitised?											
Hazardous items inaccessible to children? (e.g. knives, plastic bags, glassware)											
Poisons cupboard locked?											
Bins clear and clean?											

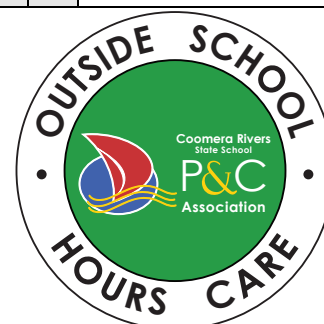


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4.1.2 Outdoor Areas Daily Risk Management Checklist

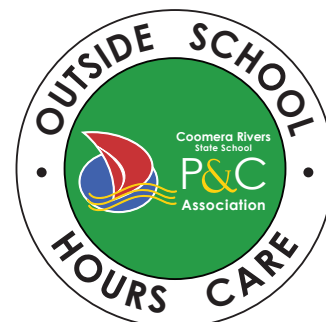
Checklist must be completed before children have access to these areas

Staff Name:	Date: From Monday / / to Friday / /										
Toilets											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Ramp/stairs free of obstructions											
Hand railings safe and secure											
Toilet doors secure											
Toilet floors clean and dry											
Sinks clean and taps working											
Hand blowers working/paper towels available											
Liquid soap available											
Patio/Verandah Area											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Windows and glass doors intact											
Cement area clear of rubbish and/or hazards											
Seating safe and secure											
Area checked for spiders/birds etc.											
Bag rack secure											

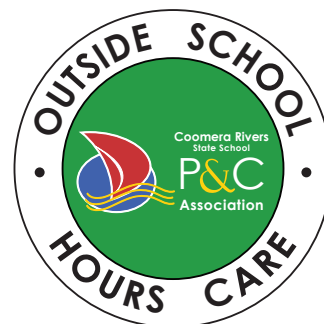


Toilets											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Cement area clear of rubbish and/or hazards											
Seating safe and secure											
Fences secure and in good repair											
Pathways clear											
Graffiti or vandalism											
Rubbish bins not overflowing and secure											

Playground Area											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Playground equipment checked for:											
• Nails and other sharp objects/protrusions											
• Cleanliness											
• Insects/spiders											
Soft-fall checked for:											
• Sharps											
• Foreign objects											
• Animal droppings											
• Level and even spread											
• Snakes and other animals											
• Biological hazards											



Sandpit											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Sandpit raked											
Sandpit checked for:											
• Sharps											
• Foreign objects											
• Animal droppings											
• Snakes and other animals											
• Biological hazards											
Oval/Courts Area											
	Monday		Tuesday		Wednesday		Thursday		Friday		Comment
Undercover shade areas are clear of rubbish and/or hazards											
Grass is a suitable length											
Fences secure											
Pathways clear											
Goalposts secure											
Courts area is clear of rubbish/hazards											
Water bubbler working											



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4.2 Infectious Diseases Policy

The service strives to remove immediate and/or serious risks to the health of the children, from possible cross-infection, by adopting appropriate procedures for dealing with infectious diseases*, whilst respecting the rights of individual privacy. Accordingly, all people, including children, educators and parents, with infectious diseases will be excluded from attending the service to prevent the diseases spreading to others.

* When **infectious disease** is referred to in these policies and procedures, it means communicable diseases and notifiable diseases (see Commonwealth Department of Health at www.health.gov.au)



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- National Health and Medical Research Council (NHMRC) 'Staying Healthy in Childcare' 5th edition
- National Quality Standard 2.1 Each child's health and physical activity is supported and promoted
- Policies: 4.1 – General Health and Safety, 4.3 – Hygiene, 4.4 – Preventative Health and Wellbeing, 4.14 – Infectious Disease Response Strategy, 8.16 – Employee Immunisation, 9.2 – Enrolment.

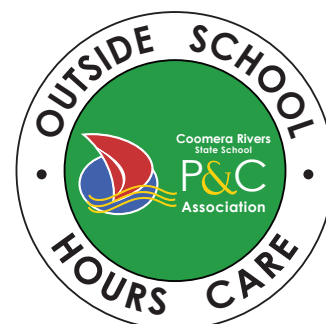


Procedures

Monitoring

The Coordinator will ensure they keep up to date with information on infectious diseases within the community through accessing the Commonwealth Government Department of Health (see www.health.gov.au) and Queensland Health (www.health.qld.gov.au).

The current NHMRC resource 'Staying Healthy in Childcare' will be referred to when making decisions in regards to communicable diseases and/or exclusion periods. Fact sheets may also be accessed through Queensland Health at <http://conditions.health.qld.gov.au/HealthConditions>



Reporting

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

Parents/guardians will be advised through the enrolment process and the Family Handbook that children who are ill are not to be brought to the service.

It is the responsibility of educators to inform the Coordinator of any infectious disease that the staff member, or their other immediate family members, may be suffering.

This service is responsible for reporting to the State Health Authorities all notifiable diseases (as per requirements of the Commonwealth Government Department of Health) and to report this to parents of other children in this service as appropriate, having regard to the privacy of individuals concerned.

A notice of an occurrence of an infectious disease will be displayed for families at the service.

The Coordinator will notify the Approved Provider in writing when a report of notification has been made to the Department of Health.

Records in regard to infectious disease will be maintained by the Coordinator. These records will include the child's name, age, symptoms, date and time when educators first noticed the illness, date and time the record was made and any action taken (see 4.5.2). This record will not be available to other parents/guardians in view of the sensitive nature of a child's health information (see Policy 10.8 – Information Handling (Privacy and Confidentiality)).

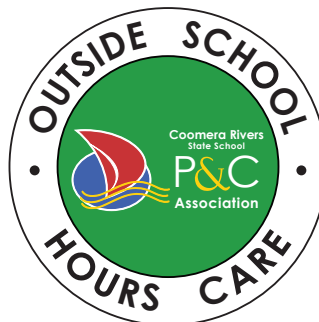
The rights of individual privacy will be respected at all times, and in particular the Privacy Policy of the Service (see Policy 10.8 – Information Handling (Privacy and Confidentiality)) will be observed by all staff implementing these procedures relating to infectious diseases.

Exclusion

All people, including children and educators, who are suffering from any infectious diseases need to be excluded from the service to prevent others from being introduced to the infection. When any such person is found to be showing signs of any infectious disease:

- For children, their parents/guardians will be asked to immediately collect their child and seek medical advice;
- For educators and staff, they will immediately be released from work in order to seek immediate medical attention and for the period of the infectious disease;
- For parents or other adults, they will be required to leave the premises of the service immediately and not re-enter the premises unless and until they are no longer suffering from the infectious disease; and
- If a duly qualified and registered medical practitioner diagnoses an infectious disease, the child/educator shall be excluded for the recommended period (as per NHMRC guidelines).

For diseases which are published as requiring a doctor's certificate clearing the child/educator, the doctor's certificate will be provided before the child/educator is re-admitted to the service. Information can be obtained from the Department of Health at www.health.gov.au and the National Health and Medical Research Council at www.nhmrc.gov.au.



Immunisation

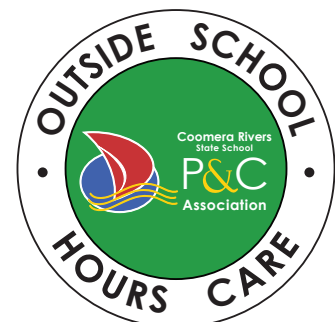
All children must meet the Australian Federal Government's immunisation requirements, or have a valid exemption for the family to be eligible for Child Care Subsidy (CCS).

Parents will be asked to verify their child's immunisation status.

Non Immunisation

Children and educators will be excluded from the service if there is an outbreak of an infectious disease against which they have not been immunised. The period of exclusion will be in accordance with the National Health and Medical Research Council's recommendations (www.nhmrc.gov.au).

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.3 Hygiene Policy

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



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Work Health and Safety Act 2011
- National Quality Standard 2.1 Each child's health and physical activity is supported and promoted
- Policies: 4.1 – General Health and Safety, 4.2 – Infectious Diseases, 4.4 – Preventative Health and Wellbeing, 4.5 – Illness and Injury, 4.9 Children's Toileting, 4.12 – Non Smoking, 5.1 – Food Handling and Storage, 5.5 – Cleaning and Sanitising.



Procedures

Use of gloves

When preparing food, cleaning, or otherwise having contact with bodily fluids (e.g. blood, mucus, vomit, urine, faeces, etc.), disposable gloves will be worn.

Used gloves are to be carefully and securely disposed of immediately after use.

Educators are responsible to advise the Coordinator (or other responsible staff member) to ensure that there is an adequate store of disposable gloves available at all times.

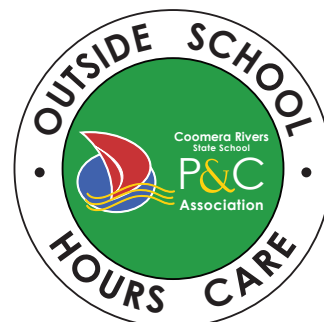
Hand Hygiene

The best way to prevent the transmission of disease is through effective hand hygiene, which removes both dirt and germs from the hands. This will be performed in the first instance with soap and running water, and if soap and water is not available a hand rub will be used.

Soap and Water

Educators will wash their hands, and ensure that children wash their hands, thoroughly with soap, water and single use paper towel/hand dryer:

- Before handling, preparing and eating of food;
- Prior to and after giving first aid;
- After toileting, handling of animals or other activities which could lead to the spread of infection;
- After coughing, sneezing or blowing their nose; and
- After contact with/cleaning of body fluids (blood, mucus, vomit, urine, faeces etc.).



Hand Rubs

Children with visible dirt, grease or food on their hands will be directed to clean their hands with soap and water (when and where possible), rather than use a hand rub.

Hand rubs do not replace soap and running water however, they are effective in certain situations, such as when soap and running water are not available. To use a hand rub:

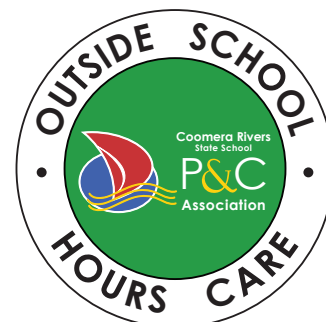
- Apply the recommended amount onto dry hands;
- Rub hands together so the hand rub comes in contact with all parts of the hands; and
- Keep rubbing until the cleaner has evaporated and hands are dry.

Hand rubs will be kept out of reach of children and only used with adult supervision.

Noticeable signs/posters will be placed around the service to alert children to the need for and the steps to follow for effective hand hygiene.

Educators will endeavour to observe children's practices when performing hand hygiene providing verbal reminders of effective procedures to follow.

Date of Development	Date Ratified	Date of Review



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4.4 Preventative Health and Wellbeing Policy

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



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Work Health and Safety Act 2011 and Regulations 2011
- Duty of Care
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.1 – General Health and Safety, 4.12 – Non Smoking, 4.13 –First Aid Waste Management, 4.14 – Infectious Diseases Response Strategy, 5.1 – Food Handling and Storage, 5.5 – Cleaning and Sanitising, 6.3 – Workplace Health and Safety.



Procedures

Sun Safety

Children and educators will wear broad brimmed hats and appropriate clothing when outside and have adequate shade provided by trees, shelter sheds or shade cloth.

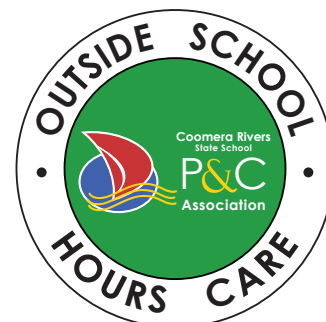
Educators will encourage children, including by way of modeling behaviour, to avoid excessive exposure to the sun. This will be reflected in the timing of outdoor activities which will be kept to a minimum during the hours of 10.00am and 3.00pm, and guided by the UV index for the day.

Educators will encourage children, including by modeling behaviour, to apply a suitable sunscreen (at least SPF30+), which is reapplied according to the manufacturer’s recommendations.

Ear Care

Children will be encouraged to consider their own ear health through discussions with educators on issues relating to their ears such as cleaning, noise, water and infections.

A Queensland Health initiative, The Deadly Ears Program aims to reduce the rates of chronic ear disease among Aboriginal and Torres Strait Islander children in regional, rural and remote communities across Queensland through consultation with local communities and the promotion of health initiatives for families.



Dental Health

The service will ensure parents/guardians and children are provided with appropriate, consistent and up to-date information on the development and maintenance of good oral health by:

- Providing appropriate pamphlets on dental health and hygiene in the parent sign in area;
- Providing water at snack times and encouraging swishing of mouth with water after eating;
- Encouraging fruit and vegetable consumption;
- Accessing dental health and hygiene programs to utilise within the service program; and
- Regularly informing parents/guardians about the service's procedure in relation to dental care through newsletters, verbal communication and face-to-face meetings.

The Coordinator will ensure that meals/snacks provided by the service do not promote dental decay.

The service will encourage parents/guardians to provide healthy, nutritious food for their child in order to minimise the risk of sweet and sticky foods being eaten by children attending the program.

Service Environment

A quiet area will be provided where children can experience downtime away from other children when needed.

'No smoking' at or about the service is a condition of entry for all people, including educators, parents and others entering the premises. No Smoking signs will be placed around the service.

Reminder notices and signs, for educators and children, will be placed around the service to remind all of the need to maintain a clean and healthy environment.

Cleanliness

Educators will ensure that premises used for the service and all toys, dress-up clothes, paint shirts and other materials and resources are kept clean.

Tables, benches, floor surfaces and toilets will be cleaned thoroughly each day.

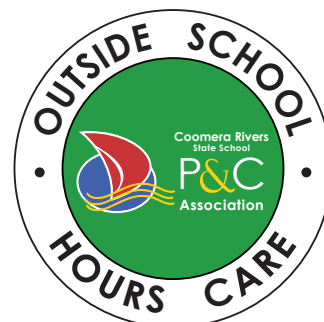
The refrigerator and pantry area will be cleaned once a week.

Cupboards will be kept in a hygienic state to protect against any vermin outbreak. The premises will be regularly treated for the control of pests.

Educators will ensure that all tissues are disposed of immediately after use.

There will be a suitable area for waste disposal. This is to be covered and emptied daily into outside garbage units that are collected regularly.

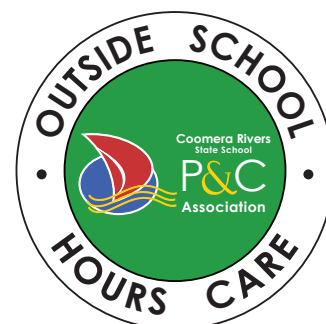
Recycled items (e.g. toilet rolls for craft activities) which were used, or suspected to have been used, in a non-hygienic environment, will not be used at the service.



There will be suitable disposal facilities for first aid waste such as adhesive dressing, bandages, and/or blood soaked tissues and wipes. These will be disposed of immediately.

There will be suitable facilities for the storage of soiled clothing. Soiled clothing will be placed inside a plastic bag and sealed. Soiled clothing will be returned to the family at the end of the day.

Date of Development	Date Ratified	Date of Review



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4.5 Incident, Illness, Injury or Trauma Policy

The service proactively strives to avoid injuries or trauma occurring at the service, and to minimise the impact of injuries, illnesses and trauma by responding appropriately and as quickly as possible. The rights and responsibilities of parents with respect to injuries, illnesses or trauma of their children is acknowledged and will be taken into account in administering all procedures.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Child Protection Act 1999 and Regulations 2000
- QLD Community Ambulance Cover Act 2003
- Duty of Care
- First Aid Code of Practice 2004
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 3.10 – Observational Recording, 4.6 – Medication, 4.10 – Anaphylaxis Management, 4.10 – Anaphylaxis Management, 4.11 – Emergency Health and Medical Procedure Management, 4.13 – First Aid Waste Management, 4.14 – Infectious Diseases Response Strategy, 4.15 – Asthma, 9.2 – Enrolment, 10.8 – Information Handling (Privacy and Confidentiality).



Procedures

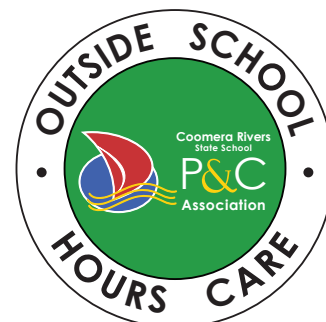
Definitions

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Injury: Any physical damage to the body caused by violence or an incident.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

Minor incident: An incident that results in an injury that is small and does not require medical attention (e.g. adhesive dressing).



Parental Permission

Under the Community Ambulance Cover Act 2003, all Queensland residents are covered for ambulance transport services anytime, anywhere across Australia. Families who are not Queensland residents must seek cover at their own cost.

Written consent from the child's parent/guardian will be sought through the enrolment process for the Coordinator and/or staff member qualified in first aid, to obtain medical attention, in keeping with the policies and procedures of the service, if required.

On occasion, it may be necessary for a child to have an Individual Medical Action Plan. These plans must be provided by the parent/guardian and be developed in collaboration with the family medical practitioner. Information contained may relate to management plans surrounding conditions such as anaphylaxis, asthma, diabetes, epilepsy or any other medical condition. Permission will be obtained from the parent/guardian to display this where staff can easily familiarise themselves with the health issue.

Written consent will also be obtained from the parent/guardian for the use of all health and other personal information which the service has relating to the child, for the purpose of enabling the service to:

- Administer care and assistance to the child, including by obtaining emergency or other medical assistance or care for the child in accordance with this policy; and
- Report any incident, injury, illness or trauma as required by law.

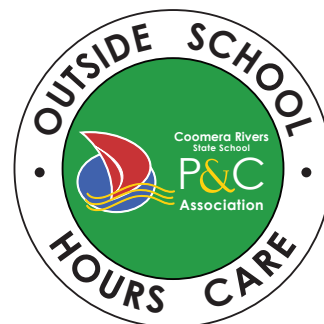
First Aid

At least one educator with a current first-aid and CPR qualification, and anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, will be in attendance at any place children are being cared for, and immediately available in an emergency at all times children are being cared for by the service.

Disposable gloves will be worn when administering first-aid, and will be disposed of immediately after use, in a way that they are reasonably secure from children and others.

The Coordinator will, or delegate a qualified educator to, ensure that the following are kept at the service at all times, and are accessible to the educators but not to children:

- A fully maintained and equipped first aid kit, adequate for the number of children attending the service, and that items stored in the first aid kit are within the identified use by date (where applicable)
- A recognised and current first-aid manual;
- A cold pack and/or ice ready for use in the administering of first aid;
- A store of disposable gloves; and
- Current emergency contact telephone numbers.



Immediate procedure upon incident, injury, illness or trauma (see Flowchart 4.5.2)

If a child is involved in an incident, becomes ill, is injured or suffers a trauma while attending the service:

- Staff will comfort and calm the child;
- Minor head injuries will be reported to the Coordinator, monitored for safety and recorded on the relevant form. Parents/guardians may be contacted at the Coordinators' discretion;
- Significant injuries will be reported to the parent/guardian via phone, notifying of the circumstances including:
 - The treatment administered; and
 - Whether the child has returned to normal activities as deemed appropriate by Coordinator or first aid qualified educator;
- An educator, qualified in first aid, will administer appropriate first aid and assess the child's condition in conjunction with the Coordinator;
- Non-prescribed oral medications will not be administered to any child;
- If necessary, the Coordinator, or Person in Charge, will ensure that the child is separated from the other children and made as comfortable as possible in a quiet, well ventilated area;
- If necessary, the Coordinator, or Person-in-Charge, will contact the parents/guardians to collect their child as soon as possible; and
- The child will be kept under adult supervision and their condition monitored until the parent's arrival.

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

- In the case of a child requiring emergency medication (Epipen, Ventolin etc.), steps as per individual medical management plans will be immediately followed;
- The Coordinator, or Person in Charge, will call an ambulance;
- All attempts will be made to notify the parents; and
- If parents are unable to accompany the child to the hospital, the Coordinator, or first aid qualified educator who administered the first aid, will accompany the child provided that they leave at least one educator who is qualified in first aid at the service and that the educator to ratios are still met.

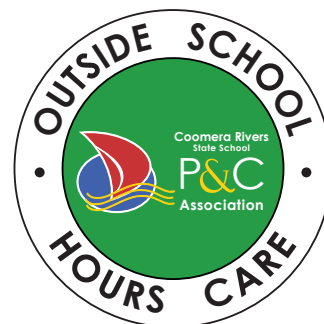
All costs incurred in obtaining medical attention for a child will be met by the parents/guardians.

Recording and reporting incidents, injuries, illness or trauma

An incident, accident, injury or trauma report (see 4.5.1) must be completed, as soon as reasonably possible after a child is involved in an incident, suffers an injury, illness or trauma, by the educator who administered care or first aid to the child.

The information which must be included on the report after a child is involved in an incident, suffers an injury, illness or trauma at the service is:

- The child's name;
- Date and time of accident/incident;
- Details of accident/incident;
- Parents/guardians contacted;
- Treatment and outcome of accident/incident;
- Staff signature and witness signature; and
- Parent's signature confirming knowledge of accident.



The information contained in the incident, accident, injury or trauma report forms must not be used for any purpose except strictly in accordance with this policy, the Privacy Policy (see 10.8 – Information Handling (Privacy and Confidentiality) and any other relevant policies of the service.

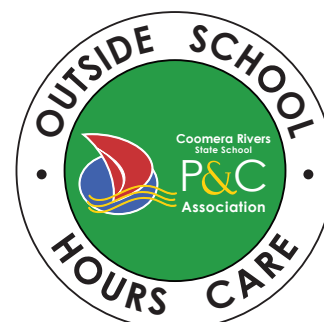
For incidents that may require minor first aid (e.g. ice-pack/adhesive strips), an entry must be made in the first aid record book, located with the service first aid kit. Information to be included in the first aid record book may include:

- The child's name and date;
- The reason for the first aid to be administered and where on the child it was applied; and
- Educator's name and signature.

The Coordinator will ensure that the parent of a child who is involved in an incident, is injured, ill or suffered trauma at the service is informed of the situation and the treatment given, on collection of the child.

The Coordinator is responsible for the obligation under section 174 (4) of the Education and Care Services National Law Act 2010 to report to the relevant Regulatory Authority if a child dies, or suffers an injury at the service for which treatment from a medical practitioner was obtained, or ought reasonably to have been sought.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.5 Incident, Illness, Injury or Trauma Policy

<p>Assess</p> <p>↓</p> <p>Respond</p> <p>↓</p> <p>Report</p> <p>↓</p> <p>Debrief</p> <p>↓</p> <p>Reflect</p> <p>↓</p> <p>Improve</p>	Serious (See ACECQA SI01 for defined types)	Moderate Moderate injury or harm	Minor Minor injury or harm Near Miss Minor concern, promptly remedied	No injury or harm Not likely to cause concern
	Refer to relevant service policy and procedure -Apply first aid	Refer to relevant service policy and procedure -Apply first aid	Refer to relevant service policy and procedure -Assess requirement for first aid -Apply as necessary	Refer to relevant service policy and procedure -Assess requirement for first aid
	Immediately to: Parent/Caregiver Nominated Supervisor Approved Provider Regulatory Authority (Complete relevant service documentation and S101)	Immediately to: Nominated Supervisor and/or Responsible Person in Charge Parent/Caregiver Approved Provider Regulatory Authority (if medical assistance is sought or ought reasonably to have been sought) (Complete relevant documentation)	As soon as practical to: Nominated Supervisor and/or Responsible Person in Charge Parent/Caregiver Approved Provider (Entry in minor incident book)	As soon as practical to: Nominated Supervisor and/or Responsible Person in Charge Parent/Caregiver Approved Provider (Entry in minor incident book)
	Immediately with those involved in the incident and then the team as appropriate and within a reasonable time	As soon as possible with those involved in the incident and then the team as appropriate and within a reasonable time	As soon as possible with those involved in the incident and then at the next team meeting	Debrief and discuss as necessary
	Reflect on the steps taken above and identify aspects that were effective and also where opportunities for improvement have been identified	Reflect on the steps taken above and identify aspects that were effective and also where opportunities for improvement have been identified	Reflect on the steps taken above and identify aspects that were effective and also where opportunities for improvement have been identified	Reflect on probability for the incident to escalate and identify strategies to prevent further escalation or repeated occurrence
	Take immediate action to improve areas identified and make records of those actions on the service's improvement plan	Take action to improve areas identified and make records of those actions on the service's improvement plan	Take action to improve areas identified and make records of those actions on the service's improvement plan	Take action to improve areas identified and make records of those actions on the service's improvement plan

Policy Group 4: Health and Wellbeing

4.5 Incident, Illness, Injury or Trauma Policy

Child's Name	Date of Birth
Incident Time	Incident Date

This form must be completed as soon as practicable after the incident/injury/trauma/illness occurs.

Incident/Injury/Trauma

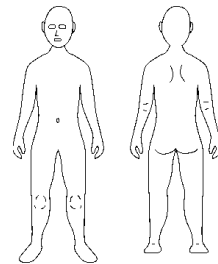
Circumstances leading to the incident/injury/trauma:

Name/s of Witness	Signature	Date
Name/s of attending staff member/s	Signature	Date

Nature of injury

Please circle below and indicate on picture

Cut Abrasion/Scrape Bruise Bite
Swelling Burn Rash Other
Other (please specify



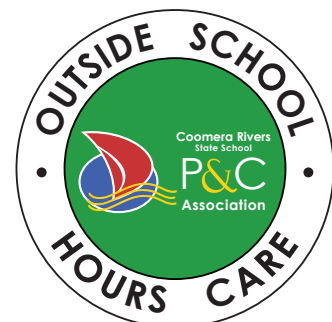
Illness

Circumstances surrounding the child becoming ill, including apparent symptoms:

Time Illness Identified	am/pm

Action taken

In relation to the incident, injury, illness or trauma - Details of initial action taken including first aid and/or administration of medications, and by whom:



Subsequent action taken

Details of subsequent action taken including first aid and/or medication, and by whom:

Time of observation	am/pm
Apparent condition at time of observation	

Subsequent action taken

Details of subsequent action taken including first aid and/or medication, and by whom:

Time of observation	am/pm
Apparent condition at time of observation	

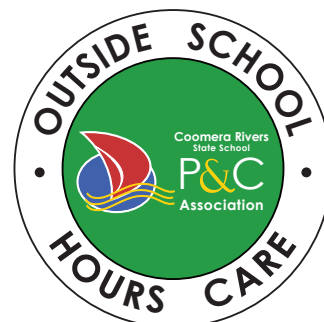
Medical Advice Sought ☐ Yes ☐ No

Details

Details of person completing this record

(The person in charge of the service at the time of the incident should complete this section)

Name	Signature	
Position	Date	Time



Notification of parent/ Guardian/ emergency contact

Parent/ Guardian Name -

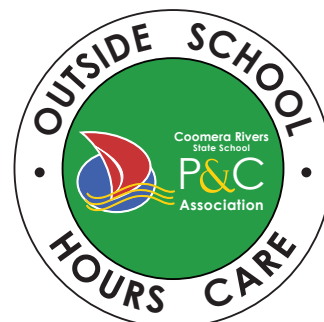
Time	am/pm	Phone	Email	In person	Successfully Notified	Unsuccessful Notification
Time	am/pm	Phone	Email	In person	Successfully Notified	Unsuccessful Notification
Time	am/pm	Phone	Email	In person	Successfully Notified	Unsuccessful Notification
Time	am/pm	Phone	Email	In person	Successfully Notified	Unsuccessful Notification

Emergency Contact Name -

Time	am/pm	Phone	Email	In person	Successfully Notified	Unsuccessful Notification
Time	am/pm	Phone	Email	In person	Successfully Notified	Unsuccessful Notification
Time	am/pm	Phone	Email	In person	Successfully Notified	Unsuccessful Notification
Time	am/pm	Phone	Email	In person	Successfully Notified	Unsuccessful Notification

Parental Acknowledgement

I (name of parent/guardian)			
Have been notified of my child's (please circle)	Injury	Trauma	Illness
Signature		Date	



Additional Notes/follow up

(All additional notes and follow up should be recorded below with the appropriate date and time.
DO NOT enter new information on the Incident/Injury/Trauma/Illness Report after the event).

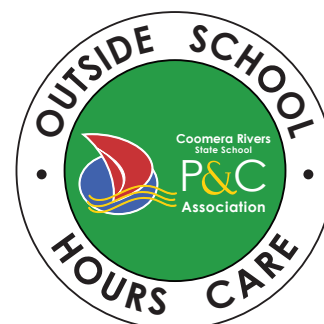
**THE FOLLOWING NOTIFICATION ACTION WAS UNDERTAKEN BY THE
NOMINATED SUPERVISOR OR APPROVED PROVIDER WITHIN THE
TIMEFRAMES NOMINATED (for serious incidents within 24 hours).**

Regulatory authority advised: ☐ phone ☐ fax ☐ email ☐ online

Time and date of notification: _____

I declare that I have notified the relevant authorities and submitted the appropriate incident notification
form with the required supporting documentation.

Name
Signature
Position
Date



Policy Group 4: Health and Wellbeing

4.6 Medication Policy

In the interests of the health and wellbeing of the children, the service will only permit medication to be given to a child if it is in its original packaging with a chemist label attached. The chemist label must state the child's name, dose of medication required and expiry date. Working collaboratively with families, and with the parent's written authorisation, children will be enabled to self-administer medications.

The service will follow all legislative requirements in the instances of administration of prescribed medicinal cannabis to a child at the service.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Public Health (Medicinal Cannabis) Act 2016 and Regulation 2017
- Duty of Care
- National Quality Standard, Quality Area 2 – Children's health and safety
- Policies: 4.1 - General Health and Safety, 4.10 – Anaphylaxis Management, 4.11 – Emergency Health and Medical Procedure Management, 4.15 – Asthma, 9.2 - Enrolment, 10.8 – Information Handling (Privacy and Confidentiality).



Procedures

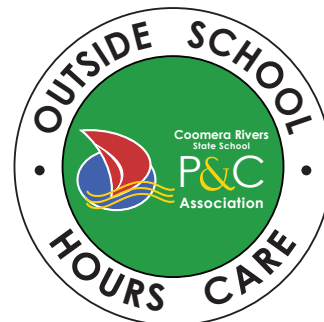
See procedures under Policy 4.1 – General Health and Safety, regarding obligations for parents/guardians to advise the service of particular health needs, including medication, for their children.

Parents/guardians will be requested, through the Family Handbook (see Policy 9.3 – Communication with Families) and initial enrolment procedures (see Policy 9.2), to respect this Medication Policy and, wherever possible, to administer any prescribed medication to their child before or after attending the service, rather than requesting the service to do so, unless absolutely necessary.

Educators will only be permitted to administer medication to a child if it is:

- In its original package with a pharmacist's label which clearly states the child's name, dosage, frequency of administration, date of dispensing and is within the expiry date period; and
- Accompanied by a Medication Authority and Administering Form (see 4.6.1) completed by the parent/guardian.

All medication will be stored in a locked cupboard or similar storage receptacle. Storage should prevent unsupervised access and damage to medicines e.g. some may require refrigeration.



All medication will be administered by the Coordinator (or an educator nominated by the Coordinator who is duly qualified in first aid) and witnessed by another educator. Administration of medication will be recorded in a Medication Administration Register (see 4.6.1). The coordinator, and an educator as the witness, must fill out and sign the register with the parent signing acknowledgement on collection of the child..

All unused medication will be returned to the parent on collection of the child.

Individual medical management plans will be developed if necessary in conjunction with the coordinator or a qualified first aid educator, parent/guardian, child and other health/educational professionals as required.

Children self-administering medication

The service permits children over preschool age to self-administer medication however the relevant authority form must be completed by the parent/guardian, prior to the child administering the medication.

This information will be detailed in the child's medical conditions management plan. The medical conditions risk minimisation plan if appropriate, and the location of the child's medication for self-administration must be noted and made available to educators.

Educators will supervise children who are self-administering medications to promote consistency and ensure the welfare of all children using the service. Educators will ensure each child follows all administration of medication, health and hygiene procedures.

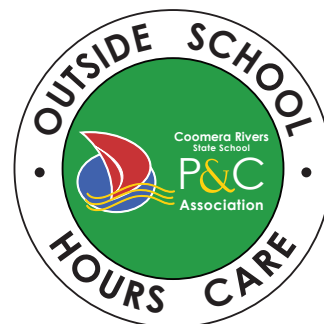
The service will record all instances of supervised self-administration of medication as per the procedures articulated within this policy.

For children with asthma, diabetes or other similar ongoing medical conditions requiring medication, parents/guardians will be required to advise the Coordinator in writing whether their child will be responsible for administering their own medication as well as full details of how, when (i.e. at what intervals) and by whom all such treatment is to be administered.

****Please Note**** The Education and Care National Regulations 2011 (part 4.2, 90 (2)) states that "The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration."

Administering Medicinal Cannabis

Medicinal cannabis as prescribed by a medical specialist, or general practitioner in consultation with a medical specialist, may be administered by staff members to a child attending the service following authorisation in writing from the Approved Provider.



For a child attending the service who has been prescribed medicinal cannabis a **Medicinal Cannabis Management Plan** (www.health.qld.gov.au/data/assets/pdf_file/0021/640263/notification-management-plan.pdf) must be in place and include:

- Details of safe storage
- Details of administration
- Risk assessment for holding and administering medicinal cannabis and how these risks will be managed

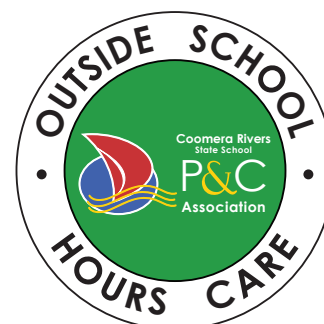
Additionally, the Medication Authority and Administering Form (see 4.6.1) will be completed by the parent/authorised nominee.

The medicinal cannabis as prescribed for administration to a child must be stored in a locked storage receptacle so as not to be in breach of National Regulation 82

Reference

<https://www.health.qld.gov.au/public-health/topics/medicinal-cannabis> accessed 14 Dec 2017

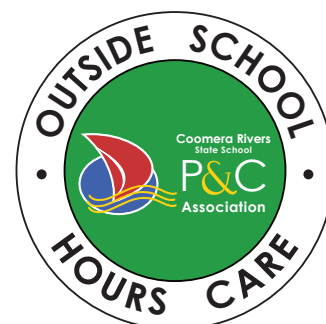
Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

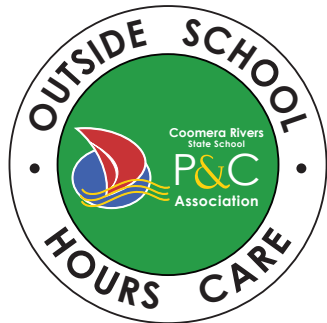
4.6.1 Medication Authority and Administering Form

Medication Authority – to be completed by the parent/guardian			
Child's name		Date of birth	
Name of medication		Expiry date	
Reason for medication			
Medication storage instructions (e.g. to be refrigerated)			
Please indicate how long this medication needs to be administered			
<input type="checkbox"/>	Today only	Today's date	
<input type="checkbox"/>	2 or more consecutive attendance days (e.g. antibiotics)	Start date	Finish date
<input type="checkbox"/>	Ongoing, regular medication (e.g. Ventolin)	Start date	
Details of Administration Staff will only be able to administer medication if it is received in the original packaging, with a chemist label attached stating the child's name and dosage. All medication is administered under adult supervision.			
My child can administer his/her own medication		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication to be administered		Dosage	Time
Circumstances of administration		<input type="checkbox"/> Before Food	<input type="checkbox"/> With Food <input type="checkbox"/> After Food
Prescribing Doctor's name		Phone number	
Letter from doctor/medical management plan provided		<input type="checkbox"/> Yes	<input type="checkbox"/> No



Parent/guardian name	Phone number
Signature	Date
Educator receiving medication	
Signature	Date
Coordinator Name	Signature

Medication Administering							
LAST ADMINISTERED		TODAYS DATE	TIME GIVEN	DOSAGE METHOD & OF ADMINISTRATION Before/With/After food	EDUCATOR	WITNESS	PARENT/ GUARDIAN SIGNATURE & DATE
Date	Time				Name & Signature	Name & Signature	



Policy Group 4: Health and Wellbeing

4.7 Animals Policy

The service recognises and acknowledges the role that animals play in the lives of children, therefore animals cared for by the service will be in keeping with any regulated requirements with adequate shelter provided. Wildlife and stray animals will be dealt with in accordance with this policy.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Duty of Care
- Check local authority regulations, e.g. Brisbane City Council by-laws on keeping relevant animals
- National Quality Standard, Quality Area 1 – Educational program and practice; Quality Area 2 – Children's health and safety
- Policies: 4.1 - General Health and Safety, 4.2 - Infectious Diseases, 4.3 - Hygiene, 4.4 - Preventative Health and Wellbeing, 9.3 – Communication with Families.



Procedures

The Coordinator will ensure that any animal, which poses an unacceptable health or safety risk to any child in the service is safely isolated or removed immediately.

Hand washing and hygiene procedures will be followed after the handling of all animals, whether it is the service animal or a stray.

No animals will be permitted in, or accommodated near food preparation areas.

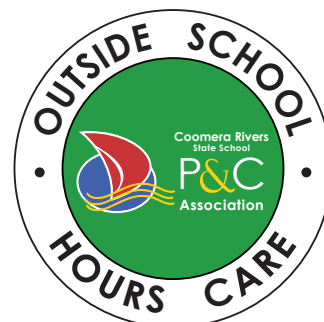
Keeping of animals

The service will only keep animals:

- Where they are appropriate to the program of the service;
- If no children and/or educators are allergic to that type of animal;
- If permitted by local authority regulations, and;
- If the service has sufficient and suitable space for the keeping of the animal.

Animals cared for by the service will have sufficient food, water, air, bedding and shelter.

Under the supervision of educators, children will be encouraged to help with the feeding and watering of service animals. Depending on the animal, families and educators may be encouraged to take care of it at home over periods of long weekends and/or service closures.



Stray animals

In the case of a stray domestic animal (e.g. dog or cat), educators will appropriately remove and/or restrain it (if safe to do so). Attempts will be made to contact the owners of the animal (if known) or local authorities for collection.

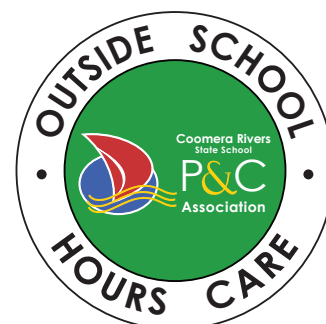
Stray animals will be restrained in an area away from the children and provided with adequate water.

Wildlife

In the case of a wild animal (e.g. snake, possum, bird), educators will monitor the whereabouts of the animal to ensure it doesn't pose a risk to children and others. Local wildlife authorities will be contacted for further advice and assistance.

Service evacuation and/or lockdown procedures may be implemented if the wild animal (e.g. snake, possum) is inside the SAC building or in an area that poses a risk to children and others.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.7.1 Chicken Coop Cleaning and Maintenance

In recent times, many OSHC providers and schools are enriching their programs and embedding sustainable practices into their day to day work with children and families. One of these practices includes keeping chickens.

Services are encouraged to implement good health and hygiene practices when caring for and handling chickens at the service.

Cleaning the coop is an important health and hygiene control and services should implement safeguards to ensure the coop is maintained while protecting educator's health and wellbeing.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act (2010) and Regulations (2011)
- Work Health and Safety Act 2011 and Regulations 2011
- Duty of Care
- NQS Area: 2.1.3, 2.1.4; 2.3.2; 3.1.2.
- Policies: 4.1 – General Health and Safety, 4.3 – Hygiene, 4.4 – Preventative Health and Wellbeing, 6.2 – Provision of resources and Equipment, 6.3 - Work, Health and Safety.

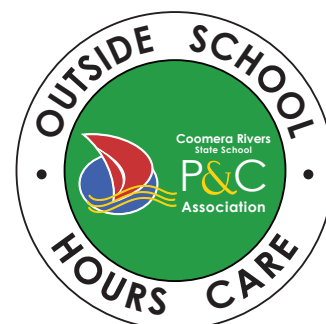


Procedures

When cleaning the coop, consideration should be given to:

Personal Protective Equipment (PPE). This includes items such as a face mask, gloves and protective footwear (such as gum boots). Waterproof, protective clothing may also be a worthwhile investment, particularly if the staff member is not going to shower and change clothes immediately after the coop has been cleaned.

Staff taking responsibility for cleaning the coop should consider doing this in the absence of children. The bacteria in chicken faeces and feathers may be airborne and if inhaled can cause respiratory infection or illness. Taking care with cleaning and maintenance minimises the risk of any such hazards.



Coop cleaning process to be followed:

1. Shovel and scrape all of the manure, dirt, soiled bedding and feathers into a sturdy garbage bag for removal. It's important to be thorough in this step.
2. Use a hose with a firm spray to give the walls, floors, roosts, and nesting boxes a good spray down to remove the fine dust and soften any stuck-on manure or dirt.
3. Scrape, shovel and bag again. Do a final sweeping/scraping of any remaining, softened manure or dirt, then allow the water to drain or, sweep it out.
4. Use natural cleaning products to spray the coop. (The most basic option for cleaning your chicken coop is a mixture of white vinegar and water. Simply mix about 15ml of vinegar with water in a spray bottle). Spray on and lightly hose off.
5. Disposable PPE should be bagged for removal. Staff should thoroughly wash their hands after they have cleaned the coop.

Ongoing maintenance is important and a record should be made on the service's cleaning schedule of when the coop has been cleaned and by whom. Regular cleaning (weekly) is recommended for coops to ensure children's safety and wellbeing.

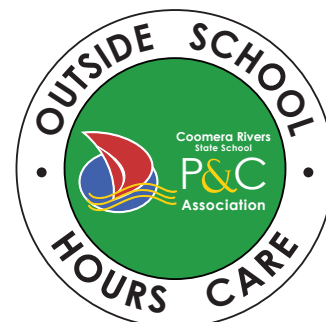
Guidelines for handling chickens

- Ensure that the children wash their hands prior to and after handling chickens;
- Consideration should be given to those with allergies to eggs and nuts as exposure can trigger an allergic reaction;
- Ensure that chickens have access to feed and fresh water throughout the day, and that their water is clean;
- Check on your flock daily to ensure they are all active and appear to be healthy. If you notice that your chickens do not appear to be bright and healthy, consult your veterinarian as soon as possible;
- Gather eggs from chicken nesting boxes daily. When collecting eggs, keep in mind the importance of refrigerating them promptly and storing them with the pointy side down. This will help to maximise freshness;
- After collecting eggs gently rub them under warm water to remove faeces or dirt; and
- When refrigerated, eggs can be easily kept fresh for two to three weeks. Mark your eggs lightly with a pencil to remind you of the date they were collected.

References

<http://www.backyardchickencoops.com.au> accessed 10 May 2016

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.8 Sun Safety Policy

Rationale

Queensland has the highest rate of skin cancer in the world. Of all new cancers diagnosed in Australia each year, 80 per cent are skin cancers. Given that children may be in care during peak ultraviolet radiation (UVR) times throughout the day, education and care settings play a major role in both minimising children's UVR exposure and providing an environment where policies and procedures can positively influence long-term behaviour.

Skin damage, including skin cancer, is the result of cumulative exposure to the sun. Research shows that sunburn contributes to skin cancer and other forms of skin damage such as sunspots, blemishes and premature ageing. Most skin damage and skin cancer is therefore preventable.

The rationale for this policy was provided by the Queensland Cancer Council and is consistent with their Sun Smart Policy Guidelines for Education and Care Settings.

The purpose of this Sun Safety Policy is to ensure that all children, staff and visitors attending our service are protected from skin damage caused by harmful UVR from the sun.

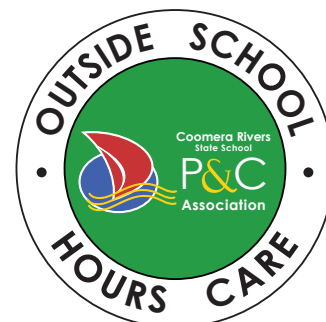
As children will spend a portion of their day outdoors, we are committed to protecting them from harmful effects of the sun. The service will provide a SunSmart environment that supports sun safe practices and create an awareness of the need to reschedule outdoor activities to support sun safe practices.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Work Health and Safety Act 2011
- Duty of Care
- Cancer Council Queensland's SunSmart Policy Guidelines – Early Childhood Cancer Council Australia
- National Quality Standard, Quality Area 2 – Children's health and safety
- Policies: 3.7 – Physical Activity, 4.1 - General Health and Safety, 4.4 - Preventative Health and Wellbeing, 9.2 – Enrolment, 9.3 – Communication with Families.





Procedures

Sun safety will be practiced at our service throughout the whole year.

Parents/guardians will be asked to provide for their child a broad brimmed SunSmart hat which protects the face, neck, ears and crown of the head and encourage them to wear it. No caps.

Parents/guardians will be asked to provide appropriate SunSmart clothing that protects as much of the skin as possible, and in particular covers the shoulders. No singlet tops.

Educators will ensure that all children, staff and visitors attending the service are protected from the harmful UV effects of the sun during the recommended times of the day. The Coordinator will:

- Inform parents of our Sun Safety Policy when children are enrolled. The Sun Safety Policy will be included in the enrolment package information;
- Ensure all sun protection measures are applied to children, staff and visitors while outside when the UV level is 3 or above, which in Queensland, is all year round including:
 - Wearing adequate SunSmart clothing and making use of shaded and/or covered areas;
 - Wearing broad-brimmed hats that protect the face, neck and ears; and
 - Applying SPF 30+ broad-spectrum, water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours (with parent/guardian permission and allergy safe as required).
- Incorporate education programs that focus on skin cancer prevention and early detection into the program;
- Ensure all staff, children and visitors act as positive role models and demonstrate SunSmart protective measures (as above) when attending the service; and
- Ensure that adequate shade is provided during outdoor events including excursions.

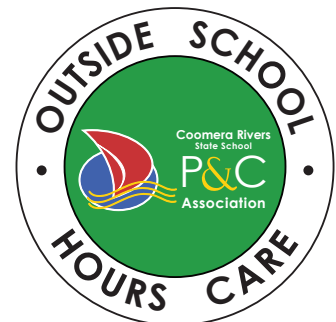
Ongoing feedback and support will be sought from parents/guardians and the school community for the Sun Safety Policy and its implementation through newsletters, parent meetings etc.

The Sun Safety Policy will be reviewed regularly (at least annually) with children, staff, parents and the Approved Provider.

References

Cancer Council Queensland SunSmart Policy Guidelines – Early Childhood,
http://www.cancerqld.org.au/cms_docs/54255_Early_Childhood_Settings_SunSmart_Policy_Guidelines_.pdf

Date of Development	Date Ratified	Date of Review



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4.9 Children's Toileting Policy

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



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Family and Child Commission Act 2014
- Child Protection Act 1999 and Regulations 2000
- National Quality Standard, Quality Area 2 – Children's health and safety
- Policies: 2.1 – Respect for Children, 2.2 – Statement of Commitment to the Safety and Wellbeing of Children and the Protection of children from Harm, 2.3 – Educator Ratios, 2.11 – Including Children with Special/Additional Needs, 3.5 – Excursions, 4.3 – Hygiene, 9.2 – Enrolment, 9.3 – Communication with Families



Procedures

Educators shall check the toilet facilities for safety prior to the commencement of the daily program/s including before school, after school and vacation care.

All children shall be actively supervised whilst accessing the toilet facilities.

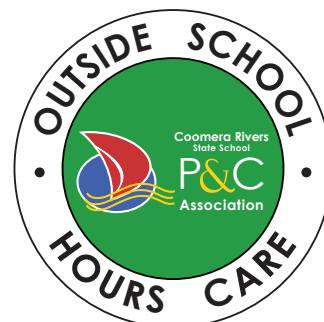
Children shall have access to the toilets located in the following area. (Attach map)

Adults shall have access to the toilets located in the following area. (Attach map)

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

- The educator shall notify another team member that they intend to use the toilet;
- The educator shall ensure that no children are in the immediate area of the toilet prior to accessing the toilet facilities; and
- The staff member shall lock the entrance to the toilet. If this is not possible then a sign shall be placed outside the toilet to notify children that an educator is using the toilet and that they cannot be accessed at this present time by children.

Should the primary facilities become unavailable and other toilets are accessed, when/if these are out of sight, children will be escorted to the toilet by an educator.



Educators shall be required to support the personal hygiene of children with toileting when it becomes known to them that a child is in need of assistance.

A toileting kit will be available (at or near the toilets), to assist educators with toileting issues. The kit includes gloves, wipes, hand sanitiser and appropriate bags for soiled materials. (Attention will be given to any children with allergies to latex.)

If a child is involved in a personal hygiene incident, at the Coordinator's discretion, the parent/guardian may be notified and shall have the opportunity to collect the child.

Children who are frequently troubled with personal hygiene and toileting needs shall be requested to provide spare clothes and pull ups if necessary.

Escorting children to the toilet

Educators shall observe practices to ensure that they are not placing themselves in a compromising situation while escorting children to the toilet area and shall ensure that a minimum of two children are escorted at any one time.

Children shall be regularly reminded to go to the toilet. Where the toilet is out of direct supervision of educators, children shall be escorted every 30 minutes or as required.

Educators will ensure that the service communication procedures are followed when escorting children to the toilet in another area.

Assisting children with toileting

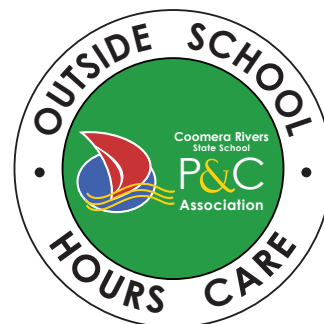
In the event of a personal hygiene incident, educator support will be provided. Gender and developmental consideration should be given to the situation to ensure the most appropriate educator manages the situation, that the process is open and transparent, and that the dignity and rights of the child to privacy are maintained.

Educators shall support children's emotional needs, demonstrating empathy and compassion and should not, under any circumstances, cause embarrassment to the child or become forceful in their assistance to children.

When needed, staff shall assist children with toileting and to follow hygiene procedures by:

- Encouraging children (if able) to clean themselves independently through provision of suitable wipes and means of disposal (wipes are not suitable for flushing); and
- Ensuring hands are cleaned and sanitised before and after, and gloves are worn.

All staff shall be provided with training in the support of children with toileting issues, particularly in the case of children with high support needs. This may be through written communications, direct training and/or meetings.

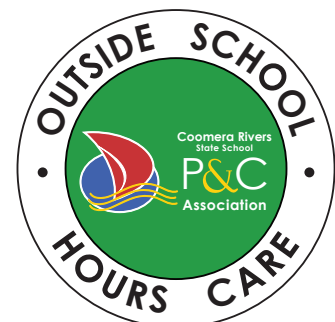


Toileting on excursions

For the purposes of excursions, the following procedures shall be implemented to ensure the health and safety of children while using the toilet:

- A risk assessment will be conducted prior to the excursion with all educators required to read and sign;
- On arrival at the venue, the toilet cubicles shall be checked for safety by an educator before being used by the children; and
- A minimum of two educators shall be present when possible to supervise children's use of the toilets.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.10 Anaphylaxis Management Policy

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

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



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Health (Drugs and Poisons) Regulation 1996
- Family and Child Commission Act 2014
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.5 – Illness and Injury, 4.6 – Medication, 4.11 – Emergency Health and Medical Procedure Management, 5.1 – Food Handling and Storage, 9.2 – Enrolment, 10.8 – Information Handling (Privacy and Confidentiality), 10.9 – Risk Management and Compliance.



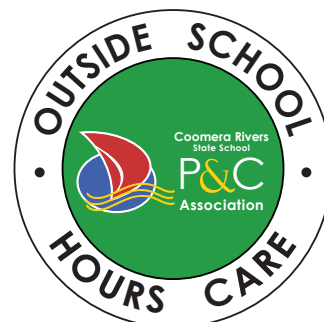
Procedures

Parents/guardians will be requested, through the enrolment process (see Policy 9.2), to ensure that the service is made aware of any allergies that their child may be suffering. Information regarding the triggers and severity of allergic reactions will also be requested.

All children diagnosed with anaphylaxis shall have a medical management plan outlining what to do in an emergency and developed in consultation with families, educators and the child’s medical practitioner. Each plan shall be displayed in a clearly accessible area and be approved by the child’s family/guardian for display.

A medical conditions risk minimisation plan (see 4.10.1) must be developed in consultation with the parent/guardian of a child with specific health care needs, allergies or other relevant medical conditions to identify the possible exposure to allergens and how these will be managed and monitored within the service.

Individual children’s health care and management plans shall be discussed on a regular basis with all educators at team meetings.



The service will ensure that at least one educator with a current first-aid qualification and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, will be in attendance at any place children are being care for, and immediately available in an emergency, at all times that children are being cared for.

The service shall take appropriate action to minimise, as far as reasonably practicable, exposure to known allergens where children have been professionally diagnosed with anaphylaxis and this information has been presented to the service with certification from a medical practitioner.

To minimise the risk of exposure of children to foods that might trigger a severe allergy or anaphylaxis in susceptible children, our service will:

- Not allow children to trade or share food, utensils or food containers;
- Prepare food in line with a child's medical management plan;
- Request families to label all drink bottles and lunch boxes with their child's name;
- Consider whether it's necessary to change or restrict the use of food products in craft activities, science experiments and cooking experiences so children with allergies may participate;
- Instruct educators preparing food about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food;
- Ensure that all food preparation areas and utensils are regularly cleaned and sanitised (as per Policy 5.5 Cleaning and Sanitising);
- Monitor attendances to ensure that meals/snacks prepared at the service do not contain identified allergens when those children are in care; and
- Where a child is known to have a susceptibility to severe allergy or anaphylactic reaction to a particular food, the service will develop policy and implement practice for the management of children, educators or visitors bringing foods or products to the service containing the specific allergen (e.g. nuts, eggs, seafood)

Each child shall have the appropriate medication including Epipen (or Anapen) accessible to educators.

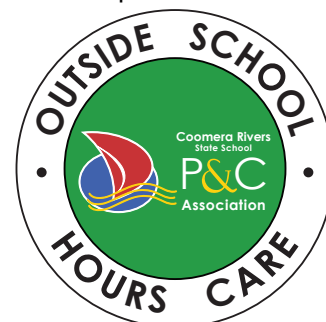
All expiry dates of auto injector devices accessible at the service will be closely monitored. Parents will be notified immediately of an impending expiry dates of these devices and provision to the service of an up to date device arranged.

Appropriate medication shall be stored at the service for each child in clearly labeled and marked containers, in a location that is known to educators and easily accessible to adults but inaccessible to children.

The service will ensure families with children at risk of anaphylaxis, and all educators receive a copy of the Medical Conditions Policy and Anaphylaxis Management Policy as part of their orientation/induction to the service.

Risk minimisation practices will be carried out to ensure that the service is, to the best of our ability, providing an environment that will not trigger an anaphylactic reaction. These practices will be documented, discussed at team meetings and potential risks reduced.

The service shall display a generic Action Plan for Anaphylaxis poster in a key location, visible to families, educators and visitors to the service.



In circumstances where EPIPENS are transported between the child's school/home and the service, the medication shall be signed in and out of the service in appropriate record books by educators. Parents/guardians may be requested to provide a spare pen to be kept at the service. If these arrangements are not suitable, a risk management strategy shall be devised to ensure:

- Medication is transported by a responsible adult person, and
- In circumstances where children arrive at the service without the required medication, appropriate procedures shall be followed to ensure that the medication becomes immediately accessible.

Anaphylaxis plans shall be reviewed annually or as required by medical authorities.

In the case of a child who has not been previously diagnosed with Anaphylaxis, procedures as per the Emergency Health and Medical Policy (see Policy 4.11) will be followed.

Adrenaline auto-injectors for general use

Services may have an adrenaline auto-injector (Epipen or Anapen) in their first aid kit for general use. This will be in addition to (and not a substitute for) the prescribed devices for individual children with a diagnosed anaphylactic allergy.

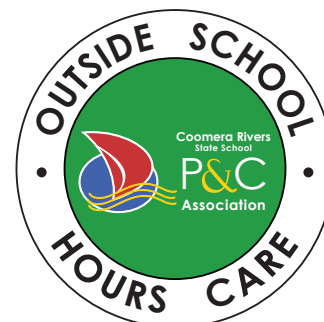
The service will develop guidelines and procedures for the administration of a general adrenaline auto-injector. Administration may be effected in the following circumstances:

- A child who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date;
- A second dose of adrenaline is required before an ambulance has arrived;
- The child's prescribed device has misfired or accidentally been discharged;
- A child previously diagnosed with mild allergy (who was not prescribed an adrenaline auto-injector) has their first episode of anaphylaxis; and/or
- A child with no previous diagnosis suffers a first episode of anaphylaxis and was not previously known to be at risk.

References

Australian Society of Clinical Immunology and Allergy. (2014). Adrenaline Autoinjectors for General Use. Retrieved from Australian Society of Clinical Immunology and Allergy: http://www.allergy.org.au/images/pcc/ASCI_A_PCC_Adrenaline_Autoinjectors_General_Use_2015.pdf

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.10.1 Medical Conditions Risk Minimisation Plan

Child's name:	Date of Birth:
What is the specific health care need, allergy or relevant medical condition that this assessment addresses?	
Does the child need dietary modifications? (if yes, please comment in sections below)	
Risk – What are the issues and/or the actual/potential situations that could lead to a medical emergency?	
Strategy – What can be done to reduce these risks? What resources are needed?	
Who – Who needs to be included in the process? Why?	
Unsafe Foods and Meals (if applicable):	
Safe foods and meals (if applicable):	

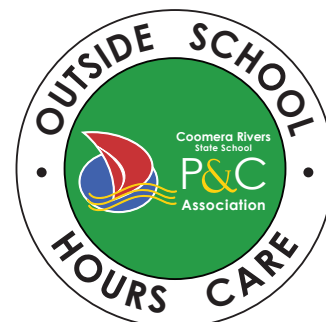
Educator's name and signature: _____ Date: _____

Parent's name and signature: _____ Date: _____

All educators have been made aware of this medical conditions risk minimisation plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Nominated Supervisor name and signature: _____

Date: _____



Policy Group 4: Health and Wellbeing

4.11 Emergency Health and Medical Procedure Management Policy

The service recognises that occasions may arise where emergency management procedures may need to be implemented to preserve the health and safety of children and staff. Such emergency management applies to situations where a parent/guardian requests the service in writing to administer prescribed medication as directed by a medical practitioner, and/or assist with managing a specific health condition as well as where a particular emergency first aid response is needed.

In emergency situations, educators may be required to administer medication to preserve the life, safety and health of a child. These emergencies may occur for children with diabetes, epilepsy, anaphylaxis and asthma. The possible medication requirements include administering inhaled medication for asthma, prescribed medications for epilepsy, diabetes and/or anaphylaxis. Medications for diabetes and anaphylaxis are usually injected by a pen device and are not intravenous.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Health (Drugs and Poisons) Regulation 1996
- Work Health and Safety Act 2011
- Family and Child Commission Act 2014
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.6 – Medication, 4.10 – Anaphylaxis Management, 4.15 – Asthma, 9.2 – Enrolment, 10.8 – Information Handling (Privacy and Confidentiality), 10.9 – Risk Management and Compliance.

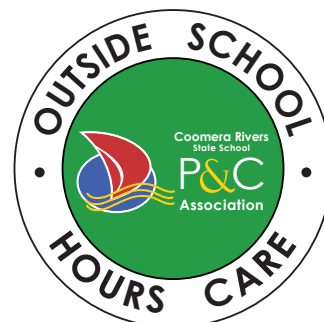


Procedures

All educators shall have access to information about the children’s medical conditions, medication and management procedures required.

Written procedures (medical management plan) shall be clearly displayed for managing emergency situations which shall include information about:

- Contact numbers for family, medical practitioner and ambulance;
- Triggers, reactions, warning signs and symptoms of possible emergency;
- Instructions on first aid management from medical practitioner or recognised authority; and
- Medication requirements, dosage and method of administration.



Children may have a personal medical management plan (maintained confidentially) which would include further information such as:

- Guidelines for participation in specific activities if required, such as swimming or high level physical games and activities;
- Contact details and parent consent forms as required;
- Medical practitioner consent forms as required; and
- Medication administration documentation.

The service will ensure that at least one educator with a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, is in attendance at any place children are being cared for, and immediately available in an emergency, at all times care is being provided by the service.

Medication shall be taken as required on excursions in an appropriately secured/locked container readily accessible to administering educators.

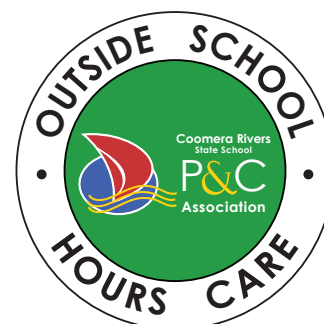
Steps to follow in the event of a medical emergency will be clearly documented, displayed and rehearsed every 3 months.

In the event of emergency first aid being required, procedures as set out in the Illness, Injury or Trauma Policy (see Policy 4.5) will be followed.

Relevant records and reports regarding implementing emergency health and medical procedures shall be completed by the administering educator immediately following and incident and handed to the Coordinator.

Management shall ensure that notifications as/when required are lodged with relevant authorities within the required time frame.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.12 Emergency Health and Medical Procedure Management Policy

To maintain the ongoing health and wellbeing of children, families, educators and community members, the service actively encourages and provides a smoke free environment. This demonstrates a commitment to the health and wellbeing of all who use the service.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Work Health and Safety Act 2011
- Family and Child Commission Act 2014
- Tobacco and Other Smoking Products Act 1998 and Other Smoking Products Amendment Bill 2004
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.1 – General Health and Safety, 4.4 – Preventative Health and Wellbeing, 8.10 – Employee Orientation and Induction, 9.3 – Communication with Families.



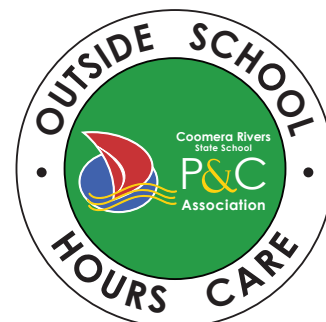
Procedures

All service handbooks shall include information regarding the service’s non-smoking policy.

Visitors to the service location or site shall be actively informed as required about the non-smoking policy.

Appropriate signage, displaying a no smoking symbol (circle with diagonal line over a picture of a cigarette) shall be displayed in visually prominent places to reinforce the message that the service is a non-smoking environment.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.13 First Aid Waste Management Policy

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



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Work Health and Safety Act 2011
- First Aid Code of Practice 2004
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.5 – Illness and Injury, 4.11 – Emergency Health and Medical Procedure Management, 6.3 – Workplace Health and Safety



Procedures

A clearly labelled first aid waste bin will be supplied and maintained in the following way:

- Fitted with a bag that can be sealed and removed each day (if required);
- Cleaned and sanitised daily (if required); and
- Located in a suitable place that is not readily accessible to children.

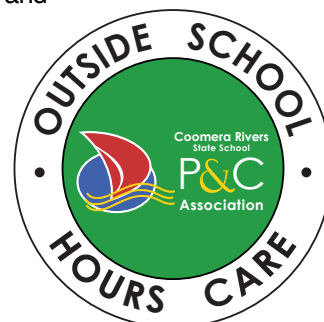
Educators shall thoroughly wash hands using specified hand washing procedures before and after implementing first aid.

Educators shall wear disposable gloves to manage incidents of first aid involving waste materials as identified.

When conducting first aid, educators shall:

- Remove required items to be used to manage first aid from the first aid kit;
- Place items in/on a non-contaminated dish or surface;
- Clean the injured area of the person using principles of first aid as per policy/ procedure and training e.g. wiped with sterile swab etc. (Refer to First Aid Manual/Book);
- The used swab or like shall be placed in the lined first aid waste bin; and
- Change gloves if changing the type of activity they are managing with first aid e.g. cleaning to bandaging. These gloves should also be placed in the first aid waste bin.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.14 Infectious Diseases Response Strategy Policy

The service acknowledges the need for a coordinated approach to dealing with situations of infectious diseases in the community. The service shall implement a response strategy in accordance with government health guidelines for Infectious Disease Pandemic.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Australian Government Health Guidelines
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.2 – Infectious Diseases, 4.4 – Preventative Health and Wellbeing, 8.10 – Employee Orientation and Induction, 9.3– Communication with Families, 9.4 – Communication with Community.



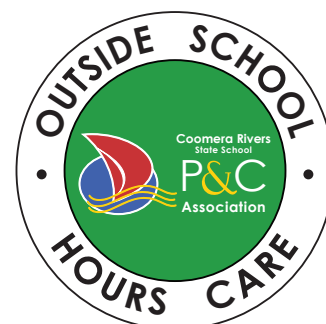
Procedures

The service shall encourage basic hygiene techniques to prevent the spread of infectious disease

The service shall encourage children and educators to stay at home should they present with symptoms of infectious disease.

The service shall keep informed of current Pandemic Phases and shall follow the Australian Government Guidelines. Refer to the supporting information below.

The service shall provide educators, families and the local community with information about the service’s response to management of infectious disease as recommended by health authorities.

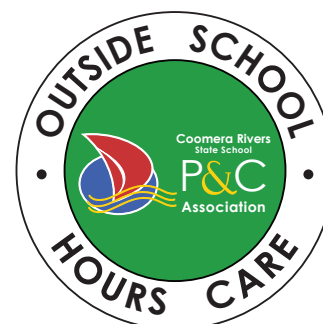


Supporting information on Pandemic Phases

The Australian Pandemic Phases describe whether the virus is in countries overseas (OS) or in Australia (AUS). Having an Australian system means that actions can be taken in Australia before a change of phase is declared by the World Health Organisation. The description of each phase is shown in the following table:

Australian phase	Description
ALERT	A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. There is no effective transmission between humans. Novel virus has not arrived in Australia.
DELAY	Novel virus has not arrived in Australia. OS4 Small cluster of cases in one country overseas. OS5 Large cluster(s) of cases in only one or two countries overseas. OS6 Large cluster(s) of cases in more than two countries overseas.
CONTAIN	Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters.
SUSTAIN	Pandemic virus is established in Australia and spreading in the community.
CONTROL	Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.
RECOVER	Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.
PROTECT	Pandemic virus is mild in most but severe in some and moderate overall. This phase sits alongside CONTAIN and SUSTAIN phases with a greater focus on treating and caring for those more vulnerable to severe outcomes.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.15 Asthma Management Policy

The service strives to provide a safe and suitable environment for all children attending the service. Children diagnosed with asthma who attend the service will be supported with the management of this medical condition and endeavours will be undertaken to create an asthma friendly environment in accordance with the recommendations of the Asthma Foundation of Queensland.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulation 2011
- Duty of Care
- Work Health and Safety Act 2011
- Health (Drugs and Poisons) Regulation 1996
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.1 – General Health and Safety, 4.4 – Preventative Health and Wellbeing, 4.6 – Medication, 4.11 – Emergency Health and Medical Procedure Management, 9.2 – Enrolment.



Procedures

The service will ensure that at least one educator with a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, is in attendance at any place children are being cared for, and immediately available in an emergency, at all times that children are being cared for by the service.

The service shall provide opportunities for all staff to participate in and receive regular approved education on asthma and appropriate management strategies as identified on the ACECQA website.

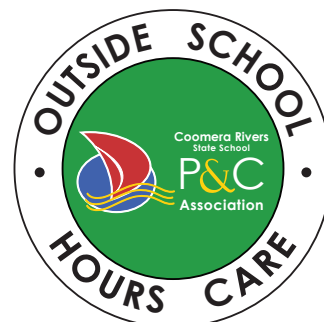
All children diagnosed with asthma must have a medical management plan outlining what to do in an emergency and developed in consultation with families, educators and the child’s medical practitioner. Each plan shall be displayed in a clearly accessible area with approval from the child’s family/guardian.

A risk minimisation plan must be developed in consultation with the parent/guardian of a child diagnosed with asthma to identify the triggers and how these will be managed and monitored within the service.

The service will ensure all families of children identified with asthma, and the educators at the service, receive a copy of the Medical Conditions Policy and Asthma Policy as part of their orientation/induction to the service.

Educators are made aware of the individual children who suffer from asthma, and are provided with training to recognise the relevant triggers, and to follow the risk minimisation strategies and specific management plans to manage the condition.

The service will display a poster for asthma first aid management in prominent locations to alert educators and other participants in the service’s activities.



If the procedure outlined in the child's medical management plan does not alleviate the asthma symptoms, or the child does not have a medical conditions management plan, an educator will provide first aid following the steps outlined by Asthma Australia as follows:

- Sit the child upright. The educator will stay with the child and be calm and reassuring;
- Give four (4) puffs of blue reliever medication with slow and deep breathing in after each puff. If using a spacer, follow each of 4 puffs with 4 breaths in and out following each puff;
- Wait four (4) minutes. If there is no improvement, give four (4) more puffs as above;
- If there is still no improvement, call emergency services; and
- Keep giving four (4) puffs every four (4) minutes until the emergency service arrive.

In the event of the above emergency event the parent of the child is to be contacted and informed.

The service will ensure that an emergency asthma first aid kit is stored in a location that is known to all educators, easily accessible to adults but inaccessible to children. The emergency asthma first aid kit should contain:

- An emergency supply of blue reliever puffer; and
- A spacer device that is compatible with the puffer.

Expiry dates of all puffers used will be closely monitored and replaced when expired.

Puffers and spacers from the emergency asthma first aid kit must be thoroughly cleaned after each use to prevent cross contamination.

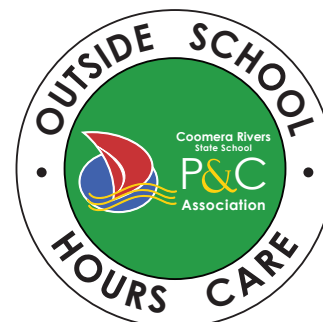
All asthma medication provided by families and administered by educators and/or self-administered by the child with the condition, must be in accordance with the Medication Policy (see Policy 4.6) of this service.

Risk minimisation practices will be carried out to ensure that the service is, to the best of our ability, providing an environment that will not trigger an asthmatic attack. These practices will be documented, discussed at team meetings and potential risks reduced where possible.

References

Victoria, A. F. (n.d.). Asthma and the Child in Care Model Policy. Retrieved from Asthma foundation: <http://www.asthma.org.au/Portals/0/doc/Resources/2013%20Child%20in%20Care%20Model%20Policy%20%28Version%202%29.pdf>

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.16 Vehicle Restraint Policy

The service promotes safety in the transporting of children in vehicles during the operation of program activities. In support of current legislation restraint measures will be implemented that reduce the effects of serious injury or death in the event of a crash.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Transport Operations (Passenger Transport) Act 1994 and Regulations 2005
- Family and Child Commission Act 2014
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 3.5 – Excursions, 3.6 – Transport for Excursions, 10.9 – Risk Management and Compliance.



Procedures

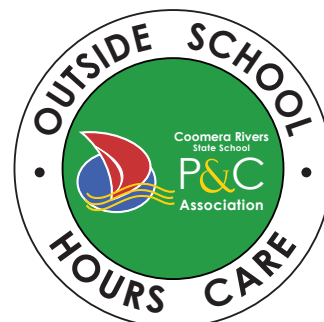
In the case of children being transported in a private vehicle during the operation of the program, the service shall provide appropriate child restraints in accordance with recommendations for children 4-7 years, which are a booster seat with H-harness or a booster seat with a secured adult seatbelt. Booster seats provided shall be Australian Safety Standard approved. (Australian Standard AS 1754 Child Restraint Systems Used in Motor Vehicles.)

The following requirements will also apply:

- A child may stop using a child restraint once they turn seven or if their eye level is above the back of the booster seat;
- A child aged between four and seven years of age cannot sit in the front row of a vehicle that has more than one row of seats unless all the other seats are occupied by children under seven years of age; and
- Should the back seat have two child restraints fitted and there be no room for a third child restraint, a non-tethered booster seat or booster cushion can be used, providing the child using the booster seat is between four and seven years of age.

In the case of children being transported in a taxi during the operation of the program, the following guidelines shall be followed:

- Children under the age of seven must not be seated in the front row of seats in a taxi. Taxi drivers will be responsible for ensuring that children between the ages of seven and sixteen are properly restrained in a seatbelt. The service shall support the taxi driver in meeting such requirements; and
- The service shall ensure that children up to the age of seven are appropriately restrained when using Taxi transport, whether in an approved child restraint or adult seatbelt. This may mean that the service provides their own restraints, however there is no requirement in a Taxi to do so.



In the case of children being transported in a bus during the operation of the program, the following guidelines shall be followed:

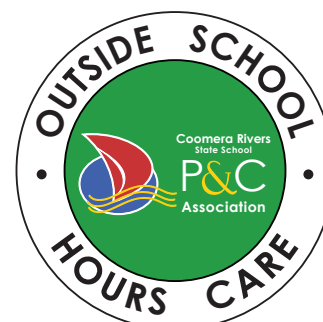
- Bus transport with 13 or more seats does not need to be fitted with seatbelts and/or child restraints; and
- The restraint provisions for four to seven year olds apply to a bus that has 11 or 12 seats with all passengers having to wear seat belts if they are fitted.

The indicative weight specified for this age range in the restraint laws is 14 to 26 kg. Children who are four (or more) years of age but below the indicative weight range may be recommended the forward facing child restraint with built-in harness. Children who are seven (or more) years of age, within the indicative weight range may still require the recommended child restraint.

References

Queensland Department of Transport and Main Roads, Child Restraints – questions and answers, 2011 - accessed 23rd June 2011.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.17 Medical Conditions Policy

The service recognises the increasing prevalence of children attending school age care services who have been diagnosed with medical conditions including asthma, diabetes or at risk of anaphylaxis, and are committed to a planned approach to the management of such medical conditions to ensure the safety and well-being of everyone at this service.

Children's medical needs may be broadly categorised into two types:

- Short-term – which may affect their participation in activities while they are on a course of medication. Short-term medical needs are typically an illness that the child will recover from in a short period (e.g. tonsillitis, chest infection, etc.)
- Long-term - potentially limiting their participation and requiring extra care and support. Long term medical needs are typically ongoing (e.g. asthma, diabetes, anaphylaxis, epilepsy, celiac disease)

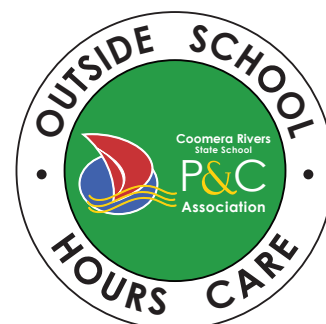
Our service is committed to ensuring our educators are equipped with the knowledge and skills to manage situations, to ensure all children in attendance receive the highest level of care and that their needs are considered at all times. Providing families with ongoing information about medical conditions and their management is a key priority.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Duty of Care
- National Law Act 2010 and National Regulations 2011
- Public Health (Medicinal Cannabis) Act 2016 and Regulation 2017
- National Quality Standard, Quality Area 2 – Children's health and safety
- Policies: 2.11 – Including Children with Special/Additional Needs, 4.1 - General Health and Safety, 4.2 - Infectious Diseases, 4.1 – General Health and Safety, 4.3 - Hygiene, 4.4 - Preventative Health and Wellbeing, 4.6 – Medication, 4.10 – Anaphylaxis Management, 4.11 – Emergency Health and Medical Procedure Management, 4.15 – Asthma, 2.20 – Supervision of Children, 5.1 – Food Handling and Storage, 5.6 – Menu Development, 7.1 – Emergency Equipment and Facilities, 8.4 – Educator Professional Development and Learning, 8.10 – Employee Orientation and Induction, 9.2 – Enrolment, 9.3 – Communication with Families, 10.9 – Risk Management and Compliance 10.24 – Privacy.





Procedures

Children's short term medical needs will be managed in accordance with the service's Incidents, Injury, Trauma and Illness Policy and the Medications Policy.

For children with long-term medical needs, the service will minimise the risks associated with these specific health needs, allergies or other relevant medical conditions by:

- Ensuring a current **medical management plan** that is provided to the service by the parent and is accessible to all educators;
- Ensuring all educators are adequately trained and rehearsed in the service's emergency medical management procedures and the administration of emergency medication;
- Collaborating with parents/guardians of children with specific health needs, allergies or other relevant medical conditions to develop a **risk minimisation plan**; and
- Informing all educators and volunteers, of children with specific health needs, allergies or other relevant medical conditions and the risk minimisation procedures for these.

Parents/guardians will be requested, through the initial enrolment procedures to provide details of any specific health care needs or medical conditions of the child, including asthma, diabetes, allergies and whether the child has been diagnosed at risk of anaphylaxis. It is the responsibility of parents/guardians to update the service with any new information relating to their child's specific health care need or medical condition.

The service will involve all educators, families and children in regular discussion about medical conditions and general health and wellbeing. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

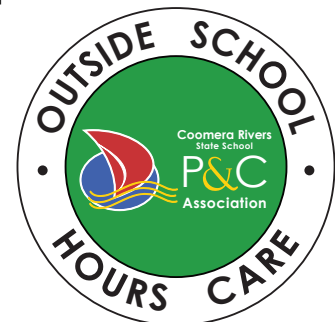
To promote consistency and ensure the welfare of all children using the service, all educators will follow the health, hygiene and safe food handling policies and procedures.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is enrolled at the service, prior arrangements will be negotiated with the parent/guardian, Coordinator and appropriate health care workers to train educators in appropriate procedures. Such arrangement and procedures will be established in consultation with the child's medical practitioner. Arrangements will be formalised prior to the child commencing at the service.

Identifying Children with Medical Conditions

Any information relating to individual children's health care needs, allergies or other relevant medical conditions will be shared with the Coordinator, educators and other staff members of the service.

Information relating to a child's specific health care need, allergy or other relevant medical condition, including the child's medical management plan, medical risk minimisation plan and the location of the child's medication will be shared with all educators and other staff members of the service.



As it relates to the specific children, relevant medical condition information will be displayed in the following areas of the service to ensure all practices and procedures are followed accordingly:

- The service administration area – available in the child's enrolment record and displayed visibly next to the service telephone;
- The staff room or noticeboard;
- Inside the kitchen cupboard door (for children with food related conditions); and/or
- In the SAC room (with parent/guardian permission).

All educators will be required to follow the child's Medical Management Plan in the event of an incident related to the child's specific health care need, allergy or other relevant medical condition.

All educators, other staff and volunteers must be able to identify a child with a specific health care need, allergy or other relevant medical condition and be able to locate their medication/s easily.

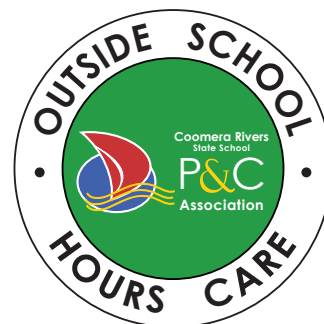
Medical Management Plan

To comply with regulatory requirements, the parents/guardians of children with specific health care needs, allergies or other relevant medical conditions must provide the service with a medical management plan for their child. This medical management plan must be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition.

The medical management plan should be developed in consultation with the child's registered medical practitioner with the procedures to follow from the medical practitioner documented in the medical management plan. The medical management plan should include the following:

- A photo of the child;
- Details of the specific health care need, allergy or relevant medical condition including the severity of the condition;
- Any current medication prescribed for the child;
- What may trigger the allergy or medical condition (if relevant);
- Signs and symptoms to be aware of as well as the response required from the service in relation to the emergence of symptoms;
- Any treatment/medication required to be administered in an emergency;
- The response required if the child does not respond to initial treatment;
- When to call an ambulance for assistance; and
- Contact details of the doctor who signed the plan.

Copies of the child's Medical Management Plan will be kept with their medication and taken on all excursions/regular outings they attend whilst enrolled at the service.



Risk Minimisation Plan

A risk minimisation plan must be developed in consultation with the parent/guardian of a child with specific health care needs, allergies or other relevant medical conditions to ensure that:

- Any risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised;
- If relevant, practices and procedures for the safe handling, preparation, consumption and serving of food are developed and implemented;
- The parent/guardian is notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
- All educators are able to identify the child, and know the location of the child's medical management plan and medication.

If relevant, practices and procedures are developed and implemented to ensure that the child does not attend the service unless the child has at the service their relevant medications.

The service will provide support and information to parents/guardians and other members of the community about resources and support for managing children's specific health care needs, allergies or other relevant medical conditions.

Medical Conditions Communication Plan

To ensure regulatory compliance, the service shall develop a communication plan and implement procedures to ensure that:

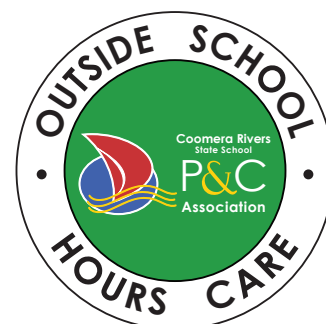
- Relevant educators, staff members and volunteers are informed about the medical conditions policy and the medical conditions management plan and medical conditions risk minimisation plan for each child with a specific health care need, allergy or other relevant medical condition; and
- A parent/guardian of a child with a specific health care need, allergy or other relevant medical condition will communicate any changes to the medical management plan and risk minimisation plan for their child.

Management of Medical Conditions

Children identified with asthma or anaphylaxis will be managed in accordance with the specific Asthma Management policy (see 4.15) and Anaphylaxis Management policy (see 4.10) of the service.

Children with other health care needs or relevant medical conditions will be managed in accordance with their individual medical management plan and risk minimisation plan.

In order to effectively manage other health care needs and medical conditions, the service will implement the following procedures:



Diabetes

In developing individual children's medical management plans, the service will implement procedures to ensure children with diabetes do not suffer any adverse effects from their condition while at the service. These include ensuring they do not suffer from hypoglycemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:

- A delayed or missed meal, or a meal with too little carbohydrate;
- Extra strenuous or unplanned physical activity;
- Too much insulin or medication for diabetes; and/or
- Vomiting.

Children with Type 1 diabetes may need to limit their intake of sweet foods. The service will ensure information about the child's diet including the types and amounts of appropriate foods is documented in the child's medical management plan and that this is used in developing an individual risk minimisation plan.

The service will ensure that educators are adequately and appropriately trained in the use of insulin injection devices (syringes, pens, pumps) used by children at the service with diabetes. In the event of major concerns regarding insulin levels of a child an ambulance will be called.

If a child is displaying symptoms of a "hypo" event the service will:

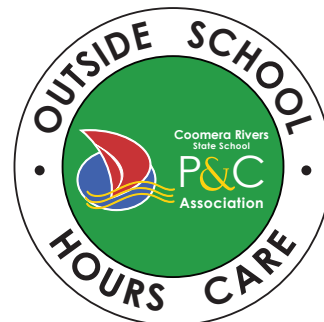
- Ensure a first aid trained educator provides immediate first aid which will be outlined in the child's medical management plan and may include giving the child some quick acting and easily consumed carbohydrate;
- Call an ambulance by dialing 000 if the child does not respond to the first aid and apply first aid as per instructions from the ambulance;
- Contact the parent/guardian or the authorised person to be notified in the event of illness, if the parent/guardian cannot be contacted.

Skin Rashes

Rashes are common in children which may be caused by a viral infection. It is important to be able to assess.

When assessing a rash, educators should consider other signs and/or symptoms. These might include (but are not limited to):

- Fever;
- Unusual behaviour (cranky or less active; cries more than usual; seems uncomfortable/irritable; just seems unwell);
- Loss of appetite;
- Vomiting;
- Headache/stiff neck;
- Frequent scratching, crusty skin/discharge from skin; and/or
- Trouble breathing.



When observing the rash, educators should note:

- What the rash looks like (e.g. dark red like a blood blister; small red pinheads; large red blotches; a solid red area all joined together or blisters);
- How does the rash feel to touch (e.g. raised slightly, with small lumps or swollen);
- Is the rash itchy and where on the body did the rash start (e.g. head, neck); and
- Where is the rash now (e.g. head, neck, abdomen, arms, legs).

The Coordinator will be informed of any children presenting with a rash to determine whether there is cause for concern for the child's health and the health of other children and educators. The parent/guardian will be called immediately.

All incidents of rashes should be documented on an Injury, Illness or Trauma Form. Educators must regularly check the appearance of the rash and note time and any changes to inform medical attention that may be sought.

The child will be isolated from other children and made comfortable until the parent/guardian is informed and has collected the child from the service.

If educators are concerned about serious symptoms in conjunction with the rash (e.g. the rash being purple, or spreading very quickly), then an ambulance will be called.

Eczema

If a child suffers from eczema, parents/guardians will be requested to supply a doctor's certificate stating this. A medical management plan will be developed and implemented to enable educators to follow any treatment prescribed by the child's medical practitioner.

A child with eczema is not to be excluded from attending the service.

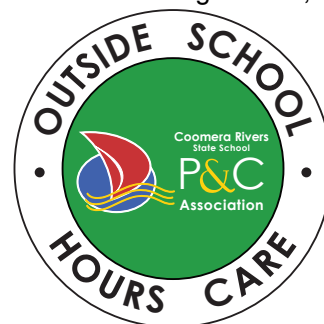
Medical Conditions requiring administering of medicinal cannabis e.g. epilepsy.

Procedures will be followed as per Medications Policy 4.6 (refer subsection Administering Medicinal Cannabis)

Educator Training and Qualifications

The coordinator will ensure that educators have appropriate education or training to enable them to undertake basic support of the health needs of children, including administering medications, responding to allergic reactions, basic first aid and adhering to special dietary requirements.

The Coordinator will ensure that, at least one educator with the required first aid qualifications, anaphylaxis management and emergency asthma management training as prescribed under Education and Care Services National Regulations 2011 is in attendance at any place children are being care for, and immediately available in an emergency, at all times children are being cared for.



References

State Government Victoria. (2013, September). National Quality Framework - Children with Medical Conditions Attending Education and Care Services. Retrieved from Department of Education and Early Childhood Development:

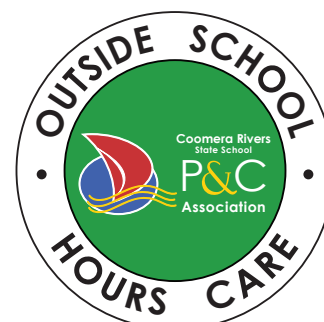
<http://www.education.vic.gov.au/Documents/childhood/providers/regulation/nqfmedicalconditionsfactsept2013.docx>

University of Wollongong. (2013, August). Medical Conditions Policy. Retrieved from UniCentre - University of Wollongong:

<http://unicentre.uow.edu.au/content/groups/public/@web/@unic/@mrkt/documents/doc/uow146296.pdf>

<https://www.health.qld.gov.au/public-health/topics/medicinal-cannabis> accessed 14 Dec 2017

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.18 First Aid Policy

The service acknowledges its responsibility to ensure appropriate procedures are in place for managing all incidents requiring first aid treatment. Therefore a proactive approach is taken in ensuring all educators are aware of their responsibilities, are suitably trained in first aid response and have access to appropriate first aid resources and equipment.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Work Health and Safety Act 2011
- First Aid in the Workplace Code of Practice 2014
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.5 – Illness, Injury, Incident or Trauma, 4.11 – Emergency Health and Medical Procedure Management, 6.3 – Workplace Health and Safety

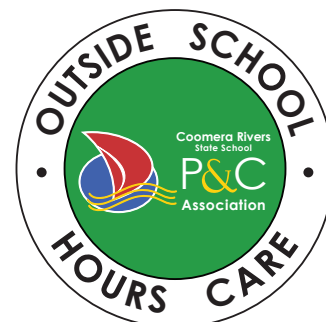


Procedures

First aid supplies and resources

As per regulatory requirements, the service shall ensure there is an appropriate number of suitably equipped first aid kits that are accessible for use within the service. As per the First Aid in the Workplace Code of Practice 2014, the first aid kit should contain (as a minimum):

- Instructions for providing first aid including cardio-pulmonary resuscitation (CPR) flow chart;
- Adhesive strips (assorted sizes) for minor wound dressing;
- Splinter probes (single use, disposable);
- Non-allergenic adhesive tape for securing dressings and strapping;
- Eye pads for emergency eye cover;
- Triangular bandage for slings, support and/or padding;
- Hospital crepe or conforming bandage to hold dressings in place;
- Wound/combine dressings to control bleeding and for covering wounds;
- Non-adhesive dressings for wound dressing;
- Safety pins to secure bandages and slings;
- Scissors for cutting dressings or clothing;
- Kidney dish for holding dressings and instruments;
- Small dressings’ bowl for holding liquids;
- Gauze squares for cleaning wounds;
- Forceps/tweezers for removing foreign bodies;
- Disposable nitrile, latex or vinyl gloves for infection control;
- Sharps disposal container for infection control and disposal purposes;



- Sterile saline solution or sterile water for emergency eye wash or for irrigating eye wounds. This saline solution must be discarded after opening;
- Resuscitation mask to be used by qualified personnel for resuscitation purposes;
- Antiseptic solution for cleaning wounds and skin;
- Plastic bags for waste disposal;
- Note pad and pen/pencil for recording the injured or ill person's condition and treatment given;
- Re-usable ice-pack for the management of strains, sprains and bruises. Re-usable or "one off use" ice-packs will be accessible for the management of strains, sprains and bruises.
- Digital thermometer

First aid information shall be easy to understand and accessible to educators. A variety of information methods may be used including verbal explanations and/or demonstrations, videos and posters (in plain English or other appropriate languages).

Risk assessments will be undertaken to identify the possibility of specific injuries and illnesses such as burns, eye injuries and/or poisoning occurring. In this instance, additional first aid kit contents and facilities may be provided.

The Coordinator /designated educator shall be responsible for completing a checklist of supplies for each first aid kit on a regular basis.

First aid responders

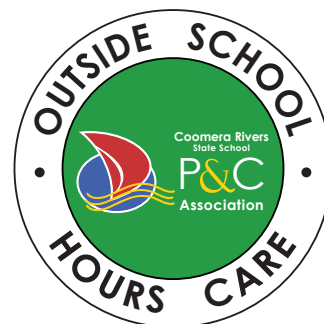
The service will ensure that at least one educator with a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, is in attendance at any place children are being cared for, and immediately available in an emergency, at all times that children are being cared for by the Service.

A suitably qualified first aid educator shall undertake the initial management of any injuries and illnesses occurring at the service. The initial care provided shall be consistent with their level of first aid training and competence. If the first aid incident is deemed to be of a serious nature, the injured or ill person shall be referred for medical assistance and the parent will be notified.

The service will ensure the currency of educator first aid qualifications in accordance with requirements for accredited training refresher updates including general first aid, CPR, asthma and anaphylaxis (refer to approved qualifications on the ACECQA website).

Information about the service's first aid procedures and provisions shall be provided to educators through the induction process on commencement of employment.

Current information about specific risks in the workplace and any changes affecting the provision and use of first aid will be provided to educators on a regular basis.



Administering first aid

Procedures for administering first aid will be in accordance with the Injury, Illness, Incident or Trauma Policy of this service. The first aid procedures developed and implemented at the service are designed to:

- Preserve life;
- Ensure that ill or injured persons are stabilised and comforted until medical help intervenes;
- Monitor ill or injured persons in the recovery stage;
- Apply further first aid strategies if the condition does not improve; and
- Ensure that the environment is safe and that other persons are not in danger of becoming ill or injured.

All educators and volunteers shall be informed about first aid equipment and facilities via induction and the Educator Handbook;

The Coordinator and educators will ensure children are advised of what to do, where to go and whom to seek first aid assistance from, whilst in attendance at the service.

Children attending the service with identified health and/or medical conditions will be required to have a first aid action plan in place. This action plan will be followed in the event of first aid needing to be administered.

First aid records

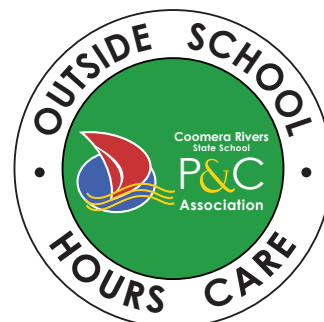
All incidents requiring first aid treatment will be recorded on the appropriate child or educator reporting forms.

For incidents that may require minor first aid (e.g. adhesive strip /ice pack), an entry must be made in the first aid record book, located with the service first aid kit. Information to be included in the first aid record book may include:

- The child's name,
- The reason for and where on their person the first aid was applied, and
- Educator name and signature.

First aid incident reports will be reviewed by the Coordinator on a periodic basis in order to identify areas or practices of the service that are likely to give rise to injury or illness. Such periodic reviews will also be used to:

- Review safety procedures for preventing further problems;
- Implement safer and healthier work practices; and
- Identify where first aid facilities and services are most needed;



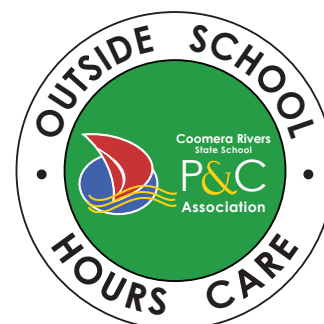
First aid records relating to incidents involving educators will be kept in their staff file and maintained for workers' compensation purposes.

A copy of the first aid record shall accompany an injured or ill person if the person is transferred to a medical service or hospital.

Employees shall be given a copy of their first aid record or have access to that record on request. The original copy of the first aid record shall be retained at the Service.

The parent/guardian of a child shall be given a copy of their first aid record or have access to that child's record on request. The original copy of the first aid record shall be retained at the Service.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.19 Childhood Immunisation Policy

The service acknowledges their obligation under the Education and Care Services National Regulation 2011, in ensuring that children are free from risk of harm. This extends to limiting exposure to health and safety risks that may arise from the incidence of vaccine-preventable diseases. Upon enrolment, the service shall request parents/guardians to provide their child's immunisation history statement, in order to determine if enrolment and subsequent attendance will be accepted.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Public Health Act 2005 (QLD)
- A New Tax System (Family Assistance) Act 1999
- Duty of Care
- National Quality Standard, Quality Area 2 – Children's health and safety
- Policies: 4.2 – Infectious Diseases, 4.4 – Preventative Health and Wellbeing, 4.14 – Infectious Diseases Response Strategy, 9.2 – Enrolment, 9.3 – Communication with Families, 10.8 – Information Handling (Privacy and Confidentiality), 10.9 – Risk Management and Compliance.



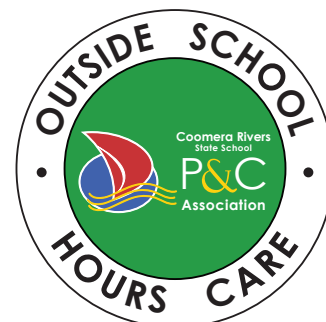
Procedures

Through the service enrolment procedures, parents/guardians will be requested to provide a copy of their child's immunisation history statement to the service within a reasonable timeframe (of up to 2 weeks).

Information will be provided to families, including through the service Family Handbook, about the potential impacts on their child's enrolment or attendance if their child's immunisation status is deemed not up to date (i.e. vulnerable children).

The service will establish risk management procedures relating to monitoring and managing the spread of vaccine preventable diseases at the service. Procedures may include:

- Identifying vaccine preventable diseases as part of the enrolment package;
- Appropriate signage for families regarding infectious disease outbreak; and
- Limiting attendance for vulnerable children during times of infectious disease outbreak (if enrolment has been accepted).



Vulnerable Children

For child/ren who do not have a current immunisation history statement on file, their immunisation status will be considered 'unknown' or 'not up-to-date', until such time as the correct immunisation documentation is provided.

If the parent/guardian does not provide the child's immunisation history statement within the reasonable timeframe allowed, the child's enrolment may be:

- Refused or cancelled;
- Accepted, with attendance refused until proof of up-to-date immunisation status is provided; or
- Accepted, with specific conditions in place. Specific conditions may include restricting care during an outbreak of infectious disease at the service.

Families of vulnerable children (i.e. those children whose immunisation status is deemed 'not up to date') whose enrolments have been accepted (with or without conditions) will not be eligible for Child Care Subsidy (CCS)

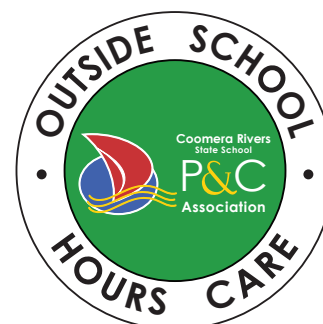
Medical Contraindication

Enrolment and/or attendance for a child cannot be refused on the basis of their immunisation status if they have a medical contraindication to some or all scheduled vaccines. Whilst not technically vaccinated, these children are still classified as having an 'up-to-date' immunisation status and this should be indicated on their immunisation history statement.

Conscientious Objection

Children of families who have recorded a conscientious objection to vaccination through the 'Australian Childhood Immunisation Register' will have their immunisation status registered as 'not up-to-date'. Acceptance or refusal of enrolment will be as per the procedures of this policy relating to vulnerable children.

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.20 Sleep and Rest Policy

Coomera Rivers Outside School Hours Care promotes the welfare and comfort for children being educated and cared for at its service by providing opportunities for sleep and rest and with flexible arrangements around this provision. The age, developmental stage and the individual needs of each child will be highly regarded.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act 2010 and Regulations 2011
- Education and Care Services National Amendment Regulations 2017
- Duty of Care
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 2.1 – Respect for Children, 2.6 – Behaviour Support and Management, 2.22 – Children’s Participation and Decisions Making, 3.1 – Educational Program Planning, 4.1 – General Health and Safety, 4.4 – Preventative Health and Wellbeing, 9.2 – Enrolment.



Procedures

Opportunities for sleep, rest and relaxation will be provided following consultation with children and families and with consideration given to the child and family’s sociocultural background, routines in place at home and personal preferences.

As part of the educational program, restful activities and downtime experiences will be offered throughout the session/day with children being supported by the coordinator and educators to make appropriate decisions regarding participation.

Physical spaces are thoughtfully configured and made available that provide children with downtime, restful and quiet experiences to access away from main activity areas.

Groupings of children are configured to minimise the risk of overcrowding and promote calming experiences and positive interactions.

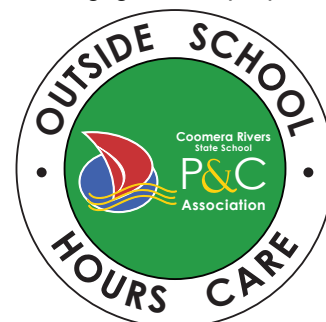
Educators will be observant of children’s needs supporting them to communicate their need for comfort, sleep and rest.

Flexibility will be demonstrated in the program with opportunities for children to engage in sleep, quiet and/or downtime experiences as needed.

References

<http://www.abc.net.au/news/2017-10-06/sleeping-at-preschool-why-policies-need-to-change/9015718> accessed 25 Oct 2107

Date of Development	Date Ratified	Date of Review



Policy Group 4: Health and Wellbeing

4.21 Supporting Mental Health and Wellbeing

The service recognises the increasing complexity of mental health issues among our children, families and educators. The Coordinator and educators will work collaboratively with children and families to develop skills, attitudes and behaviours that promote long term mental health and wellbeing outcomes for the children who attend our OSHC program.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 2.1 – Respect for Children, 2.6 – Behaviour Support and Management, 2.22 – Children’s Participation and Decisions Making, 3.1 – Educational Program Planning, 4.1 – General Health and Safety, 4.4 – Preventative Health and Wellbeing, 4.20 Sleep and Rest Policy. 9.2 – Enrolment



Procedures

Management, Coordinators and educators shall be committed to providing a service which acknowledges the importance of good mental health and wellbeing.

An inclusive physical and social environment will be provided that promotes fun, enjoyment and learning through play.

Educators will actively develop and form healthy and secure relationships with individual children and families by engaging in meaningful conversations with them and displaying genuine interest in their welfare.

Gain understanding of the child’s interests, ideas, abilities, background and culture and draw on these when designing, planning and implementing the program.

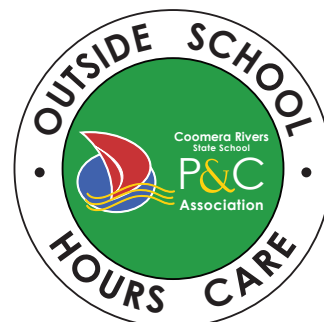
Monitor and evaluate the mental health and wellbeing of children and colleagues providing sensitive and ethical support as needed.

At team meetings share information about the needs of children and families and reflect on appropriate practice for support.

Children will be encouraged to express and manage their emotions, thoughts and behaviour, and to interact appropriately with peers and others.

Provide opportunities for children to express their opinions on matters that affect them, to make choices and to work collaboratively with others.

Promote for each child a sense of self-worth, confidence, dignity and belonging to the group.



Actively acknowledge children's strengths, efforts and achievements.

Respond to and assist children when they are experiencing difficulties or challenges, to solve problems and to experience success.

Provide children with downtime, restful experiences.

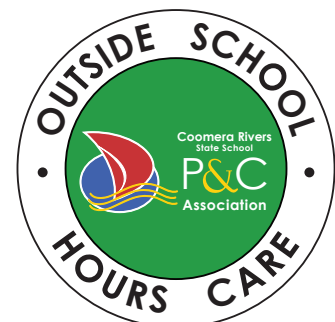
Consult with families and access professional support, training and advice in instances where children are observed to be struggling and additional support is needed.

Raise awareness of mental health issues with children, families and staff through conversation and thoughtful and sensitively presented displays and promotions.

Reference

Hunter Institute of Mental Health (2014) Connections – A resource for early childhood educators about children's wellbeing. Canberra ACT: Australian Government Department of Education

Date of Development	Date Ratified	Date of Review



Policy Group 5: Food and Nutrition

5.1 Food Handling and Storage Policy

The service recognises the need for effective food handling and storage practices to ensure that the food provided is not contaminated, nor allowed to become contaminated, or is unfit to be eaten. All food which is handled (including preparing, eating or storing) at the service is to be handled according to the recommended food handling and storage guidelines as set out in the Australian and New Zealand Food Standards Code.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Local Authority (e.g. Brisbane City Council) Food Handling By-laws
- Australian and New Zealand Food Standards – Chapter 3 Food Safety Standards (Australia only)
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.1 – General Health and Safety, 4.3 - Hygiene, 4.4 – Preventative Health and Wellbeing, 4.10 – Anaphylaxis Management, 5.5 – Cleaning and Sanitising, 8.13 – Employee Health, 9.2 – Enrolment.



Procedures

Refer to Policy 4.3 regarding general hygiene procedures, and in particular in relation to the preparation and handling of food.

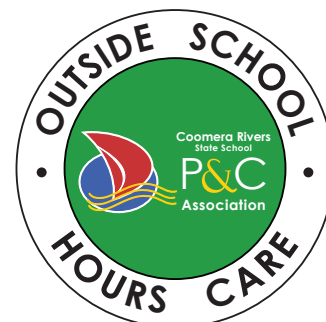
The Coordinator will be responsible for ensuring that all food preparation practices and areas in which food is prepared comply with all laws and regulations, including local council by-laws (or equivalent) where applicable.

The service will provide the necessary food handling equipment and/or utensils (e.g. gloves, colour-coded cutting boards) to prevent cross contamination.

Educators will ensure their hair is tied back and does not fall into the food.

All food preparation surfaces and utensils will be cleaned and sanitised before use. Refer to the service’s Cleaning and Sanitising Policy 5.5.

Educators will ensure that they, and the children, use effective hand hygiene practices before handling, preparing and eating of food. Refer to the service’s Hygiene Policy 4.3 – Hand Hygiene.



Educators will be made aware of, and kept up to date about children who may suffer dietary issues and/or allergies relating to food and/or particular food ingredients through signs in the kitchen area and regular discussions at team meetings. All care and attention will be taken when preparing, serving and storing food for children with particular dietary and/or allergy issues. Families may be requested to provide their child's food if the service is unable to cater for their specific need.

Children will not be in the food preparation area unsupervised. Food activities that require heating and/or cooking will be fully supervised by an educator.

Educators and/or children who are unwell will not be permitted to handle food, whether it is a food activity or preparation of snacks or meals.

After opening, perishable items will be suitably covered and refrigerated, and non-perishable items will be stored in airtight containers in the food storage/pantry area. All items will be clearly labelled to include food items name and date stored and/or use by/expiry date.

The service will ensure regular pest and vermin maintenance is conducted to prevent contamination.

Perishable food brought from home by children and/or educators, will be refrigerated as soon as possible. Parents/guardians will be provided with information, through the enrolment and orientation process, relating to storage of lunch boxes during vacation care.

The refrigerator, stove/oven, microwave and pantry will be cleaned weekly. As part of the weekly refrigerator and pantry clean, foods will be rotated according to their use-by date.

The 'use-by' dates of all foods for use at the service will be carefully monitored. Foods noted with expired 'use-by' dates will be suitably disposed.

Educators will not eat, nor permit to be eaten by any child, food that has fallen on the ground, or has been handled by another child. Food that is not fit to be eaten is to be immediately disposed of, in an appropriate manner, so that it will not be eaten.

Food Recall

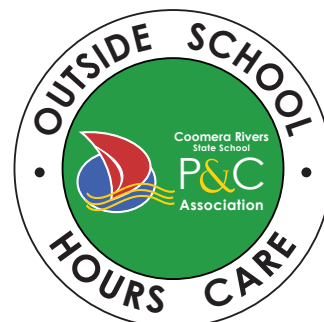
The service shall monitor foods purchased for any associated recall alerts. Recall alerts may be distributed via television, newspaper and radio communications from the manufacturer or recognised health authority.

All foods recalled under food alerts will be repackaged and returned or destroyed according to instructions as per the food recall alert.

References

www.foodstandards.gov.au/foodstandards/foodstandardscode.cfm

Date of Development	Date Ratified	Date of Review



Policy Group 5: Food and Nutrition

5.2 Food and Nutrition Policy

This service recognises and acknowledges the importance of providing food that is both nutritious and appropriate to the needs of the children. The service encourages and promotes the health and wellbeing of children by providing positive learning experiences during meal/snack times where good nutritional food habits are developed in a happy, social environment. Parents are supported to understand the benefits of this approach to nutrition for their children.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Australian Dietary Guidelines (NHMRC 2013)
- Physical Activity Nutrition Outside School Hours (PANOSH) (2012)
- 'My Time, Our Place' Framework for School Age Care in Australia
- National Quality Standard, Quality Area 2 – Children's health and safety
- Policies: 2.6 – Behaviour Support and Management, 3.1 – Educational Program Planning, 3.3 – Educators Practice, 4.3 – Hygiene, 5.1 – Food Handling and Storage, 9.2 - Enrolment, 9.3 – Communication with Families.



Procedures

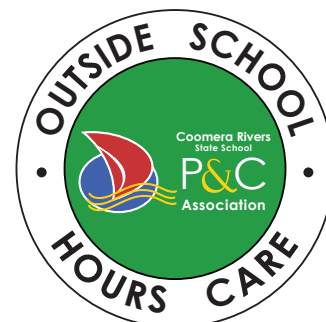
Development and review of Nutrition Policy

A detailed nutrition policy will be developed with opportunities for consultation by the Approved Provider with families, educators and the community.

The policy will be based on information from recognised health authorities, which may include any or all of the Commonwealth or State Government Health Departments and non-government organisations with recognised expertise in nutrition (e.g. Nutrition Australia, Heart Foundation, Queensland Health).

The Coordinator will be responsible to regularly review, and when necessary ensure that the service obtains a formal review of this Nutrition Policy from a recognised nutrition authority or a person duly qualified to advise in relation to it.

The Coordinator will report to the Approved Provider in respect of the Nutrition Policy at least once a year, and whenever a change is made to this Nutrition Policy, following consultation with educators, parents and recognised nutrition authorities.



Recommended food

Information about healthy food choices is gathered from recognised authorities (i.e. Australian Dietary Guidelines, Nutrition Australia, PANOSH).

Services may also choose to reference the Queensland Education initiative 'Smart Choices - Healthy Food and Drink Supply Strategy'. <http://education.qld.gov.au/schools/healthy/docs/smart-choices-strategy.pdf>

Provision of healthy and varied food choices

Where the service provides food, educators will seek to provide food which:

- Is healthy, balanced, varied, age appropriate and consistent with the Australian Dietary Guidelines;
- Includes a good balance of fresh foods, as opposed to pre-packaged and prepared foods; and
- As far as reasonably possible, accommodates the special dietary needs of children which the service has been made aware, or becomes aware of.

Service menus are planned ensuring that food provided is varied and encompass the main food groups as per the Australian Dietary Guidelines. Families, children and educators are encouraged to contribute ideas for the menu.

For all foods and beverages provided by the service to the children, e.g. breakfast, afternoon tea and/or additional foods provided during vacation care and/or as part of cooking activities, a weekly menu will be displayed which accurately describes the foods to be provided.

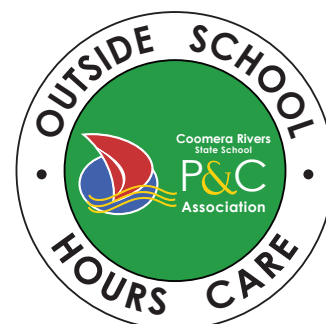
Foods provided to the children during vacation care will be decided upon following consultation with management and families of the service.

The Coordinator will discuss with all parents/guardians any food allergies and restrictions (including cultural or religious) which are required by the parent/guardian to be enforced at the service. Details of these restrictions will be noted on the enrolment form and passed on to educators. Food allergies will be accompanied by a letter from a medical practitioner or other health professional.

The Coordinator and educators will seek to accommodate all such reasonable nutritional needs.

Where children have special dietary needs which is not reasonable that the service meet, the Coordinator will consult with parents and where necessary, the meal will be supplied from home.

When parents provide food for their child, healthy food and drink choices are encouraged.



The eating environment

Social interactions will be encouraged during meal/snack times. Educators will spend this time interacting with the children and modelling good eating and social habits.

Children will be encouraged to use effective hand hygiene practices, prior to all snack/meal times.

To ensure safety, children will be encouraged to sit whilst eating and/or drinking.

Children eating food at the service, outside the regular meal times of the service, will be encouraged to use effective hand hygiene practices and to sit while eating.

Serving of food

Independence will be fostered by encouraging children to serve themselves food, under supervision from educators, using appropriate equipment, e.g. tongs, spoons, jugs etc.

Educators who serve food to the children will ensure hand hygiene procedures are followed and including use of tongs and/or gloves.

At meal/snack times, educators will encourage children to try different foods and to take appropriate portions.

Involving children

Educators involve and consult children when planning the menu and/or food activities and experiences through group meetings and/or children suggestions.

Educators will facilitate children being involved in the preparing and serving of food through 'serve-yourself' routines and cooking activities.

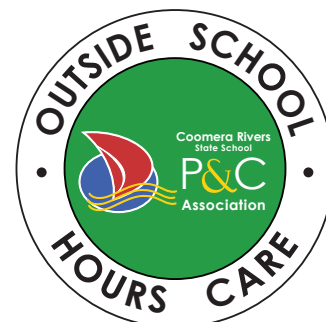
Educators will encourage and involve children in conversations and routines that promote healthy eating and good nutrition.

Drinking Water

The Coordinator will ensure that children have ready access to cool drinking water and clean cups (if necessary).

Educators will encourage children to drink extra water during the summer months, supplying their own water bottle if necessary.

Educators will encourage parents to provide children with extra water to take with them on excursions.



Diverse cultural experiences

Food provided will include food from various cultures particularly those represented in the service and local community.

Families from other cultures within the service or wider community may be invited to participate in the program, providing children with food experiences from their own culture.

Food awareness activities will be chosen from a variety of cultures and may include:

- Different ways of serving the food (i.e. chopsticks);
- Different varieties of foods (e.g. feta cheese instead of cheddar); and
- Foods that may have significance within their culture (e.g. Anzac biscuits and their origin).

Communication with families

The food provided by the service is planned ahead and as per regulatory requirements, the menu is displayed in a prominent place for families and children.

Where parents/guardians are required to provide food for their children, the service will provide relevant nutritional information as well as suggestions for healthy food and drink choices.

If a child has special food needs e.g. cultural requirements or food allergies, the service will work with parents/guardians to develop a plan to meet the child's needs. Parents will inform the service of any changes.

Through the Family Handbook, parents/guardians are alerted to the service's Nutrition Policy, and invited to contact the Coordinator at any time to discuss any concerns or feedback in relation to the Nutrition Policy, of their child's particular dietary requirements for health, or any other reason.

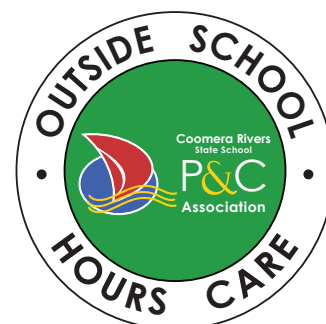
The Coordinator will arrange at least one opportunity every twelve months for parents/guardians to have input into the Nutrition Policy.

Professional development

As per regulatory requirements, service management will ensure that educators are provided with adequate training and instruction in relation to food handling and storage procedures.

Educators will be encouraged to attend professional development on food and nutritional related topics.

The service will ensure that information and/or fact sheets relating to food safety and nutrition are readily available for educators and families.



Food Experiences

Food will not be used in the service as punishment or reward for children.

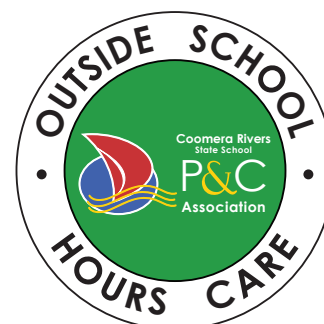
Educators will encourage children to learn about food and nutrition through:

- Food awareness authorities being included in the service program (e.g. Nutrition Australia);
- Engaging children in conversations about healthy lifestyles and good nutrition; and
- Inclusion of children in service meal routines.

References

Please note: This policy has been developed in accordance with recommendations from the Australian Dietary Guidelines (NHMRC 2013) and the Queensland Health PANOSH (Physical Activity and Nutrition Outside School Hours) resource.

Date of Development	Date Ratified	Date of Review



Policy Group 5: Food and Nutrition

5.3 Food Act (2006) Compliance Policy

Under the Food Act (2006), certain food businesses must be licensed by the local government where the food business is located. Outside school hours care (OSHC) providers that supply food (regardless of whether the food is included in an overall fee or charged separately) are considered to be a food business and may be required to hold a licence.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Food Act 2006
- Food Regulation 2016
- Local Government Authority
- Australian and New Zealand Food Standards – chapter 3 Food Safety Standards (Australia only)
- National Quality Standard, Quality Area 2 – Children’s health and safety; Quality Area 7 – Governance and leadership
- Policies: 4.3 – Hygiene, 5.1 – Food Handling and Storage, 5.2 – Food and Nutrition



Procedures

These procedures have been developed to reflect Qld Health Licensing requirements for outside school hours care – August 2015

<https://publications.qld.gov.au/dataset/food-business-licensing-information-for-businesses/resource/b4ff2565-b992-4287-919d-6b64f37ebbab>

OSHC operated by the State or a government owned corporation

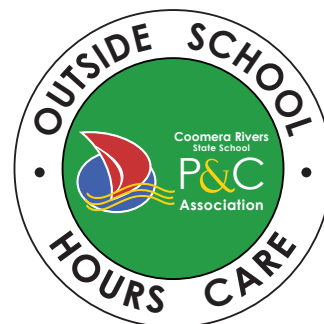
The Act does not bind the State or a government owned corporation, which means that these OSHC providers do not require a licence under the Act. However, requirements consistent with the Act still apply.

OSHC operated by non-profit organisations

Under the Act, a non-profit organisation is defined as an organisation that is not carried on for the profit or gain of its individual members, and is engaged in activities for a charitable, cultural, educational, political, social welfare, sporting or recreational purpose.

Licensable

A non-profit organisation that involves the sale, on at least 12 days each financial year, of meals prepared by the organisation at a particular place is a licensable food business.



A meal means food that is, or is intended to be, eaten by a person sitting at a table, or a fixed structure used as a table, with cutlery, and is of adequate substance as to be ordinarily accepted as a meal. It is important to note that even if the food business does not provide tables and chairs, the food served may still be considered a meal. Food that is ordinarily accepted to be eaten with cutlery at a table constitutes a meal.

Not licensable

A non-profit organisation is not a licensable food business if:

- The meals consist only of fruit, cereal, toast, or similar food;
- The meals are prepared as part of an educational or training activity conducted by the organisation involving food preparation, hospitality or catering;
- The meals are pre-prepared by an entity other than the non-profit organisation and are stored and heated or otherwise prepared by the organisation in accordance with directions of the meal's manufacturer; and/or
- It provides only:
 - whole fruit or vegetables;
 - drinks such as cordial, milk or juice;
 - chips, nuts or dried fruit; or
 - biscuits, slices or cakes that are not potentially hazardous (i.e. they do not contain fresh custard or cream and are shelf stable e.g. carrot cake, Anzac biscuits, blueberry muffins).

OSHC operated by a private business

Under the Act, an entity other than a non-profit organisation that sells unpackaged food by retail is a licensable food business. Retail means selling directly to the consumer (the parents/students). This means that OSHC operated by a private business that supplies unpackaged food requires a licence (regardless of whether the food is included in an overall fee or charged separately).

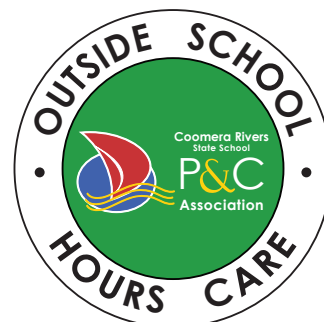
However, a private business providing food as part of OSHC is not a licensable food business if it provides only: whole fruit or vegetables; drinks such as cordial, milk, Milo or juice; chips, nuts or dried fruit; or biscuits, slices or cakes that are not potentially hazardous (i.e. they do not contain fresh custard or cream and are shelf stable e.g. carrot cake, Anzac biscuits, blueberry muffins).

The remaining three exemptions that apply to non-profit organisations (listed in the previous section) do not apply to privately run food businesses.

When finalising a menu, OSHC providers should also consider any healthy eating or similar requirements that may apply to their operations.

The Coordinator (or other appropriately delegated senior educator) shall develop and implement a food safety program to comply with the Act as per policy 5.4 Food Safety Program.

Date of Development	Date Ratified	Date of Review



Fact Sheet - Licensing requirements for outside school hours care - Food Act 2006

Do I need a licence?

Under the Act, certain food businesses must be licensed by the local government where the food business is located. Outside school hours care (OSHC) providers that supply food (regardless of whether the food is included in an overall fee or charged separately) are considered to be a food business and may be required to hold a licence.

OSHC operated by the State or a government owned corporation

The Act does not bind the State or a government owned corporation, which means that these OSHC providers do not require a licence under the Act. However, requirements consistent with the Act still apply and you should contact your relevant state department for further information.

OSHC operated by non-profit organisations

Under the Act, a non-profit organisation is defined as an organisation that is not carried on for the profit or gain of its individual members, and is engaged in activities for a charitable, cultural, educational, political, social welfare, sporting or recreational purpose. Non-profit organisations may include parents and citizens associations, church groups or aid organisations.

Licensable

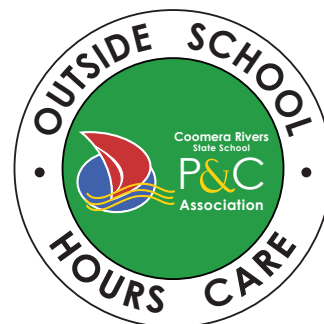
A non-profit organisation that involves the sale, on at least 12 days each financial year, of meals prepared by the organisation at a particular place is a licensable food business.

A meal means food that is, or is intended to be, eaten by a person sitting at a table, or a fixed structure used as a table, with cutlery, and is of adequate substance as to be ordinarily accepted as a meal. It is important to note that even if the food business does not provide tables and chairs, the food served may still be considered a meal. Food that is ordinarily accepted to be eaten with cutlery at a table constitutes a meal.

Not licensable

A non-profit organisation is not a licensable food business if:

- the meals consist only of fruit, cereal, toast, or similar food
- the meals are prepared as part of an educational or training activity conducted by the organisation involving food preparation, hospitality or catering
- the meals are pre-prepared by an entity other than the non-profit organisation and are stored and heated or otherwise prepared by the organisation in accordance with directions of the meal's manufacturer
- it provides only:
 - whole fruit or vegetables;
 - drinks such as cordial, milk or juice;
 - chips, nuts or dried fruit; or
 - biscuits, slices or cakes that are not potentially hazardous (i.e. they do not contain fresh custard or cream and are shelf stable e.g. carrot cake, Anzac biscuits, blueberry muffins).



When finalising a menu, OSHC providers should also consider any healthy eating or similar requirements that may apply to their operations.

Examples:

A non-profit OSHC provider regularly offers eggs on toast as a breakfast option.

A licence is required as this is considered a meal served on more than 12 occasions per year.

A non-profit OSHC provider offers only cereal and fruit for breakfast, and sandwiches, fruit muffins, cheese and crackers for afternoon tea.

No licence is required as sandwiches are not considered a meal and the other foods meet the exemptions.

A non-profit OSHC provider offers stir fried noodles or fried rice for afternoon tea during the cooler months of the year (around 20 occasions). The food is served in a bowl with a fork and the children eat with the bowl on their lap.

A licence is required as they are serving a meal on more than 12 occasions per year at a particular place.

A non-profit OSHC provider purchases ready made frozen meals such as lasagne from a commercial supplier and reheats the meals in accordance with the manufacturer's instructions. The meals are offered for afternoon tea and no breakfast is provided.

No licence is required as this activity meets the exemption.

A non-profit OSHC provider prepares and serves meat and salads (a meal) at a barbecue held at the end of each term (four times per year). No other meals are provided throughout the year.

No licence is required as they are not providing meals 12 times or more a year.

A non-profit OSHC provider runs an extra-curricular home economics educational program once a week where older students prepare a meal (e.g. risotto) for consumption by the students. No other meals are provided throughout the year.

No licence is required as this activity meets the exemption.

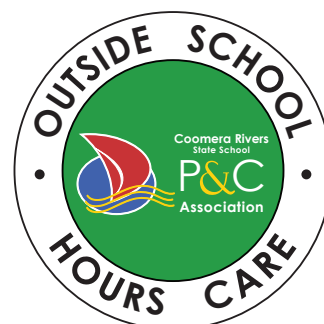
OSHC operated by a private business

Under the Act, an entity other than a non-profit organisation that sells unpackaged food by retail is a licensable food business. Retail means selling directly to the consumer (the parents/students). This means that OSHC operated by a private business that supplies unpackaged food requires a licence (regardless of whether the food is included in an overall fee or charged separately).

However, a private business providing food as part of OSHC is not a licensable food business if it provides only: whole fruit or vegetables; drinks such as cordial, milk, Milo or juice; chips, nuts or dried fruit; or biscuits, slices or cakes that are not potentially hazardous (i.e. they do not contain fresh custard or cream and are shelf stable e.g. carrot cake, Anzac biscuits, blueberry muffins).

The remaining three exemptions that apply to non-profit organisations (listed in the previous section) do not apply to privately run food businesses.

When finalising a menu, OSHC providers should also consider any healthy eating or similar requirements that may apply to their operations.



Examples:

A private OSHC provider offers eggs on toast, cereal and fruit for breakfast and fruit, cheese and crackers for afternoon tea.

A licence is required.

A private OSHC provider offers only whole fruit, fruit muffins, milk and Milo for afternoon tea and no breakfast is provided.

No licence is required.

A private OSHC provider offers cut fruit and vegetables, cereal, toast and muffins for breakfast.

A licence is required.

What do I need to do if I don't require a licence?

It is important to note that even though some OSHC providers do not require a food business licence, they are still required to comply with the Act and the food safety standards in chapter 3 of the Australia New Zealand Food Standards Code. Non-licensable OSHC providers may still be inspected by their local government, and are subject to the same offences and enforcement actions as licensable food businesses.

A State or government owned corporation providing OSHC should contact their relevant state department for advice on their food safety obligations.

Do I need a food safety supervisor?

Under the Act, all licensable food businesses are required to have at least one food safety supervisor. For further information on food safety supervisors, see Food Safety Fact Sheet 18 – Food safety supervisors located at www.health.qld.gov.au

Do I need a food safety program?

Under the Act, certain licensable food businesses must have a food safety program accredited by their local government. There are significant penalties for not having an accredited food safety program.

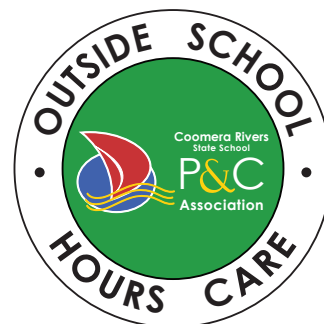
Generally, OSHC providers are not required to have an accredited food safety program. The Food Regulation 2006 excludes a school aged care service under the Child Care Act 2002, or an education and care service under the Education and Care Services National Law (Queensland) providing education and care primarily to children who attend school in the preparatory year or a higher year from food safety program requirements.

For further information on food safety programs and food businesses required to have accredited programs, see the Queensland Health fact sheet – Food safety programs for vulnerable persons located at www.health.qld.gov.au

For further information

A State or government owned corporation providing OSHC should contact their relevant state department for advice on their food safety obligations.

If you have any further questions relating to whether an OSHC provider is a licensable food business or if the food safety program provisions apply, contact the local government for the area where the OSHC provider is located. Contact details can be found in the White Pages or at www.dilgp.qld.gov.au/local-government-directory



Policy Group 5: Food and Nutrition

5.4 Food Safety Program Policy

The service acknowledges that a best practice approach to food handling, storage and hygiene must be maintained and that compliance with the Food Act (2006) can be ensured by the development and implementation of a food safety program.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act 2010 and Regulations 2011
- Duty of Care
- Food Act 2006
- Food Regulation 2016
- Australian and New Zealand Food Standards – Chapter 3 Food Safety Standards (Australia only)
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.3 – Hygiene, 5.1 – Food Handling and Storage, 5.2 – Food and Nutrition, 5.3 – Food Act Compliance.



Procedures

Where the service is required to be licensed as a food business under the Food Act 2006, compliance shall be achieved through licensing the food business with the local government authority.

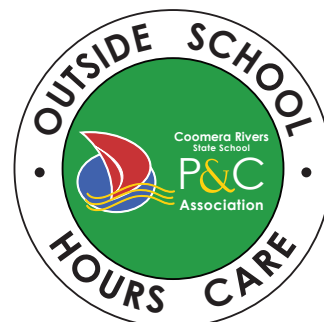
Where the service is not required to be licensed as a food business under the Food Act 2006, compliance shall be achieved through self-assessment, including the development and implementation of a food safety program as guided by the resources available to child care services from Queensland Health.

<https://publications.qld.gov.au/dataset/food-safety-programs-information-for-businesses/resource/d304734d-1f5b-4360-8b31-cdcae53c961f>

Supervisors and staff undertaking food handling at the service will be required to have skills and knowledge of food safety including food handling. Food safety and food hygiene training will be provided through such means as external workshops, in-service workshops, induction, in-house training, and workplace documents displayed to feature food safety responsibilities and requirements in accordance with the service’s food safety program.

The service will conduct reviews of the food safety program on a regular basis as part of the Quality Improvement process.

Date of Development	Date Ratified	Date of Review



Policy Group 5: Food and Nutrition

5.5 Cleaning and Sanitising Policy

The service acknowledges the need to provide a hygienic and safe environment, equipment and workplace for educators, children, families and visiting community members. Cleaning and sanitising is an important aspect of this process and will be applied to all food preparation practices and other high risk areas at the service.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Work Health and Safety Act 2011
- Food Act 2006
- Australian and New Zealand Food Standards – Chapter 3 Food Safety Standards (Australia only)
- National Quality Standard, Quality Area 2 – Children’s health and safety
- Policies: 4.3 – Hygiene, 4.4 – Preventative Health and Wellbeing, 5.1 – Food Handling and Storage, 8.10 – Employee Orientation and Induction.



Procedures

An appropriate cleaning and sanitising process shall be applied in the following ‘high risk’ areas/circumstances:

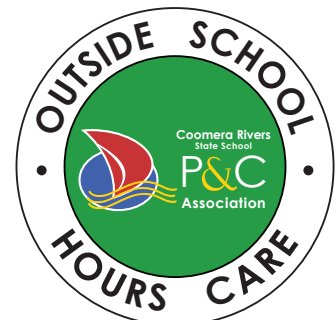
- Food preparation surfaces, utensils and eating equipment
- Bathrooms, toilets and basins;
- First aid waste management; and
- Areas where bodily fluids have been spilt.

Educators will be trained in the cleaning and sanitising processes to be applied to food preparation surfaces i.e. benches and cutting boards:

- Cleaning – Applying soap and water to the surfaces to remove dirt and grime; and
- Sanitising – Applying food grade disinfecting agent to remove residual dirt and germs.

The process for cleaning and sanitising food utensils will occur in the following way:

- Pre-clean – scrape, wipe or sweep away any food scraps and rinse with water;
- Wash – use hot water and detergent to take off any grease and dirt, soak if needed;
- Rinse – wash off any loose dirt or detergent foam;
- Sanitise – use a sanitiser to kill any remaining germs;
- Wash off sanitiser if required as per manufacturer instructions to see; and
- For utensils allow to drip dry.



The service shall follow the guidelines as recommended by Queensland Health for Cleaning and Sanitising as articulated in the resource: Cleaning and Sanitising (Food Industry Fact Sheet 11).

For services that have an installed dishwasher, the cleaning and sanitising process may be undertaken by ensuring the dishwasher has:

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

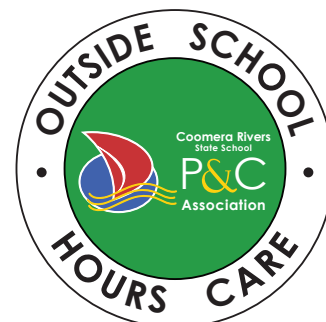
Please note: This policy and procedure shall not apply to general use/general purpose areas within the service such as tables, chairs, cupboards etc. unless the above-listed circumstances apply.

References

<http://www.health.qld.gov.au/foodsafety/documents/fs-11-cleaning.pdf> accessed 15/01/15

Australia New Zealand Food Standards Code – Chapter 3 (Appendix 4) – Cleaning and Sanitising Surfaces and Utensils.

Date of Development	Date Ratified	Date of Review



Policy Group 5: Food and Nutrition

5.6 Menu Development Policy

The service recognises and acknowledges the importance of providing food that is both nutritious and appropriate to the needs of the children in attendance. In collaboration with educators, children and families, a service menu will be developed, consistent with the Australian Dietary Guidelines and inclusive of children's health/medical issues relating to foods.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Australian Dietary Guidelines (NHMRC 2013)
- Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools
- National Quality Standard, Quality Area 2 – Children's health and safety; Quality Area 1 – Educational program and practice
- Policies: 2.11 – Including children with special/additional needs, 3.1 – Educational Program Planning, 3.3 – Educators Practice, 3.14 – Valuing Diversity, Culture and Reconciliation, 4.10 – Anaphylaxis Management, 5.2 – Food and Nutrition, 5.3 – Food Act Compliance, 9.2 – Enrolment, 9.3 – Communication with Families, 9.6 – Parent and Community Participation.



Procedures

Development of the service menu will occur in collaboration with educators, children and families.

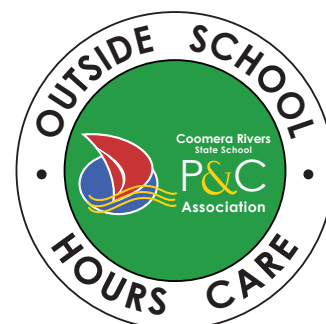
The Approved Provider/Nominated Supervisor will ensure the food and beverages they provide at the service are healthy, balanced, varied, adequate, age appropriate and consistent with the Australian Dietary Guidelines and as far as reasonably possible, meets the needs of children with special dietary requirements.

The service will ensure that children have access to safe drinking water at all times.

Service menus are planned on a regular basis. A checklist (as provided in the PANOSH resource) is accessed to ensure that food provided encompasses all of the main food groups.

The Coordinator will ensure that the weekly menu is displayed for families and accurately describes the food and drinks being provided by the service.

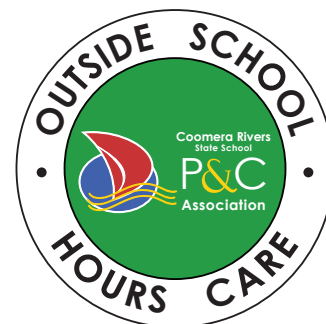
Educators will be informed of children's food allergies and/or restrictions (including cultural or religious) through a staff communication book/folder and regular team meetings.



Families, children and educators are encouraged to contribute recipes and suggestions to support a culturally diverse menu.

Educators will be provided with opportunities for professional development training relating to nutrition and food related issues.

Date of Development	Date Ratified	Date of Review



Policy Group 6: Provision and Safety of Facilities

6.1 Space and Facilities Requirements Policy

The Approved Provider will ensure that the space and facilities used for the program and range of activities provided in keeping with the policies and procedures of the service are safe and stimulating. The environment accessible to all children will promote physical and psychological comfort.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

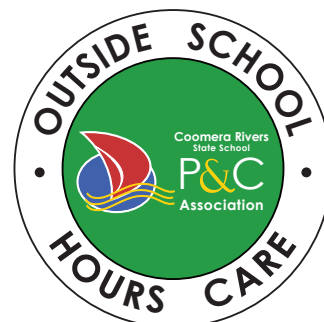
- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- National Quality Standard, Quality Area 3 – Physical environment
- Policies: 3.1 – Educational Program Planning, 3.7 – Physical Activity, 10.3 – Budgeting and Planning.



Procedures

The Approved Provider/Nominated Supervisor will ensure that the following are provided by the service:

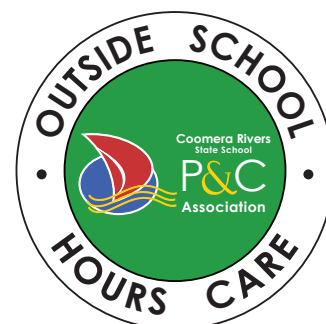
- Indoor space of at least 3.25 m² of unencumbered space per child. Indoor spaces used by children will be well ventilated, have adequate natural light and are maintained at a temperature that is safe and reasonable;
- Outdoor space of 7m² of unencumbered space per child including adequate shaded areas;
- Playground equipment, swings and other large pieces of equipment are to be located over areas with soft fall surfaces as recommended by recognised safety authorities;
- Verandah areas may be included as either indoor OR outdoor space with the written approval of the Department of Education and Training - Early Childhood Education and Care;
- Adequate toilet, hand washing and drying facilities for children and educators and in particular that:
 - By location and design, allow for safe use by the children; and
 - Allow convenient access from both indoor and outdoor areas.
- Facilities that cater for soiled clothing including hygienic storage and inaccessibility to children;
- Adequate facilities that cater for the safe handling, preparation, storage and disposal of food and beverages;
- Facilities that provide adequate and safe drinking water will be provided at all times;
- Sufficient furniture, materials and equipment that are developmentally appropriate, inclusive and adaptable to ensure participation by every child in the program; and
- Adequate administrative space and facilities for the purposes of:
 - Conducting the administrative functions of the service;
 - Private and personal conversations with families; and
 - Providing respite for coordinators, educators and/or volunteers.



The Nominated Supervisor/Coordinator will, in conjunction with the Approved Provider, ensure that the following are available at the service:-

- A telephone located inside the premises or one that is accessible at all times;
- Storage space close to play areas, with at least one lockable cupboard for valuable equipment;
- A lockable drawer or small cupboard for educator personal belongings;
- Area to display children's artwork and a notice area for parents;
- Equipment and resources displayed in such a way that children can access them independently;
- A space for children to store their lunch/coat/bags etc.;
- Adequate lockable storage facilities for equipment, tools, first aid kit, medication and poisonous and dangerous substances;
- Lockable cupboard or filing cabinet for all child and family information (including enrolment forms), educator records and any other confidential records; and
- Adequate space for children to engage in rest and/or quiet experiences.

Date of Development	Date Ratified	Date of Review



Policy Group 6: Provision and Safety of Facilities

6.2 Provision of Resources and Equipment Policy

The service recognises the importance of providing resources and equipment that are safe and suitable to the developmental and recreational needs of the children in care. When purchasing resources and/or equipment consideration will be given to the ages, skills and abilities as well as the area in which the resources/equipment are to be used.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- See relevant Australian Standards on equipment in the Service
- National Quality Standard, Quality Area 3 – Physical environment; 1.1 The educational program enhances each child's learning and development
- Policies: 3.1 - Educational Program Planning, 3.7 – Physical Activity, 3.9 – Creative and Expressive Arts, 4.4 – Preventative Health and Wellbeing, 6.1 Space and Facilities Requirement, 6.3 – Workplace Health and Safety.



Procedures

Care will be taken when purchasing equipment to ensure it complies with relevant Australian Standards (available from Standards Australia) and is suitable for the purpose for which it is intended.

Equipment provided will be appropriate to the interest, developmental and cultural needs of the children, is flexible and able to be rearranged or adjusted to provide additional interest, variety, challenge and support the inclusion of children with special/additional needs.

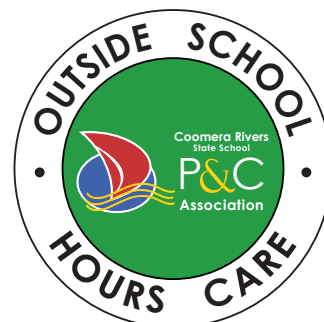
The Coordinator will ensure that all equipment is regularly checked, cleaned and maintained in accordance with manufacturer's instructions and otherwise as reasonably necessary to ensure that it remains in a safe and good working order.

Children will be encouraged to access outdoor areas which include natural elements such as trees, plants, edible gardens, sand, rocks, mud and water.

Safe storage and shelving will be provided to allow children to independently access equipment and resources.

The Coordinator will ensure that a wide range of real, commercial, natural, recycled and simple homemade materials are provided to support the children's learning in a range of ways.

Date of Development	Date Ratified	Date of Review



Policy Group 6: Provision and Safety of Facilities

6.2.1 OSHC Establishment Resource and Equipment List

GENERAL EQUIPMENT

Fire safety equipment
First aid kit
Lockable receptacle for medication
Tables
Chairs
Bookshelves
Craft cupboard
Resource storage
Foldaway sick bed
Soft furniture
Couch
Television
CD player

PARENT'S AREA

Sign in table
Display board
Parent resources/brochures/information
Pockets/pigeon holes
IPads/Tablets for sign in/out

OFFICE

Computer
Desk x 2
Desk chair/s
General stationary items (pens, paper, note pads, stapler etc.)
Lockable filing cabinet
Phone
Petty cash box
Whiteboard
Lockable storage cabinet
Bookshelves

KITCHEN

Fridge
Measuring cups
Saucepans
Tongs
Kettle
Plastic cups (enough for all children)
Plastic plates (enough for all children)
Food storage containers (sealed)
Cutlery/utensils
Cutting boards
Electric frypan
Mixing bowls
Liquid soap
Paper Towels

OUTDOOR AREA

Assorted balls
Cricket set
Frisbees
Beanbags
Witches hats
Bats
Skipping ropes
Hoops
Gardening tools
Sand play

INDOOR GAMES/EQUIPMENT

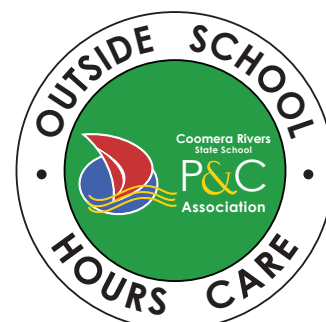
Construction kits
Board games
Card games
Puzzles
Reading Books
DVDs, CDs
Technology (tablets, computers)
Science (magnifying glass, magnets)

ART AND CRAFT

Drawing paper
Construction paper/cardboard
Pencils, colouring pencils, felt pens
Sharpeners, erasers
Glue, tape
Paints
Collage items
Trolley
Recyclables (boxes, packets, cylinders)

DRAMATIC PLAY

Puppets
Musical instruments
Home corner (dolls, toys etc.)
Dressups



Policy Group 6: Provision and Safety of Facilities

6.3 Work Health and Safety Policy

For the protection of children, educators, management and the service as a whole, the service will ensure that its equipment, facilities and premises are safe and clean in keeping with the requirements of the Work Health and Safety Act, 2011. See also Policy 7.1 for specific obligations relating to emergency equipment and facilities. The service promotes health and safety awareness for all people involved in the service. Policies and procedures are developed and monitored to reflect safe work practices.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Work Health and Safety Act 2011, Manual Tasks Code of Practice 2010, Hazardous Substances Code of Practice 2003, Manual Tasks Involving the Handling of People 2001.
- Fire and Emergency Service Act 1990 and Building Fire Safety Regulation 2008 (Queensland), Electrical Safety Act 2002.
- National Quality Standard, Quality Area 2 – Children’s health and safety; Quality Area 3 – Physical environment
- Policies: 4.4 – Preventative Health and Wellbeing, 6.1 Space and Facilities Requirement, 6.2 – Provision of Resources and Equipment, 8.10 – Employee Orientation and Induction, 10.9 – Risk Management and Compliance.



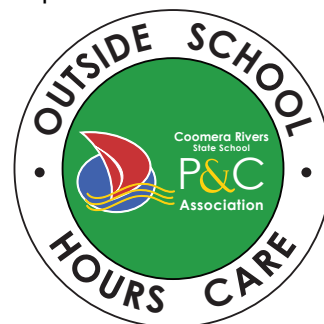
Procedures

The Nominated Supervisor/Coordinator shall be responsible to act as the Health and Safety Representative for the service, or to ensure that there is, at all times, an educator or other appropriate person in relation to the service who is designated in this position, and who shall report directly to the Coordinator.

If the Coordinator or another team member of the service is acting in the role of Health and Safety Representative, the Coordinator shall ensure that person has adequate time, education/training and resources to ensure that she/he is able to fulfill the role as required by the legislation.

The Health and Safety Representative shall:

- Maintain, in a safe and accessible place, up-to-date records and materials as required by the legislation;
- Regularly check the website or other resources of the Queensland Department of Justice and Attorney General at <http://www.justice.qld.gov.au/>
- Monitor educator practices and ensure up to date information is distributed;
- Make recommendations to management on how to improve current systems;
- Ensure stairs and walkways are kept clear of furniture, equipment and clutter; and
- Ensure equipment is arranged with consideration to its purpose and in relation to other areas of play space.



The Educator Handbook and orientation and induction processes shall contain up-to-date information on the legislative requirements for workplace health and safety.

Dangerous Substances

The Coordinator must ensure that:

- All poisons, disinfectants, corrosive substances and other poisonous and/or dangerous substances and items are clearly labelled as per manufacturer safety instructions, kept out of reach of children and placed in a child proof storage facility.
- Risk assessments will be conducted for all dangerous substances used at the service and all educators trained in safe usage.
- Unused or unnecessary substances are disposed of in a safe manner.
- All hazardous substances must have a safety data sheet (obtained from the manufacturer) which will be kept close to the storage of the product. All hazardous substances are recorded in a register, including a copy of the relevant safety data sheet. .
- Storage of medications and service first aid kit/s, are accessible to educators but not to children.

Maintenance

The Coordinator will be responsible to ensure that the service has adequate heating, ventilation and lighting at all times.

The Coordinator will ensure that educators remove from use and have repaired or replaced as soon as possible, all equipment that is faulty or broken.

Regular periodic inspections of the service building and surrounding areas will be conducted using environmental checklists and including areas such as car parks, gardens and pathways etc.

Regular periodic inspections of all playground equipment will be conducted using the playground maintenance checklist (see 6.3.1).

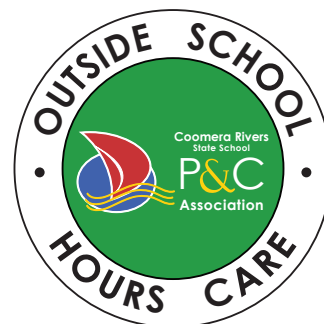
Prior to use each day, educators will conduct a documented safety check of all indoor and outdoor spaces and equipment to ensure it is safe for use, free from items which may cause injury, and free from splinters and spiders.

Hazards identified from daily safety checklists (see 4.1.1 and 4.1.2) will be brought to the Coordinator's attention by the educator. The Coordinator will complete a hazard report form (see 6.3.2) and forward it to the relevant authority (school and/or Approved Provider).

Sandpits will be raked prior to use to check for any animal faeces and any potentially dangerous objects.

Facilities and equipment assessed to have potential for injury will not be used or action is taken to allow for safe usage. An entry detailing the problem will be entered into the team communication book and all educators will be instructed on any restrictions necessary on use of equipment or areas.

The Coordinator shall ensure that an approved earth leakage device is installed and operational. Educators will be aware of the location of the power board and how to access the circuits used by the service.



In regards to electrical equipment, the Coordinator will be responsible to ensure that:

- Specified electrical equipment is inspected, tested and tagged by a competent person at prescribed intervals and immediately withdrawn from use if it is not safe to use; and
- Specified electrical equipment is connected to a type 1 or 2 safety switch. The safety switch must be tested at prescribed intervals and withdrawn from use if not working properly.

Educators will be instructed in the safe use and storage of electrical equipment associated with their work.

The Coordinator shall ensure that all fire safety equipment (extinguishers and blankets) are tagged and tested and in accordance with the Building Fire Safety Regulation 2008.

Manual Handling

Management will ensure that all team members have adequate training in relation to safe lifting and manual handling techniques used at the service. Educators must use lifting equipment (e.g. hoist, devices with wheels) as advised by management for use.

The Coordinator will ensure that appropriate lifting and manual handling techniques are practiced by educators and/or volunteers. Educators must inform the Coordinator if they have any medical or health issues that may place them at risk of injury when lifting or moving people/objects.

Information regarding appropriate lifting and manual handling techniques will be made accessible to educators through the orientation and induction process, and through ongoing displays of safe techniques.

Sharps/Dangerous Objects

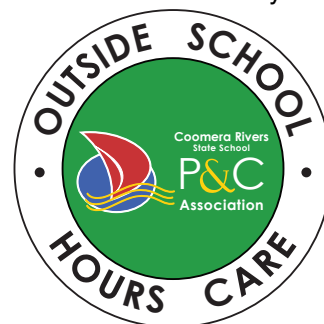
'Sharps' refers to any object that can pierce or penetrate the skin easily, including needles and/or broken glass.

The Coordinator will make available at the service a sharps disposal kit consisting of disposable gloves, appropriate tongs and a strong puncture proof plastic container with a screw top lid.

As part of the service daily safety checklists, educators may be required to dispose of needles/sharp hazards that are found in playground and sandpit areas as well as clean up broken glass that may be contaminated with blood.

For the collection and disposal of needles and/or dangerous objects:

- Place the container (with lid off) on the ground near the hazard;
- Use gloved hand or tongs to pick up the needle/syringe by the barrel at the end away from the needle. For other dangerous objects, take care when picking them up;
- Place the needle/syringe sharp end first into the container. Do not hold the container while you do this. For other dangerous objects, carefully place them into the container. Replace the lid and seal tightly; and
- Dispose of the container by putting in the wheelie bin or taking it to a public sharps disposal bin.



If you are injured by a used needle:

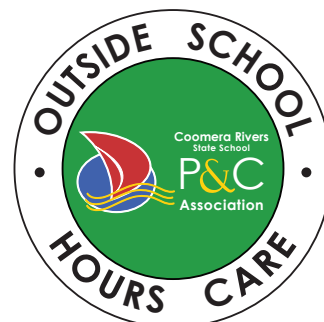
- Wash with running water and soap as soon as possible;
- Apply a sterile waterproof dressing;
- Seek medical advice; and
- Follow the safe disposal procedures as above and take the needle or syringe with you to the doctor.

References

Manual Handling Reference: Enable Consultation Services Research and Publishing Unit. Manual Handling and People Transfers for Workers and Other People Movers.

Sharps/Dangerous Objects reference: Healthy Living NT, Safe Sharps Disposal fact sheet, <http://www.healthylivingnt.org.au/content/?action=getfile&id=235>

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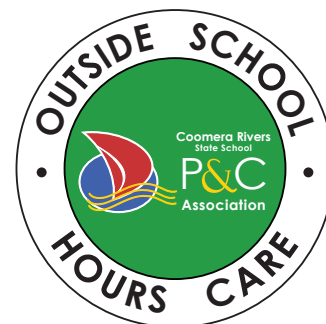


Policy Group 6: Provision and Safety of Facilities

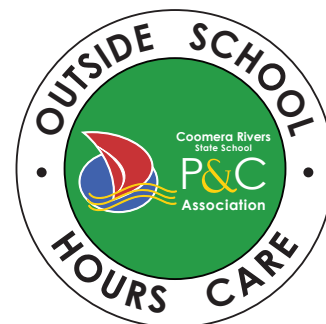
6.3.1 Playground Maintenance Checklist

Checklist must be completed on a regular basis with identified hazards being reported to the Coordinator

Staff Name	Day of week:			Week ending:		
	PLAYGROUND AREA 1			PLAYGROUND AREA 2		
Site	Y/N	What Action Required	Priority High/Low	Y/N	What Action Required	Priority High/Low
Is the site well drained?						
Is the site free from debris and foreign objects?						
Is there any vandalism?						
Is the area free from trip hazards?						
Is the area free from stinging/biting insects?						
Is shade structure intact and in good repair?						
SURFACE						
Is there sufficient soft-fall to meet specifications (300mm depth)						
Is the soft-fall spread evenly?						
Is the soft-fall free from foreign objects?						
EQUIPMENT						
Is there any vandalism?						
Is the equipment firmly anchored in the ground and all bolts and joints secure?						
Are all concrete footings underground?						



Are there any broken, worn or missing parts?						
Are drainage holes clear?						
Are there any protruding bolts, nuts or screws?						
Are there any sharp edges, splinters or splits?						
Plastic parts are free of cracks?						
Are all seat and slide beds undamaged?						
	PLAYGROUND AREA 1			PLAYGROUND AREA 2		
	Y/N	What Action Required	Priority High/Low	Y/N	What Action Required	Priority High/Low
Moving Parts						
Do all moving parts move freely and smoothly?						
Are all parts free from rust?						
Are springs firm and free from cracks?						
Ropes, Chains & Swings						
Are All S hooks closed?						
Are all swings secure, free from pests and well drained?						
Are all ropes, chains and chain covers secure and in good repair?						



Were any hazards identified?

☐ YES

☐ NO

Hazard report completed?

☐ YES

☐ NO

(Copy attached)

Copy forwarded to: (Please indicate)

☐ WH&S officer

☐ School Principal

☐ P&C President /Approved Provider

Risk controls in place?

☐ Yes

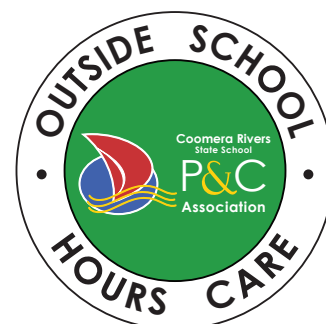
☐ No

Please detail

Coordinator name and signature:

Date:

Date of Development	Date Ratified	Date of Review



Policy Group 6: Provision and Safety of Facilities

6.3.2 Hazard Report Template

Hazard – including details of what and where

Identified Risks

Risk Assessment

	Very Likely	Likely	Unlikely	Very Unlikely
Minor	1	2	3	4
Moderate	2	3	4	5
Major	3	4	5	6
Extreme	4	5	6	7

Risk Assessment Score

1 to 3 Moderate Risk

Control these risks when possible

4 to 5 Significant Risk

Control these risks as soon as possible

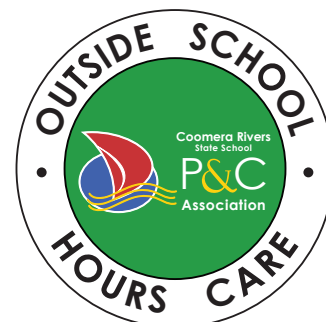
6 to 7 Critical Risk

Control these risks immediately

Assessment completed by

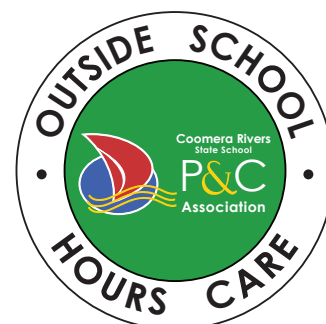
Date

Risk Controls



Are control measures in place?	Yes	No	Comment
Are controls minimising the risk?	Yes	No	Comment
Are there any new problems with the risk?	Yes	No	Comment

Review Completed by	Date
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Policy Group 6: Provision and Safety of Facilities

6.4 Shared Facilities Policy

The service actively strives to protect the rights, dignity and safety of all people and groups with whom they share facilities. Management will implement effective strategies that promote collaborative partnerships and respectful shared facility arrangements with the community that apply to its operations and program.

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Family and Child Commission Act 2014
- National Quality Standard, Quality Area 3 – Physical environment; 1.1 The educational program enhances each child's learning and development; 6.2 Collaborative partnerships enhance children's inclusion, learning and wellbeing
- Policies: 4.4 – Preventative Health and Wellbeing, 6.1 Space and Facilities Requirement, 6.2 – Provision of Resources and Equipment, 6.3 – Workplace Health and Safety.

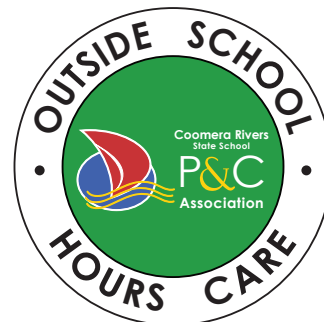


Procedures

The shared facility arrangements shall be clearly articulated within the service agreement between the school or other community group as applicable, and will include information surrounding:

- Communication with regard to the shared arrangements;
- The storage and setting-up or packing-away arrangements for equipment and materials used in the shared space;
- The accessible entries and exits to the shared space by the service including emergency exits;
- Evacuation and lockdown procedures for shared facilities;
- The accessible amenities to be used by the service and those available to the public;
- Telephone access whilst using the shared space;
- Cleaning and maintenance requirements;
- Security and closing procedures for the shared space detailing service and public responsibility; and
- Communication strategies for external users of the shared facility.

Date of Development	Date Ratified	Date of Review



Policy Group 6: Provision and Safety of Facilities

6.5 Use and Maintenance of Air Conditioning Policy

The service recognises and understands the need to maintain a healthy and safe environment for children and educators whilst at the same time valuing the need to ensure that the air conditioning operates with minimum impact on the environment.



Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Work Health and Safety Act 2011
- Environmental Protection Regulation 1998
- National Quality Standard, Quality Area 3 – Physical environment
- Policies: 4.4 – Preventative Health and Wellbeing, 6.1 – Space and Facilities Requirements, 6.3 – Workplace Health and Safety.



Procedures

The service shall operate the air conditioner to cool and/or heat the space to ensure the environment is comfortable and suitable to maintain the wellbeing and safety of children and educators.

The air conditioner shall be set at a reasonable temperature at all times it is in use. For energy efficiency the recommendation is 24 °C.

Educators will ensure that, before the air conditioning is turned on, windows and doors will be closed for energy efficiency.

Regular maintenance shall be carried out on the system/s by a reputable contractor where a service report shall be required.

Regular cleaning of the air conditioner unit dust filters will be conducted and included as part of the service cleaning schedule.

Aesthetics and safety shall be considered for all new air conditioning installations.

For services operating within an Education Queensland school site, air conditioning installation requirements can be found in the 'Schools Manual for the Solar and Energy Efficiency in Queensland State Schools Program' available at <http://education.qld.gov.au/facilities/solar/pdfs/school-manual.pdf>

Date of Development	Date Ratified	Date of Review

