



SAMPLE CENTRE POLICIES

Centre policies and procedures manual is available at the front office or can be emailed to families on request.

ACCIDENTS, INCIDENT, INJURY AND TRAUMA POLICY

PURPOSE

Educators have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to prevent the injury and the action taken to prevent the reoccurrence of the accident, incident or trauma.

SCOPE

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

IMPLEMENTATION

SERIOUS INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, staff, student, visitor, volunteer or contractor having an accident, incident or trauma at the Service, an educator who has a First Aid Certificate will attend to the person immediately.

Adequate supervision will be provided to all children.

Procedures as per our *Administration of First Aid Policy* will be adhered to by all staff

DEFINITION OF SERIOUS INCIDENT:

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service through the [NQA IT System](#)

a) The death of a child:

- (i) while being educated and cared for by an Education and Care Service or
- (ii) following an incident while being educated and cared for by an Education and Care Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

- (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
- (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

(c) Any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)

(d) Any circumstance where a child being educated and cared for by an Education and Care Service

- (i) appears to be missing or cannot be accounted for or
- (ii) appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
- (iii) is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

If a child has an accident or incident and sustains any kind of injury or trauma including anaphylaxis or asthma attack or seizure whether minor or serious, an educator in the room must immediately comfort the child provide first aid and follow the procedure in this policy.

1. Immediately notify the person in charge (PIC) of the accident, incident or trauma.
2. Administer first aid or follow action plan in case of anaphylaxis or asthma attack or seizure. Call ambulance depending upon the accident, incident or trauma.
3. Duly complete the Accident, Incident and Trauma Record Form.
4. Follow the instructions of the PIC to either notify the child's parent/guardian immediately or at the time of collection (this will depend on the PIC's assessment of the seriousness of the accident, incident or trauma).
5. Notify the parent/guardian if the injury is above shoulder and also in case of any cuts or bleeding due to accident, incident and trauma.
6. Notify the Director or Deputy Director of any accident, incident and trauma especially any injury above shoulder or if the child has to go home due to accident, incident and trauma.
7. Record details including the following on the Accident, Incident and Trauma Form:
 - a. Date and time of entry
 - b. Name and date of birth of child
 - c. Age of the child
 - d. Medication administered due to accident, incident and trauma
 - e. Time of accident, incident and trauma
 - f. Any structures involved leading to accident, incident and trauma
 - g. Suspected cause and type of injury sustained
 - h. Circumstances if child appeared to be missing or unaccounted for
 - i. Circumstances if child has been taken or removed from service or was locked in/out
 - j. Action taken by staff and first aid. Child monitored in case of head injury
 - k. Staff present in the area of the accident, incident and trauma and staff qualification
 - l. What was the staff doing at the time of the accident, incident and trauma
 - m. No of children present at the time of the accident, incident and trauma
 - n. Where the accident, incident and trauma occurred (includes filling the sketch plan)
 - o. Name and signature of staff member filling the form
 - p. Name of person who notified the parent/guardian and time when notified
 - q. Signature of parent/guardian and their reaction
 - r. Whether medical treatment sought
 - s. What has been done to prevent reoccurrence of the accident, incident or trauma
8. When a parent/guardian collects the child, discuss the Accident, Incident and Trauma Record Form with them and have them sign the form.
9. If the accident, incident and trauma results in the child being taken home, contact the child's parent/guardian next day to check on the child including to discuss any diagnosis from a doctor (if applicable).
10. In case of any illness due to the injury (e.g. anaphylaxis, asthma, allergic reaction, concussion, vomiting, sting or fracture, dislocation, pain etc.) duly fill an illness sheet, get the parents/guardians to sign it and attach it to the Accident, Incident and Trauma Record Form.
11. If the accident, incident and trauma results in administering medication to the child (follow action plan in case of asthma and anaphylaxis attack, seizure or allergic reaction) duly fill in a medication sheet and get the parents/guardians to sign it and attach it to the Accident, Incident and Trauma Record Form.
12. Any serious accident, incident or trauma which requires medical intervention or hospitalisation has to be reported on the ACECQA portal (NQA IT System) as soon as practicable, but no later than 24 hours.

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires, flood), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children.

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling, and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experienced trauma may include:

- New or increased clingy behaviour such as constantly following a parent, carer or staff around
- Anxiety when separated from parents or carers
- New problems with skills like sleeping, eating, going to the toilet and paying attention
- Shutting down and withdrawing from every day experiences
- Difficulties enjoying activities
- Being jumpier or easily frightened
- Physical complaints with no known cause such as stomach pains and headaches
- Blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

Educators can assist children dealing with trauma by:

- Observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, educators and staff to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist Families, Educators and Staff to cope with children's stress or trauma may include:

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Working with traumatised children can be demanding so it is important for staff to follow the Child Safe Standards guidelines and be aware of their responses and seek support from management and leadership team when required.

MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON AND EDUCATORS WILL ENSURE:

- service policies and procedures are adhered to at all times
- parents or guardians are notified as soon as practicable and no later than 24 hours of the accident, incident or trauma occurring
- accident, incident and trauma record is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- parents are advised to keep the child home until they are feeling well in case of any illness due to the injury (e.g. anaphylaxis or asthma attack, allergic reaction, concussion, vomiting, sting or fracture, dislocation, pain etc.) and they have not had any symptoms for at least 24-48 hours. Children can return to the Centre if they are able to fully participate in the indoor / outdoor program and do not require any adult assistance to do routine tasks (depending upon the accident, incident or trauma and exclusion periods).
- all staff have relevant first aid qualification
- first aid kits are suitably equipped and checked on a monthly basis
- first aid kits are available and easily accessible in each room when children are present at the Service and during excursions.
- first aid, anaphylaxis management training, and asthma management training is current and updated as required
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.

FAMILIES WILL:

- provide up to date medical and contact information in case of an emergency
- provide the Service with information on ambulance cover
- provide the Service with all relevant medical information, including Medicare and private health insurance
- provide an updated copy of medical management plans and medications

ACCEPTANCE AND REFUSAL OF AUTHORISATION POLICY

PURPOSE

Under the National Law and Regulations, early childhood services are required to obtain written authorisation from parents or guardians for some circumstances, to ensure that the health, safety, wellbeing, and best interests of the child are met and upheld. All authorisation and refusals are to be kept in the child's enrolment record.

We aim to ensure that all educators, staff, students and volunteers are consistent in how authorisations are managed and understand what does or does not constitute a correct authorisation, which consequently may lead to a refusal.

SCOPE

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

IMPLEMENTATION

Our Service will ensure we comply with the current Education and Care Services National Regulations, which require parent or guardian authorisation to be provided in matters including:

- Administration of medication to children
- Administration of medical treatment, dental treatment, and general first aid treatment
- Applying any topical creams or sunscreen
- Ambulance transportation
- Excursions, including regular outings
- Incursion attendance
- Use the name and/or photo of my child for Centre displays, on line learning program, website, advertising/promotional, Facebook and documenting children's observations for programming purposes
- Water based activities
- Enrolment of children, including providing details of persons nominated to authorise consent for medical treatment or trips outside the service premises
- Authorise a staff member to collect your child from Geelong Children's Centre
- Sign Medication Sheet/Accident Incident, Injury & Trauma Record/Illness Sheet by an authorised nominee or person other than parent or guardian
- Children leaving the premises in the care of someone other than a parent or guardian
- Children being picked up by an authorised nominee or person other than parent or guardian
- Children being picked up by either of the parent under court order / intervention

- Checking children for head lice

MANAGEMENT WILL ENSURE THAT:

- The acceptance and refusal authorisation policy is reviewed and maintained by Service management and adhered to at all times by educators.
- All staff follow the policies and procedures of our Service.
- All parents/guardians have completed the authorised person's section and permissions section of their child's enrolment form and that the form is signed and dated before the child commences at the Service.
- Permission forms for excursions are provided to the parent/guardian or authorised person prior to the excursion.
- Parents/guardians are provided with a copy of relevant policies for our Service or are aware of how they can be accessed.
- Attendance records are maintained for all children attending the Service.
- A written record of all visitors to the Service, including time of arrival and departure and reasons for visit is documented.
- Where a child requires medication to be administered by qualified educators/staff, that this is authorised in writing, signed and dated by the parent/guardian or authorised person and included within the child's record.
- Educators/staff do not administer medication without the authorisation of parent/guardian or authorised person, except in the case of an emergency, including an asthma or anaphylaxis, allergic reaction or epilepsy or diabetes emergency.
- Educators and staff allow a child to participate in excursions only with the written authorisation of a parent/guardian or authorised person.
- Educators/staff allow a child to depart the Service only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion.
- There are procedures in place if an inappropriate person attempts to collect the child from the Service.

A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:

- Follow the policies and procedures of the Service
- Ensure documentation relating to authorisations contains:
 1. the name of the child enrolled in the service
 2. date
 3. signature of the child's parent/guardian and nominated contact person as named on the enrolment form.
- Keep all authorisations relating to each child in their enrolment record
- Exercise the right of refusal if written or verbal authorisations do not comply with National Regulations. If an authorisation is refused by the Service, it is best practice to document:
 1. the details of the authorisation
 2. why the authorisation was refused and actions taken by the service. For example: if the service refused an authorised nominee named in the child's enrolment record to collect the child from the service as they were under the influence of alcohol, the action taken to ensure that the child was collected (Refer to *Refusal of Authorisation Record*).
- Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis, asthma, epilepsy, or diabetes. In accordance with National Regulations and National Law, the Service can administer medication in these circumstances without authorisation. If these situations occur Management will be required to contact the parent/guardian as soon as practicable after the medication has been administered.
- Ensure that medication is not administered to a child without the authorisation of a parent/guardian or authorised person, except in the case of an emergency, including and asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Accident, Incident and Trauma Policy, Illness Policy, Emergency and Evacuation Policy, Additional Medical Needs Policy, Anaphylaxis Management Policy).
- Ensure a child only departs from the Service with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion (refer to Arrival and Departure of Children Policy).
- Ensure a child is not taken outside the Service premises on an excursion except with the written authorisation of a parent/guardian or authorised person.
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in the Service's policies.

EDUCATORS WILL:

- Follow the policies and procedures of the Service
- Ensure that parents/guardians sign and date permission forms for excursions prior to the excursion being implemented
- Allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised person
- Check that parents/guardians or authorised persons sign the attendance record as their child arrives and departs from the

Service

- Administer medication only with the written authorisation of a parent/guardian or authorised person, except in the case of an emergency, including an asthma, anaphylaxis, epilepsy, or diabetes emergency
- Allow a child to depart from the Service only with a person who is the parent/guardian or authorised person, or with the written authorisation of one of these, except in the case of a medical emergency or an excursion
- Follow procedures if an inappropriate person attempts to collect a child from the Service (for example, an intoxicated person)
- Inform the Approved Provider when a written authorisation does not meet the requirements outlined in Service's policies.

FAMILIES WILL:

- Read and comply with the policies and procedures of the Service
- Complete and sign the authorised person section of their child's enrolment form before their child commences at the Service
- Ensure that changes to nominated authorised persons are provided to the Service in a timely manner
- Advise the Service if there are changes to the court / intervention order and if there is change to the arrangement of pick up and drop off of child/ren by the parent/guardian or nominated authorised person has changed
- Advise nominated authorised persons that they will require photo identification (such as a driver's licence) in order to collect their child from the Service
- Sign and date permission forms for excursions
- Sign the attendance record as their child arrives and departs from the Services
- Provide written authorisation where a child/ren requires medication to be administered by educators/staff, including signing and dating it for inclusion in the child's medication records.
- Provide written authorisation where a child/ren requires First Aid treatment or transported to the hospital by an ambulance during medical emergency or for a treatment by a medical practitioner

ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required for children at the Service. All medications must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety, and wellbeing of the child.

PURPOSE

To ensure all educators of the Centre understand their duty of care to meet each child's individual health care needs. To ensure all educators are informed of children diagnosed with a medical condition and strategies to support their individual needs. To ensure that all educators are specifically trained to be able to safely administer children's required medication with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child enrolled at the Service.

SCOPE

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

IMPLEMENTATION

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Centre to ensure the safety of children and educators. The Centre will follow legislative guidelines and adhere to the National Quality Standard to ensure the health of children, families, and educators at all times.

Management will ensure:

- children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner
- medication is only administered by the Centre with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication
- medications other than asthma, allergy or anaphylaxis management will not be stored in the service
- enrolment records for each child outlines the details of persons permitted to authorise the administration of medication to the child
- medication provided by the child's parents must adhere to the following guidelines:
 - the administration of any medication is authorised by a parent or guardian in writing
 - medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written form from the medical practitioner)
 - medication is from the original container

- medication has the original label clearly showing the full name of the child
 - medication is before the expiry/use by date.
- a medication record is completed for each child
- a staff member will be present with the authorised person while filling the medication record to ensure all the details have been filled in
- medications cannot be written up as “administer when needed”. Specific symptoms must be listed by the parent so that staff can administer the medication only when the signs/symptoms are clearly evident in the individual child. Staff will only administer medication once throughout the day
- a separate form must be completed for each medication if more than one is required
- any person delivering a child to the Service must not leave any type of medication in the child’s bag or locker. Medication must be handed directly to an educator for appropriate storage upon arrival. Centre will not store any medications in the rooms other than Anaphylaxis / Asthma or Allergy medications
- any medications, creams or naturopathic remedies bought across the counter will require a pharmacist label or doctor’s prescription
- amounts above the recommended dosage will not be administered unless directed by the medical practitioner. Dosage recommended on the medication container relevant to child’s age will be administered
- medications will not be administered if mixed in milk bottles or any pre mixed formula, drinks or liquids
- sibling’s medication will not be administered to another sibling unless both sibling’s name is clearly written on the medication container and the medication is prescribed by a registered medical practitioner
- a verbal authorisation will be taken from parent/guardian through phone call by the person in charge to administer the medication in an emergency when written authorisation has not been given. The verbal authorisation needs to be repeated to the other staff member by the parent/guardian to confirm the authorisation. Verbal authorisation given by the parent/guardian needs to be documented in the medication record with the initials of both the staff, time the authorisation was given and the name of the parent/guardian who gave the authorisation
- written and verbal notifications are given to a parent or other family member of a child as soon as practicable if medication is administered to the child in an emergency where there is no written authority given by parent/guardian and the parent/guardian **cannot** be reasonably contacted advice will be sought from the Director or from a medical practitioner either verbally or in writing
- if the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- reasonable steps are taken to ensure that medication records are maintained accurately
- medication forms are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child’s departure from the Service
- children’s privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
- educators receive information about Medical Conditions and Administration of Medication Policies and other relevant health management policies during their induction
- educators, staff, students and volunteers have a clear understanding of children’s individual health care needs, allergy or relevant medical condition as detailed in Medical Management Plans, Asthma, Allergy or Anaphylaxis Action Plans
- written consent is requested from families on the enrolment form to administer emergency asthma, allergy, anaphylaxis, or other emergency medication or treatment if required
- if medication is administered in the event of an asthma, allergic reaction or anaphylaxis emergency the parent of the child is notified as soon as practicable and the medical management plan is followed
- families are informed of the Service’s medical and medication policies
- safe practices are adhered to for the wellbeing of both the child and educators.

A Nominated Supervisor/ Responsible Person /Educators will:

- not administer any medication without the authorisation of a parent or person with authority, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- ensure medications are stored in the refrigerator in a labelled container inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked cupboard in a medication container inaccessible to children.
- adrenaline autoinjectors should be kept out of reach of children and stored in a cool dark place at room temperature. They must be readily available when required and not locked in a cupboard. A copy of the child’s medical management plan should be stored with the adrenaline autoinjector.
- ensure that two educators administer and witness medications at all times. One of these educators must have a diploma level qualification in accordance with current legislation and regulations who will administer the medication. Both educators

are responsible for:

- checking the Medication Consent Form completed by the parent/guardian
 - checking that the parent/guardian has signed the medication record;
 - the name of the medication against the medication consent form
 - checking the prescription label for:
 - the child's name
 - the dosage of medication to be administered matches the dosage requested to be administered
 - the use-by date
 - confirming that the correct child is receiving the medication
 - qualified staff and witness must sign and date the Medication Consent Form
 - returning the medication back to the medication container.
- follow hand-washing procedures before and after administering medication and wear gloves while administering medication
 - discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child (checking if the child has any allergies to the medication being administered)
 - seek further information from parents/guardian, the prescribing doctor or the Public Health Unit before administering medication if required
 - ensure that the instructions on the Medication Consent Form are consistent with the doctor's instructions and the prescription label
 - parent/guardian are required to provide an English translation of instructions from the medical practitioner for any medication if the instructions are written in a language other than English
 - ensure that the Medication Consent Form is completed and stored correctly including name and signature of witness.

Families will:

- provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
- provide the Service with a Medical Management Plan prior to enrolment of their child if required
- develop a Risk Minimisation and communication Plan for their child in collaboration with management and educators and medical practitioner for long-term medication plans
- notify educators, verbally when children are taking any short-term medications even if the medication needs to be administered at home
- complete and sign a Medication Consent Form for their child requiring medication whilst they are at the Service
- assist educators to complete long-term medication plans with reference to the medical practitioner's advice and ensure plans are signed by the medical practitioner.
- update (or verify currency of) Medical Management Plan quarterly or as per the review date on the plan or as the child's medication needs change
- be requested to sign consent to use creams and lotions should first aid treatment be required
- keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- adhere to our Service's Illness Policy and Pandemic Control of Infectious Disease Policy
- keep children away at home while any symptoms of an illness remain
- keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication
- NOT leave any medication in children's bags
- give any medication for their children to an educator who will provide the family with Medication Consent Form to complete.
- any non-prescription medications (including Paracetamol, eye ear drops or cold, cough medications) or any herbal/naturopathic remedies will only be administered with a letter from the doctor detailing the child's name and dosage: Note that the stated procedure for administering medications applies to the administration of non-prescription medications.

Guidelines for administration of Paracetamol

- families must provide their own Paracetamol for use as directed by a medical practitioner.
- to safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter or prescription stating the reason for administering, the dosage and duration it is to be administered for except for in emergency situations (onset of fever whilst at the Service).
- if a child presents with a temperature whilst at the Service, the family will be notified immediately and asked to organise collection of the child as soon as possible

- the family will be encouraged to visit a doctor to find the cause of the temperature. While waiting for the child to be collected, educators will:
 - remove excess clothing to cool the child down
 - offer fluids to the child
 - encourage the child to rest.
 - Provide a cool, damp cloth for the child's forehead and back of the neck.
 - monitor the child for any additional symptoms
 - maintain supervision of the ill child at all times, while keeping them separated from children who are well.

Medications kept at the service

- any medication, cream or lotion kept on the premises will be checked weekly/monthly for expiry dates as part of OH&S checklist.
- a list of First Aid Kit contents close to expiry or running low will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies
- if a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required
- it is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE.
- written consent is required from families on the enrolment form with dosage, duration and times to be administered for any topical medications, nappy creams, insect repellent, sunscreen and teething gels.

Emergency Administration of Medication

- in the occurrence of an emergency and where the administration of medication must occur, the Service must attempt to receive verbal authorisation by a parent of the child named in the child's enrolment form who is authorised to consent to the administration of medication.
- If a parent of a child is unreachable, the Service will endeavour to obtain verbal authorisation from an emergency contact of the child named in the child's enrolment form, who is authorised to approve the administration of medication.
- If all the child's nominated contacts are non-contactable, the Service must contact a registered medical practitioner or emergency service on 000.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form.

Emergency involving Anaphylaxis, Allergy reaction or Asthma

- for anaphylaxis, allergic reaction or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the Asthma, Allergic reaction or Anaphylaxis Action Plan provided by the parent/guardian. [National Asthma Council (NAC) or ASCIA]
- in the event of a child not known to have asthma, allergic reaction or anaphylaxis and appears to be in severe respiratory distress, the emergency plans for first aid must be followed immediately.
 - an ambulance must be called immediately
 - place child in a seated upright position
 - give 4 separate puffs of a reliever medication (eg: Ventolin) using a spacer if required.
 - repeat every 4 minutes until the ambulance arrives
 - give antihistamine in case of allergic reaction
- in the event of an anaphylaxis emergency where any of the following symptoms are present, an EpiPen must be administered
 - difficulty/noisy breathing
 - swelling of the tongue
 - swelling or tightness in throat
 - difficulty talking
 - wheeze or persistent cough
 - persistent dizziness or collapse pale and floppy

(Sydney Children's Hospitals Network – 2020)

The Service will contact the following (as required) as soon as practicably possible:

- Emergency Services 000
- a parent/g of the child
- the regulatory authority within 24 hours (if an ambulance was called).
- the child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

ANAPHYLAXIS MANAGEMENT POLICY

PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Service by implementing risk minimisation strategies and ensuring all staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction. We also aim to ensure that the risk of children with known allergies coming into contact with allergens is eliminated or minimised.

SCOPE

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

IMPLEMENTATION

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

A copy of all relevant medical conditions policies will be provided to all educators, volunteers and families of the Service. It is important that communication is open between families and educators to ensure that appropriate management of anaphylactic reactions are effectively implemented.

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

Management, Nominated Supervisor/ Responsible Person will ensure:

- all parents/guardians are asked as part of the enrolment procedure, and prior to their child's attendance at the Service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, the parents/guardians are required to provide a medical management action plan signed by a Registered Medical Practitioner
- that all staff members have completed ACECQA approved first aid training at least every 3 years and this is recorded with each staff member's certificate held on the Service's premises
- that at least one educator who has completed an anaphylaxis management training approved by the Education and Care Services National Regulations is in attendance whenever children are being educated and cared for by the Service
- that all staff members have completed anaphylaxis management training approved by the Education and Care Services National Regulations at least every two (2) years
- that all staff members, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months, recording this in the staff records
- that all staff members are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen® kit
- that educators and staff members are able to respond immediately to any emergency
- that a copy of this policy is provided and reviewed during each new staff member's induction process
- a copy of this policy is provided to the parent or guardian of each child diagnosed at risk of anaphylaxis at the Service
- that updated information, resources, and support for managing allergies and anaphylaxis are regularly provided for families
- that all management and staff remain up to date with changes to individual children's action plans
- the Service receives an up to date copy of the action plan every 12 months or if changes have occurred to the child's diagnosis or treatment.

In Services where a child diagnosed at risk of anaphylaxis is enrolled, the Nominated Supervisor will also:

- conduct an assessment of the potential for accidental exposure to allergens while the child/children at risk of anaphylaxis are in the care of the Service and develop a risk minimisation plan and a communication plan for the Service in consultation with staff and the families of the child/children inserted into the enrolment record for each child.
- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service without the device
- display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) Action Plan for Anaphylaxis 2020 (RED) for each child with a diagnosed risk of anaphylaxis in key locations at the Service, for example, in the child's room, outdoor play space, kitchen, and / or near the medication cabinet
- display ASCIA First Aid Plan for Anaphylaxis (ORANGE) in key locations in the Service.

- ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication / treatment for that child and the circumstances in which the medication should be used
- ensure that a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the Service
- ensure that all staff responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation, and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels
- ensure that a notice is displayed prominently in the main entrance of the Service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the Service, and providing details of the allergen/s
- ensure that all relief staff members in the Service have completed training in anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction and awareness of any child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- ensure Emergency contact card is available near the telephone
- ensure that all staff in the Service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit
- ensure that a staff member accompanying children outside the Service carries a copy of the anaphylaxis medical management action plan with the auto-injection device kit
- provide information to the Service community about resources and support for managing allergies and anaphylaxis

Educators will:

- ensure that a current anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the Service
- ensure a copy of the child's anaphylaxis medical management Action Plan is visible and known to staff, visitors, and students in the Service.
- follow the child's anaphylaxis medical management Action Plan in the event of an allergic reaction, which may progress to anaphylaxis
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly
- ensure the child at risk of anaphylaxis is provided with food with specific dietary restrictions as nominated by the parents' or guardians' and as per the medical management Action Plan
- ensure tables and bench tops are washed down effectively before and after eating
- ensure all children wash their hands upon arrival at the Service and before and after eating
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, Service events and family days
- ensure that the auto-injection device kit is:
 - stored in a location that is known to all staff, including relief staff;
 - NOT locked in a cupboard
 - easily accessible to adults but inaccessible to children
 - stored in a cool dark place at room temperature
 - NOT refrigerated
 - contains a copy of the child's medical management plan
- ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the Service e.g. on excursions that this child attends or during orientations or visiting other rooms at the service
- ensure that two sets of auto-injection device kit for each child at risk of anaphylaxis is carried by a staff member accompanying the child on excursions that this child attends.
- regularly check and record the adrenaline auto-injection device expiry date.

In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

- Call an ambulance immediately by dialing 000
- Commence first aid measures

- Administer an adrenaline autoinjector
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours.

In the event that a child suffers from an anaphylactic reaction the Service and staff will:

- Follow the child's anaphylaxis action plan
- Call an ambulance immediately by dialing 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the regulatory authority within 24 hours.

Families will:

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

EDUCATING CHILDREN

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

REPORTING PROCEDURES

After each emergency situation the following will need to be carried out:

- staff members involved in the situation are to complete an Accident, Incident and Trauma Report and an Illness report which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the Accident, Incident and Trauma Report and an Illness report
- a copy of the Accident, Incident and Trauma Report and Illness Report will be placed in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours as per regulations
- staff will be debriefed after each anaphylaxis incident and the child's individual Anaphylaxis medical action plan evaluated,

including a discussion of the effectiveness of the procedure used.

- staff will discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

CONTACT DETAILS FOR RESOURCES AND SUPPORT

Australasian Society of Clinical Immunology and Allergy (ASCIA) provide information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Important information: The ASCIA Action Plan for Anaphylaxis must be completed by a medical practitioner.

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

Current ASCIA Action Plan are the 2020 versions, however previous versions (2018 and 2017) are still valid for use throughout 2020. There are two types of ASCIA Action Plans for Anaphylaxis:

- ASCIA Action Plan 2020 (RED) are for adults or children with medically confirmed allergies, who have been prescribed adrenaline autoinjectors.
- ASCIA Action Plan for Allergic Reactions (GREEN) is for adults or children with medically confirmed allergies who have not been prescribed adrenaline autoinjectors.
- A new ASCIA First Aid Plan for Anaphylaxis (ORANGE) EpiPen and Generic versions has replaced other versions of the action plans.

BEHAVIOUR GUIDANCE POLICY

The right for children to receive positive guidance and encouragement in a supportive and respectful environment is promoted within Education and Care Services National Regulations. Children learn to face a variety of challenges throughout their lives and through this develop not only self-regulation, but positive dispositions such as resilience and perseverance. Learning the difference between acceptable and unacceptable behaviour assists children to regulate their own behaviours in different social and emotional environments when interacting with peers and adults.

PURPOSE

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

Supporting children to develop socially acceptable behaviour and self-regulation is a primary goal for educators and families. This is embedded in fundamental documents including the Early Years Learning Framework (EYLF), Education and Care Services National Regulations, and the National Quality Standard (NQS).

SCOPE

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

DEFINITIONS

Behaviour guidance- this term is used to reflect current thinking about the most positive and effective ways to help children gain understanding and learn skills that will help them to manage their own behaviour.

Self-regulation- The ability to manage energy states, emotions, behaviour and attention: the ability to return to a balanced, calm and constant state of being. Self-regulation is a key factor for mental health, wellbeing and learning (KidsMatter, Early Childhood, 2014) cited in the Guide to the NQF, p.629).

Inclusion- taking into account all children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstance and geographic location) in curriculum decision-making processes. (EYLF)

IMPLEMENTATION

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

Educators understand that as children grow and develop, self-regulation becomes an important aspect of social and emotional development as they begin to understand how their actions affect others.

We believe in providing boundaries as part of a loving caring and trusting relationship with children and families to help them feel secure and self-confident. Children benefit from knowing that their environment is stable and that a competent adult is taking care of them.

There are three key aspects to promoting positive behaviour:

- Creating a quality learning environment that is positive and supportive and provides developmentally appropriate experiences and resources
- Implementing guidance strategies for building skills and strengthening positive behaviour based on age-appropriate behaviour expectations
- Employing strategies for guiding children's behaviour resulting in decreasing undesired behaviours

Positive behaviour strategies

Guiding children's behaviour is an important aspect of caring for and educating children. Positive strategies need to be developed to assist children to learn appropriate ways of behaving. Corporal punishment and unreasonable discipline are not permitted at any time in children's services, not only because the child may be physically harmed, but also because it nearly always has detrimental effects on the child's self-esteem and feelings of security.

All educators and staff at our Service will role model appropriate behaviour and language, encouraging children to socialise with other children, including children of different cultural backgrounds as well as from different age groups and different genders.

Behaviour guidance strategies implemented within our service are appropriate to the child's age and developmental capacity. Children are encouraged to make decisions for themselves and are provided with opportunities for independence and self-regulation. Children are given the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else. They are acknowledged when they make positive choices in managing their behaviour.

Strategies may include using visual cues, prompting, redirection, re-teaching strategies, developing logical consequences and conferences with children. In the instance of adverse behaviour being persistently observed, educators will evaluate their program, room set up, supervision etc. to identify triggers and sources of inappropriate or challenging behaviour.

Regular routines and consistency in implementing behaviour guidance strategies are critical to support children's wellbeing and promote children's agency. All staff implement an active and positive approach to guiding children's behaviour within our service.

Management/Nominated Supervisor/Responsible Person will ensure:

- no child being educated and cared for by the service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances
- every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
- connections are built between our service and local primary schools to support positive learning environments
- behaviour guidance does not involve making judgements about children or their families
- information is gathered from families about their children's social skills, relationship preferences, family and cultural values which will be recorded in the child's individual profile.
- educators will use this information to engage children in experiences that support children to develop and practice their social and decision-making skills
- positive and respectful relationships with children are established and maintained
- children are empowered to use language and other forms of non-hurtful communication to communicate their emotions
- positive, empathetic relationships are promoted between children assisting them to develop respectful relationships
- the dignity and rights of each child are maintained at all times
- positive and inclusive strategies are implemented to enable educators to encourage positive behaviour in children in order to minimise adverse behaviour
- general information about behaviour guidance is provided to families through parent interviews and newsletters
- a partnership is developed with other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. This information will be kept confidential and in the individual child's file.
- excessive or challenging behaviour is managed and communicated with families
- strategies are implemented to re-direct a child who may be causing or about to cause harm to himself or herself, another child, or adult. Incidents may include a child who is kicking, spitting, biting, throwing furniture or toys, punching or hitting, or being disruptive. Redirection may also include an incident where a child places him/herself in a dangerous situation, for example, climbing a fence or hiding in a potentially dangerous position. Safety is a priority, and this may mean using physical re-direction in which an Educator will actually remove the child from the harmful situation if required.
- families are notified and the incident/behaviour is addressed sensitively. In an instance where a child or children's safety has

been jeopardised, parents are required to sign the **Incident Record Form**.

- should the behaviour continue, the child's behaviour is observed and carefully documented. Additional information is collated related to the context and behaviour guidance strategies implemented. Where a similar incidence occurs two or more times, the child's parents and the Room Coordinator / kinder Teacher will meet to discuss the behaviour or concern.
- families and professional agencies are consulted to ensure that a consistent approach is used to support the child with diagnosed behavioural or social difficulties.
- application for additional support for educators to build their capacity and capabilities to include children with additional needs will be made through the Inclusion Support Program and Kindergarten Inclusion Support Program.
- a Strategic Inclusion Plan (SIP) is developed and guided by local support agencies as required for individual children.
- the SIP is reviewed on a periodic basis reflecting changes that have been applied through the implementation of the plan.
- professional development is provided for educators to be informed, trained and supervised to implement the SIP created, ensuring that information is composed and recorded for reflection on its effectiveness for the individual child.
- notification is made to the regulatory authority within the legislated time frames of any circumstance that poses a risk to the health, safety and wellbeing of a child or children, or of any complaint alleging that a serious incident has occurred at the service.

Educators will:

- encourage and support each child's social and emotional development, striving to develop children's self-regulation and an understanding of the feelings of others
- actively work with younger children to promote and role-model positive ways to interact with others
- teach behavioural expectations
- support appropriate behaviour- visual cues, prompting, positive verbal feedback and quality learning environments
- children are provided with positive guidance and encouragement toward acceptable behaviour
- promote children's initiative and agency
- actively work with all children to support them in constructing and conveying ways of expressing needs, resolving conflict, and responding to the behaviour of others
- at all times provide positive role-modelling in their dealings with children, other educators and staff, and families
- discuss guidelines, rules, limits, and what is fair with children, and use their contributions in setting limits and guidelines:
 - ensure room limits are appropriate;
 - explain the limits clearly;
 - make sure all educators consistently set the same limits /consequences;
 - guide the child through actions and words.
- guide children's behaviour, teaching them how to be considerate of others – to think about the effects of their actions on others. It is important that children understand what acceptable and unacceptable behaviour is and how to manage their emotions.
- maintain eye contact remaining at the children's level whilst talking calmly with children about the consequence of their actions, and the reason for rules
- use corrective consequences- prompt, redirect, re-teach, provide choice, logical consequence, conference with child and educator
- provide positive feedback and focus on children's strengths and achievements and build on their abilities
- take into consideration the child's past experiences as their behaviour could be a result of past trauma such as changes in routine, changes or losses within the family, placement in care, or more serious circumstances involving abuse, neglect, or family violence
- be responsive to these former experiences, designing and implementing behaviour plans with the individual child that include strategies which will assist alternative and positive behaviour
- provide age appropriate, challenging, and interesting activities, experiences, and equipment for children to use and become engaged with
- ensure there are sufficient materials and equipment for individual, small and large group activities
- set up the environment (indoor and outdoor) for children to engage in activities and experiences in accordance with their abilities and interests
- adapt a positive approach, excluding cruel, harsh, humiliating or demeaning actions like dragging, pulling, hitting, shaking or pushing a child
- commit to professional development and keep up to date with industry information regarding behaviour guidance strategies
- support children to explore different identities and points of view and to communicate effectively when resolving disagreements with others
- participate in planned and spontaneous conversations with children about emotions, feelings and issues of inclusion and fairness, bias and prejudice, and the consequences of their actions, as well as the appropriate rules and the reasons for the

rules

- provide children with the language and vocabulary needed to express their emotions and feelings and verbalise their concerns
- encourage children to listen to other people's ideas, consider pro-social and altruistic behaviour and collaborate and negotiate in problem solving situations
- listen empathetically to children when they communicate their emotions, provide encouragement as they reassure the child it is normal to experience positive and negative emotions
- guide children to remove themselves from situations where they are experiencing frustration, anger, or fear
- support children to negotiate their rights and rights of others and mediate perceptively when children experience difficulty in resolving dissimilarity
- learn about children's relationships with others and their relationship preferences they have and use this knowledge to encourage children to manage their own behaviour and expand on their empathy skills
- use positive language, gestures, facial expressions, and tone of voice when redirecting or discussing children's behaviour with them,
- will not demean, shout or yell at, or threaten children
- use appropriate tone of voice at all times
- remain calm, respectful and tolerant as they encourage children who are strongly expressing distress, frustration or anger
- guide children's behaviour with a focus on preserving and promoting children's self-esteem as they learn to self-regulate their behaviour
- implement "time with" an adult, which will be used when all other strategies (above) have been exhausted. "Time with" allows educators to offer reassurance and support so the child can settle and regain self-control, develop some self-calming behaviours and gain composure. Once calm, educators can assist the child to identify what happened, reflect on their actions and consider how they may have done something differently. "Time with" will always occur under the supervision of other Educators. Children are not isolated as a result of inappropriate behaviour
- be consistent and show no favouritism or bias; model appropriate behaviour;
- make sure of the facts before taking action; respond to difficult situations calmly and rationally;
- ask other educators step in when they feel they need assistance; consult with Room Coordinators / Room leader, Educational Leader or the Director and Deputy Director if there are ongoing, challenging behaviour problems before approaching the parent/ guardian or any family member.

Families will:

- provide consent for the service to consult with professional agencies to assist with implementing a Strategic Inclusion Plan (ISP)
- work collaboratively with Educators and professional agencies when required in order to develop a broader understanding of the child's developmental level and share any recent events which may be influencing the child's behaviour
- create consistency in behaviour guidance strategies used at the service and at home

Children will:

- know they are valued, respected and that they can have their opinions heard by a supportive adult
- be supported by providing acceptable alternative behaviours when challenging behaviour occurs
- learn to respect the rights and needs of others by anticipating the result and consequences of their behaviour appropriate to their age and to their developmental stage.
- be given positive guidance towards understanding the difference between acceptable behaviour and unacceptable behaviour looks, feels and sounds like in the early learning setting
- gradually develop an understanding of their actions and how their behaviour impacts on others
- be encouraged to use their words rather than actions to resolve conflicts
- build on strengthening their communication skills through:
 - greeting others when they arrive and depart from the Service
 - sharing resources
 - assisting when it is time to pack away the indoor and outdoor environment
 - using manners such as 'excuse me' 'please' 'sorry' and 'thank-you'
- learn to wait for their turn for an appropriate period of time- this will depend on age and development level
- learn about the feelings of others throughout the program in order to assist children to understand the consequences of their actions.
- be encouraged to engage in cooperative and pro-social behaviour and express their feelings and responses to others' behaviour confidently and constructively, including challenging the behaviour of other children when it is disrespectful or unfair.

PROCEDURE FOR UNACCEPTABLE CHALLENGING BEHAVIOUR

Staff ensure there are age appropriate expectations coinciding with the individual child's developmental level. The setting of limits should be reasonable and consistent. Positive action, encouragement, redirection, guidance, and respect should be in place for encouraging appropriate behaviour. The environment is set up to minimise difficulties and appropriate outlets for children to express their feelings are provided.

Educators aim for consistency in their behaviour and in the behavioural strategies used. Educators act as professional and positive role models, supporting and valuing parental partnership.

- 1) Observe all incidents of continual inappropriate behaviour e.g. continual biting incidents, continual injury caused to other children and staff members, child injuring themselves, escaping from room etc.
- 2) Room Coordinators / kinder teachers keep the parent informed about the child's behaviour. Room Coordinators / kinder teachers will have ongoing discussions with parents regarding the strategies for managing this form of behaviour. If there are two or more incidents, an incident record form for each incident will be filled in and signed by the parent/guardian
- 3) The Director is obligated to report all children's accidents and incidents to the Board of Management on a monthly basis along with the staff/parent action
- 4) If the behaviour continues to occur, further professional support agencies may be sourced for parents and the child, (strictly confidential). Educators will be given professional development training and professional support to support the families and the child
 - If the parent consents to the involvement of an external source, this will be arranged in consultation with the parents.
 - If parents refuse to co-operate with educator's suggestions or decline to consent to advice and assistance from external professionals and the child's unacceptable behaviour continues, the child will be requested to leave the Centre.
- 5) A meeting with parents, Room Coordinator / Kinder Teacher and the Director will be arranged to discuss the outcomes, advice, and strategies provided by the external source. An agreed time line for an improvement in the child's behaviour will be put in place.
- 6) A further follow-up meeting will be organised to review the child's progress and improvement.
- 7) If the unacceptable behaviour continues and all strategies and forms of action have proved unsuccessful, the Board of Management is informed and the Centre will have to balance its commitment to the child exhibiting the unacceptable behaviour with its duty of care to all other children. The parents will be requested to find alternative care with the termination of the child's enrolment this Centre.

PROCEDURE FOR UNACCEPTABLE CHALLENGING BEHAVIOUR STAFF ACTION/RESPONSE

- 1) To discover the reasons why the child is behaving in an inappropriate manner given all possible causes; Staff must carefully OBSERVE
RECORD
ANALYSE
the situation, i.e. the date / time / where the child is situated / with whom / what happened before the incident occurred / how the staff responded / what did staff do / what does the child do?
- 2) RECORD if crowding / over stimulation / too few toys / too much waiting / other frustration.
- 3) Establish if there is a pattern of behaviour.
- 4) Are there certain things that trigger the child's behaviour?
- 5) WHY does the unacceptable behaviour continue? OBSERVE and RECORD the reactions of staff / children to this behaviour.
- 6) Is the child getting a reward / all the attention / the toy that they wanted, OR does the child get to avoid something they don't like, i.e. indoor play / sleep / lunch / nappy change times or the child is hungry, tired, sleepy, hot or cold?
- 7) Document any incidents of unacceptable behavior if they are happening consistently in the Incident Record Form.
 - If a mark is present, broken skin or blood complete an Accident Form.
 - Report all incidents of biting or attempted biting to the Director.
 - Discuss the unacceptable behavior orally with the person collecting the child to say they have discussed/ informed about the incident e.g. if a child has pushed, hit or bitten another child.
 - Discuss the unacceptable behaviour **if happening consistently** with the collecting the child that day and get the parent/person to sign the
 - Incident Record Form to say they have discussed the incident

- RECORD any relevant discussion held with the staff members and
 - parent or person collecting the child, i.e. if they make suggestions or
 - give possible reasons why their child may be behaving in an
 - unacceptable manner / anything going on at home / changes to family life, or if the parent/guardian are reacting to the negative feedback from staff.
 - If parents request extra assistance / information or further resource
 - people to become involved.
 - Parent's understanding / co-operation / concern or lack of it.
 - Inform the Director if any major concerns are expressed or parent has
 - complaints / concerns regarding the ongoing unacceptable behaviour.
- 8) If the unacceptable behaviour becomes a regular pattern of the child's behaviour and this is placing other children at risk and is a threat to the safety and wellbeing of the other children in care, fill in the Behaviour Management Plan in consultation with parents also refer to the Procedure on Unacceptable Behaviour and work through the steps when dealing with this form of behaviour.
- 9) All educators MUST work consistently and collaboratively as a team and follow the agreed strategies for the behaviour. Educators will support one another, share any relevant information with the team, have on-going communication and have a collaborative approach with the parents in working through this behaviour.

BEHAVIOUR GUIDANCE: BULLYING

To create a safe and healthy environment for children where bullying behaviours are not tolerated. As reflected in our Service philosophy and Early Years Learning Framework (EYLF), educators will encourage positive relationships between children and their peers.

Our service does not tolerate bullying of any kind.

The priority of our Service is to ensure the safety and wellbeing of the child being bullied.

Although there may be underlying reasons causing a child to bully others, it is essential that the child being bullied receives the adult attention and support in the first instance. It is important that the needs of the child who bullies does not overshadow the needs of the child being bullied.

TYPES OF BULLYING IN EARLY CHILDHOOD

The most common types of bullying in the early childhood setting are physical and verbal. Some children may also bully others by social isolation/exclusion.

Physical includes:

hitting, punching, kicking, pinching- directed at the same child/ren over an extended period of time.

Verbal includes:

calling children names, taunting them, making sexist/racist statements, making cruel statement about personal attributes, clothing etc.

Social isolation:

Excluding individual children or groups of children from play or social situations

SIGNS OF BULLYING

In many cases, bullying occurs without adults being aware of it. Bullying can include physical violence (hitting, shoving), teasing or name-calling, social exclusion, or intimidation. It often occurs over a period of time. Possible signs a child is being bullied might include:

- unexplained cuts, bruises, scratches
- changes in behaviour, such as becoming moody, teary, depressed
- bedwetting
- complaints of physical ailments such as headaches or stomach-aches
- having few friends, or a breakdown in a previous friendship (if age appropriate)
- does not want to attend care
- does not want to attend parties, visit other children.

Children may also disclose to a trusted adult that they are being bullied.

EFFECTS OF BULLYING

Children who are bullied are more likely to be depressed, lonely, and anxious and have low self-esteem. They may frequently feel sick and avoid interactions with others.

PREVENTATIVE STRATEGIES

Bullying thrives where there is not enough supervision. Our Service has above child staff ratios than those set out in the National Regulations.

Our daily program is designed to meet the needs and interests of all children in attendance to prevent periods of boredom.

Educators model appropriate behaviours towards other staff and children, including refraining from teasing, humiliating, arguing, discussions in presence of children or talking 'behind another's back'. This also includes educators using appropriate language when dealing with behaviour management issues and assisting children to use the same.

Children are encouraged to verbalise their emotions and to develop empathy and compassion.

TALKING ABOUT BULLYING

Educators play an important role in helping children understand and guide their own behaviour as they learn about positive and healthy relationships with others.

Behaviours in early childhood may be *precursors* to bullying rather than true bullying. This could include making faces, refusing to play together, telling lies or stories about another child, grabbing objects, pushing, pinching or shoving another child. Without intervention, these behaviours could turn into a pattern of bullying.

Early childhood educators assist children recognise bullying behaviour and assist children in developing strategies to develop positive relationships and prevent bullying. Skills to develop to assist in preventing bullying include:

- empathy- understanding and responding to the what others feel
- problem solving- how to resolve problems constructively without using aggression
- language- understanding what to say when the child is feeling targeted by another child- 'stop it!'

Educators will teach social skills through role-plays, stories, puppets and games.

Educators will guide children to practice how to interact with others positively and respectfully when talking about bullying.

PROCEDURE WHEN A CHILD DISCLOSES ALLEGED BULLYING

Educators will:

- listen when a child attempts to talk about behaviours that might indicate bullying
- respond to incidents in a constructive, supportive and timely manner
- learn as much as possible about the children involved and the tactics used
- summarise the problem they are discussing
- ensure the child knows that the educators at the service are there to help them
- provide support and empathy
- empathise with the child and reassure them that it is not their fault
- ask the child what they think could be done to help, what will make them feel safe
- tell the child what action you are planning to take, including that you will need to talk to the alleged bully
- encourage and support the child who is being bullied to develop other friendships
- notify the Nominated Supervisor of the allegation
- try to talk with the alleged bully and any witnesses without allowing them the opportunity to discuss what they may say (bullies often do not act alone, and the responses of the bully and friends may therefore differ from the victim)
- notify all parents involved of the allegation of bullying (*refer to Privacy and Confidentiality Policy and Code of Conduct Policy*)
- discuss the situation with the child's parents and work out a plan to manage the situation
- once the investigation is complete, advise the children, parents and the room management team of the outcome.
- An educator will contact parents/caregivers from both sides to discuss what has happened, any plans that have been implemented and offer a time should it be required to sit down, discuss and work in partnership for positive outcomes for all involved.

PROCEDURE WHEN STAFF SUSPECT POSSIBLY BULLYING

Educators will:

- pay closer attention to the suspected victim and their interactions with other children
- tell the child that you are concerned about them and consider asking some questions such as *“Do you have any special friends here?”*, *“Are there any kids here who you really don’t like?”*
- consider talking with the parents of the child to determine if they have similar concerns

STRATEGIES FOR DEALING WITH BULLYING

Discussing the behaviour with the child who is bullying others:

- make it clear to the child that this type of behaviour is not acceptable.
- don’t force a meeting between the bully and the victim. Forced apologies are not constructive.
- ask the child who is bullying for possible reasons for the bullying. Address any issues raised as appropriate.
- discuss with the child who is bullying and their parents what the possible sanctions may be if the bullying continues

PROCEDURE WHEN PARENTS SUSPECT POSSIBLY BULLYING

If a parent feels their child is being bullied or have witnessed bullying behaviour they should:

- Follow the grievance policy (parents) of the Centre.
- Where a person’s child has been victim to or perpetrated bullying behaviour, the parent will:
 - Encourage the child to discuss the effects and consequences of bullying.
 - Encourage children to report any incidents of bullying.
 - Contact the Centre if you are aware that any child is being bullied or suspect that it is happening.

SANCTIONS

Possible sanctions will be dependent on each individual case, but may include:

- a warning
- temporary exclusion from the Service
- permanent exclusion from the Service (Termination of Enrolment)

CHILD SAFE POLICY

1. Purpose

This policy affirms Geelong Children’s Centre (**GCC**) commitment to child safety and wellbeing and communicates GCC’s approach to complying with Victoria’s Child Safe Standards. It is to be read together with GCC’s Code of Conduct and Child Protection and Reporting Obligations Policy.

2. Scope

This policy relates to:

- (a) GCC staff including educators, management, administrators and other support staff;
- (b) members of GCC’s Board of Management;
- (c) any volunteers undertaking child-related work at GCC including persons accompanying children on excursions; and
- (d) students undertaking placements at GCC, (collectively, **GCC Personnel**).

3. Our statement of commitment

GCC is committed to child safety and acting in the best interests of children. We have a zero-tolerance approach to child abuse. We will take all safety concerns and allegations of child abuse and/or reportable conduct seriously, ensuring that such matters are dealt with in accordance with

The Centres Child Protection and Reporting Obligations Policy and any applicable legislative requirements.

We will uphold the right of children in our care to feel safe and protected. We are committed to preventing child abuse by identifying risks early and removing and reducing those risks, maintaining robust human resources practices, providing training and education on child abuse risks and actively listening to and empowering all children in GCC’s care.

We recognise that some children face increased risk of victimisation and challenges in reporting abuse. Accordingly, we will promote cultural safety for Aboriginal and Torres Strait Islander children, cultural safety for children from culturally and/or linguistically diverse backgrounds, and providing a safe environment for children with a disability.

4. **How we embed an organisational culture of child safety through effective leadership arrangements (Standard 1)**

The Director is GCC's Child Safety Officer. The Director is also the Nominated Supervisor under the *Education and Care National Law Act* and Head of the Organisation for the purposes of the Reportable Conduct Scheme.

The Director reports to the Board of Management on all key matters affecting GCC including child safety at monthly Board meetings. The Director is also obliged to promptly notify the Board of Management of any breach of policies or the Code of Conduct.

The Director works closely with the Deputy Director, Room Leaders, Kindergarten Teachers and Board of Management to "lead from the top" and foster a culture that makes child safety, respect for diversity and good governance paramount in GCC's operations and interactions.

5. **Our child safety policies and Code of Conduct (Standards 2 and 3)**

At Geelong Children's Centre we have:

- (a) **Code of Conduct** to establish clear expectations for safe and appropriate behaviour with children;
- (b) **Child Safe Policy** to demonstrate GCC's commitment and approach to child safety;
- (c) **Child Protection and Reporting Obligations Policy** to make GCC's Personnel aware of their roles and responsibilities in protecting children and reporting on abuse and
- (d) a variety of other policies and procedures that contribute to our child safe and child friendly environment.

GCC's policies are available for viewing at our premises. We also publish on our website the Code of Conduct and this Child Safe Policy. All GCC Personnel are required to read, understand and comply with the above documents and are encouraged to seek any assistance from the Director as necessary.

6. **Our human resources practices that reduce the risk of child abuse (Standard 4)**

We require all adult GCC Personnel and any other adult wishing to accompany a child on an excursion to hold a valid Working with Children Check.

GCC seeks to recruit and retain the best staff and has a robust recruitment process including interviews and referee checks. We actively encourage applications from Aboriginal people, people from culturally and/or linguistically diverse backgrounds and people with a disability. Our commitment to child safety and our screening requirements are included in all advertisements. While existing qualifications in child safety are highly regarded, all GCC staff receive rigorous induction and ongoing professional development covering child safety.

GCC staff have clear position descriptions to understand their roles and responsibilities and are subject to regular performance reviews.

7. **Our processes for responding to and reporting suspected child abuse (Standard 5)**

GCC processes for responding to and reporting of suspected child abuse are set out in the GCC's Child Protection and Reporting Obligations Policy.

8. **Strategies to identify and reduce or remove risks of child abuse (Standard 6)**

GCC has strategies to identify and reduce or remove risks of child abuse. We use those strategies to inform our policy, procedures and activity planning. We ensure:

- (a) GCC Personnel understand and comply with the Code of Conduct and policies including the Child Protection and Reporting Obligations Policy to the extent that those documents apply to them;
- (b) GCC staff receive training on child protection and reporting;
- (c) GCC staff, volunteers and students on placements receive supervision and support to identify and reduce or remove risks of child abuse; and
- (d) child safe strategies are discussed at regular staff meetings so that we may continuously improve.

Additionally, the Director is responsible for reporting to the Board of Management on the potential risks to children in GCC's care and the strategies in place to reduce or remove those risks.

9. **Strategies to promote the participation and empowerment of children (Standard 7)**

At GCC we believe children have unique insights into their lives, their needs and the world around them. We encourage children and their families to give us feedback about things that are important to them through ongoing communication and also periodic surveys and requests for input.

Our policies, procedures, training and programming reflect our commitment to:

- (a) encouraging all children to participate in and celebrate their identity;
- (b) valuing diversity and inclusion;

- (c) supporting children to understand their rights;
- (d) promoting children’s participation in decision-making;
- (e) valuing and respecting children’s opinions including about what makes them feel safe and unsafe;
- (f) establishing an environment of trust and inclusion that enables children to ask questions and speak up if they are worried or feeling unsafe.



If you suspect a child is in immediate danger, call Triple Zero (000)

For guidance on other reporting, refer to **Child Protection and Reporting Obligations Policy**

CONFIDENTIALITY AND PRIVACY POLICY

Privacy is acknowledged as a fundamental human right. Our Service has an ethical and legal responsibility to protect the privacy and confidentiality of children, individuals and families as outlined in Early Childhood Code of Ethics, National Education and Care Regulations and the Privacy Act 1988 (Cth). The right to privacy of all children, their families, and educators and staff of the Service will be upheld and respected, whilst ensuring that all children have access to high quality early years care and education. All staff members will maintain confidentiality of personal and sensitive information to foster positive trusting relationships with families.

PURPOSE

To ensure that the confidentiality of information and files relating to the children, families, staff, and visitors using the Service is upheld at all times. We aim to protect the privacy and confidentiality of all information and records about individual children, families, educators, staff and management by ensuring continuous review and improvement on our current systems, storage, and methods of disposal of records. We will ensure that all records and information are held in a secure place and are only retrieved by or released to people who have a legal right to access this information. Our Service takes data integrity very seriously, we strive to assure all records and data is protected from unauthorised access and that it is available to authorised persons when needed. This policy provides procedures to ensure data is stored, used and accessed in accordance with relevant policies and procedures, example enrolment policy, CCS Account policy.

SCOPE

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

IMPLEMENTATION

The right to confidentiality and privacy of the child and the family is outlined in Early Childhood Code of Ethics and National Education and Care Regulations We will respect the privacy of children and their parents and educators, while ensuring that they access high quality early years care and education in our Centre.

Under National Law, Section 263, Early Childhood Services are required to comply with Australian privacy law which includes the Privacy Act 1988 (the Act) aimed at protecting the privacy of individuals. Schedule 1 of the Privacy Act (1988) includes 13 Australian Privacy Principles (APPs) which all services are required to apply. The APPs set out the standards, rights and legal obligations in relation to collecting, handling, holding and accessing personal information.

The new law introduces a Notifiable Data Breaches (NDB) scheme that requires Early Childhood Services, Family Day Care Services, and Out of School Hours Care Services to provide notice to the Office of the Australian Information Commissioner (formerly known as the Privacy Commissioner) and affected individuals of any data breaches that are “likely” to result in “serious harm.”

Businesses that suspect an eligible data breach may have occurred, must undertake a reasonable and expeditious assessment to determine if the data breach is likely to result in serious harm to any individual affected. A breach of an Australian Privacy Principle is viewed as an ‘interference with the privacy of an individual’ and can lead to regulatory action and penalties.

source: OAIC Australian Privacy Principles

Approved provider / Management will:

- provide staff and educators with relevant information regarding changes to Australian privacy law and Service policy
- ensure all relevant staff understand the requirements under Australia's privacy law and Notifiable Data Breaches (NDB) scheme
- keep up to date with the Australian Privacy Principles

- ensure personal information is protected in accordance with our obligations under the Privacy Act 1988 and Privacy amendments (Enhancing Privacy Protection) Act 2012
- ensure all records and documents are maintained and stored in accordance with Education and Care Service National Regulations
- ensure the service acts in accordance with the requirements of the Privacy Principles and Privacy Act 1988 by developing, reviewing and implementing procedures and practices that identify
 - the name and contact details of the service;
 - what information the service collects and the source of information
 - the purpose for collecting information;
 - who will have access to the information
 - what types of information will be disclosed to the public or other agencies;
 - Collection, storage, use, disclosure and disposal of personal information collected by the service
 - any law that requires the particular information to be collected;
 - the right of the individual to view their personal information;
 - adequate and appropriate storage for personal information collect by the service
 - protection of personal information from unauthorised access
 - the length of time information needs to archived;
- ensure the appropriate and permitted use of images of children
- ensure all employees, students volunteers and families are provided with a copy of this policy
- deal with privacy complaints promptly and in a consistent manner, following the Centre's Grievance Procedures. Where the aggrieved person is dissatisfied after going through the grievance policy and procedure
- ensure families only have access to the files and records of their own children. Parents/ guardians may request details of the personal information we hold about you or your children by writing to the Director of the Centre. The Centre may take up to a maximum of 45 days to provide you with the personal information requested and, if necessary, to verify your right to receive this information. Parents may view the information on the premises in the presence of the Director or Deputy Director or other named staff, but the information may not be removed from the premises.
- ensure information given to Educators will be treated with respect and in a professional manner
- ensure individual child and staff files are stored in a locked and secure cabinet
- ensure Information relating to staff employment will remain confidential to the people directly involved with making personnel decisions.
- ensure that Information shared with us by the family will be treated as confidential unless told otherwise.
- The Centre may refuse access to personal information where:
 - providing access would pose a serious threat to the life or health of any individual, or
 - providing access would have an unreasonable impact on the privacy of other individuals.

A Nominated Supervisor (Director) and/or Responsible Person will:

- adhere to Centre policies and procedures at all times
- ensure educators, staff, students, volunteers and families are aware of the confidentiality and privacy policy
- ensure the Centre obtains consent from parents/ guardian of children who will be photographed or videoed by the Centre
- ensure families only have access to the files and records of their own children
- ensure information given to Educators will be treated with respect and in a confidential and professional manner
- ensure only necessary information regarding the children's day to day health and wellbeing is given to non-primary contact educators – for example food allergies
- not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- ensure that information shared with us by the family will be treated as confidential unless told otherwise.
- Ensure that information related to Court/ Intervention orders, which will be disclosed only to the Director and then at Director's discretion the information will be disclosed to the Deputy Director/ Room coordinators/ kinder Teachers or relevant staff directly working with the child or if needed to the administration staff.
- inform persons, prior to collecting information, of the circumstances when information will be disclosed to other parties. This can include where staff qualifications or first aid status may be disclosed to a selection committee or to families in a newsletter. It may also include any issues of a child protection nature, where information obtained by the service is required to be disclosed to the relevant government authorities.

Responsible Persons (Certified Supervisors), Educators and Staff will:

- read and adhere to the confidentiality and privacy policy at all times
- ensure documented information and photographs of children are kept secure but may be accessed at any time by the child's parents or guardian

- ensure families only have access to the files and records of their own children
- treat private and confidential information with respect in a professional manner
- not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.
- ensure information shared with us by the family will be treated as confidential unless told otherwise.
- maintain individual and Centre information and store documentation according to this policy at all times.
- not to share information about the individual or Centre, management information, or other staff as per legislative authority.

Australian Privacy Principles- Personal Information

Geelong Children’s Centre is committed to protecting personal information in accordance with our obligations under the Privacy Act 1988 and Privacy Amendments (Enhancing Privacy Protection) Act 2012.

Personal information includes a broad range of information, or an opinion, that could identify an individual.

Sensitive information is personal information that includes information or an opinion about a range of personal information that has a higher level of privacy protection than other personal information.

(Source: OAIC-Australian Privacy Laws, Privacy Act 1988)

Personal information will be collected and held securely and confidentially about you and your child to assist our Service provide quality education and care to your child whilst promoting and maintaining a child safe environment for all stakeholders.

Personal information our Service may request regarding enrolled children:
Child’s name

- Gender
- Date of birth
- Address
- Birth Certificate
- Religion
- Language spoken at home
- Emergency contact details and persons authorised to collect individual children
- Children’s health requirements
- Immunisation records- (Immunisation History Statement)
- Developmental records and summaries
- External agency information
- Custodial arrangements or parenting orders
- Incident reports
- Medication reports
- Child Care Subsidy information
- Medical records
- Permission forms – including permission to take and publish photographs, video, work samples
- Doctor’s contact information
- Centrelink Customer Reference number (CRN)
- Dietary requirements

Personal information our Service may request regarding parents and caregivers

- Parent/Guardian full name
- Address
- Phone number (mobile & work)
- Email address
- Bank account or credit card detail for payments
- Centrelink Customer Reference number (CRN)
- Custody arrangements or parental agreement

Personal information our Service may request regarding staff, students and volunteers

Personal details

- Tax information

- Banking details
- Working contract
- Emergency contact details
- Medical details
- Immunisation details
- Working with Children Check verification
- Educational Qualifications
- Medical history
- Resume
- Superannuation details
- Child Protection qualifications
- First Aid, Asthma and Anaphylaxis certificates
- Professional Development certificates
- PRODA related documents such as RA number and related background checks

Method of Collection

Information is generally collected using standard forms at the time of enrolment or employment. Additional information may be provided to the Service through email, surveys, telephone calls or other written communication.

Information may be collected online through the use of software such as CCS software or program software

How we protect your personal information.

To protect your personal and sensitive information, we maintain physical, technical and administrative safeguards.

All hard copies of information are stored in children's individual files or staff individual files in a locked cupboard.

Hard copy information is stored securely at the Service and archived in accordance with regulatory requirements when no longer needed.

All computers used to store personal information are password protected. Each staff member will be provided with a unique username and password for access to CCS software and program software. Staff will be advised not to share usernames and passwords.

Access to personal and sensitive information is restricted to key personal only.

Security software is installed on all computers and updated automatically when patches are released

Data is regularly backed up on external drive and/or through a cloud storage solution. Any notifiable breach to data is reported

All staff are aware of the importance of confidentiality and maintaining the privacy and security of all your information.

Procedures are in place to ensure information is communicated to intended recipients only, example invoices and payment enquiries

Access to personal and sensitive information

Personal and sensitive information about staff, families and children will be stored securely at all times. Families who have access to enrolment or program information online will be provided with a unique username and password. Families will be advised not to share username and passwords.

The Approved Provider will ensure that information kept in a child's record is not divulged or communicated through direct or indirect means to another person other than:

- the extent necessary for the education and care or medical treatment of the child to whom the information relates
- a parent of the child to whom the information relates, except in the case of information kept in a staff record
- the Regulatory Authority or an authorised officer
- as expressly authorised, permitted or required to be given by or under any Act or law
- with the written consent of the person who provided the information.

Disclosing personal and sensitive information

Our Service will only disclose personal or sensitive information to:

- a third-party provider with parent permission (for example CCS software provider)
- Child Protection Agency- Office of the Children's Guardian and Regulatory Authority as per our *Child Safe Policy and Child Safe Environment Policies*
- as part of the purchase of our business asset with parental permission
- Government employees
- Authorised officers during Assessment and Rating

- Software companies that provide computer based educational programs which use children's personal information
- Lawyers in relation to a legal claim
- Debt collection agency where fees are outstanding
- Officers carrying out an external dispute resolution process
- Protecting individuals from serious misconduct or to prevent a serious threat to a life, health or safety.

Complaints and Grievances

If a parent, employee or volunteer has a complaint or concern about our Service, or they believe there has been a data breach of the Australian Privacy Principles, they are requested to contact the Approved Provider so reasonable steps to investigate the complaint can be made and a response provided.

If there are further concerns about how the matter has been handled, please contact the Office of Australian Information Commissioner on 1300 363 992 or: https://forms.business.gov.au/smartforms/landing.htm?formCode=APC_PC

For any other general concerns, please contact the Nominated Supervisor / Approved Provider directly on: (03) 5229 1326

APPENDIX

In particular, the principles cover how personal information can be used and disclosed (including overseas), keeping personal information secure, and the open and transparent management of personal information.

The Australian Privacy Principles (APPs) outline:

- The open and transparent management of personal information, including having a privacy policy
- An individual having the option of transacting anonymously or using a pseudonym where practicable
- The collection of solicited personal information and receipt of unsolicited personal information including giving notice about collection
- How personal information can be used and disclosed (including overseas)
- Maintaining the quality of personal information
- Keeping personal information secure
- Right for individuals to access and correct their personal information

The APPs place more stringent obligations on APP entities when they handle 'sensitive information'. Sensitive information is a type of personal information and includes information about an individual's:

- Health (including predictive genetic information)
- Racial or ethnic origin
- Political opinions
- Membership of a political association, professional or trade association or trade union
- Religious beliefs or affiliations
- Philosophical beliefs
- Sexual orientation or practices
- Criminal record
- Biometric information that is to be used for certain purposes

Australian Privacy Principles (APPs)

APP 1 – Open and transparent management of personal information

Ensures that APP entities manage personal information in an open and transparent way. This includes having a clearly expressed and up to date APP privacy policy.

APP 2 – Anonymity and Pseudonymity

Requires APP entities to give individuals the option of not identifying themselves, or of using a pseudonym. Limited exceptions apply.

APP 3 – Collection of solicited personal information

Outlines when an APP entity can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.

APP 4 – Dealing with unsolicited personal information

Outlines how APP entities must deal with unsolicited personal information.

APP 5 – Notification of the collection of personal information

Outlines when and in what circumstances an APP entity that collects personal information must notify an individual of certain matters.

APP 6 – Use or disclosure of personal information

Outlines the circumstances in which an APP entity may use or disclose personal information that it holds.

APP 7 – Direct marketing

An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.

APP 8 – Cross-order disclosure of personal information

Outlines the steps an APP entity must take to protect personal information before it is disclosed overseas.

APP 9 – Adoption, use or disclosure of government related identifiers

Outlines the limited circumstances when an organisation may adopt a government related identifier of an individual as its own identifier or use or disclose a government related identifier of an individual.

APP 10 – Quality of personal information

An APP entity must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete. An entity must also take reasonable steps to ensure the personal information it uses or discloses is accurate, up to date, complete and relevant, having regard to the purpose of the use or disclosure.

APP 11 – Security of personal information

An APP entity must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

APP 12 – Access to personal information

Outlines an APP entity's obligations when an individual request to be given access to personal information held about them by the entity. This includes a requirement to provide access unless a specific exception applies.

APP 13 – Correction of personal information

Outlines an APP entity's obligations in relation to correcting the personal information it holds about individuals.

Source: Australian Government Office of the Australian Information Commissioner (OAIC) <https://www.oaic.gov.au/privacy/>

CLOTHING AND FOOTWEAR POLICY

Children need protective, comfortable and appropriate clothing and footwear to explore their environment and participate freely in experiences. Clothing needs to protect children from injury and sun exposure whilst promoting self-help abilities. Appropriate footwear will fit a child's foot correctly and ensure comfort. Educators will also dress to prevent injury and sun exposure and will be encouraged to dress in a professional and respectful manner, being positive role models for children

PURPOSE

We aim to ensure the safety and comfort of all children by providing appropriate clothing guidelines for children, parents and staff utilising and working at the Service.

Children being clothed appropriately enables them to play without risk of sunburn and serious injury caused by inappropriate footwear or clothing. Children are more at ease, comfortable, and less anxious when they are dressed for warmth during winter or not over-dressed during summer, or wearing safe footwear when climbing outdoor play equipment or participating in physical activity.

SCOPE

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

IMPLEMENTATION

CLOTHING CHOICES

Clothing is a way of expressing our culture, personality and individuality. The clothes children wear can affect the development of their independence, self-help skills and participation in play-based activities in early education and care services. We understand that young children are developing their self-concept and individuality and may be intent on wearing particular accessories or clothing items to our Service. We respect their choices and encourage their independence; however, some clothing types or accessories may be dangerous and hinder their participation in physical activities. Children need to wear clothes that do not restrict their play e.g. long skirts /long dresses or tight fitting pants restricts climbing and running. Tight and/or sleeveless clothing and dangly jewellery or any other type of jewellery is not recommended for safety reasons.

We request that parents talk to their child about the choice of clothes and activities they will be involved in at our Service and help them to choose clothes that will be practical. Some activities may result in clothes being stained like art and craft, mud play etc. Parents may decide to send additional clothes in their child's bag to assist educators ensure their safety when they are participating in physical activities that require clothing to be more practical.

Shoes must provide support as well as protection for the feet and allow for participation in all the activities also shoes which are easier to put on taken off by staff and children. Open toed sandals/ shoes or thongs are a hazard for children while climbing or running as it can snub their toes. During the warmer months over summer (Sun-Smart months) we do allow children the opportunity to take their shoes off during play. However, this is for a set time during the day and would be based on the individual needs of the children in each room.

The Centre requires all children and staff to wear sun safe hats when the UV is 3 or above and encourage children to wear beanies on cold days.

MANAGEMENT WILL:

- provide information for families about suitable clothing and footwear for their child to wear at the service. This information will also be available at the Service shared with families using a variety of communication strategies including newsletters, Educa, website, emails, conversation at pick up and drop off.
- ensure educators are aware and abide by the *Sun Protection Policy*.
- ensure a culturally inclusive environment by conveying respect and understanding of families' cultural traditions regarding clothing
- provide information to educators and staff about children's cultural dress requirements.

EDUCATORS WILL:

- consult and communicate with families about the individual needs of children with respect to different values and beliefs associated with clothing and footwear.
- monitor children's clothing and footwear to ensure compliance with the Sun Protection Policy and to support the safety, comfort, and wellbeing of every child
- consider clothing and footwear needs associated with excursions or planned learning experiences and communicate clearly with families about the need for extraordinary protective clothing requirements
- provide protective clothing, such as aprons, for messy play experiences and painting. Children will be encouraged by educators to wear protective clothing during messy and water play.
- encourage children to remove shoes and heavy or excess layers of clothing during rest times to reflect the room temperature, as recommended practice by Red Nose
- take off children's jumpers and jackets with hoods during rest time to ensure children's safety
- encourage children to use their self-help skills where appropriate to put on and remove clothing and shoes to meet their needs. Educators will observe and monitor younger children to ensure their clothing and footwear is appropriate for the environment and weather conditions
- monitor the UV rating to ensure children are dressed appropriately for the weather and are adequately protected (e.g. long sleeve shirts)
- discuss clothing with children: for example, the need to wear hats for sun protection
- model appropriate clothing: for example, wearing hats and sun safe clothing
- convey respect for children and appreciate their individuality, whilst developing their understanding of safe clothing and footwear for play and the weather
- encourage children to make choices in relation to getting dressed and the clothing they wear
- respect children's privacy and modesty when having children change their clothes or dressing themselves, ensuring that individual and/ or cultural needs and preferences are understood and catered for.

SPECIAL CLOTHES / DRESS UP

To facilitate imaginative play and celebrate different cultural experiences, children may be invited to dress up according to a theme or particular cultural celebration. Our educators will communicate with families to ensure all children have the opportunity to engage in these activities by wearing appropriate clothing. When dressing their child in 'dress up' clothes, parents are asked to ensure their child's footwear is appropriate for play-based learning at the Service and ensure clothing is sun safe.

Staff are aware of differing issues with families re dressing as regards to their culture or religion, or if a parent does not want their child to get dirty. Effective communication with families that is non-judgemental and conveys a sense of working together shows respect to families regarding each family's differences.

FAMILIES WILL:

- communicate with educators about their child's individual clothing needs- (eg: cultural diversity, disability, clothing

sensitivity – labels or fabrics, fine motor skills)

- provide spare clothing in children’s bags to allow for dirty or soiled clothing and changing weather conditions. (This includes supplying a spare set of socks, and shoes if possible).
- dress children appropriately for play and the weather, including footwear and an appropriate hat
- ensure their child is clothed in an appropriate manner which will allow them to explore and play freely and not restrict them using equipment while at play
- ensure clothing also allows easy access for toileting: i.e. elasticised trousers or track pants rather than buttons, zips, belts, etc.
- not dress their child in good/expensive clothing where there is a chance, they will get dirty or stained
- ensure children are appropriately protected from the sun - please refer to *Sun Protection Policy* for further directives on clothing and sun safe hats (bucket, broad-brimmed or legionnaire’s hat)
- ensure children’s clothing accommodates the weather conditions. For example, be loose and cool in summer to prevent overheating and warm enough for cold weather, including outdoor play. At all times educators will monitor children to ensure they are appropriately dressed for all weather, play experiences, rest and sleep routines.
- ensure children have appropriate footwear that enables them to play comfortably and not cause safety concerns. For example, open toe sandals thongs, clogs or backless shoes have a trip factor and do not allow children to use equipment safely.
- ensure all clothing and belongings are clearly labelled with the child's name (not just initials)
- be familiar with their child’s clothing fabric to minimise possible allergies and reactions.

BABIES AND TODDLERS:

Babies and Toddlers should be dressed appropriately to suit all weather conditions.

It is policy that any child under 3 is **not permitted** to wear the following:

- Singlet t-shirts
- Singlet dresses
- Jeans
- Overalls
- Tight fitting short or long pants (with buttons)
- Belted pants
- No open toe shoes / sandals, backless shoes/ sandals, clogs and thongs

3-5 YEAR OLD CHILDREN

These children should **NOT** wear:

- Tight jeans or belts
- Singlet t-shirts
- Singlet dresses
- Long dresses / skirts
- No open toe shoes / sandals, backless shoes/ sandals, clogs and thongs

All children’s clothing must be named any unnamed clothing will be donated.

CHILDREN’S SLEEP AND REST REQUIREMENTS POLICY

All children have individual sleep and rest requirements. Our objective is to meet these needs by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe at our service.

PURPOSE

Our Service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by health authorities.

If a family’s beliefs and requests are against current recommended evidence-based guidelines, our Service will need to determine if there are exceptional circumstances that allow for alternate practices.

Our Service will only approve an alternative practice if the Service is provided with written advice from, and the contact details of a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for individual children. We have a duty

of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service's duty of care, it is a requirement that all Educators implement and adhere to this policy to ensure we respect and cater for each child's specific needs.

SCOPE

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

IMPLEMENTATION

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

Our Service defines 'rest' as a period of inactivity, solitude, calmness, or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax, and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Management will ensure:

- reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages and individual needs of each child
- there are adequate numbers of cots and bedding available to children that meet Australian Standards
- the rest environment, cots, equipment and materials used in our Service will be safe and free from hazards and will meet the current mandatory Australian Standard for Cots (AS/NZS 2172).
- all portable cots used in our Service will meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195,
- sleep and rest environments will be safe and free from hazards including cigarette and tobacco smoke
- areas for sleep and rest are well ventilated and have natural lighting and air conditioning/heating. The room temperature is set to enable children to sleep in comfort
- there is always an educator in the sleep rooms supervising to ensure safe supervision of sleeping infants
- safe sleep practices are documented and shared with families. Nominated Supervisors and educators are not expected to endorse practices requested by a family, if they differ from Red Nose safe (formerly SIDS and Kids) sleeping recommendations.

A Nominated Supervisor/ Responsible Person will:

- take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, development stages and individual needs of the children
- maintain up to date knowledge regarding safe sleeping practice and communicate this information to educators and families
- there are appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing children with comfortable spaces away from the main activity area for relaxation and quiet activities
- ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves checking/inspecting sleeping children at regular intervals and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin.
- ensure that there is always an educator in the sleep rooms and in the sleeping areas supervising to ensure safe supervision of sleeping infants and children across the Service.
- negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the Service
- ensure they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- ensure the child's safety is always the first priority
- ensure that babies are not given bottles in bed or prop fed.
- ensure children who are sleeping or resting have their face uncovered at all times
- ensure the sleep and rest environment is free from cigarette or tobacco smoke
- provide information to parents and families about Safe Sleep practices. (see Red Nose)

Educators will:

- consult with families about children's sleep and rest needs and an appropriate time and length of sleep for the child.
- consult with families to provide comforters such as dummy, blanket, soft toy etc. if required by the children.
- be sensitive to each child's needs so that sleep and rest times are a positive experience

- ensure there are appropriate opportunities to meet each child’s need for sleep, rest and relaxation.
- ensure that each child’s comfort is provided for.
- ensure that beds/mattresses are clean and in good repair.
- ensure beds and mattresses are wiped over with warm water and neutral detergent or disinfectant spray between each use.
- ensure that bed linen is clean and in good repair.
- ensure bed linen is used by an individual child and is washed before use by another child.
- arrange children’s beds and cots to allow easy access for children and staff.
- ensure children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection.
- create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed.
- ensure the environment is tranquil and calm for both educators and children.
- sit near children who are resting and encourage them to relax and/or listen to music.
- remember that children do not need to be “patted” to sleep or rocked in the cot or arms. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- maintain adequate supervision and maintain educator ratios throughout the sleep period.
- ensure there is always an educator in the sleep rooms and in the sleeping areas across service.
- ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed.
- assess each child’s circumstances and current health to determine whether higher supervision levels and checks may be required.
- communicate with families about their child’s sleeping or rest times and the Service policy regarding sleep and rest times.
- consult with families about their child’s individual needs, ensuring all parties are aware of the different values, cultural, and parenting beliefs and practices, or opinions associated with sleep requirements.
- respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- encourage children to dress appropriately for the room temperature when resting or sleeping.
- Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- monitor the room temperature to ensure maximum comfort for the children.
- ensure that children who do not wish to sleep are provided with alternative quiet activities and experiences, whilst those children who do wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest. It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- consider a vast range of strategies to meet children’s individual sleep and rest needs
- respond to children’s individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc).
- acknowledge children’s emotions, feelings and fears in regard to sleep/rest time.
- develop positive relationships with children to assist in settling children confidently when sleeping and resting.

BABIES AND TODDLERS

(Recommendations sourced from ACECQA)

- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child’s medical practitioner.
- Babies will be placed at the bottom of the cot to prevent them from wriggling down under bedclothes. Babies over four months of age can generally turn over in a cot but may not always be able to roll back again. When a baby is placed to sleep, Educators should check that any bedding is tucked in securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). At no time should a baby’s face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- Ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby’s chest or cover his/her head.
- If a baby is wrapped when sleeping, consider the baby’s stage of development. Leave their arms free once the startle reflex disappears at around three months of age and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.
- Ensure there is no soft bedding in baby’s sleep environment. (pillows, doonas, loose bedding, lambswool or soft toys).

- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life (in consultation with parents). If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age but could be as early as 18 months.

PRE-SCHOOL AGE CHILDREN

Educators will:

- be respectful for children's individual sleep and rest requirements
- discuss children's sleep and rest needs with families and include children in decision making
- provide a tranquil and calm environment for children to rest by turning off lights, playing relaxing music, reading stories, cultural reflection
- Comforters will be removed after they have been asleep. If a dummy falls out of the child's mouth during sleep it is not re-inserted.
- ensure children are comfortably clothed
- encourage children to rest their bodies and minds for 20-30 minutes
- introduce relaxation techniques into rest routine- use of a relaxation tape
- ensure children sleep with their face uncovered
- educators closely monitor sleeping and resting children and are within hearing range
- provide quiet activities for children- puzzles, books, drawing if they do not fall asleep
- record sleep and rest patterns to provide information to parents/families

All children are made comfortable when going to bed. Linen in cots and stretchers is used on an individual basis for each child. Children sleep in individual stretchers with linen changed every Friday for fulltime children and every fortnight for part time children. Babies have their own linen provided by the Service.

We provide training to all educators across service every year on Safe sleeping practices. Red Nose safe sleeping practice kit is in Director's office for all educators to access. If there are changes or updates we provide information to the educators in writing or reading material.

Information on the latest developments in the children's need for rest, sleep and comfort accessed through professional literature and the internet. This information will be relayed to families through Educa, information reading material and on parent notice boards.

DIVERSITY, ANTI-BIAS, EQUITY AND INCLUSION POLICY

Our Service believes that children have the right to be treated equally and our goal is to develop children's identity and self-esteem in a trusting and supportive environment. We embrace diversity in all its forms to help develop positive and accepting attitudes in children, and to help them gain a better understanding of their environment, community, country, and the world.

In order to create an environment that supports, reflects and promotes gender equitable and inclusive behaviours and practices, it is crucial for our Service to examine our value and belief systems. We are committed to promoting confidence and self-esteem in all children and acknowledge the uniqueness and potential of each child.

Anti-bias is the practice of inclusion and underpins our Service philosophy. It is the acceptance that all children are valued and respected. We believe in the statement of inclusion as advocated by Early Childhood Australia (ECA) that '*Inclusion means every child has access to, participates meaningfully in, and experiences positive outcomes from early childhood education and care programs.*' (2016).

PURPOSE

To ensure children are treated with respect and equality, our Service affirms the right for all children to have access to and participation in, the same experiences and activities irrespective of gender. To ensure that positive attitudes towards gender equity are encouraged and supported within our Service and community. Children will be encouraged to develop a sense of pride and self-worth, as they develop respect for each other's rights and responsibilities.

We aim to provide an inclusive environment for all children, families and educators, acknowledging the uniqueness of every person regardless of their race, gender, sexuality, religion, culture, physical and mental abilities and socio-economic background. This policy ensures all children, families, and staff are welcomed and treated equitably and with respect.

SCOPE

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

IMPLEMENTATION

Early childhood educators are in a unique position to influence children's development and create environments that encourage equal and respectful relationships. Gender plays a significant role in the lives of children as it defines masculinity and femininity. These are socially constructed roles, behaviours, activities and attributes that society considers 'appropriate' for a person based on their sex. Breaking down gender stereotypes from a young age, helps stop the negative consequences of inequality and discrimination. Educators working with children need to observe the implication of gender in children's choice of friends, activities, language, interactions, group dynamics and behaviour. These observations can lead to valuable insight into children's understandings about gender and assist educators to promote challenges to gender stereotypes and embrace diversity.

The role of educators is to encourage children to share and learn about the individuality of each child and their family and their role in the Service. This policy aims to assist children to form positive social relationships, develop their identity and self-awareness and to learn to accept the diversity of members within and outside of the Service community which also underpins the philosophy of our Service.

The Anti-Bias Approach in Early Childhood suggests the following principles as a basis to challenge sexism and promote anti-bias behaviour:

- be prepared to challenge sexist attitudes and behaviours
- ensure that you protect the child or adult who has been treated unfairly
- explain what you think is unfair about their attitudes and behaviours and if appropriate, model anti-sexist attitudes and behaviours
- correct any incorrect and sexist assumptions a child has about gender
- plan a strategy for how to deal with a similar situation in the future.

(Red Ruby Scarlet (Ed.). 2018)

Creating Inclusion

Inclusion supports children's rights, fosters diversity and overcomes bias and barriers that may exist preventing children to participate in experiences within our Service. We will ensure children are provided with access to activities and environments, meaningful participation to foster a sense of belonging and opportunities to experience positive learning outcomes.

Cultural or National Origin and Racial Identity

Our Service values and promotes equity, respect and awareness of different cultures. We ensure a cultural inclusive curriculum that reflects the cultural, linguistic and religious diversity of our society.

The Nominated Supervisor, Responsible Persons and Educators will:

- ensure our program design and delivery builds on community and cultural strengths
- develop strong partnerships with families and children to extend their individual and communities' cultural competence
- ensure children have opportunities to participate with a wide variety of resources from the daily life of a variety of families and cultures
- where possible, engage educators that reflect a variety of cultural, national origin, and racial identities.
- affirm and foster children's knowledge and pride in cultural identity
- foster children's curiosity, enjoyment and empathetic awareness of cultural differences and similarities
- provide children with tools to respond appropriately to bias- build on children's strengths, interests and individuality
- teach children to overcome any inappropriate responses triggered by cultural differences
- encourage children to ask about differences in physical characteristics - what makes us all human
- enable children to feel pride, but not superiority, about their racial identity
- help children to become aware of our shared physical characteristics – what makes us all human
- be mindful and respectful of how activities and experiences provided may impact on the expectations, interests, and behaviours of all genders
- provide a stimulating learning environment in which boys and girls are equally encouraged to explore a full range of experiences and emotions
- encourage children to express emotions and display affection and empathy
- act as advocates of children in dealing with other adults who act in a bias manner against a child due to their gender
- discourage the identification of particular skills, behaviours, and/or feelings as 'boys' and 'girls'.
- encourage children to look upon both sexes as equal
- support the gender equity policy review by focusing on how children construct gender, and the effects of gender in

curriculum, teaching and learning

- be responsive and ensure their actions are relevant to the specific and changing gender dynamics that emerge from the different ways in which different children interpret gender
- monitor language, attitudes, and assumptions with regard to gender and anti-bias of themselves, other educators, and children.
- give positive messages about gender equity through their actions and words and avoid giving messages that promote traditional gender roles and gender bias
- critically reflect on their practices and environment and model a positive attitude towards gender equality
- encourage and support all children to participate in the full range of experiences and activities
- regularly review resources, equipment, materials, and images used with children to make sure they include gender diversity, non-stereotypical images, and non-traditional family lifestyles such as single or same sex parents
- encourage children to explore their own gender identities and the impact of gender relations in their play
- regularly review the book collection to ensure a range of different stories and experiences are depicted beyond stereotypical narratives
- encourage parent input into the program and to participate on a level that they feel comfortable with, sharing their culture, and, for example, their language
- collect information from each family on enrolment and incorporate it into the program to meet individual family needs in regard to ethnicity and home language
- where possible use both the Educators and children's first language as appropriate within the Service environment
- respect all cultures by presenting photographs, pictures, play equipment, books, posters, music, dramatic play resources, and dolls that will encourage open discussion and exploration of a variety of cultures
- provide resources and activities that include diversity and skin tone to foster respect and understanding for people of all backgrounds
- develop an understanding of the needs, strengths, and attitudes of each culture represented at the Service
- challenge inappropriate or stereotypical conversations or remarks by children.

Management and the Nominated Supervisor will:

- provide families with information about the importance of a gender equity approach in achieving positive outcomes for all children
- provide information about the Service's gender equity work
- ensure all staff have access to professional development activities
- engage staff in reflective practice about their own biases about gender
- foster an inclusive and gender equitable environment
- promote a positive understanding of gender equity
- ensure educators and staff are aware of the service's expectations regarding positive, respectful and appropriate behaviour when working with children and families
- ensure that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner

Diversity in Family Composition

The Nominated Supervisor and Educators will:

- create an environment that is welcoming to all families
- respect each family, and work in partnership to support the child's emergent identity as an individual, member of their family, our Service, and the community
- engage in simple discussions about families that focus on fact rather than values e.g. "some children live with their mum or dad, some children live with their mum and dad, some with grandparents, and some with two mums or two dads".
- be encouraged to seek awareness and reflect on his/her own feelings, beliefs and background and evaluate the effect these may have on their attitudes and interactions with families.
- respect family lifestyle choices
- treat all families respectfully regardless of socioeconomic background
- discuss how members of the community can support one another and less fortunate people through the provision of resources, donations of goods or time etc.

Aboriginal and Torres Strait Islander People

The Nominated Supervisor and Educators will:

- show respect and a commitment to reconciliation by developing a Reconciliation Action Plan
- reflect on the current level of cultural competence of our staff

- promote the inclusion of children’s voices in all decisions that affect them
- build and strengthen our knowledge and understanding of Aboriginal and Torres Strait Islander cultures, histories and contributions
- attend professional development to support our understandings of Aboriginal and Torres Strait Islander cultures and perspectives
- provide opportunities for professional reflection
- identify and challenge our own cultural assumptions, beliefs and commitments to cultural competency
- engage with local Aboriginal families and communities through Aboriginal Education Consultative Groups
- invite Elders and Traditional Owners to speak to children, staff and families about the histories and cultures of the local area
- develop an Acknowledgement of Country in collaboration with Elders, community members, children and families which will be displayed and given will be conveyed during special events and incorporated into the program on a regular basis
- develop awareness and meaningful understanding about Aboriginal and Torres Strait Islander people as part of the cultural heritage of all Australians
- encourage Aboriginal and Torres Strait Islander communities access children services
- show sensitivity and respect to Aboriginal and Torres Strait Islander languages by incorporating verbal and visual languages into the Service environment.

Ability

The Nominated Supervisor and Educators will:

- provide an inclusive educational environment in which all children can succeed
- promote acceptance, respect and appreciation for individual’s varying abilities
- consult with all families and other professionals to enable full participation in the program for children with varying abilities.
- evaluate and adjust the environment to provide access and enable all children to develop autonomy, independence, competency, confidence and pride.
- provide children and parents with developmentally appropriate information about varying abilities to foster understandings that we are all similar and different
- empower children in their own learning to ensure that they gain a feeling of self-respect
- treat all children fairly and develop an understanding that everyone has something important to contribute
- find examples in books, movies and tv shows that reflect attitudes about diversity, ability and disability
- observe all children and with family consultation, provide an individualised program to extend each child’s interests and abilities
- create an environment where all children can participate in activities and experiences.

Promoting Inclusion and Diversity into the Curriculum

The Nominated Supervisor and Educators will:

- promote positive influences, modelling appropriate communication, non-bias or gender specific language and attitudes
- develop appropriate expectations for each child based on their individual strengths, developmental needs, and interests
- assist Educators with the development of required skills and knowledge for working with all children and families.
- work with Inclusion Support Professionals to assist in the inclusion of children with additional needs
- explore the values and uniqueness of the diversity within the Service. These opportunities will form part of the curriculum.
- treat children with respect by answering their questions honestly
- adapt activities, interactions, communication, the environment, and documentation to ensure all children and families are actively included and supported to participate in the curriculum
- provide children with a range of resources, equipment and opportunities to enhance their awareness of diversity
- reflect on the curriculum ensuring inclusive practice and goals set for children are realistic and being met.
- involve families in the planning of learning opportunities reflective of their culture.

Promoting and Supporting Children’s Home Languages

The Nominated Supervisor and Educators will:

- acknowledge that the use of children’s home language underpins their sense of identity and conceptual development (EYLF)
- promote and support children’s home languages in the Service
- present books that reflect different languages and children’s first language
- create an environment which supports natural language learning and interaction
- assist parents to understand the value and importance both their home language and English
- engage in professional development about cultural diversity and building linguistic capacity
- subscribe to [Early Learning Languages Australia](#) (ELLA) or other online programs to support children’s learning with play-

based language learning experiences. (check eligibility for ELLA)

EMERGENCY MANAGEMENT AND EVACUATION POLICY

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

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

PURPOSE

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

SCOPE

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

IMPLEMENTATION

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury, or illness to persons, or damage to the Service's premises. Emergency situations may pose a risk to an individual's health and safety. It is important that Services identify potential emergencies that may be specific to their location and environment.

Emergency and Evacuation Procedures

To ensure compliance with National Regulations and National Law, our Service will ensure that:

- The Approved Provider will conduct a risk assessment to identify potential emergencies that are relevant to the Centre annually
- Emergency and evacuation procedures that are displayed in prominent positions near each exit at the Centre premises including both the indoor and outdoor learning areas.
- The plan includes a floor plan for ease of reference with clearly defined assembly points and clearly marked exit routes from all locations within the Centre
- All staff are familiar with emergency evacuation procedures and regulatory requirements
- All staff are aware of emergency evacuation points
- The service will maintain an up-to-date and compact register of emergency telephone numbers that must be taken in an emergency or evacuation that is to be located in the sign in and out book. Each room has got an emergency procedure which they follow and an emergency evacuation box containing all the required items and documentation.
- Emergency telephone numbers will be displayed prominently throughout the service in the kitchen, all rooms across the service, including community room, staff house and office and each area where children are educated and cared for.
- Fire extinguishers, fire blankets and other emergency equipment will be tested as recommended by the manufacturer by recognised authorities. All tests must be documented.
- The Nominated Supervisor (Director) is responsible for ensuring that all educators, including relief educators and staff members, are aware of the service's policy and procedures relating to Emergency Management and Evacuation.
- Informal games and discussions will be used to familiarise children with the service's evacuation and emergency procedures.

Rehearsal Evacuation Drill (Every Three Months)

- The service will add to each child's sense of security, predictability and safety by conducting rehearsal evacuation drills every three months this may include flood/fire/bomb (in accordance with the terms, i.e. Term 1, 2 etc.). All all staff members, volunteers, students and children present at the Centre during the evacuation drill must participate accordingly.

Procedure for fire:

- Rehearsal evacuation drills are documented on a Fire Evaluation form for each room across the Centre.
- The educator blows a whistle to sound the alarm. When the alarm is heard, the children will drop what they are doing and walk calmly with an educator to the designated safe area. The safe area is a designated area outside the services premises

or within the service as mentioned in the Emergency Management Plan. The designated area is nominated to allow emergency vehicles to access without risk to educators, staff or children.

- Our service's emergency and evacuation safe area is located in the toddler's room playground area or in the front of the Centre staff house on the nature strip.

Role of Educators

- Person in charge to immediately notify the appropriate authority, check building for children and staff, and shut all doors and windows.
- Immediately when the alarm sounds, educators will return to the rooms they are working in if it is safe to do so. Educators will then assist with the evacuation.
- Designated educator in each room to take sign in and out attendance book, parent contact list, first aid kit, mobile phone and medications of children in care.
- All staff to familiarise themselves with all exits and evacuation procedures in all rooms and follow the centre emergency management plan.
- After the alarm has been raised, group children and evacuate through the nearest exit to the designated safe area.
- Follow Centre Emergency Management Plan depending on the emergency
- Designated educator to call roll, head count and settle children.
- Supervise and reassure children.

BABIES ROOM:

- All children are to be evacuated through exit doors or door furthest away from fire or incident.
- Designated educator will collect the keys to the gate, mobile phones, medications and emergency contact numbers (evacuation bag).
- Designated educator will make sure all windows and doors are closed.
- In-charge staff to check all areas of room are empty, e.g. main room and bathroom, sleep room, turn off power points on the way out.
- Kitchen and Administration staff to help evacuate babies.
- Designated educator to check children and staff off against sign in and out attendance book.
- Babies are put in the evacuation cot for evacuation.
- Evacuation gate to be kept unlocked till close of the business hours.
- Building only to be entered if authorised by the Director to be safe.

TODDLERS

- Designated educator will take sign in and out book, medications, contact details, mobile phone and keys to side gate (evacuation bag)
- Staff to evacuate all children through exit door furthest away from the incident.
- In-charge staff to check all areas of room are empty, e.g. main room and bathroom, sleep room, turn off power points and shut door on the way out.
- Designated educator to head count also call out the names of children and staff and check against sign in and out attendance books.
- Designated educator will collect the keys to the gate, mobile phones, and emergency contact numbers (evacuation bag)
- Designated educator will make sure all windows and doors are closed.
- Building only to be entered if authorised by the Director to be safe.

3- 5 ROOM AND PRE-SCHOOLERS:

- Staff will lead the children out of room to grass area to the far right hand corner of the 3-5 room yard (near the gate to the Toddlers room).
- Designated educator will take sign in and out book, medications, contact details, mobile phone and keys to side gate (evacuation bag)
- Designated educator will make sure all windows and doors are closed.
- In-charge staff to check all areas of room are empty, e.g. main room and bathroom, turn off power points and shut door on the way out.
- Designated educator to head count also call out the names of children and staff and check against sign in and out attendance books.
- Staff and children do not re-enter the building until "all clear" is given from the Director.

KINDERGARTEN ROOM:

- Educators will lead children out of room to grass area to the far right hand corner of the 3-5 room yard (near the gate to the Toddlers room).
- Designated educator will take sign in and out book, medications, contact details, mobile phone and keys to side gate (evacuation bag)
- Designated educator will make sure all windows and doors are closed.
- Kinder teacher to check all areas of room are empty, e.g. main room and bathroom, turn off power points and collect keys to side gate and shut door on the way out.
- Nominated educator to head count and also call out the names of children and staff and check against sign in and out attendance books.
- Staff and children do not re-enter the building until “all clear” is given from the Director.

CENTRE EVACUATION PROCEDURE

- Incident Controller (Chief Warden) Director of the Centre on site takes charge and decides who does what
- Call 000;
- Inform Emergency Services of the nature of the emergency (i.e. “There is smoke in the building, internal fire, gas leak, chemical spill, bush fire, bomb threat, flood”);
- Seek advice from Emergency and Security Management Unit (03) 9589 6266.
- If the decision to evacuate is made, using all available staff/students/ volunteers calmly move/carry/walk the children out of the building; to your pre-determined outdoor assembly area if this is the evacuation option;
- Designated educators from the rooms take the children’s attendance list, contact numbers, mobile phone, medications, staff roster and their Emergency Evacuation Kit/First Aid kit;
- Once at assembly area, nominated educator to head count and also call out the names of children and staff to check all children and staff are accounted for;
- Call 000 and inform them of your location at the outdoor assembly area;
- Focus on safety and well-being of staff and children;
- Wait for Emergency Services to arrive or for further information.

STAFF HOUSE EVACUATION PROCEDURE

- Report the emergency immediately to the Incident Controller (Chief Warden) Jane Rathjen who will convene the Incident Management Team if necessary.
- Call 000.
- Inform Emergency Services of the nature of the emergency (i.e. “There is smoke in the building, internal fire, gas leak, chemical spill, bush fire, bomb threat, flood”);
- Remain calm and activate the fire alarm.
- Extinguish the fire (only if safe to do so).
- Evacuate using all available staff/students/volunteers/visitors. Calmly move out of the building; to your pre- determined outdoor assembly area or to the Nature Strip in Front of the Centre, closing all doors and windows and turning off the power points.
- Check that all areas have been cleared and no one is in the building, notify the Incident Controller (Director).
- Once at assembly area, check all staff are accounted for.

EMERGENCY COMMUNICATION PLAN

- At all times, the service will have access to a telephone such as fixed-line telephone, mobile phone.
- The service has a main telephone available in the main office and in all the rooms across the service to be used during an emergency.
- If there is a loss of electricity, a backup telephone is available and always ready for use in the main office.
- If there is a complete loss of electricity and the telephones at the service are not available, Centre mobile phone is ready to use at all times to ensure educators can use it to make emergency contact. Also, the 6:45am (early) shift and 9.34am (late) shift have their mobile phones in the room to be used during emergency.

MAINTENANCE OF FIRE EQUIPMENT:

All fire equipment at our service will be maintained as per the legal standards. Our equipment is checked every 6 months by external agencies to assist the service with this maintenance. The checks are documented by the agency on a label or metal tag attached to the unit.

CENTRE LOCK DOWN PROCEDURE:

Code: HAVE YOU GOT THE RABBIT IN THE FOYER, YARD, ROOM ETC. CALLED BY THE DIRECTOR ON THE PHONE.

When an external and immediate danger is identified and it is determined that the children should be secured inside the building for their own safety the Chief Warden on-site will take charge and activate the Incident Management Team if necessary.

- **Call 000** for emergency services and seek and follow advice.
- Chief Warden(Director) on-site will initiate the lock-down and provide instructions to staff, for example, close internal doors and windows, collect in the 3-5 room, sit with groups of children from your room, engage children in variety of activities.
- Room Coordinators will organise the staff and direct staff to take control of their group of children.
- Nominated staff will check that all external doors (and windows if appropriate) are locked.
- If available Director will allocate admin staff to be posted at locked doors to allow children, staff and visitors to enter if locked out.
- Divert parents and returning groups from the facility if required.
- Ensure a telephone line is kept free.
- Keep public address system free.
- Keep main entrance as the only entry point. It must be constantly monitored by admin staff and no unauthorised people allowed access.
- As appropriate, Director will ascertain that all children, staff and visitors are accounted for.
- If it is safe to do so, have a staff member wait at the main entry to the facility to guide emergency services personnel.
- As appropriate, Director will confirm with emergency services personnel that it is safe to return to normal operations.
- Seek advice from your Approved Provider/Licensee or Person with Management or Control/Licensee Representative if required.
- Director will maintain a record of actions/decisions undertaken and times.
- Admin staff will contact parents as required.

Actions after Lock-Down Procedure

- Ensure any children, staff or visitors with medical or other needs are supported.
- Determine whether to activate your parent reunification process.
- Determine if there is any specific information staff, children and visitors need to know (e.g. parent reunification process or areas of the facility to avoid).
- Print and issue pre-prepared parent letters as appropriate.
- Undertake operational debrief with staff and Incident Management Team to identify any lock-down and procedural changes that may be required.
- Complete your Post Emergency Record form (refer to Appendix 4 of the *Guide to Developing Your Emergency Management Plan*).
- Report any serious incidents to the relevant DET QARD officer in your region:
- Services operating under the NQF, refer to the fact sheet Serious incidents and complaints available at: www.education.vic.gov.au/childhood/providers/regulation/Pages/nqfactsheets.aspx
- Services operating under the *Children's Services Act* refer to practice note Serious incidents available at: www.education.vic.gov.au/childhood/providers/regulation/Pages/vcspracnotes.aspx

LOCK DOWN PROCEDURE: Babies Room

- Room Coordinator to organise staff in their room as to who will be responsible for which children
- How many children each staff member
- Nominated educator to be responsible for Evacuation Kit and Medications, Sign in/out book, Parents contact
- Staff responsible for dummies and comforters
- How are the children going to transition to the 3-5 room
- Nominated educator will take any toys for the children
- Bottles or water to be taken with them as babies drink boiled cooled water
- Staff responsible for making sure all the doors, windows are locked, blinds are down in the babies room
- Nominated educator head counts the children after arriving in 3-5 room and before going back to the babies room

During Lock-Down children from Babies Room will go to closer to the Bathroom area/Communication Boards

LOCK DOWN PROCEDURE: Toddler's Room

- Room Coordinator to organise staff in their room as to who will be responsible for which children
- How many children each staff member
- Nominated educator to be responsible for Evacuation Kit and Medications, Sign in/out book, Parents contact
- Staff responsible for dummies and comforters
- How are the children going to transition to the 3-5 room

- Nominated educator needs to take any toys for the children
- Staff responsible for making sure all the doors, windows are locked, blinds are down
- If children are sleeping how are you transitioning the children
- Nominated educator head counts the children after arriving in 3-5 room and before going back to toddler's room

During Lock-Down children from Toddler's Room will go to the carpet area adjacent to the toddler room windows

LOCK DOWN PROCEDURE: 3-5 Room

- Room Coordinator to organise staff in their room as to who will be responsible for which children
- How are we going to accommodate all the children
- Is there any experiences which needs to be packed away
- Delegating responsibilities to 3-5 room staff members so there is no confusion
- Assigning areas to each rooms so they can keep their children contained in the area.
- Nominated educator to organise some food if needed
- 3-5 room educators will be allocated a room to assist the staff members from other rooms if they need help or information
- Head count the children after the emergency and the children from other rooms have gone back

During Lock-Down children from 3-5 Room will go to the far rear carpet area & Book corner

LOCK DOWN PROCEDURE: Kinder Room

- Kinder teacher to organise staff in their room as to who will be responsible for which children
- How many children each staff member
- Nominated educator to be responsible for Evacuation Kit and Medications, Sign in/out book, Parents contact
- How are the children going to transition to the 3-5 room
- Do we need to take any comforters for the children
- Staff responsible for making sure all the doors, windows are locked, blinds are down
- Nominated educator head counts the children after arriving in 3-5 room and before going back to your room

During Lockdown children from Kinder Room will go to the art Corner and rear carpet area

These areas are best suited to the needs of children requiring nappy change/toilet facilities and the space needed for the number of children in each room.

LOCK DOWN PROCEDURE: OFFICE

Sue, Marianne, Jane & Payal

- Call 000 for emergency services and seek and follow advice.
- Admin staff to be available on phone to the emergency personnel.
- Other Admin staff to direct parents to be posted at locked doors to allow children, staff and visitors to enter if locked out.
- Divert parents and returning groups from the facility if required.
- Answer call s and ensure a telephone line is kept free.
- As appropriate, ascertain that all children, staff and visitors are accounted for.
- If it is safe to do so, have a staff member wait at the main entry to the facility to guide emergency services personnel.
- As appropriate, confirm with emergency services personnel that it is safe to return to normal operations.
- Maintain a record of actions/decisions undertaken and times.
- Contact parents as required.
- Ensure any children, staff or visitors with medical or other needs are supported.
- Determine if there is any specific information staff, children and visitors need to know (e.g. parent reunification process or areas of the facility to avoid).
- Report any serious incidents to the relevant DET QARD officer in your region:

LOCK DOWN PROCEDURE: Staff House

- One staff member to check all the doors and windows are locked and blinds are down.
- Check how many staff are there and maintain calmness
- Staffs in the house have to move out of the main area and lock themselves up in the back room (Chocolate /chips machine room).

- One staff member to be on mobile phone informing the admin staff as to what's happening in the staff house and wait for further instructions and only move out when directed from office that it is safe to move out

LOCK DOWN PROCEDURE: Kitchen

- Lock all the windows, pull the blinds and make sure to turn off the oven and stove
- Kitchen staff to help the babies room and be with all the children in the 3-5 room

HEALTH, HYGIENE AND CONTROL OF INFECTIOUS DISEASES

Based on current recommendations from Health Authorities, when a vaccine preventable disease is present or suspected in the Centre, families and parents/guardians of all immunised and unimmunised children at risk of contracting the disease are notified. Unimmunised children are excluded from the centre during the outbreak of some infectious illness or diseases. The risks of infectious disease are typically greater in unimmunised children who are too young to be immunised or who have got required evidence to determine whether the child has an approved exemption from immunisation. For more information on approved exemptions from immunisation click on the link: <http://guides.dss.gov.au/family-assistance-guide/2/1/3/40>

The spread of infections in the early childhood environment is facilitated by crowding and microbial contamination of the environment, as well as the unhygienic behaviours and greater exposure of young children. Our Centre will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation and implement effective hygiene practices. The Centre will implement the recommendations from Staying Healthy in Child Care – Preventing the spread of Infectious Diseases in the early childhood environment. Children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the Service.

PURPOSE

Children encounter many other children and adults within the Service environment which can result in the contraction of infectious illnesses. Our Service has a duty of care to ensure that children, families, educators, and visitors of the Service are provided with a high level of protection during the hours of the Service's operation. We aim to manage illnesses and prevent the spread of infectious diseases throughout the Service.

Immunisation is a simple, safe, and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others within the community, by reducing the spread of disease and illnesses.

SCOPE

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

IMPLEMENTATION

Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the *Australian Government-Department of Health* and local Public Health Units in our jurisdiction as per the Public Health Act.

The need for exclusion and the length of time a person is excluded from the Service depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

PREVENTING INFECTIOUS DISEASES

Children enter education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections. Given the close physical contact children have with other children in early childhood and care, it is very easy for infectious diseases and illnesses to spread through normal daily activities.

Our Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:

- effective hand washing hygiene
- cough and sneeze etiquette
- appropriate use of gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources (including bedding)
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service
- physical distancing (if recommended by Australian Health Protection Principal Committee [AHPPC] and/or Safe Work Australia)

Immunisation requirements

Immunisation is a reliable way to prevent many childhood infectious diseases. As of January 2018, unvaccinated children due to their parent's conscientious objection are no longer able to be enrolled in approved early childcare services. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government.

Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS) and the Family Tax Benefit Part A end of year supplement. The relevant vaccinations are those under the *National Immunisation Program* (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Immunisation Register (AIR).

Educators and other staff at our Service are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC).

Reporting Outbreaks to the Public Health Unit and Regulatory Authority

Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public transport and works with health specialists and doctors to help prevent the transmission of diseases to other people.

The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify the Public Health Unit (PHU) of patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. The Commonwealth Privacy Acts only release/disclose patient information where it is lawfully required or authorised.

Management is required to notify the local PHU by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases or any confirmed case of COVID-19:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus
- An outbreak of 2 or more people with gastrointestinal or respiratory illness

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak- e.g. (COVID-19).

The Approved Provider / Director must also notify the Regulatory Authority of any incidence of a notifiable infectious disease or illness. [acecqa contact regulatory authority](#)

MANAGEMENT WILL ENSURE:

- that all information regarding the prevention and transmission of infectious diseases is sourced from a recognised Government Health authority [Australian Government Department of Health](#)
- exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all staff, children, parents, families, students and visitors
- the Service implements recommendations from [Staying healthy: Preventing infectious diseases in early childhood education and care services](#) to maintain a healthy environment
- advice and recommendations from the Australian Health Protection Principal Committee (AHPPC) and Safe Work Australia will be implemented where reasonably possible
- children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within the Service
- required enrolment information, including health and immunisation records of enrolled children is collected, maintained and appropriately and securely stored
- the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting within 48 hours of each other.

In the event of a confirmed COVID-19 case the Public Health Unit and Regulatory Authority will be notified, and advice followed to ensure the safety of children, educators and visitors to the service. [\(NQA ITS\)](#)

- the Department of Education, Skills and Employment in (VIC) is notified of a positive case of COVID-19
- directions from the PHU are followed to close the service and an industrial/deep clean of the service is conducted
- all families and staff are notified of the closure of the service if advised to do so by the PHU
- privacy and confidentiality laws are adhered to- the person who has the confirmed case of COVID-19 will be on a 'need to know' basis only
- information is provided to the PHU for contact tracing
- COVID-19 testing will be conducted for educators and staff at the Service
- COVID-19 testing will be required for all children and families as advised by PHU
- re-opening dates will be confirmed to the Regulatory Authority, DESE and families when advised by the PHU.

A NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL ENSURE:

- a hygienic environment is promoted and maintained
- children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette)
- educators and staff are aware of relevant immunisation guidelines for children and themselves
- wall charts about immunisation are displayed in each room
- an Immunisation History Statement for each child is collected on enrolment and maintained/updated regarding the child's immunisation status (AIR) and any medical conditions
- families are provided with relevant sourced materials and information on infectious diseases, health, and hygiene including:
 - the current Victorian Immunisation Schedule
 - exclusion guidelines in the event of a vaccine preventable illness at the Service for children that are not immunised or have not yet received all their immunisations
 - advice and information regarding any infectious diseases in general and information regarding any specific infectious illnesses that are suspected/present in the Service.
- families are provided with information about an infectious disease verbally and on Educa (digital platform)
- information or factsheets related to the disease/infection and the necessary precautions/exclusions required will be provided to families in hardcopy and as a PDF document
- families are advised that they must alert the Service if their child is diagnosed with an Infectious Illness
- all educators are mindful and maintain confidentiality of individual children's medical circumstances
- that opportunities for educators to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided
- that opportunities for staff, children, and families to have access to health professionals by organising visits/guest speakers to attend the service to confirm best practice are provided
- families are advised to keep children at home if they are unwell. If a child has been sick, they must be well for 24hrs before returning to the Service. For example, if a child is absent due to illness or is sent home due to illness, they will be unable to attend the next day as a minimum. The Nominated Supervisor may approve the child's return to the Service if families provide a doctor's certificate/clearance certifying that the child is no longer contagious and is in good health. Please note; it is not always possible to obtain a doctor's certificate or clearance for suspected cases of an illness. The decision to approve

- a child's return is up to the Approved Provider/Nominated supervisor
- to complete the Illness sheets when children go home sick and document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring in the Service
- educators or staff who have diarrhoea or an infectious disease do not handle food for others and are not to return to work until they have been symptom free for 48 hours
- any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time.
- educators and staff are encouraged to be immunised. Management provides relevant information on vaccinations and infectious diseases that are predominantly a risk to educators and staff, especially against Hep. A. and Hep.
- educators and staff are encouraged to take flu vaccines and other relevant vaccines; Centre provides Flu Vaccine free of cost to all staff.
- encourages any staff member who may be thinking of becoming pregnant to avail themselves to any immunisations as recommended and to provide staff with information about diseases that are preventable by immunisation, fact sheets or in-service training.

EDUCATORS WILL ENSURE:

- that any child suspected of having an infectious illness is responded to and their health and emotional needs supported at all times
- any child suspected of having an infectious illness is isolated from other children and supervised whilst waiting for collection by parents or guardian
- that appropriate health and safety procedures are implemented when treating ill children- wear disposable gloves, face mask or other PPE if needed
- families are aware of the need to collect their unwell child/ children as soon as practicable from the Service
- after confirmation that a child is suffering from an infectious disease, and as soon as practical, the family of each child must be notified whilst maintaining the privacy of the ill/infectious child. Communication may be:
 - verbally
 - through a letter from the educator or Approved Provider
 - via electronic message- text message, email or digital platform
- all resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected- (cushions, pillows, toys)
- their own immunisation status is maintained, and the Approved Provider/Nominated Supervisor is advised of any updates to their immunisation status
- opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette
- consideration is given to the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day
- they adhere to the Service's health and hygiene policy including:
 - hand washing
 - daily cleaning of the surfaces, equipment, furniture, toys and outdoor play space and resources
 - wearing gloves (particularly when in direct contact with bodily fluids- nappy changing and toileting)
 - appropriate and hygienic handling and preparation of food
- they maintain up-to-date knowledge with respect to Health and Safety through on-going professional development opportunities
- that children rest 'head to toe' to avoid cross infection while resting or sleeping
- that cots or mattresses are placed at least 1.5m away from each other if physical distancing measures are required to be implemented
- children do not to share beds at the same time
- bedding will be cleaned using detergent and water if the surface is known to be contaminated with a potential infectious disease, disinfectant spray is used to clean beds after each use
- that all play dough is freshly made every week. If there is an outbreak of vomiting and/or diarrhoea, or any other contagious communicable disease, play dough is to be discarded at the end of each day and a new batch made each day for the duration of the outbreak
- children wash their hands before and after using play dough.

Prevention strategies for minimising the spread of disease within our Service include all staff ensuring:

- The Service will use structured cleaning schedules to ensure that all cleaning is carried out regularly and thoroughly. Full adherence to the NHMRC childcare cleaning guidelines
- to clean surfaces first with detergent and water before using disinfectants. (Disinfectants cannot kill germs unless areas are clean)
- separate mops are used for food area and toilets. Mops used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry sink and then air-dried
- that a daily clean is carried out on other surfaces that may transmit germs such as high touch surfaces and objects including doorknobs, tables, light switches, handles, remotes, play gyms, low shelving, tap handles and toilet flush buttons etc. This will be increased to several times a day if an outbreak of an infectious disease/virus has been recorded in the Service or to minimise the risk of transmission of a virus such as COVID-19
- that if a child has a toileting accident, the items are placed in child's wet bag. The wet bag will be stored away from children on a shelf or in a container labelled 'soiled/wet clothing' for parents to take home
- chucks used to clean floors, bathroom, art and craft, and meal surfaces
- that any toy that is mouthed by a child is immediately washed with warm soapy water or at the end of the day. All washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination
- toys and equipment (that are difficult to wash) will be washed with detergent (or soap and water) and air-dried in sunlight
- washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry (toys will not be washed in the dishwasher at the same time as dishes).
- furnishings, fabric tablecloths and pillowcases will be laundered at the end of each week and hung out to dry. This will be increased to every Monday, Wednesday and Friday during winter months or daily during an outbreak of illness in the Service.
- floor surfaces will be cleaned on a daily basis after each meal and whenever required with sand, spills or messy activities
- toilets/bathrooms will be cleaned in the morning, middle of the day and at the end of the day and whenever needed throughout the day using detergent and water followed by disinfectant and paper towel and floors will be swept so that it is safe from hazards e.g. sand, water spillage etc. They are also checked regularly throughout the day to ensure cleanliness is maintained
- nappy change area must be cleaned after every individual change
- when cleaning up spills of faeces, vomit or urine off beds, floors, bathrooms etc. educators will use disinfectant on the surface after cleaning it with detergent and warm water
- pregnant staff members should take extra precaution when change nappies or assist in toileting or cleaning up toileting accidents to prevent unexpected cross contamination
- professional cleaners will hygienically clean the Service every night to ensure that the service gets thoroughly cleaned also risk of contamination is removed as per Environmental Cleaning and Disinfection Principles for COVID-19

FAMILIES WILL:

- adhere to the Service's policies and exclusion requirements
- adhere to the Service's restrictions of entry into the Service in the event of an outbreak of an infectious disease or virus
- exclude their child from care if they display symptoms of an infectious illness or disease or in the event of a vaccine preventable disease occurs in the Service and their child is not immunised fully
- advise the Service of their child's immunisation status, by providing a current Immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the Service to copy and place in the child's file
- advise the Service when their child's medical action plan is updated
- provide sufficient spare clothing, particularly if the child is toilet training
- adhere to the Service's risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus
- provide proof of a negative COVID-19 test if their child is tested for the virus

MINIMISING POTENTIALLY DANGEROUS SUBSTANCES

Our Service minimises the use of potentially dangerous substances. Ordinary detergents will be used to help remove dirt from surfaces. Colour-coded sponges (e.g. pink for the kitchen, yellow for the bathroom) will be used in order to eliminate cross contamination. Different rubber gloves will also be used in each room then hung out to air-dry. Before returning to the children educators will wash and dry hands.

DISINFECTANTS

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, such as gastroenteritis or other infectious virus (COVID-19) the Public Health Unit or SafeWork Australia, may specify the use of a

particular disinfectant and increased frequency of cleaning. In this situation, for the disinfectant to work effectively, there still needs to be thorough cleaning using a detergent beforehand.

Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. It is more important to ensure that surfaces have been cleaned with detergent and warm water than to use a disinfectant.

To kill germs, any disinfectant needs:

- A clean surface to be able to penetrate the germ
- To be able to act against those particular germs
- To be of the right concentrate
- Enough time to kill the germs, which is generally at least 10 minutes

DETERGENTS

To work in accordance with *Staying healthy: Preventing infectious diseases in early childhood education and care services*, proper cleaning with detergent and warm water, followed by rinsing and air-drying kills most germs from surfaces as they are unable to multiply in a clean environment. Cleaning equipment should be stored and taken care of so it can dry between uses and not allow germs to multiply.

HANDWASHING

Effective handwashing is a vital strategy in the prevention of spreading many infectious diseases. Our Service will ensure [signs and posters](#) remind employees and visitors of the importance of handwashing to help stop the spread of COVID-19 and other infectious diseases.

All children on entering the rooms must wash and dry their hands before becoming involved in the program. Our service will provide the appropriate height basins for children to wash their hands in as well as basins height appropriate for adults. Liquid soap and Sanitizers will be provided to all individuals to wash their hands. The service will also provide paper towel for people to dry their hands. All adults and children should wash their hands thoroughly with soap and water and/or alcohol-based sanitiser:

- upon arrival at the Service
- before starting work in rooms
- when hands are visibly dirty
- when coming inside from being outside
- before and after eating meals
- before feeding a child
- before putting on disposable gloves
- before preparing food items
- before and after toileting children and coming into contact with any body fluids such as blood, urine, vomit, faeces, noses or breast milk
- before and after wearing gloves to change nappies
- after touching animals or pets
- after blowing your nose or sneezing and after assisting a child to blow their nose, clean mouth or sores
- after going to the toilet
- before and after administering first aid
- before and after administering medication. If giving medication to more than one child between each child.
- before and after preparing children's bottles
- after removing protective gloves
- after using any chemical or cleaning fluid
- after cleaning
- after smoking, coughing, sneezing, using a tissue or drinking water

NAPPY CHANGE AREA

Nappy change areas must be cleaned after each use with disinfectant and warm water and dried with paper towel. Placing paper towel on the change mat and removing this after each nappy change is recommended. Nappy change mats should be placed in the sunlight after being cleaned.

PROCEDURE FOR NAPPY CHANGING

- Wash your hands.
- Place paper on the changing mat.

- Place the child on the clean change mat.
- Always wear gloves when changing nappies.
- Remove the child's nappy and put it in a 'hands-free' lidded bin.
- Remove any clothes with urine and/or faeces on them.
- Clean child's bottom with warm washer, then dispose of washer in linen bag.
- Remove the paper and put it in a 'hands-free' lidded bin.
- Remove your gloves now, before you touch the child's clean clothes.
- Remove gloves by peeling them back from your wrists, turning them inside out as you go. Do not let your skin touch the outer contaminated surface of the glove.
- Put the gloves in the bin.
- Put clean nappy on the child
- Dress the child. Now you can hold the child close to you. Remove child from change table and encourage child to wash their hands, wash babies' and toddlers' hands.
- Take the child away from the change table.
- Clean the change table with disinfectant spray, paying particular attention to the mat, at the completion of each nappy change.
- Wash your hands.

ARRANGEMENTS FOR LAUNDERING OF SOILED ITEMS

Soiled clothing will be returned to a child's home for laundering. Educators will remove soiled content prior to placing clothing into a recycle/reusable bag. Items will be stored securely in a sealed container or on top of the bathroom shelf and not placed in the child's bag till the children get picked up to go home. Parents/guardians are required to provide the recycle / reusable bag for their child/ren. If the child doesn't have a recycle / reusable bag, parents will be asked to bring a bag or purchase a bag from the Centre.

CLOTHING

- Educators clothing should be washed daily.
- Educators should also have a change of clothes available in case of accidents.
- Dress-up and play clothes out on display should be washed once a week.

TOY CLEANING

Educators are required to clean the children's equipment and toys on a regular basis, and on a daily basis in rooms with younger children, in order to minimise cross contamination and the spread of illnesses. Educators will wash a toy immediately if it has been sneezed on, mouthed, and/or soiled or if it has been discarded after play by a child who has been unwell. The Service will have washable toys for younger children. Toys and equipment must be cleaned more often in the event of an infectious disease or virus is present in the service or community- (COVID-19)

RECOMMENDED CLEANING MATERIALS

- Most toys can be washed with normal dishwashing liquid and rinsed with clean water.
- Get into corners with a toothbrush and allow to air dry (if possible, in the natural sunlight).
- Leaving items such as LEGO and construction blocks to drain on a clean tea-towel overnight is ideal.

WOODEN TOYS / PUZZLES AND GAMES

- Should be wiped over with a slightly damp cloth – please do not immerse in water as this can destroy the equipment.

PLAY DOUGH

Our Service will reduce the risk of the spread of disease when playing with play dough by:

- encouraging hand washing before and after using play dough
- storing the play dough in a sealed container between uses
- making a new batch of play dough each week, and
- if there is an outbreak of vomiting and/or diarrhoea, discarding the playdough at the end of each day during the outbreak.

RATTLES AND BABY TOYS

- Must not be immersed in water as it can get inside, rendering the toy useless.
- Wipe thoroughly with hot water or spray with no rinse sanitiser

RIDE-ON VEHICLES AND OUTDOOR TOYS

- Must be cleaned (children can often help with this activity).

- Please take care not leave outdoor toys exposed to the elements as this reduces their lifespan.

LINEN

- All linen is disposed in the linen bags which goes to a contract laundry. All bedding and linen for children is supplied by the Centre.

DUMMIES

- Parents/Guardians will provide the dummies for their child attending the service if required.
- Dummies are stored in separate containers with the child's name clearly written on it and stored out of reach of children.
- Dummies are to be taken home and sterilised at home.
- Dummies forgotten at care are sterilised in boiling hot water/dishwasher and stored in separate containers.

BOTTLES AND TEATS

- Parents/Guardians are expected to provide bottles and teats for the children.
- Bottles have to be clearly labelled with the child's name on it.
- Bottles are to be taken home and sterilised at home.
- Bottles are rinsed with hot soapy water and returned to parents at the end of the day.
- Bottles forgotten at care are sterilised in boiling hot water/dishwasher and returned to parents the next day.
- Centre bottles and teats are soaked in hot soapy water and sterilized in dishwasher as required.

COTS AND STRETCHER BEDS

- Wash cots or stretchers with hot soapy water/if soiled.
- Cots and stretcher beds are wiped and cleaned with hot soapy water or disinfectant spray before making bed for another child.

CARPETS/FLOORS AND WALLS /WINDOWS AND DOORS

- Carpets are vacuumed daily and windows washed daily.
- Floors are mopped daily. Walls are cleaned twice a year or as required.
- Windows, doors and glass are cleaned daily or as required.
- Carpets are cleaned every 6 months or as required. Please refer to cleaning schedule for details.
- All educators follow the cleaning and yard check schedule (attached to the policy).

TOILET TRAINING PROCEDURE

- Educators will encourage interest in imitation when they see other children using the toilet and will demonstrate a positive approach to the child gaining control and sense of competence.
- Toileting and toilet training at our Centre is supported and are positive experiences for all children. Educators will assist and support all families in any way possible when the time comes to take the step of toilet training.
- Toileting and nappy changing will be carried out at frequent intervals throughout the day.
- Children who are in nappies will have this detail recorded on the nappy changing list which staff will complete. This is located in the bathroom and also on the main board for parents to check. Staff will be aware to maintain privacy when toileting and dressing.

TOILETING PROCEDURE

Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents to develop consistency with their child's toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs. Names of children who are toileting will be placed on the nappy checklist.

- encourage parents/guardians to bring along clean supplies of clothes - easy for the child to pull down and up themselves - limit fasteners
- encourage and assist the child to sit on the potty or toilet at intervals throughout the day
- staff will help the child to remove their clothing if needed
- encourage the child to be independent in their toileting habits and provide assistance as and when needed
- help the child to wipe themselves, encouraging them to wipe from front to back
- encourage the child to flush the toilet
- encourage and assist the child to wash their hands, then dry their hands on a clean washer and dispose in the correct bin.

TOILET ACCIDENTS

- Clean and dry the child
- Assist the child to get dressed
- Encourage and assist the child to wash and dry their hands
- Ask the child to leave the bathroom and ask a staff member to resettle the child back into the program

- Disinfect the toilet and the area and clean any spills (following the procedure for cleaning spills of body fluids)
- Rinse out any wet and soiled clothes. Parents/guardians are required to provide the recycle/reusable bag to for their child/ren
- Place any wet or soiled clothes in a recycle/reusable bag and place it on the shelf for parents to collect at the end of the day
- Remove and dispose of your gloves and wash and dry your hands.

CLEANING OF CHANGE MATS

- Wear gloves.
- Use paper on change mat if child has a soiled nappy.
- After each change, spray mat with disinfectant spray and dry mat with paper towel then dispose of the paper towel in the rubbish bin.
- Dispose of washer if used into linen bag immediately after nappy change.
- If mat has urine or faeces on it, spray with disinfectant spray. Dry mat with paper towel and dispose of paper towel in the rubbish bin.
- Thoroughly wash hands with soap and dry on paper towel.

GLOVES

Gloves aid in minimising the risk of infection or cross-contamination, disposable gloves must be worn and changed frequently by educators and other staff whenever they:

- Come into contact with blood (Centre provides special gloves which are non-absorbable).
- Come into contact with bodily waste products (Centre provides special gloves which are non-absorbable).
- Apply First Aid and administering medication
- Changing nappies or soiled pants/clothes.
- Wiping noses.
- Have cuts or skin lesions on their own hands that are not covered.
- Are cleaning or laundering.
- Preparing and handling uncooked/cooked food.

SAFE DISPOSAL OF SHARPS PROCEDURE

This procedure provides instructions for educators if they come across hazardous sharp materials such as syringes, needles, spoons, blades, water vials or other sharp material or items that have the potential to cause a penetrating injury if not handled in a safe manner.

This procedure provides detailed steps for educators to follow to ensure safe disposal of sharps at the Service.

SAFE DISPOSAL OF SHARPS PROCEDURE	
1	Educators are to conduct a thorough daily safety check of all areas inside and outside before children arrive at the service, especially outside play space for sharps and other hazards.
2	If you find a syringe, ensure the area is safe. If the children are present, then an educator should stay with the item to ensure that no child can touch it. If required remove the children to a safer area inside or outside.
3	A second educator (or if the children are not present, the educator) is to collect the sharps disposal kit or: <ul style="list-style-type: none"> • an appropriate PET container or sharps container (non-breakable, no penetrable, sealed container) • Personnel Protective Equipment (PPE): gloves • long handled tongs
4	The educator who is responsible for disposing of the item will: <ul style="list-style-type: none"> • wear gloves and use tongs to pick up the item • Syringes must be picked up from the non-needle end only • bring the container to the syringe and place next to the syringe • never hold the container whilst inserting the syringe • use the tongs to place the syringe (needle end first) into the container • drop the item in rather than push

	<ul style="list-style-type: none"> cover the container with a lid and take it to a locked, childproof storage cupboard sterilise the tongs after use dispose of the gloves wash your hands. 	
5	The Director/ Nominated Supervisor will refer to the local council's Disposal Syringe Service for appropriate disposal of the sharps container	
6	if required the Nominated Supervisor/Responsible Person is to contact the local police station and inform them of the incident	
7	The educator finding the syringe and disposing of it as to complete an Incident Report Form	
8	<p>If a person incurs an injury at the Service from needle stick educators are to:</p> <ul style="list-style-type: none"> administer immediate first aid thoroughly wash the affected area with soap and water go to a medical practitioner or emergency department as soon as possible 	

ILLNESS POLICY

We acknowledge that in early education and care services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our Centre aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

It is not possible to prevent the spread of all infections and illnesses within Centre. However, some illness from infectious disease can be prevented. The primary responsibility of staff in this Centre is to maintain the health and wellbeing of all children. Staff are to be alert and aware of common signs of illness, monitor children closely and consult with other staff and the family. Staff will complete an Illness Form recording the temperature or other signs and symptoms of illness and action taken. Making sure to clean and disinfect the relevant equipment and area. Parent/guardian must read and sign this form on collection of their child. The Centre will inform other families and staff once confirmed by the medical practitioner of the infectious illness or disease.

When groups of children play together and are in new surroundings accidents and illnesses may occur. Children with obvious infectious illness are to be excluded from the Centre immediately. If a child becomes ill, the parent is immediately notified by staff with authorisation from the person in charge. Appropriate treatment as deemed necessary will be given to the child in consultation with the Director.

The Director or Deputy Director are the only authorised bodies who can make the decision that a sick child should be removed from the Centre. Children may return to the Centre if medically directed, or at the approval of the Director or Deputy Director.

There will be times throughout the year when your child becomes ill. If your child is obviously ill, they should not come to the Centre. We expect parent/guardian to be honest with staff in letting staff know if their child has been awake for most of the night, or if the parent/guardian had to administer pain relief or fever medication. Children who appear unwell at the Centre will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. The Director will assess each individual case prior to sending the child home.

A child who is displaying symptoms of a contagious illness or virus (vomiting, diarrhoea, fever) will be moved away from the rest of the group and supervised until he/she is collected by a parent or emergency contact person.

Symptoms indicating illness may include:

- behaviour that is unusual for the individual child
- high temperature or fevers
- loose bowels
- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that display rashes, blisters, spots, crusty or weeping sores

- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing
- a stiff neck or sensitivity to light

As per our Illness Policy we reserve the right to refuse a child into the Centre if they:

- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature/fever or vomiting in the last 24 hours after the last vomiting episode
- have had diarrhea in the last 24 hours after the last diarrhea episode
- have been given medication for a temperature prior to arriving at the Centre or in the last 24 hours after the administration of the medication
- have started a course of anti-biotics in the last 24 hours or after the first initial dose
- are unwell due to a cold, cough or general illness and are not able to participate in the program and the routines
- have discharge coming from the eyes. The child will be excluded from the service until the discharge has stopped even if they have been prescribed eye drops or eye cream, unless a doctor has diagnosed non-infectious conjunctivitis or the eye infection is not contagious
- have an unexplained rash, a clearance will be required from a medical practitioner when returning
- have broken bone or fracture, a clearance will be required from a medical practitioner when returning
- if we have reasonable grounds to believe that a child has a contagious or infectious disease (this includes COVID-19)

NOT ABLE TO COME

The following illnesses are the examples of when children and staff are not able to come to the Centre.

- Vomiting / Diarrhea/ Gastroenteritis (24 hours exclusion after the last episode)
- Temperature /fever (24 hours exclusion)
- Chicken Pox
- Giardiasis
- Conjunctivitis (exclude until discharge has stopped, unless a doctor has diagnosed non-infectious conjunctivitis)
- Hand, Foot & Mouth (Child excluded until all blisters have dried)
- Slap cheek syndrome

If a staff member has been unable to attend the service because of an infectious illness or disease or had a broken bone or fracture, the individual must provide a doctor's certificate which specifically states that the staff member is fit and able to return to the service on normal duties.

HIGH TEMPERATURES OR FEVERS

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

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day. Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Centre until 24 hours after the temperature/fever has subsided.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT THE SERVICE

If your child becomes ill whilst at the Centre, educators will respond to their individual symptoms of illness and provide comfort and care. Educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions. The child will be cared for in an area that is separated from other children in the Centre to await pick up from their parent/guardian.

- For infants under 3 months old, parents will be notified immediately for any fever over 38°C for immediate medical assistance.
- Educators will notify parents when a child registers a temperature of 38°C or higher.
- The child will need to be collected from the Centre and will not be permitted back for a further 24 hours.
- If parent/guardian cannot be contacted and if the temperature reaches 39 degrees emergency/authorised contacts as per the enrolment form will be contacted to come and pick up the child.

- Emergency services will be contacted if the temperature goes up to 40 degrees and if the child is not being collected or parent/guardian or emergency/authorised contacts are not contactable or if the child has trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes.
- Educators will complete an Illness Sheet and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, shivering etc.).

METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids.
- remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will be mindful of cultural beliefs and not to remove clothes quickly.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, parent, employee, student or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they are requested to either stay at home or be assessed/tested for COVID-19. If a child, parent, employee, student or visitor is tested for COVID-19, they are required to self-isolate until they receive notification from the Public Health Unit of their test results. If you are getting your child/ren tested, please provide a copy of their test results before bringing them back to the Centre.

(see: Australian Government [Identifying the symptoms](#))

Colds are the most common cause of illness in children and adults. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever. Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment. Management has the right to send children home if they appear unwell due to a cold, cough or general illness.

DIARRHOEA AND VOMITING

If a child has diarrhoea and/or vomiting whilst at the Centre, Management will notify parents or an emergency contact to collect the child immediately. Children that have had diarrhoea and/or vomiting will be asked to stay away from the Centre for 24 hours after the last diarrhoea or vomiting episode and when the symptoms have ceased, to control the infection transmission. If there is a gastroenteritis outbreak at the Centre, children displaying the symptoms will be excluded from the Centre until the diarrhoea and/or vomiting has stopped and the family will be required to get a medical clearance from their doctor before attending the Centre.

Educators and staff with diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours after the last diarrhoea or vomiting episode.

INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

- Viruses such as rotavirus, adenoviruses and norovirus
- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins
- Parasites such as Giardia and Cryptosporidium

NON-INFECTIOUS CAUSES OF GASTROENTERITIS INCLUDE:

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress

PREVENTING THE SPREAD OF ILLNESS

To reduce the transmission of infectious illness, our Centre implements effective hygiene and infection control routines and procedures as per the Australian Health Protection Principal Committee guidelines.

If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Centre. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

PREVENTION STRATEGIES

- Practicing effective hygiene helps to minimise the risk of cross infection within our Service.
- Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.

- Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.
- Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel.
- After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel or use an alcohol-based hand sanitizer
- All surfaces including bedding (pillows, mat, cushion) used by a child who is unwell, will be cleaned with soap and water and then disinfected.
- Cleaning contractors hygienically clean the Centre to ensure risk of contamination is removed as per [Environmental Cleaning and Disinfection Principles for COVID-19](#)
- Parents, families and visitors are requested to wash their hands upon arrival and departure at the Centre or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)
- Parents will be notified of any outbreak of an infectious illness within the Centre via Educa or email and information sheets will be provided in the rooms to assist in reducing the spread of illness.

The Public Health Unit (PHU) will notify the Approved Provider of the service in the event of a positive COVID-19 diagnosis of a child, employee, student, parent or visitor and conduct contact tracing. Any decision to close the Centre and other directions will be provided by the PHU and regulatory body. The Approved Provider will notify the [Regulatory Authority](#) within 24 hours of any closure due to COVID-19 via the [NOA IT System](#).

In the event of an outbreak of any communicable illness and disease, management will contact the local Public Health Unit on **1300 650 172** (Vic) [Public Health Unit- Local state and territory health departments](#) and the Regulatory Authority.

Please see exclusion table on:

[Minimum periods for exclusion from childcare services \(Victoria\)](#)

We acknowledge the pressures on parents who are unable to take time off work or have no extended family to help them look after their sick child. We encourage all families to have a "back-up" person in case your child needs to leave the Centre due to illness. Although staff will make provisions for the comfort and care of the unwell child, the Centre does not have the extra staffing or facilities to care for sick children in an appropriate manner.

MEDICAL CONDITIONS POLICY

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

PURPOSE

We aim to efficiently respond to and manage the medical conditions, health care needs or allergies of children and staff ensuring the safety and wellbeing of all children, staff, families, students and visitors at our Service.

SCOPE

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

IMPLEMENTATION

Our Centre is committed to adhering to privacy and confidential procedures when dealing with individual health care needs, allergies or relevant medical conditions. There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy or medical condition is enrolled at the service. Key requirements must be in place prior to the child commencing at the Service to ensure their individual health, safety and wellbeing.

The Approved Provider / Management will ensure:

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- a child is not enrolled at, nor will attend the Centre without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma inhalers, adrenaline auto injection devices and insulin.
- educators, staff, students and volunteers have knowledge and access to this policy and relevant health management policies

(Additional Medical Needs Policy/ Anaphylaxis Management Policy)

- educators, staff and volunteers have a clear understanding of children's individual health care needs, allergy or relevant medical condition
- all aspects of operation of the service must be considered to ensure inclusion of each child into the program
- communication between families and educators is on-going and effective
- educators receive appropriate professional development and training in managing specific medical conditions and meeting children's individual needs
- other than one of the staff member or nominated supervisor there will be other educators in attendance at all times with a current accredited first aid certificate, emergency asthma management and emergency anaphylaxis management certificate
- educators and staff have a clear understanding about their role and responsibilities when caring for children with a diagnosed health care need, allergy or relevant medical condition
- families provide required information on their child's health care need, allergy or relevant medical condition, including:
 - medication requirements
 - allergies
 - medical practitioner contact details
 - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the service and/or
 - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner eg: (ASCIA) or National Asthma Council of Australia
 - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- a risk minimisation plan has been developed in consultation with parents and management
- record any prescribed health information and copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- educators have access to emergency contact information for the child
- relief staff are informed of children and staff members who have specific medical conditions, food allergies, the type of condition or allergies they have, and the Centre's procedures for dealing with emergencies involving allergies and anaphylaxis.
- kitchen staff are made aware of the changes in writing in their room communication diary and the kitchen diary regarding the changes to medical management plans/ allergy plans and risk minimisation plans.
- a copy of the child's medical management plan is visibly displayed (in an area not generally available to families and visitors) but known to staff in the Centre

In the event that a child suffers from a reaction, incident, situation, or event related to a medical condition the Service and staff will:

- Follow the child's emergency medical management plan
- Call an ambulance immediately by dialing 000
- Commence first aid measures/monitoring
- Contact the parent/guardian when practicable, but as soon as possible
- Contact the emergency contact if the parents or guardian can't be contacted when practicable, but as soon as possible
- Notify the regulatory authority (within 24 hours)

Families will ensure:

- they provide management with accurate information about their child's health needs, allergies, medical conditions and medication requirements on the enrolment form
- they provide the Centre with a medical management plan prior to enrolment of their child
- they consult with management to develop a risk minimisation plan
- the Centre enrolment form is completed in its entirety providing specific details about the child's medical condition
- they notify the Centre if any changes are to occur to the medical management plan through the communication plan and/or meetings with the nominated supervisor and Room Coordinators/ Kinder Teachers
- they provide adequate supplies of the required medication and medical authorisation on the medication sheet
- they provide an updated copy of the child's medical management plan annually or evidence from a medical practitioner to confirm the plan remains unchanged
- they provide enrolment documentation of any medical condition annually

MEDICAL MANAGEMENT PLAN

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition
- first aid/emergency response that may be required
- any medication that may be required to be administered in case of an emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance
- contact details of the medical practitioner doctor who signed the plan
- the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed for Educators and staff to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the Centre unless a parent gives permission in writing for the medical management plan to be displayed in the room.
- the Centre must ensure the medical management plan remains current at all times.

RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place.

A meeting will be arranged with the parents/guardian by the Room Coordinator/ Kinder teachers as soon as the Centre has been advised of the medical condition. During this meeting a risk minimisation plan and a communication plan will be developed in consultation with the parent/guardian to ensure:

- that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimized
- that practices and procedures in relation to the safe handling, preparation and consumption and service of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all staff members, students and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- that the child does not attend the Centre without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or relevant medical condition
- plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
- all relevant information pertaining to the child's health and medical condition is communicated to parents/guardians at the end of each day by educators
- parents are notified by educators in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed.
- appropriate hygiene practices are followed by educators when managing medical conditions in accordance with the Pandemic and Control of Infectious Diseases Policy.
- risk minimisation plans are reviewed in collaboration with families every 6 months.

COMMUNICATION PLAN

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

- all relevant staff, students and volunteers are informed about the medical conditions policy and the Individual Medical Management Plan and Risk Minimisation Plan for the child
- parents/guardians are expected to notify the Room Coordinator of any changes to the child's medical management plans or allergy plan
- an ongoing individual child communication plan is created as part of the Risk Minimisation Plan so parents can communicate any changes to Medical Management Plan and Allergy plan for the child to the room coordinator/kinder teachers. Room Coordinator/kinder teachers then documents these changes in the communication plan with both parties initials and the date when changes were communicated.

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

All staff members are informed of the service's medical conditions policy and new staff are handed the policy during induction along with other policies. Any staff who has a diagnosed healthcare need, allergy or medical condition will be required to have a Medical Management Plan the service will develop a Risk Minimisation Plan in consultation with the staff and the Director. Staff has to inform the Director of any changes in writing to their medical management plan or allergy plan and the changes will get recorded in the Communication plan and signed by the educator and the Director. Room Coordinators/Kinder teachers and In-charge staff in leadership positions in all rooms across the Centre will be informed of changes by the Director in writing in their communication diary.

NUTRITION AND FOOD SAFETY POLICY

Our Service recognises the importance of safe food handling and healthy eating to promote the growth and development of young children and is committed to supporting the healthy food and drink choices of children in our care. We acknowledge that the early childhood setting has an important role in supporting families in healthy eating. Our Service therefore recognises the importance of supporting families to provide healthy food and drink to their children.

We are committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. We support and promote the NSW Health Initiative *Munch & Move* and utilise the Australian Government's *Get Up & Grow-Healthy Eating and Physical Activity for Early Childhood* and *Eat for Health* resources.

PURPOSE

Our Service recognises the importance of healthy eating for the growth, development, and wellbeing of young children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating habits as part of our curriculum. The Centre acknowledges that starting a child's life with proper nutrition and good eating habits is vital for good health and well-being throughout their life.

Our Service is also committed to ensuring consistently high standards of food preparation and food storage and transportation are adhered to.

SCOPE

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

IMPLEMENTATION

Our Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

All food prepared by the Service will endeavour to be consistent with the Australian Dietary Guidelines and provide children with 50% of the recommended dietary intake for all nutrients. Food will be served at various times throughout the day to cater for all children's nutritional needs.

Mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas will comply with Food Standards Australia and New Zealand (FSANZ). All staff involved in the stages of food handling have the skills and knowledge to ensure food safety is a priority. Sample of Australian dietary guidelines for food provided is as follows (click on the link):

[https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines\(2\).pdf](https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n55_australian_dietary_guidelines(2).pdf)

FOR FURTHER INFORMATION GO TO www.eatforhealth.gov.au and www.feedaustralia.org.au/

Nutrition

Menus are planned with the recommendations from the dietary guidelines for children and adolescents in Australia and feed Australia. Menus are regularly reviewed to ensure it meets best practice guidelines. Menus are developed in consultation with children, educators and families. Foods that are high in fat, salt and sugar are not included in menu planning. The menu ensures that there is a wide variety of healthy and nutritious food every day with a range of tastes, textures, aromas and flavours.

Educator sits down with children at meal and snack times to role-model healthy food and drink choices and actively engages children in conversations about the food and drink provided and offers a calm, relaxed, happy, social atmosphere in which children eat. Foods from all major food groups are offered each day. We offer a 4 week rotating menu with fruit and vegetables served at each meal. Morning, afternoon tea and snacks comprising various foods are offered each day. Milk and water are the only drinks offered to children. Menus are displayed in the children's rooms and the notice board in the foyer.

To encourage awareness of good eating habits, educators talk to children at the table, educators use books, posters, discussions and songs to reinforce the healthy eating message. Educators recognize nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds. Independence is encouraged at mealtimes with children self-feeding, using utensils, scrapping their bowls with leftover food after eating, setting tables and clearing up. Food is not used as a reward or punishment; it is also not used as a comforter for unsettled children.

All children are encouraged to taste their food. Children are not allowed to be force fed or being required to eat food they do not like or more than they want to eat. If a child refuses to eat, fruit is offered - a separate meal is not provided; it is only provided if a child has a special dietary requirement. We will work in conjunction with parents/guardians and health professional in ensuring the child's recommended daily intake (RDI) whilst in care is met.

The Centre provides cow's milk but parents/guardians are expected to bring in their own formulas for their children to make up their daily bottles in an airtight container with the child's name clearly written on it or to bring ready bottles of breast milk or formula with the date of preparation or expression. Parents/guardians are also expected to supply the bottles with child's full name as well. Bottles are heated in the microwave and tested on educator's inner arm skin for correct temperature. Bottles are heated only once then the formula is discarded. Bottles are rinsed with hot soapy water and returned to parents/guardians at the end of the day. Centre spare bottles and teats are soaked in hot soapy water and sterilized in dishwasher as required.

The introduction of solids is undertaken in consultation with parents/guardians. Parents/guardians are encouraged to introduce solids when there is an increased appetite, able to hold their head up and begin to control their tongue to take food from a spoon. Introduction of solids is encouraged from approximately 5-6 months, but only after parent/guardian consultation. All foods introduced or served to children for the first time in any of the rooms is done after parent/guardian consultation.

The Centre provides for the children's morning tea, lunch, afternoon tea and late snack. However, if children have any specific cultural/religious or dietary needs and wish to supply their own food, the Centre recommends the types of food brought into the Centre. The container must be labelled with the child's name and ingredients and automatically gets put in the refrigerator. No food is to be brought into the Centre at any time or kept in children's bags unless arrangements have been made with the Director.

The Centre has emergency foods in stock in case of power / gas interruption, these being sandwiches, vegemite, light cream cheese, baked beans, salad vegetables, milk, cheese and fruit.

To assist parents/guardians with information on children's diet the Centre displays posters, booklets etc. in the foyer throughout the year.

The Centre is registered with the City of Greater Geelong for purposes of food safety and food handling procedures in which staff are trained. The Centre's food safety procedures are inspected and audited each year by a private auditor. Our kitchen staff has updated Food Safety Supervisors certificate. All staff have completed informal training on food safety and food handling.

Articles and policy on nutrition will be displayed on notice boards and other various locations throughout the Centre at least four times a year by Centre staff.

Allergy

The Centre caters for children with food allergies, intolerances or any special dietary requirements. Any allergies or food intolerances are recorded in the child's enrolment records, displayed in the kitchen and displayed in that child's room on the allergy list. Staff and cook are also made aware if any child has a risk to any specified ingredient to which they may be allergic. The parent is to present to the Centre a detailed allergy/anaphylaxis management plan and an emergency action plan including an EpiPen® (adrenaline auto-injectors) or allergy medication.

In the event of the child having ingested an allergic food, the emergency action plan is implemented.

All allergies and intolerances to food are documented on enrolment forms.

- If the allergy is severe, the parent will make an appointment with the Director to discuss the appropriate regime and present the medical action plan.
- If there are any changes to allergies and dietary requirements parents are required to notify the Room coordinators/ kinder teachers. Room coordinators/ Kinder teachers in parent's presence will document the changes to the allergies and dietary

requirements in the Risk Minimization plan under Communication plan section. Parents and Room coordinators/ Kinder teachers will sign and date the communication plan section to acknowledge the changes.

- All room educators/staff are notified of children's allergies and these are posted in an appropriate position in the child's room keeping in mind privacy guidelines.
- Children's allergies are documented and placed on the kitchen noticeboard for cook and kitchen hand.
- For all children who do have allergies, their food is either made separately or educators will check with the cook to determine the appropriate ingredients.
- Children with food intolerances are also documented in the Allergy list in the rooms and on the kitchen notice board. A risk minimization plan and communication plan is also developed with the parent.
- All educators are made aware of any changes to children's allergies and intolerances in writing in the communication diary and changes are made to the allergy list and kitchen staff notified.
- If a child collapses, DRSABCD procedure is enacted and an ambulance is called.
- All staff/educators regularly update their anaphylaxis training, so they are aware of the signs and symptoms of an allergic reaction.
- All staff/ educators regularly update their knowledge of the epipen (auto injector devices). There is anaphylaxis kit in the Director's office to enable staff to practice. Centre stores Epipen, Allergy and Asthma medication for emergencies.

Further information on severe reaction to allergies can be obtained from:

<https://www.allergy.org.au/patients/information>

Breastfeeding

Breastfeeding is encouraged and supported in the Service. The Centre provides a suitable place within the Service where mothers can breastfeed their babies, express breast milk or storage for the breast milk, and parents are welcome to breast-feed. The Centre ensures to the safe handling of breast milk and infant formula including transporting, storing, thawing, warming, preparing, and bottle feeding. Breast milk is frozen if necessary, or refrigerated if it is to be used that day. Breast milk for feeding is heated in a jug of warm water, not in the microwave. The Centre will work with parents/guardians on the introduction of cow's milk and cups for feeding your baby. As an addition to milk drinks, babies are offered cooled, boiled water as necessary, particularly on hot days. Water is readily available for all children to drink throughout the day in both the indoor and outdoor environments.

Prevention of Choking

Choking is due to the lodgement of a foreign object in the casualty's airway. In some instances, the object lodges at the epiglottis, the entry to the airway, but does not enter the airway itself. Both cause initial coughing, the body's reflex action to release the obstruction.

If choking occurs – First Aid measures to be followed by educators/staff:

When a child is choking:

- Immediately check if the child is still able to breathe, cough or cry. If so, they may be able to dislodge the object by coughing.
- Do not try to dislodge the object by hitting the child on the back or squeezing the stomach – this may move the object into a more dangerous position and cause the child to stop breathing.
- Stay with the child and watch to see if their breathing improves.
- If the child is not breathing easily within a few minutes, call triple zero (000).
- If, after the coughing settles down, there is any continued noisy breathing or coughing, take the child to see a doctor, as the object may have lodged in the windpipe or airway. If this is the case, it will need to be removed in hospital using a special instrument.

If the child is not breathing:

- For a young child (under about five years), place the child face down over your lap so that the head is lower than the chest. For an older child, lay them on their side. Give four sharp blows on the back between the shoulder blades to dislodge the object.
- Check again for signs of breathing.
- If the child is still not breathing, call triple zero (000) and ask for an ambulance. The ambulance service operator will be able to tell you what to do next. You will probably be advised to start expired air resuscitation (mouth to mouth) while waiting for help.
- Do not use the Heimlich manoeuvre (squeezing the abdomen or hitting the child in the abdomen) unless directed to by the ambulance service operator, as this can cause serious damage to organs in the abdomen.

At Geelong Children's Centre:

- All food is inspected by the educator serving the food before it is given to any child.

- Geelong Children's Centre is a nut free Centre.
- Apples are cut and the skin inspected before being given to toddlers. If necessary, apples are peeled. Babies under 8 months are given pureed apple/pear.
- Vegetables are soft and served in small pieces or mashed.
- Children are seated at all times when eating/drinking actively supervised
- Educators always bottle-feed babies by holding baby in a semi-upright position. Babies are never left alone with a bottle.
- Mealtimes are positive, relaxed and social.
- Children are encouraged to try different food types and textures served appropriately in a positive eating environment under strict supervision of educators
- Cords, strings or ribbons are not attached to dummies, children are not put to bed with any jewellery, hair ties or clips, teething necklaces or hoodies.
- Cots/ stretchers are away from blinds and cords and out of children's reach.

Provision of food for special occasion

Any food brought into the Centre by parents is inspected for suitability. In accordance with the nutritional nature of our food policy, we ask parents not to bring any food/ drinks or snacks – unless it is used for a specific dietary need and the parent has had discussion with the Director regarding the suitability of the meal and it meets our policy and procedure. Any such food is to be given to an educator from the child's room for safe storage. Parents are expected to label the food/ drink or meal with the child's full name and also write the ingredients and date. In accordance with our nutrition policy we ask parents not to bring ice-creams/ cakes or lollies for children's birthday. Special food / multicultural food is provided to children on special occasions e.g. school holiday programs, special days or Christmas party. The format of the Christmas celebration is determined by the Educators/Staff/Management and the Board each year.