

## 6.6 CHILDREN'S HEALTH AND SAFETY

### Introduction

The health and safety of children attending the Centre is of paramount importance. We aim to provide an environment and operations that adhere to the health and safety laws in Western Australia and ensure that we have policies and procedures in place so that:

- Management provide a safe working environment for the staff
- Employees meet their health and safety obligations and are safe in the environment
- Visitors, children and families enter a safe environment

Our policies and procedures ensure the health and safety needs of children are met through implementing practices relating to: nutrition, food, beverages, and dietary requirements; sun protection; water safety, including safety during any water-based activities; tobacco, alcohol and illicit drugs; sleep and rest; child protection; and a child safe environment.

We are committed to providing a safe environment for children to play and learn and for educators to support and nurture the children's learning experience.

### Related Documents

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This policy contains a number of sub-policies and procedures in regard to children's health and safety that meets:

#### National Quality Standards (NQS)

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

<b>Standard 2.1</b>	<b>Health</b>	<b>Each child's health and physical activity is supported and promoted.</b>
Element 2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
Element 2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
Element 2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
<b>Standard 2.2</b>	<b>Safety</b>	<b>Each child is protected.</b>
Element 2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
Element 2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
Element 2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

<b>Quality Area 3: Physical Environment</b>		
<b>Standard 3.1</b>	<b>Design</b>	<b>The design of the facilities is appropriate for the operation of a service</b>
Element 3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
Element 3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.
<b>Standard 3.2</b>	<b>Use</b>	<b>The service environment is inclusive, promotes competence and supports exploration and play-based learning.</b>
Element 3.2.1	Inclusive Environment	Outdoor and indoor spaces are organized and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
Element 3.2.2	Resources support play-based learning	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.
Element 3.2.3	Environmentally responsible	The service cares for the environment and supports children to become environmentally responsible.

## Relevant Legislation

<b>Education and care Services National Law (WA) Act 2012</b>	
165	Offence to inadequately supervise children
166	Offence to use inappropriate discipline
167	Offence relating to protection of children from harm and hazards
170	Offence relating to unauthorised persons on education and care service premises
171	Offence relating to direction to exclude inappropriate persons from education and care service premises
179	Emergency action notices

<b>Education and Care Services National Regulations 2012</b>	
12	Meaning of serious incident
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
81	Sleep and rest
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases

89	First aid kits
95	Procedure for administration of medication
96	Self administration of medication
98	Telephone or other communication method
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policy and procedures to be followed
173	Prescribed information to be displayed
174	Time to notify certain circumstances to Regulatory Authority
175	Prescribed information to be notified to the Regulatory Authority
177	Prescribed enrolment and other documents to be kept by approved provider

## **6.6.1 - Nutrition – food, beverages and dietary requirements Policy**

### **1. Purpose and Scope**

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Joondalup Family Centre is committed to promoting health nutrition to parents and children. This is done through information sharing and communication with children and parents.

This Policy applies to Teachers, Teaching assistants; regular visitors, Educators/staff members, family members, students, parents, children (including visiting children) and volunteers.

### **2. Policy**

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Joondalup Family Centre aims to promote health, wellbeing and good nutrition. While we do not provide food, we encourage parents to pack healthy food options for their children. This dietary information is provided to parents on enrolment so they can plan healthy food options. Water is provided at all times to children. The Centre is allergy aware and has measures in place should an issue arise.

Staff are aware of, and follow the guidelines outlined in “Staying Healthy in Childcare edition 5”.

### **3. Procedures**

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#### Communication with families

Educators/staff will consult and collaborate with families to best ensure children’s nutritional needs are met.

Food and dietary preferences as indicated by families [such as vegetarianism, religious needs] will be respected.

Any diagnosed food allergies of the child will be clearly written on their enrolment form. Parents of children with allergies will be required to fill in and complete the Anaphylaxis/ Allergy form as noted in the Asthma and Anaphylaxis Policy and Procedure.

In the case of severe allergies all families will be asked not to bring those items into the service.

#### Food provided by the family

Families of children enrolled in Pre-kindy are required to provide their child with a lunchbox that contains morning tea and lunch. Parents/guardians are encouraged to pack foods that meet the child's nutritional needs. For example, Fresh fruits, raw vegetables, sandwiches, yoghurts and unflavoured popcorn are good ideas for lunchboxes.

Parents are required to pack a water bottle also.

#### Food and beverages provided by Educators/staff

Educators/staff will provide age and developmentally appropriate foods throughout the year for celebrations, incursions, or special events.

Food and beverages will take into account each child's specific cultural, religious or health requirements. Access to safe drinking water will be provided at all times.

Safe eating practices will be implemented to minimise risk of choking e.g. sitting down when eating.

#### Special occasions and celebrations

Educators/staff will support the celebration of special occasions and cultural festivals but will ensure that food brought from the child's home adheres to the Educators/staff's *Nutrition, food and beverages, and dietary requirements policy*. All food brought in from home must be approved by Educators/staff prior to the event or celebration date to ensure health and safety of all children in care.

#### Mealtimes and the eating environment

Our staff provide a safe, supportive and social environment in which children can enjoy eating their food. The following are followed:

- All surfaces are sanitised prior to use
- Children are required to wash hands before eating
- Staff are required to clean surfaces prior to eating
- Children are supervised whilst eating at all times
- Children are asked to sit and eat to promote hygiene and safe eating practices
- Educators/staff are encouraged to sit and eat with children to role model healthy eating practices and also to guide acceptable eating behaviours
- Staff will promote positive discussion about the food's children are eating
- Children will be given assistance and encouragement when eating independently
- Food will not be given as reward or used as punishment to alter children's behaviour
- Staff will discuss foods from a variety of cultures
- Staff will talk about food and nutrition
- Precautions to prevent and treat choking are known by all staff and implemented

- Children will be discouraged from sharing food to prevent accidental exposure to allergens.

Food preparation (if required)

To minimise transmission of food borne illness in children, Educators/staff will:

- Have a designated area for food preparation and storage, which is safe and hygienic.
- Use separate colour-coded chopping boards for cooked and uncooked food.
- Use separate colour-coded chopping boards for Halal food if applicable.
- Have facilities that include a stove or microwave oven, sink, refrigerator, suitable waste disposal and a hot water supply.

If involved in food preparation and serving staff follow the “Staying Healthy 5<sup>th</sup> edition Part 3 as outlined below:

<b>When to perform hand hygiene</b>	
<b>Before</b>	<b>After</b>
<p><b>Educators and other staff</b>            Starting work, so germs are not introduced into the service            Eating or handling food            Giving medication            Putting on gloves            Applying sunscreen or other lotions to one or more children            Going home, so germs are not taken home with you home with you</p>	<p>Taking off gloves            Changing a nappy            Cleaning the nappy change area            Using the toilet            Helping children use the toilet            Coming in from outside play            Wiping a child’s nose or your own nose            Eating or handling food Handling garbage            Cleaning up faeces, vomit or blood            Applying sunscreen or other lotions to one or more children            Touching animals</p>
<p><b>Children</b>            Starting the day at the service; parents can help with this            Eating or handling food            Going home, so germs are not taken home with them</p>	<p>Eating or handling food            Touching nose secretions            Using the toilet            Having their nappy changed—their hands will become contaminated while they are on the change mat            Coming in from outside play            Touching animals</p>

Curriculum

Educators/staff will teach the children about food and nutrition through:

- Planned experiences targeting healthy eating practices in play-based activities
- Create a food environment promoting healthy eating e.g.: fruit and vegetables in the toy kitchen
- Singing songs about food and telling food stories
- Numeracy and literacy activities like identifying the food groups
- Provide awareness of food from other cultures

## 4 Document History

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Record of policy development		
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2014.1	30/06/2014	6/2015
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### 6.6.2 Sun Safe Policy

#### 1. Purpose and Scope

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This sun protection policy provides guidelines to:

- ensure all children, educators and staff are protected from over-exposure to UV radiation
- ensure the outdoor environment provides shade for children, educators and staff
- ensure children are encouraged and supported to develop independent sun protection skills
- support duty of care and regulatory requirements and
- support appropriate OHS strategies to minimise UV risk and associated harms for educators, staff and visitors

#### 2. Policy

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Our service is committed to protecting children and staff from the harmful effects of the sun and heat. Over-exposure to UV radiation in childhood is a major risk factor for developing skin cancer later in life. By teaching sensible sun protection habits from an early age and implementing best-practice measures, we can play a significant role toward reducing the life time risk of skin cancer.

We have identified four strategies to manage heat and sun risks:

- Building and outdoor play space designed to increase shade and reduce heat
- Planning / programming outdoor activities
- Standards for hats, clothing and sunscreen
- Educational programs for heat and sun safety

### 3. Procedures

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Our service will ensure a combination of sun protection measures are applied to children and staff while outside when the UV Index is 3 or above. This policy applies to all service events on and off-site.

#### Shade

- Management ensures there are sufficient shelters and trees providing shade in outdoor areas
- Children will be actively encouraged to use shade for outdoor play activity
- Outdoor activities will be planned to occur in shaded areas
- The availability of shade is considered when planning excursions and all outdoor activities
- If the UV Index is 8 (very high) or above, outdoor play will cease. The UV Index is available from the Bureau of Meteorology website at [www.bom.gov.au/weather/UV](http://www.bom.gov.au/weather/UV)

#### Hats

- All children will wear a wide brim, bucket or legionnaires style hat that protects the face, neck, ears and crown of the head whenever they are outside or on an excursion
- Children without hats will be supplied with one, or protected from the sun

#### Clothing

- Parents are encouraged to dress children in sun protective clothing that protects as much of the skin as possible. Suitable clothing includes collars, elbow length sleeves and knee length or longer style shorts

#### Sunscreen

- We ask parents to apply sunscreen to their children prior to attending. If required, staff will reapply sunscreen using SPF30 or higher broad-spectrum water-resistant sunscreen
- Sunscreen will be stored in a cool place, out of the sun
- Staff will monitor the expiry date of sunscreen and discard when out of date

#### Role Modelling

Educators/staff members, family members, visitors, students, and volunteers must comply with the *Sun Safety Policy* and role model appropriate practices when with the children in their care by:

- Wearing sun protection hats, clothing and sunglasses when outside
- Applying SPF30 or higher broad-spectrum water-resistant sunscreen
- Using appropriate shade

#### Hydration

- Parents are asked to pack a water bottle for their child
- Children will have access to clean drinking water as well as having access to their own drink bottles throughout the session
- Water bottles will be taken outside when playing outside

## Education

- Sun protection is part of the learning program
- Sun protection information will be promoted to staff, families and visitor

## Policy

- Sun protection practices will be shared with families on enrolment.
- The policy is monitored and reviewed regularly

## 4 Document History

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### 6.6.3 Water Safety Policy

#### 1. Purpose and Scope

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Joondalup Family Centre has a duty of care to ensure the children are adequately supervised at all times whilst around water. This includes activities involving water play, excursions near water, and hot water, drinking water and hygiene practices with water in the Service environment.

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

#### 2. Policy

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Educators/staff will prevent child accidents and illnesses relating to swimming and wading pools, other water hazards and water-based activities through close supervision, education and compliance with State regulations.

#### 3. Procedures

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Joondalup Family Centre does not have a pool on the premises. From time to time, a water trough or a hose is used for water play activities. In those cases the following will apply:

- All children participating in a water activity will be closely supervised by Educators/staff and no child will be left alone near water.



- If a staff member is required to leave the area, water is to be emptied fully and equipment stored in a manner that it can not collect water.
- No child enrolled in Educators/staff will have access to swimming pools or wading pools whilst in attendance at Kindy.
- Water activities are only to be supervised by Educators/staff **not** parents on roster, volunteers or students on placement.
- Water trough are hygienically cleaned and disinfected appropriately after use. Cleaning buckets will be emptied immediately after use and stored in a lockable shed.
- Educators will teach children safety around water.

## 4 Document History

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### 6.6.4 Sleep and Rest Policy

#### 1. Purpose and Scope

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Most children benefit from periods of rest to help them grow and develop. Our service implements rest periods with are consistent with the child's developmental needs for sleep, rest and relaxation.

The risk of Sudden Infant Death Syndrome (SIDS) will be minimised by following practices and guidelines set out by health authorities.

If a family's beliefs and requests are in conflict with 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 alternate practice if we are provided with written advice and contact details of a registered Medical Practitioner accompanied by a risk assessment and risk minimisation plan for individual children.

Our Service has a duty of care to ensure children are provided with a high level of safety when sleeping and resting and that every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service 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.

## 2. Policy

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Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which Educators and staff need to consider within the Service. Each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs. Our Service defines 'rest' as a period of inactivity, solitude, calmness or tranquility, and can include a child being in a state of sleep.

Effective rest and sleep strategies are important factors in ensuring a child feels secure and safe in an early childhood environment. Our Service will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep requirements.

## 3. Procedures

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The Educators/staff will:

- ensure that there is a safe place available in a quiet corner for children who may need to rest during the session times.
- Ensure children will have access to lay down on a soft floor covering if they are feeling unwell, prior to parents or authorized collection persons arrive to collect child.
- accommodate each child's and family's preferences for rest, sleep and clothing to the extent they are consistent with our policies and requirements. This includes preferences related to a child's social and cultural heritage.
- Communicate daily with parents about the child's sleep and rest routines.
- Monitor all children who are sleeping with specific attention to breathing patterns.
- Allow Educators/staff children to find their own sleeping position.
- Ensure the child's face is never covered with bed linen.
- Linen will be cleaned after each use.

## 4 Document History

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## **6.6.5 Tobacco, drug and alcohol free environment Policy**

### **1. Purpose and Scope**

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Joondalup Family Centre is responsible to ensure children are not subjected to the dangers associated with tobacco, drugs and alcohol. In accordance with Health Department regulations the Service is a non-smoking venue and therefore smoking is not permitted within the building or outside play areas. We maintain an environment where no staff members are affected by drugs and alcohol.

### **2. Policy**

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The consumption of tobacco, drugs and alcohol is prohibited in all areas of the service including:

- Outside
- In the playground
- Inside the centre

Educators/staff will use best endeavours to ensure children in care are not exposed at any time to tobacco smoke, alcohol or illicit drugs.

### **3. Procedures**

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#### **Smoking**

Smoking will not be permitted in any areas in, or surrounding Joondalup Family Centre. Signage at the front of the centre clearly displays the centre is a smoke free environment.

Any person found smoking on the premises will be asked to move off premises.

#### **Drugs and alcohol**

Alcohol is not to be consumed on the premises at any time when children are being educated and cared for. Any person who appears to be adversely affected by alcohol will be asked to leave the premises immediately.

Illicit Drugs are not allowed on the premises at any time and possessing or consuming these is an unlawful act. The Centre Manager will report anyone found in possession of illicit drugs to the police.

#### **Visitors**

Visitors to the Centre (including parents and relatives of children attending the Centre) are not to be affected by alcohol or drugs when engaging at the Centre at any time when children are being educated and cared for.

#### **Staff**

No member of staff (including students, volunteers and visitors) will work while affected by alcohol or drugs (including prescription medication) that impairs the staff member's capacity to supervise or provide education and care to the children. Where an educator or members of staff have concerns relating to the fitness of a staff member to be supervising children due

to the effects of drugs and/or alcohol these concerns should be reported to the Centre Manager.

**For more information on this, also see Tobacco, Alcohol, and Illicit Drugs Policy in Topic 4: Paid Staff and Volunteers.**

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### 6.6.6 Child Protection Policy

#### 1. Purpose and Scope

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All Educators, staff, students and volunteers are committed to identifying possible risk and significant risk of harm to children and young people at the Service. We comprehend our duty of care responsibilities to protect children from all types of abuse, and adhere to our legislative obligations at all time.

We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will perform proficiently and act in the best interest of the child, assisting them to develop to their full potential in a secure and caring environment.

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

#### 2. Policy

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Joondalup Family Centre is committed to the safety and wellbeing of all children within the Centre. Management, staff, and volunteers at the Centre are aware of their roles and responsibilities regarding child protection. We aim to ensure that all educator at the Centre are aware of current child protection laws and understand their obligations under these.

Joondalup Family Centre believes it is our responsibility to ensure children are free from harm and abuse and are committed to protecting the physical, emotional and intellectual needs of all children at the Centre.

Staff must report any concern they have for the following suspicions:

- Abuse – emotional, physical, sexual, psychological
- Neglect
- Domestic violence

We will implement a child protection risk management strategy to ensure the safety of children is paramount and the service will always act quickly in the best interests of a child.

### **3. Procedures**

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#### **Recruitment and training**

Staff are required to hold a current Working with Children Check and a National Police Clearance to be employed at the Centre.

Child protection training, in line with recognized authorities, will be undertaken by Educators/staff. This training will be updated at least every three years. This will ensure staff working at the service do not pose a risk to children and staff understand how to respond to disclosures or suspicions of harm and abuse.

#### **Reporting and documentation**

Educators/staff are required to report any allegation of abuse, neglect or assault, including sexual assault to the nominated supervisor of the Educators/staff.

Allegations are to be discussed with the child's family and must not be discussed with the alleged perpetrator or any other person outside of the Educators/staff Service and Committee.

Whenever Educators/staff form a belief that a child may be at risk of child abuse or neglect, the concern must be reported to the nominated supervisor or may be reported directly to the Department for Child Protection. The Nominated Supervisor will ensure that the reporting procedures are carried out and will provide appropriate feedback to the person who raised the concern that action has been taken.

The Nominated Supervisor (or senior staff as required) will document the disclosure, observation and concerns accurately and objectively using the **Incident, Injury, Trauma and Illness Record form**. Educators/staff shall not discuss or take visual images of the child in question or investigate the suspicion themselves.

Informal discussion of any concerns should always occur with the Department for Child Protection, as family or other reports may have been received by the Department and the current concerns need to be documented to add to their evidence.

Educators/staff will maintain sensitivity and follow the organisation's **Confidentiality Policy**.

#### **Allegations against Centre staff or volunteers**

All allegations of suspected abuse, neglect or violence against educators, staff or volunteers are to be treated in the same manner as allegations against other people. Reports will be made to the Department for Child Protection where a child is being harmed with the

appropriate support of the Nominated Supervisor. If the Nominated Supervisor is involved in the harm then the Approved Provider or most senior staff member will assist in notification.

Staff are required to hold a current Working with Children Check and a National Police Clearance to be employed at the Centre.

Child protection training, in line with recognized authorities, will be undertaken by staff. This training will be updated at least every three years.

Staff must report any concern they have for the following suspicions:

- Abuse – emotional, physical, sexual, psychological
- Neglect
- Domestic violence

Staff are to follow the following procedures in the case of suspicion of abuse or neglect, or an allegation against Centre staff or volunteers:

### **Suspicion of harm**

If educators have concerns about a child's safety they will:

- Document their concerns in a non-judgemental and accurate manner as soon as possible. This should also include their own observations and details of any previous discussions with the parent or guardian
- Documentation should occur within 24 hours so the matter is still fresh in their mind and should include the date and place of suspicion, details of suspected harm, their signature and date of completion.

### **Allegation of harm**

- The Nominated Supervisor will complete an **Incident, Injury, Trauma and Illness Record** and notify the Regulatory Authority within 24 hours of making the report to Child Protection. This needs to be done in a non-judgemental and accurate manner.
- Manager or Committee member will:
  - Provide appropriate support for any educator or staff member who has an allegation made against them.
  - Protect the identity of educators/staff members against whom unsubstantiated complaints have been made will be protected.
  - Review the person's duties, and if they continue to interact with children, ensure they are appropriately supervised at all times.
  - Seek legal advice about restricting that person's work activities if required.

### **Disclosure of harm**

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened or is likely to happen. When this occurs, educators, staff, the Nominated Supervisor or Approved Provider will:

- Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe.
- Only ask enough questions to confirm the need to report the matter
- document as soon as possible so the details fresh including the time, date and place of the disclosure; 'Word for word' what happened and what was said, including anything they said and any actions that have been taken; Date of report and signature.
- Notifications of harm to relevant Authority.

The person making a notification of abuse or suspected abuse will make a record of the answers to the following:

- Name of person they spoke to.
- What the next step in the process is.
- What advice will be sent to confirm the report has been made.
- If there is any further action they need to take.

Informal discussion of any concerns should always occur with the Department for Child Protection, as family or other reports may have been received by the Department and the current concerns need to be documented to add to their evidence.

Pre-Kindy staff will maintain sensitivity and follow the Service's **Confidentiality Policy**.

## **4 Document History**

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## **6.6.7 Child Safe Environment Policy**

### **1. Purpose and Scope**

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This policy will provide a clear set of guidelines and procedures to ensure:

- all children attending Joondalup Family Centre are provided with a safe environment
- all reasonable steps are taken by the Approved Provider, educators and staff to ensure the health, safety and wellbeing of children attending the service
- timely and effective intervention for children and young people who may be at risk of abuse or neglect.

This policy applies all staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Joondalup Family Centre.

### **2. Policy**

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The protection of children, one of the most vulnerable groups in society, is a shared community responsibility and involves ensuring that all children are safe, their needs are met and the possibility of child abuse is minimised.

Joondalup Family Centre is committed to providing a physical environment that is welcoming, safe, and well-maintained. Staff must ensure that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury.

The Educator/staff will provide a stimulating environment that continually engages children and fosters their learning and development while ensuring their safety and that of educators, families and visitors.

### **3. Procedures**

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#### **Premises**

Educators/staff will consistently maintain the environment, to ensure that the health, safety and wellbeing of children being educated and cared for are protected at the beginning of each day and each session as needed.

Educators/staff must advise the approved provider/senior staff of any maintenance requirements relating to physical environment of the service and any changes that may affect the education and care provided to children.

All equipment & toys purchased for the Centre will meet Australian safety standards & be appropriate to the developmental stages, interests and culture of the children in care. Toys of war are considered inappropriate to the Centre's aim of providing a safe and caring environment.



All staff members will be diligent to ensure that all equipment and toys are kept in a thoroughly safe, clean and hygienic condition and in good repair at all times, and stored in a safe manner. Children will be taught to use equipment appropriately.

In consultation with staff, senior staff will determine which equipment is most appropriate taking into account; durability, easy maintenance, cost, benefit to the children's program. If large/expensive items of equipment are requested the Operator will determine the center's budget limitations.

Educators/staff will complete a Building Safety Checklist every 6 months and ensure any work meets Australian Standards.

Daily inspections will be carried out by Educators of the following areas prior to the children arriving to ensure the area is safe, secure and hygienic, and there are no dangerous objects on the grounds:

- Perimeters
- Fencing
- Gates
- Paths
- Buildings
- Fixed equipment
- Sand pits

All maintenance issues will be brought to the attention of the most senior staff member or the Approved Provider by completing the Building Maintenance Register and coding based on priority. Red coded will also be emailed to the most senior staff.

### **Furniture and equipment**

Adequate furniture and equipment will be provided to meet the physical and developmental needs of the children in care. The centre will ensure they:

- Maintain an up to date inventory of equipment. Staff input on compiling a prioritised list of items of equipment will be sought at least twice a year.
- Children will be carefully introduced to new toys & pieces of equipment and taught how to use and care for them appropriately.
- Equipment that should only be used under supervision will be stored in a safe place.
- Water trough will only be used under the direct supervision of an adult staff member. When not in use this equipment will be emptied and stored in such a manner that it cannot collect water.
- Equipment will be checked regularly by the staff to ensure it is in a clean and safe condition.
- All equipment purchased for the Centre will be within budget limitations and maintained on an equipment registry.

## **Animals**

From time to time, the Educators/staff may provide incursions where Animals are part of the program. Parents and Caregivers of children enrolled will be notified prior to the incursion occurring.

Educators/staff will ensure children's health and safety is a priority at all times during the incursion.

Children and Educators/staff must wash their hands immediately after handling any animals and/or birds.

Interactions between children and animals must be directly supervised. While there are developmental benefits to children from interacting with animals, it must also be recognised that any animal may react adversely to stressors not obvious to children. Children will be encouraged to treat animals and birds with respect.

## **Play Dough**

To reduce the risk of spreading infectious diseases, Nominated Supervisor and Lead Educator will:

- Get children to wash their hands before and after using Play Dough
- Store play dough in an airtight container
- Make a new batch of play dough each week
- Discard play dough at the end of the day if there is an outbreak of an infectious disease
- Not use play dough in pandemic situations

## **Cleaning**

Educators/staff will:

- Ensure cleaning is carried out daily and the environment, equipment and resources are hygienic
- Clean up any accidents or spills immediately and store any cleaning equipment in a secure location away from the children
- Clean and dry equipment between uses so germs cannot multiply on the equipment
- Use colour-coded sponges to eliminate cross contamination of different areas. A sign should clearly display which sponge to use for what purpose.
- Use ordinary detergents for most cleaning purposes. These, mixed with warm water, kill most germs as they are unable to multiply. However, in some special instances the public health unit may specify a particular detergent or disinfectant in an outbreak situation.
- Clean all toys at the end of the day by washing in warm water with detergent. This includes outdoor toys like ride on mowers, dump trucks and blocks.

## **Hazardous Substances**

When purchasing hazardous chemicals, substances and medicines, the most senior staff, Approved Provider or Nominated Supervisor will:

- Ensure dangerous substances/chemicals are supplied with a Safety Data Sheet (SDS). If this is not supplied, the administrator will source with from the supplier or online.
- A hard copy file of SDS will be kept in the office as well as electronically in the share folder under Administration.
- Keep a register of all hazardous chemicals and substances on the premises including where they are stored, their use, their risks, first aid instructions and current SDS. This register will be readily accessible for all staff.
- Store all dangerous substances in a lockable cabinet away from children. This should be labelled as “Hazardous Materials”.
- Dispose of any dangerous substance without a label or without a use by date. Disposal should be in line with the local council guidelines.

## **4 Document History**

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### ***6.6.8 Nappy Change and Toileting Policy***

#### **1. Purpose and Scope**

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Our Service aims to meet the needs of children by providing a clean, safe and hygienic place for nappy change and toileting. We believe that nappy changing and toileting rituals are valuable opportunities to promote children’s learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring and responsive way builds children’s sense of trust and security— which relates strongly to the Early Years Learning Framework.

We aim to ensure best practice guidelines are adhered to for nappy changing and toileting; ensuring the area is hygienic, reducing the spread of infectious disease.

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

## **2. Policy**

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Joondalup Family Centre accepts enrolments from children who are not yet toilet trained.

Staff will communicate with parents/guardians to develop consistency in their child's toileting habits. Parents are asked to provide pull-up for their children still in nappies.

Special requirements need to be considered on the basis of culture, religion and privacy needs.

Toileting and nappy changing will be carried out at frequent intervals throughout the day and as required. Having their needs met quickly and in a caring responsive way builds children's sense of trust and security. Children must always be accompanied when toileting.

Staff will continue to work on the toilet training begun by their parents. Children will be taken to a toilet first to go to the toilet. For younger children a potty insert or separate potty can be used. Parents are asked to supply pullups to mimic wearing underpants rather than standard nappies.

Appropriate hygiene practices must be maintained and procedures followed to minimise any risk of infection at all times. Educators will continuously promote healthy hygiene practices and hand washing procedures; encouraging the children to follow these practices

## **3. Procedures**

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Educators/staff will:

- Ensure nappy change facilities are designed and located in a way that prevents unsupervised access by children which is compliant with National Regulations and Health and Safety Standards.
- Monitor and supervise children's safety during toileting procedures at all times, acknowledging and respecting their right to privacy and offering assistance in an age appropriate manner.
- Encourage children to practice simple hygiene practices.
- Allow for toileting at any time through the day and ensure all children will have access to toilets at all times.
- Report cases of cross-infection to Programs and Services Manager that may relate to ineffective toileting/nappy changing procedures.
- Take into consideration each child's individual emotional and physical needs including cultural expectations/needs.

- Be sensitive to the children’s right for dignity and privacy.
- Manage toileting accidents in a ‘positive’ way, always encouraging children’s efforts to develop independence and praising children for attempts and achievements.
- Regularly check the bathroom to ensure that there is sufficient toilet paper, soap and paper towels.
- Display information on correct toileting and hand washing procedures.

If a child has soiled or wet themselves educators/staff should:

- Remove any wet/soiled clothing and seal in a bag for washing. Clean and dry the child.
- Remove your gloves and wash hands, do not touch the child’s clean clothing.
- Dress the child, wash and dry the child’s hands. Have them leave the bathroom.
- Clean any spills following procedure for cleaning spills of body fluids.
- Wash and dry your hands.
- Inform parents upon pick up. If persistent problems exist in an already toilet trained child, discuss with parents whether any medical issues exist and develop a management plan moving forward e.g.: potty training again.

## 4 Document History

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### 6.6.9 Incident, Injury, Trauma and Illness Policy

#### 1. Purpose and Scope

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

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

## **2. Policy**

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

This policy and procedure will be followed by educators/staff in the event that any child:

- Is injured
- Becomes ill
- Suffers a trauma

## **3. Procedures**

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### **Illness**

If a child presents or develops one of the following presenting signs whilst in care, Educators/staff will contact the parent or emergency contact as listed in the enrolment documentation.

- (i) Ear and/or eye discharge;
- (ii) Undiagnosed rash, blisters or spots on the skin;
- (iii) Body temperature of 38 degree Celsius or higher;
- (iv) Persistent coughing episodes with difficulty in breathing;
- (v) Open sore with discharge;
- (vi) Vomiting and/or continuous loose bowel episodes.

A child with symptoms that may be infectious should be isolated where possible but not out of the sight of Educators/staff. Information within *Staying Healthy in Childcare* (5<sup>th</sup> Ed.) and *Communicable Diseases Guidelines, 2010* will be implemented in regard to the prevention of illness and infectious diseases (see ***Infectious Disease Policy***).

Educators/staff must ensure the parent of the child involved in an incident, injury, trauma or illness is notified as soon as practicable but no later than 24 hours after the occurrence.

Educators/staff must keep an *Incident, Injury, Trauma and Illness Report* form and record this as soon as practicable, but not later than 24hrs after incident.

### **Serious incident/Trauma**

Serious injuries, traumas and illnesses are those that require immediate treatment as an in-patient in a hospital. These are “notifiable incidents” and include:

- Head injury
- Broken limbs
- Serious Burns
- Whooping cough
- Epileptic seizures
- Measles
- Sexual assault
- Violence

- Serious cuts
- Amputation of a body part
- Loss of bodily function
- Recurring asthma
- Serious Eye injury
- Spinal injury

A serious incident also includes

- The death of a child at the service or following an incident at the Service.
- An incident at the service where the emergency services attended or ought reasonably to have attended.
- A child is missing.
- A child has been taken from the service without the authorisations required under the regulations.
- A child is mistakenly locked in or out of the service.

Any serious incident is to be recorded and reported to relevant authorities, being the Education and Care Regulatory Authority, within 24 hours.

Educators/staff should report to their insurance company as required by the conditions of their policy.

In the event of any injury or illness first aid will be administered and/or medical attention will be sought if required.

### **Dangerous incidents**

A dangerous incident is also notifiable under the legislation. Dangerous incidents include:

- An uncontrolled escape, spillage or leakage of a substance.
- An uncontrolled implosion, explosion or fire.
- An uncontrolled escape of gas or steam.
- An uncontrolled escape of a pressurised substance.
- Electric shock.
- The fall or release from a height of any plant, substance or thing.
- The collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations.
- The collapse or partial collapse of a structure.
- The collapse or failure of an excavation or of any shoring supporting an excavation.
- The inrush of water, mud or gas in workings, in an underground excavation or tunnel.

The approved provider or nominated supervisor must notify Work Cover by telephone or in writing as soon as possible after the injury, illness or incident. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by Work Cover.

The *Incident, Injury, Trauma and Illness Report* form will be stored in a safe and secure place and kept until a child is aged 25 years.

### **Death of a Child or serious injury to a child (life threatening)**

In the unlikely event of the death of a child or serious life threatening injury, Educators/staff will:

- Call emergency services – 000.
- Administer First Aid until emergency services arrive.
- On arrival of emergency services, take directions from emergency services personnel.
- Contact the child's family.
- Ensure that the other staff member takes responsibility for any other children in care at the time of the incident
- will submit the '**Notification of a Serious Incident**' **SI01** form (ACECQA) to the Regulatory Authority or ACECQA as soon as practicable but within 24 hours.
- Complete an **Incident, Injury, Trauma and Illness** form will be completed by the Nominated Supervisor within 24 hours.
- Notify the Chairperson of the Management Committee to be notified within 24 hours.
- Organise counselling for the family and other children.
- Should not admit liability.
- Not talk to the media

### **Missing child**

Educators/staff will:

- Ensure other children's safety.
- Check all areas where the child was last sighted and areas where they could have wandered.
- Following resolution of the incident, complete the *Incident Report* form within 24 hours.

The Educators/staff/ Nominated Supervisor will:

- Coordinate notification of police/parents and the Regulatory Body (if necessary).
- Educators/staff Approved Provider/Nominated Supervisor will submit the '**Notification of a Serious Incident**' **SI01** form (ACECQA) to the Regulatory Authority or ACECQA within 24 hours.
- An *Incident Report* (Refer to Appendix 4) will be completed by the Educators/staff Approved Provider/Nominated Supervisor.
- The Chairperson of the Management Committee will be informed.



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### 6.6.10 Infectious Disease Policy

#### 1. Purpose and Scope

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

This policy outlines how educators/staff will deal with the incidence of an infectious disease at the centre.

#### 2. Policy

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Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for the service to decide whether to accept or exclude the child from the service.

If we suspect a child may have an infectious disease, we will exclude the child until we receive a medical certificate stating the child is not contagious and is okay to attend the Service. Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Service and we will ask parents of children who are unwell to collect the child from our Service or to make alternative arrangements for their child's care.

Joondalup Family Centre will use the "Recommended Minimum Exclusion periods" as outlined in Table 1.1 of the *National Health and Medical Research Council Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition, Commonwealth of Australia 2012* to exclude children and educators when exposed to an infectious disease and inform parents of exclusion and non-exclusion periods for infectious diseases.

### 3. Procedures

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Procedures to minimise the risk of cross infection are to be in line with the recommendations outlined in *Staying in Childcare* (5<sup>th</sup> Ed.) and *Health Department of Western Australia Communicable Disease Publication* (2017):

1. Hand washing;
2. Exclusion guidelines;
3. Immunisation;
4. Cleaning the Pre-Kindy service;
5. Dealing with spills of blood and bodily fluids

If an infectious disease arises at the service we will respond to any symptoms in the following manner:

- Isolate the child from other children.

- Ensure the child is comfortable and appropriately supervised by educators.
- Contact the child's parents or nominated emergency contact. If the child's parents are unavailable we will contact the next nominated individual. We will inform the contact of the child's condition and ask for a parent or other authorised individual to pick the child up as quickly as possible. Any individual picking the child up from the service must be approved by the child's parents and be able to show identification.
- Ensure all bedding, towels and clothing which has been used by the child is disinfected. These items will be washed separately and if possible air dried in the sun.
- Ensure all toys used by the child are disinfected.
- Ensure all eating utensils used by the child are separated and sterilised.
- Provide information in the child's home languages to the best of our ability.
- Inform all service families and educators of the presence of an infectious disease.
- Ensure confidentiality of any personal health related information obtained by the service and educators in relation to any child or their family.

The Nominated Supervisor or another Responsible Person may require a child or staff member to provide a doctor's certificate on the first day back from an infectious illness stating they are okay to return to the Service.

Notification of infectious diseases and related conditions should be done as outlined on the Dept of Health website here: [https://ww2.health.wa.gov.au/Articles/N\\_R/Notification-of-infectious-diseases-and-related-conditions](https://ww2.health.wa.gov.au/Articles/N_R/Notification-of-infectious-diseases-and-related-conditions)

Hand washing procedures are an integral part of the Educators/staff daily routine. Hand hygiene practices will be carried out as outlined in Table 3.1 of the National Health Medical Research Council, "Staying Healthy" 5<sup>th</sup> Edition .

<b>When to perform hand hygiene</b>	
<b>Before</b>	<b>After</b>
<b>Educators and other staff</b> Starting work, so germs are not introduced into the service Eating or handling food Giving medication Putting on gloves Applying sunscreen or other lotions to one or more children Going home, so germs are not taken home with you home with you	Taking off gloves Changing a nappy Cleaning the nappy change area Using the toilet Helping children use the toilet Coming in from outside play Wiping a child's nose or your own nose Eating or handling food Handling garbage Cleaning up faeces, vomit or blood Applying sunscreen or other lotions to one or more children Touching animals
<b>Children</b> Starting the day at the service; parents can help with this Eating or handling food Going home, so germs are not taken home with them	Eating or handling food Touching nose secretions Using the toilet Having their nappy changed—their hands will become contaminated while they are on the change mat Coming in from outside play Touching animals

### **Exclusion of infectious/sick children**

- Identify if the symptom or medical condition is a communicable disease and determine the exclusion period according to the communicable disease's guidelines.
- Contact the child's parents or authorised emergency contacts as soon as practicable.
- Notify the Educators/staff Nominated Supervisor.
- Notify the relevant regulatory authority, e.g. Health Department.
- If required, advise all parents and staff of the occurrence of an infectious disease, the exclusion period and display a notice at the service.
- Unwell children should be excluded if they require a level of care and attention that would be detrimental to the safety and wellbeing of other children in care.

### **Immunisation**

- All children attending the service are to have up-to-date immunisations.
- A copy of the MyGov Immunisation status is to be provided at the time of enrolment.

### **Cleaning the Educators/staff Service**

- All toys and equipment used by children must be kept clean and in good condition at all times and as needed.
- Toys and equipment will be cleaned regularly
- All large equipment i.e., tables, home corner equipment, chairs, bookcases will be cleaned regularly

- Professional cleaners will clean the Educators/staff room daily according to direction from Centre Management.
- Clean all areas and equipment used by children with detergent and warm water, then rinse and allow to dry.
- All furniture used in providing the education and care service must be safe, clean and in good repair.

### **Dealing with spills of blood and bodily fluids**

#### **Educators/staff will:**

- Ensure use of hygiene and infection control precautions by all people in contact with children in the Educators/staff service.
- Wash hands and skin with warm, soapy water after any contact with blood, faeces, urine, vomit or any other body fluids.
- Wear gloves to clean up spilt blood, faeces, urine, vomit or other body fluids with neutral detergent and water, and regularly wash floors, toileting, equipment and toys.
- Ensure all cuts, abrasions, dermatitis or open skin on their hands is covered with an appropriate dressing, which should be changed each time it is soiled or wet.
- Be aware the risk of contracting blood borne diseases including HIV through skin contact with blood is low but is more likely if there are open cuts, abrasions and open wounds that are uncovered.
- Use gloves when applying first aid to bleeding wounds.

If exposed to blood or bodily fluids (via needle stick injury; skin contact; splash into eyes, nose or mouth; or biting) seek medical advice as soon as practical about risk of infection and post exposure treatment, including HIV and Hepatitis B and C treatment and testing regardless of the known or presumed infection status of source person of the blood or body fluid.

For needle stick or sharps injuries involving exposure of any Educators/staff or children to blood or body fluids:

- wash the injured area with soap and running water;
- dry the wound and cover with an appropriate dressing;  
dispose of the object that caused the injury, wear gloves and use forceps or tongs to pick up the object, and discard into a sealed firm container to be disposed of (preferably a yellow biohazard sharps container which are commercially available);

For skin contact with blood and or bodily fluids:

- wash off with warm water and soap as soon as possible and cover all open skin with an appropriate dressing;
- if splashes into eyes, rinse for 5 to 10 minutes with water, or a sterile eye irrigation solution if available. If wearing contact lenses, rinse the eyes with the lenses in, remove the lenses and rinse the eyes again and do not put the contaminated lenses back in;

- if splashes into the nose or mouth, blow your nose or spit out and rinse with water.

For clothes, toys or other objects that have been contaminated by blood or body fluids, wear gloves and a protective apron or overalls, mop excess fluid with disposable paper towel and wash with detergent and water.

To clean a blood spill on the floor:

- avoid direct contact with the spill;
- wear gloves and, if needed, a protective apron or overalls and eye protection and disposable mask if eye or face splashes are likely;
- contain the spill as far as possible by placing absorbent paper or paper towel around the edges of the spill, mop up as much as possible with absorbent paper, discard into a sealed heavy plastic bag and dispose;
- clean up the remaining spill and contaminated surface with detergent and water;
  - dry or ventilate the area, discard all gloves and disposable materials into a sealed heavy plastic bag for disposal;
  - any contaminated clothing, cloths or cleaning implements should be washed in detergent and hot water. If using a washing machine, wash contaminated and non contaminated materials separately, use the longest cycle for contaminated material, and if washing by hand, wear gloves;
  - for spills onto carpet or upholstered furniture, wear gloves, mop up as much excess fluid as possible with absorbent paper, clean with a detergent and water, and shampoo with an industrial carpet cleaner as soon as possible.

### **Recording and reporting practices**

- Educators/staff are to notify the Educators/staff and attend their doctor if they think that they have been exposed to blood borne diseases or to blood or body fluid from a needle stick, sharps injury, splash into the face, eyes, mouth or nose or contact with an open wound, regardless of the known or presumed infections status of the person or child who is the source of the blood or body fluid.
- If Educators/staff believe a child has been exposed to blood borne diseases or to blood or body fluid from a needle stick, sharps injury, splash into the face, eyes, mouth or nose or contact with an open wound, regardless of the known or presumed infections status of the person or child who is the source of the blood or body fluid, they are to notify the Nominated Supervisor, parents and relevant authorities.
- Educators/staff must fill in an ***Incident, Injury, Trauma and Illness form*** if they think that they have been exposed to blood borne diseases or to blood or body fluid from a needle stick, sharps injury, splash into the face, eyes, mouth or nose or contact with an open wound, regardless of the known or presumed infections status of the person or child who is the source of the blood or body fluid.

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### 6.6.11 Administration of First Aid Policy

#### 1. Purpose and Scope

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All Educators must hold a current approved first aid qualification, have undertaken anaphylaxis management training and have undertaken emergency asthma management training.

Educators/staff will develop an Action Plan to follow in event of a medical emergency.

#### 2. Policy

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Joondalup Family Centre aims to provide a safe environment and has a responsibility to protect the health and safety of each individual at all times. Joondalup Family Centre ensures the commitment to first aid is clear and shared by all.

Our educators and volunteers understand the importance of ongoing professional development. This First Aid Policy is important not only for children, families, staff and educators, but relates to every person who enters the service's premises or uses the service's equipment.

#### 3. Procedures

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The First Aid Policy, procedures and practices are designed to support staff/educators to:

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

The following incidents are examples of when first aid is required:

- Life threatening injury or illness, such as loss of consciousness leading to respiratory or cardiac arrest;
- Sudden Infant Death Syndrome (SIDS);
- Choking and/or blocked airway;
- Allergic reaction, such as anaphylactic shock;
- Injury to the head, back or eye;
- Bleeding or bone fracture;
- High temperatures and febrile convulsions;
- Asthma attack;
- Burns (including sunburn);
- Excessive vomiting leading to dehydration; and
- Poisoning from either hazardous chemicals, substances, plants or snake or spider bites

Joondalup Family Centre recognises that first aid responses to people suffering from an emotional or psychological condition are also important. These conditions can include:

- Severe stress resulting from a workplace or personal situation;
- Anxiety attack; and
- Emotional breakdown and loss of reasoning

### **First Aid qualifications**

#### **Educators/staff will:**

- Ensure the service operates in line with Education and Care Services National Regulations 2011 in relation to first aid
- Ensure educators and staff hold appropriate first aid qualifications including:
  - HLTAID004 Provide an emergency first aid response in an education and care setting (renewed every 3 years)
  - HLTAID001 Provide cardiopulmonary resuscitation (renewed every 3 years)
  - HLTAID002 Provide basic emergency life support (renewed every 3 years)
  - HLTAID003 Provide First Aid (renewed every 3 years)
  - Emergency Asthma Management Certificate (renewed every 3 years)
  - Anaphylaxis Management training (Renewed every 3 years)
- Implement practices to minimize cross infection while providing first aid.
- Allocate appropriate resources to maintain a safe environment. develop and implement guidelines/checklists for addressing issues/practices that do not meet required standards
- Maintain the list of emergency services, a list of the child's current contact numbers and emergency services and keep these in an accessible position at all times.

## First Aid Kits

- The first aid kit will be accessible to Educators/staff visitors, students, parents and volunteers, but inaccessible to children.
- Educators/staff relief staff, visitors, students, parents and volunteers will be informed of the location of the first aid kit on their first day at Educators/staff service.
- Educators/staff will possess a portable first aid kit for excursions.
- Contents of the first aid kit are to be replaced if used and kept within date and notes taken of regular checks of the first aid kit. See list of items below in **Basic First Aid Kit Contents**. Numbers of each item need to be sufficient for the individual service and the possibility of multiple children requiring first aid attention at any one time.
- First aid kits are to be stored out of reach of children; however need to be easily recognisable and accessible to an adult in an emergency
- First aid kits are to be checked a minimum of once every six months and restocked as items are used
- If sharps (such as needles) are used by a child, educators will dispose of these in an approved Sharps Dispenser.

<b>Basic First Aid Kit Contents</b>	Quantity	Expiry date
Gauze pads		
Triangular bandages		
Gauze bandages 5 cm		
Eye pads sterile		
Safety Pins		
Scissors (blunt or universal)		
Splinter probe or forceps		
Torch (small pencil type)		
Saline disposable 10 or 30 mm bottle for eye wash and wound dressing		
Bandaids		
Cleaning swabs		
Cotton tipped applicators		
Non-stretch adhesive tape hypo-allergenic 1.25 cm wide		
Disposable gloves		
Cold packs (ice or chemical)		
Face shields		
Note pad and pencil Instruction booklet for emergency treatment		
Expired air resuscitation (EAR) and Cardiopulmonary resuscitation (CPR) guides		



### **Communication with families**

- Educators/staff will obtain authorisation from parent/s and/or nominated contact on the enrolment form to administer first aid and obtain medical treatment and/or an ambulance if necessary.
- Educators/staff will inform parent/s or nominated person on the enrolment form following a first aid response.
- Educators/staff will ensure parents/guardians are aware of the First Aid policy and procedures.

### **First Aid response**

When a child in care is seriously injured or becomes ill, the Educators/staff will:

- One staff member to attend to the child immediately, whilst the other staff member is to be with and keep other children away from the injured child.
- Give appropriate first aid treatment which may include medical assistance. Any medical or dental treatment required must be carried out by the parent/s/family nominated preferred medical/dental practitioner where possible.
- Call an ambulance if required and stay with the child until the ambulance arrives.
- Contact the parent/s or nominated contact on the enrolment form (by telephone or the most direct method of contact as indicated by the parent/s on the enrolment form) to inform that an ambulance has been called for their child.
- Remain with other children in care whilst the child goes in the ambulance.

If child/children are taken by a educator/staff outside the premises at which children are being cared for (eg when leaving the service premises for excursions, routine outings or emergency evacuations); the staff/educator must ensure that they carry the following:

- A suitably equipped first aid kit; and
- The telephone number of any person who is to be notified of any accident, injury, trauma or illness involving a child; and
- the child's registered medical practitioner or medical service;
- an operational mobile telephone with an appropriate connection to a mobile telephone network; and
- If the child has been diagnosed as at risk of anaphylaxis, the child's anaphylaxis medication and anaphylaxis medical management plan
- If the child has been diagnosed with asthma, the child's asthma medication and asthma medical management plan.

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2018.1	1/08/2018	8/2019
2019.1	26/08/2019	8/2020
2020.1	26/09/2020	9/2021

### 6.6.12 *Medical Conditions Policy*

#### 1. Purpose and Scope

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The service and all educators need to effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

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

#### 2. Policy

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Joondalup Family Centre is committed to adhering to privacy and confidentiality procedures when dealing with individual health requirements. 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 program to ensure their individual health and safety.

Joondalup Family Centre will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum.

A copy of the **Medical Conditions Policy** must be provided to all educators and volunteers at the service. The Policy must also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child's parents about any medical condition/suspected medical condition, or known allergens that pose a risk to the child.

No child enrolled at the service will be able to attend the service without required medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the **Enrolment Form** and are responsible for updating the service about these things, including any new medication, ceasing of medication, or changes to their child's prescription. Additionally, parents of children with Asthma and Anaphylaxis are required to provide a **Medical Management Plan** signed by their General Practitioner. All educators and volunteers at the service must 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.

### 3. Procedures

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- Parents/Guardians of children being enrolled are required to provide Educators/staff service with a **Medical Management Plan** if their child has a known medical condition, allergy or other health care need. This is particularly important for Asthma and Anaphylaxis.
- Educators/staff must follow the **Medical Management Plan** which includes plans for *asthma, anaphylaxis and diabetes*.
- Educators/staff will inform relief staff, students and volunteers of the requirements within the **Medical Management Plan**.
- If applicable; a notice should be displayed advising that an enrolled child has been diagnosed as at risk of Anaphylaxis.
- Educators/staff will complete the **Incident, Injury, Trauma and Illness form** in consultation with the parent to cover any of the presenting signs identified in the **Medical Management Plan**.
- An **Authorisation of Medication Form** must be completed by the parent prior to any medication being administered. Due to the possibility of side effects, the first dose of any medication should be administered by the parent at least 2 hours before the child attends care.
- Prescribed medication can only be given if it's in its original container, bearing the original label with the name of the child, the dosage to be given and is within the expiry and use by date.
- All non-prescribed medication (as an example: Paracetamol) must be in the original container with the original label, have clear dosage instructions and a used date not past.
- In an emergency situation, verbal authorisation can be given by a parent or person listed on the enrolment form.
- Medication can be administered to a child without authorisation in the case of an anaphylaxis or asthma emergency. Emergency services will be contacted immediately.

The parent of the child and emergency services must be notified as soon as practicable.

- Any medication administered must be recorded by Educators/staff Kindy staff on the **Authorisation of Medication Form** and signed by the parent.
- Educators/staff must provide a copy of the Educators/staff's **Medical Conditions Policy** to the parent at time of enrolment. This is also accessible on the website.
- The **Incident, Injury, Trauma and Illness form** must be kept by Educators/staff until the child is 25 years of age.

#### 4 Document History

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Record of policy development		
Version	Date approved	Date for review
2014.1	30/06/2014	6/2015
2015.1	30/06/2015	6/2016
2016.1	30/06/2016	6/2017
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