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Service Philosophy:

The Gilles Street Out of School Hours Care service is a child focused place where:

- children's physical, emotional and social needs are met in a safe, caring and supportive environment.
- children, parents, staff and relevant community members are treated with respect and their views in relation to the proper operation of the service are considered and valued.

The best interest of each child is our paramount concern.

The service provides care in a way that –

- protects the child from harm
- respects the child's dignity and privacy
- promotes the child's wellbeing
- provides positive experiences to the child

The Gilles Street Out of School Hours Care service encourages and welcomes open discussion on all issues relevant to the service's operation.

Service Philosophy:

We meet our aims by following the National Quality Framework (National Regulations, National Children's Act 2010) and by utilising information from the My Time, Our Place Framework for School Aged Children in Australia.

We believe we should:

- _ Provide a safe and healthy environment where we run a program of activities that promote play and involvement for all children as well as a strong sense of wellbeing and belonging.

- _ Provide nutritional food and drinks, as a part of our program, to foster the children's sense of health and wellbeing.

- _ Build secure, trusting, caring and fun environment for children and their families by consulting with them, encouraging their involvement in the service and by role modelling fairness and respect for one another and our environment.

- _ Understand that each family and individual in our community is unique with their own individual interests, abilities, beliefs, customs and cultures.

- _ Encourage children to be involved in community groups by our support of, and genuine interest in the community.

- _ Promote through our program the importance of play where children:
 - Learn at their own pace through involvement
 - Are given opportunities to create, explore, experiment and be active
 - Practise skills
 - Interact with others whilst being engaged in various experiences.

- _ Ensure children have the right to be cared for in a comfortable, relaxed, safe, secure, nurturing environment.

- _ Provide for educators and children alike to work and play in a harmonious, happy, supportive environment where open communication is encouraged and respected and teamwork valued.

- _ Ensure children connect with their community through our services' involvement in excursions, incursions and special events.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Delivery and Collection of Children Policy

Policy: To ensure safe arrival and departure to and from the OSHC Program for all children and their families.

Background: It is the responsibility of staff and families to ensure the safe arrival and departure of children at the education and care setting and the completion of statutory documentation. Practical and safe approaches will promote a smooth transition between the service and home and confirms the children's presence or absence from the service. This ensures a child's arrival and departure at the service continues their safe care and custody.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 99, 158, 168(2)(f)

Links to National Quality Standard:

- 2.3.2 Every reasonable precaution is taken to protect children from harm or any hazard likely to cause injury.
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Goals:

Gilles Street OSHC will:

- Ensure the safe and documented arrival and departure of children at the education and care setting.
- Support children in settling into the service each day and experience quality education and care through continuity of educators and positive interactions within the community of the service.

Practices:

To ensure the safety of all the children in the care of Gilles Street OSHC, the following procedures apply to the arrival and departure of children each day;

Attendance Records:-

The record of attendance will include the name of each child attending.

Attendance records will include;

- the arrival and departure times
- the signature of the educator when the child arrives
- the signature of the parent/guardian who collects the child

Children will leave the service only with the parent authorised nominee, an authorised delegate as part of an excursion, any person listed as an emergency contact or because the child requires emergency medical care. (This does not include a parent who is prohibited by a court order from having contact.)

An educator will review the sign-in and out Sheet. Where parents or authorised persons have not signed in, a staff member will note that the child is in attendance. Families will be reminded to complete the record.

The service will ensure that two staff members verify that all children have been signed out of the service.

If a child is not signed out educators will check all areas of the school to ensure no child remains. They will also ensure that the child has been sighted leaving and if they have not, contact the family to ensure they have been picked up.

The service will allow a child to leave the service only with an authorised person, of at least 18 years of age, who appears able to appropriately care for the child.

Educators will always act in the interest of safety for the child, themselves and other children in the service. It is at the educators' discretion to determine if they believe an authorised person is unable to appropriately care for the child on the individual case and circumstances.

Parents/family member/guardian or the delegated authority will sign each child into the OSHC service upon arrival (on pupil free days or on vacation care days) and out upon departure, on pupil free days, vacation care days & after school care days.

Parents/family member/guardian or the delegated authority will sign the record of attendance with a full signature or initials.

The sign-in/out folder will be taken during emergency evacuations and used to ensure that all children are accounted for.

On orientation and the first day of enrolment educators will remind families that all children need to be signed in and out as part of regulatory obligations. Families will also be informed that sign in/out sheets will be used for emergency evacuations and need to be completed by families both on arrival on vacation care days & pupil free days and departure from the OSHC.

Educators will:

- Set-up the OSHC environment for children to enjoy when they are settling into care. Changes in the environment will be discussed with children and families to promote consistency and to help the children feel secure in their setting.
- Greet families and find out about the child's needs for the day. (on pupil free days & vacation care days)
- Support children to participate in an activity.
- Welcome families at the conclusion of the day and communicate about the child's day.
- Communicate important messages including; accident reports or medication needs, behavioural incidents or things children have done well.

Families/family member of delegated authority will:

- Communicate any changes of routine with educators. (This communication may include information about medication, a change in routine, a person other than a known authorised adult picking up a child. This information must be known by educators to ensure safety and wellbeing of each child.)
- Advise the service if they will be late.

Authorization for Collecting Children:-

The service will;

- Ensure that parents complete emergency contact details on the enrolment form.
- Ensure that children are only collected by adults authorized by the parent to collect their child.
- Ensure that children are only collected by a responsible adult who is at least 18 years of age.

If staff are unfamiliar with the authorized adult collecting the child they are to request proof of identity e.g. driver's license, Medicare card etc.

If an unauthorized person attempts to collect a child the Nominated Supervisor or an educator will keep the child with them until they have made contact with the parent or other authorized responsible adult.

If a parent rings during the day to inform the service that an unauthorized person is to collect their child, staff will ensure that the parent's voice is recognized. Details of the person to collect will be written in the OSHC diary and educators will check identity on arrival.

Family Access

The service will;

- Ensure that parents can exchange information about the child with primary contact staff at mutually convenient times on an ongoing basis.
- Ensure that if parents are separated or divorced they will inform the service of any custody arrangements.

Copies of any court orders must be provided to the service before access by either parent is to be restricted.

Any person who has been forbidden by court order from having contact with a child attending the OSHC;-

- Must not be given any information concerning that child.
- Must not be allowed to enter the premises of the OSHC program while the child is attending the service.
- Must not be permitted to collect the child from the program.

Late Collection of Children

The OSHC Program is licensed for children to attend the service between 3:15 PM and 6:15PM. Educators must meet regulations at all times and would be contravening these regulations if they supervise children at the service outside of these hours.

If parents/caregivers who are running late must inform the service by phone so staff are able to keep children calm and make preparations for the care of the child.

A late fee of \$20.00 for every 15 minutes or part thereof is incurred for late pick-ups. If parents are consistently late care may be withdrawn and parents will be asked to find alternative care.

Two educators will remain on the premises with any late child until they are collected by an authorized, responsible adult.

Visitors

The OSHC service will;

- Ensure that all visitors to the service sign the visitor's book and include the following details; name, date, arrival time, departure time and reason for visit.
- Ensure that all visitors are accompanied by primary contact staff whenever they are in the presence of children.

Summary:

Arrival and departure times encourage families to interact, build relationships, open communication networks and ensure the safety of children when being delivered and collected from the OSHC.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Excursions Policy

Policy:

The service will provide well planned and documented excursions which provide a valuable part of the program.

Background:

Excursions are a valuable experience for children, families and staff within the OSHC setting. Excursions provide the opportunity to expand and enhance children's experiences, explore different environments and engage in meaningful ways with their communities.

Excursions require appropriate planning and risk management to ensure the best experience and enjoyment for all. Gilles Street OSHC is committed to providing excursions which; consider the health, safety and wellbeing of children at all times, are well considered and planned, provide meaningful experiences.

Relevant Legislation:

- Education and Care Services National Regulations 2011 101, 102
- NSW Occupational Health and Safety Act 2000
- Occupational Health and Safety Regulations 2001

Link to National Quality Standard:

- 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Goals:

Gilles Street OSHC will:

- Make excursions a part of the program of education and care;
- Plan for excursions with careful consideration of the safety of children and adults;
- Carry out excursions only where full documentation and permissions have been completed and obtained;
- Undertake full risk assessments, consideration of value of educational excursions, and plan for first aid requirements.

Planning and Preparations:

All excursions will:

- maximise children's developmental experiences and their safety;
- reflect the age, capacity and interests of the children;
- be vigilantly supervised
- conducted after written parental permission has been received.

All excursions will be thoroughly researched to ensure:

- Supervision is adequate and children cannot be separated from the group;
- Access to hazardous equipment and environments are minimised;
- There is adequate access to food, drink and other facilities (toilets, hand washing etc.)
- The mobility and supervision requirements of children with additional needs are considered.
- Adequate sun and shade protection is available.

When planning for an excursion staff will:

- Assess the requirements for the excursion.
- Conduct a risk assessment.
- Book transport and venues.
- Make alternative arrangements for adverse weather conditions
- Inform families of the details of the excursion including destination, objectives and outcomes, and what the child should bring.
- Provide parents or legal guardians with an excursion permission form to complete and authorise their child to attend the excursion;
- Collect completed permission forms for each child attending the excursion;
- Ensure a suitably equipped first aid kit (including asthma medication, EpiPen, Asmol etc.) and mobile phone is taken on the excursion.

Additional factors will be considered in the planning of excursions for children with additional needs. Where possible, the service will uphold the right for all children to access all excursions and engage in meaningful ways while on excursions.

Risk Assessments:

The nominated supervisor will:

Ensure a risk assessment is conducted prior to any excursion to identify and assess the risk the excursion may pose to the safety, health and wellbeing of any child whilst on the excursion, and will specify how the service will manage any risks identified.

The risk assessment will consider:

- The proposed route, destination and duration of the excursion.
- Potential water hazards or any hazard associated with water based activities.
- Transport to and from destination.
- The number of educators, responsible persons, and children involved.
- Any specialised skills required.
- The proposed activities and the items to be taken on the excursion e.g. mobile phone, emergency contact numbers etc.

Authorisation for Excursions:

The nominated supervisor will ensure that:

Parents or legal guardians are given an excursion permission form with full details of the excursion including:

- The date, description, duration and destination of the proposed excursion.
- The method of transport to be used.
- The reason for the excursion and the proposed activities to be conducted on the excursion
 - the anticipated adult: child ratio – outlining number of educators and staff and other adults attending;
 - a statement that a risk assessment has been prepared and is available at the service for parents to view.

No child will be taken on an excursion unless written permission from parents or legal guardian has been received.

Transport and Traffic:

The safety of the children will be considered in the choice of route and mode of transport.

The service will follow all applicable S.A. road rules as well as the RAA best practice recommendations for transporting young children safely in buses.

Every reasonable precaution will be taken to protect children from harm and any hazard likely to cause injury.

Educators will ensure children obey road rules and cross roads at a crossing or lights where available.

Educators will remain vigilant to ensure no child runs ahead or lags behind the group.

Educators will ensure child passengers enter and exit the bus by the 'safety door', which is the front/rear, left hand side door of the bus.

When getting on and off the bus, educators are to arrange themselves so that one educators member is first on/last off to ensure no child is left behind. Educators will ensure there are no loose or sharp objects inside the bus that could cause injury if an accident occurs or the bus needs to stop suddenly.

Supervision:

Supervision on excursions will ensure the safety and wellbeing of all children for the duration of the excursion, taking into account ratios and all risks and hazards likely to be encountered.

The venue will be assessed as safe for all children and adults on the excursion and will be easily supervised and accessible.

When it is not possible or appropriate for the whole group to move together, smaller groups will be organized to include at least one staff member.

The children will be organized into small groups in the care of a particular adult. Adults are responsible for the careful supervision of their own group of children and should count them regularly.

Children must be supervised when going to the toilet (An educator will check toilets before a child goes in).

Excursion Schedule:

All educators, parents, guardians and children attending will be informed of the excursion timetable/itinerary, special requirements, safety procedures, grouping of children and responsibilities upon requests.

A list of children on the excursion will be carried by the delegated certified supervisor.

Items to be taken on excursions include:

- A suitably stocked first-aid kit including asthma medication and EpiPen (if required).
- A mobile phone.
- All children's emergency contact numbers.
- Children's medication, if required.
- Other items as required e.g. sunscreen, drinking cups, spare clothes etc.

If a child becomes lost on an excursion, the service will leave a staff member behind to look, while the other educators escort the children back to the service.

When planning excursions, consideration should be given to the cost. Cost should not preclude any child from attending. If costs are high the excursion may be partly subsidized by the OSHC so that all children are able to attend.

Summary:

All excursions will be conducted in a safe manner and evaluated. Any identified at the conclusion of the excursion will be addressed and actioned to ensure children's safety.

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT

Acceptance and Refusal of Authorisation Policy

Policy: The OSHC Program will act in accordance with correct authorisations as described in the Education and Care Services National Regulations 2011

Background: Gilles Street OSHC requires authorisation for actions such as administration of medications, collection of children, excursions and providing access to personal records. This policy outlines what constitutes a correct authorisation and what does not, and may therefore result in a refusal.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 168

Links to National Quality Standard:

- 7.3 Administrative systems enable the effective management of a quality service

Key Resources:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011

Goal: We will ensure that we only act in accordance with correct authorisation as described in the Education and Care Services National Regulations, 2011.

Practices:

The nominated supervisor will:

- Ensure documentation relating to authorisations contains:
 - o the name of the child enrolled in the service;
 - o the date;
 - o a signature of the child's parent/guardian, or nominated contact person who is on the enrolment form;
 - o the original form/letter/register provided by the service.

- Apply these authorisations to the collection of children, administration of medication, excursion and access to records.
- Keep these authorisations in the enrolment record.
- Exercise the right of refusal if written or verbal authorisations do not comply.
- Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The service can administer medication without authorisation in these cases, provided they contact the parent/guardian as soon as practicable after the medication has been administered.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Dealing with Infectious Diseases Policy

Policy: The Service will plan for and respond effectively to minimise children's exposure to infectious diseases.

Background: Ensuring the health and safety of children, and staff, and supporting children's ongoing wellbeing, is a core focus of the delivery of our OSHC Program. Educators need to be aware of the likelihood of young children being exposed to an infectious illness whilst in care.

Maintaining hygiene practices within the service and teaching young children about health and hygiene will assist in the prevention of infectious diseases. Providing families with timely and current information will further support this process.

Relevant Legislation:

- Education and Care Services National Regulations 2011
- Education and Care Services National Law Act 2010

Links to National Quality Standard

- QA2: Children's Health and Safety
- 2.1 Each child's health is promoted
- 2.1.3 Effective hygiene practices are promoted and implemented
- 2.1.4 Steps are taken to control the spread of infectious diseases and to manage illness and injuries, in accordance with recognised guidelines

Key Resources:

- Guide to the National Quality Standard (3) ACECQA (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- Health and Safety in Children's Services Model Policies and Practices – 2nd Edition revised (2003)
- Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care - 4th Edition (2006)
- National Health and Medical Research Council: www.nhmrc.gov.au/

- Immunisation Handbook – 9th Edition (2008) Australian Government – Department of Health and Ageing – National Health and Medical Research Council
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations (3) (2011)

Goals:

Children's exposure to infectious diseases will be minimised by:

- The service following all recommended guidelines from relevant authorities regarding the prevention of infectious diseases.
- The promotion of practices that reduce the transmission of infection.
- The exclusion of sick children and staff.
- Service support for child immunisation.
- Effective hand washing procedures.

Approved Provider will:

- Ensure that all information regarding the prevention of infectious diseases is sourced from a recognised health authority, such as: Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care (4th edition), National Health and Medical Research Council (2006) & the SA Department of Health.
- Implement the recommendations from Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care to prevent the spread of infectious diseases at the service;
- Collect, maintain, and store appropriately the required enrolment documents and enrolment information of children in the service.

The nominated supervisor will:

- Develop procedures for:
 - o maintaining a hygienic environment.
 - o providing families with relevant infectious diseases, health and hygiene information.
 - o guiding children's understanding of health and hygiene throughout the daily program.
 - o ensuring staff are aware of relevant immunisation guidelines for children and themselves.
 - o maintaining relevant records regarding the current status of the immunisation children at the service, as well as any relevant medical conditions of children at the service.

- Develop an enrolment procedure that captures all required information regarding the children's immunisation status, and any medical conditions.
- Provide relevant sourced materials to families about:
 - o exclusion guidelines for children that are not immunised or have not yet received all of their immunisations in the event of an infectious illness at the service.
 - o advice and information regarding any infectious diseases and information regarding any specific infectious illnesses that are suspected/present in the service.
 - o providing information on illnesses (as soon as practicable after the occurrence of an infectious disease).
- Provide information to families as soon as practicable of the occurrence of an infectious disease that describe the;
 - o nature of illness.
 - o incubation period.
 - o infectious and exclusion periods.
- This information will be sourced from a reliable source such as, Staying Healthy in Childcare - Preventing Infectious Diseases in Child Care (4th Edition), National Health and Medical Research Council (2006).
- Ensure an "Incident, Injury, Trauma and Illness" record is completed as soon as practicable or no later than 24 hours of the illness occurring.
- Ensure that all educators are aware of individual children's circumstances (i.e. staff have read children's health care plans card before children commence OSHC.)
- Maintaining confidentiality with regards to children's individual medical circumstances, by putting procedures in place to safeguard children and families personal information.
- Provide regular reminders to families to keep information in children's enrolment records up to date (immunisation) and ensuring that this occurs as required.
- Advising staff of the recommended immunisations for people working with children as per the Immunisation Handbook – 10th edition 2013

- Ensure opportunities for educators and families to be involved in the review of the policies and procedures regarding children's health and safety are provided.
- Inform and implement the advice of the health department, or local health unit regarding infectious diseases as required.

Educators will:

- Ensure that any children that are suspected of having an infectious illness are responded to and their health and emotional needs supported at all times.
- Implement appropriate health and safety procedures, when tending to ill children.
- Ensure that families are aware of the need to collect their children as soon as practicable to ensure the child's comfort.
- Advise families that they will need to alert the service if their child is diagnosed with an Infectious Illness;
- Provide varied opportunities for children to engage in hygiene practices, including routine opportunities, and intentional practice;
- Take into consideration the grouping of children to reduce the risk of acquiring an infectious illness when planning the routines/program of the day;
- Implement the services health and hygiene policy including:
 - o hand washing – washing and drying thoroughly routine and daily cleaning of the service.
 - o wearing gloves (particularly when in direct contact with bodily fluids).
 - o proper handling and preparation of food.

Summary:

Infection control is effectively managed at the service to ensure children remain healthy and the transmission of infectious diseases are minimised.

Related Policies:

- Hand washing
- Toileting
- Nose wiping
- Contact with bodily fluids
- Cleaning
- Exclusions for infectious diseases and acutely ill children
- Assessing serious or potential infectious diseases
- Notification procedures in infectious disease cases
- Managing immunizations

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Dealing with Medical Conditions Policy

Policy: The Service will facilitate effective care and health management of children with acute episodes of illness and medical emergencies.

Background: Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our service is committed to a planned approach to the management of medical conditions to ensure the safety and well-being of all children at this service. Our service is also committed to ensuring our educators are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times.

Goals: Our education and care service will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medical conditions to develop an action plan for their child;
- Informing all staff, including casual staff, and educators, of all children diagnosed with a medical condition and the action plan procedures for these children;
- Ensuring all children with diagnosed medical conditions have a current action plan that is accessible to all staff;
- Ensuring all staff are adequately trained in the administration of emergency medication.

Relevant Legislation:

- Education and Care Services National Law 2010
 - Education and Care Services National Regulations 2011: 90, 91, 94
- [Link to National Quality Standards](#)
- Quality Area 2.1.1: Each child's health needs are supported

The approved provider will:

- Ensure the Nominated Supervisor fulfils responsibilities in the management of medical conditions.

Enrolment of children into the OSHC

The nominated supervisor will:

- Ensure that any parent with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this medical conditions policy;
- Inform parents of the requirement to provide the service with a medical management plan of their child's condition;
- Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:
 - ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
 - Ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
 - Ensure all staff members can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and
 - Ensure that a child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented;
 - Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;
 - Ensure that staff are adequately trained in procedures contained in the medical management plan; and
 - Inform other families enrolled at the Service of the need to prohibit items which may present a hazard to children with diagnosed medical conditions.

Communication and display of medical information

The nominated supervisor will:

- Ensure all medical management and risk minimisation plans are accessible to all staff;
- Ensure that all plans are current and kept up to date; health care plans must be updated once a year to ensure all information is current.
- Develop a communication plan to ensure that relevant staff members are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child;

- Ensure all educators are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition.

Management of asthma and anaphylaxis

The nominated supervisor will:

- Ensure that all staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
- Ensure that all staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will:

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and
- Administer emergency medication in accordance with their training, as required.

Documentation and Record Keeping

The approved provider will:

- Ensure records are confidentially stored for the specified period of time as required by OSHC regulations.

The nominated supervisor will:

- Provide a copy of the medication record to medical staff in the event further medical intervention is required.

Educators and staff will:

- Complete a medication record when a child receives emergency medication; and
- Will provide parents with a copy of the medication record.

Policy Availability

- The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

Related Policies

- Asthma Management
- Anaphylaxis Management
- Diabetes Management

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

ASTHMA POLICY

Policy: The Service will facilitate effective care and health management of children with asthma and the prevention and management of acute episodes of illness and medical emergencies.

Goals: OSHC is committed to:

- Raising the awareness of asthma amongst those involved with the OSHC service.
- Providing the necessary procedures to ensure the health and safety of all persons with asthma attending the OSHC service.
- Providing an environment in which children with asthma can participate in all activities to their full potential.
- Providing a clear set of guidelines and expectations to be followed with regard to the management of asthma.

Purpose: The aim of this policy is to document strategies for implementation of best practice asthma management within the OSHC setting so that:

- All children enrolled at the service who have asthma can receive appropriate attention as required.
- A service can respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the service.

Relevant Legislation:

- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011

Links to National Quality Standards:

- Quality Area 2.1.1: Each child's health needs are supported

Key Resources:

The policy should be read in conjunction with:

- The Asthma Friendly Children's Services Guidelines
- Asthma Foundation SA Policies – www.asthmasa.org.au
- Work Health and Safety Act 2011

General Notes

- Children with asthma have sensitive airways. It is important to avoid the things (triggers) which can make asthma worse by causing the airways to narrow. Triggers include cold or flu symptoms, weather conditions, exercise/play, inhaled allergens (e.g. pollens, tobacco smoke, perfumes, sprays, moulds, animal hair and dust mites), dust, certain medications (e.g. Aspirin), some foods and preservatives, flavourings and colourings, emotions (e.g. laughter).
- Symptoms of asthma include shortness of breath/ difficulty in breathing, wheezing or high pitched whistling sound (mainly when breathing out), cough (sometimes associated with vomiting) chest tightness (sore tummy). These symptoms vary from child to child. An asthma attack can be life threatening and must be treated promptly.
- Inhaled medications are the best way of treating asthma in children under 5 years of age. Inhaled medications can be taken using a puffer/inhaler and a spacer.
- There are three main groups of asthma medications;
 - o Preventers; Flixotide, Intal Forte, Pulmicort, Tilade, Qvar, Alvesco, (white or autumn coloured containers)
 - o Relievers; Airomir, Asmol, Bricanyl, Epaq, Ventolin (blue containers)
 - o Symptom controllers and Combination Medications; Foradile, Oxis, Serevent, Seretide, Symbicort.

Our Commitment:

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within this service gives the following undertakings:

The Management will:

- Ensure that at least one educator member responsible for First Aid/Asthma/Anaphylaxis is on duty whenever children are attending the service, including off site excursions.
- Provide all educators with a copy of the asthma policy and brief them on asthma procedures upon their appointment to the Children's Service.
- All educators attend regular certified asthma training every three years.
- Ensure that all educators are informed of the children with asthma in their care.

- Ensure that at least one Asthma First Aid poster is displayed in a key location.
- Ensure that the Asthma Emergency Kit contains a blue reliever puffer (e.g. Airomir, Asmol, Epaq or Ventolin), a spacer device and concise written instructions on asthma first aid procedures.
- Provide a mobile asthma emergency kit for use on excursions.
- Identify and, where possible, minimise asthma triggers.
- Encourage open communication between families/ guardians and educators regarding the status and impact of a child's asthma.
- Promptly communicate any concerns to families should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Educators will:

- Ensure that they maintain current asthma first aid training.
- Ensure that they are aware of the children in their care with asthma.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the Child's Asthma Record.
- Administer emergency asthma medication if required according to the child's Asthma Record.
- Document the use of medication according to service policy and notify parents/carers.
- Promptly communicate, to management and families, any concerns about the child's asthma limiting his/her ability to participate fully in all activities.
- Provide families with the contact details of the Asthma Foundation if further asthma advice is needed.
- Regularly maintain all asthma components of the first aid kit to ensure all medications are current and any asthma devices are cleaned after each use and ready to use.
- Provide children with their reliever medication as soon as symptoms develop.
- Reduce exposure of children and educators to indoor allergens by;
 - o Regularly vacuuming carpet, rugs, upholstered furniture and fluffy toys
 - o Regularly shampooing carpet, rugs, upholstered furniture and washing fluffy toys
 - o Treating and preventing growth of mould and mildew indoors and in clothing, linen and bed clothes
 - o When using chemical sprays such as pesticides and cleaning agents, spraying when children are not present in the immediate vicinity
 - o Controlling pest infestations, especially cockroaches

Families will:

- Inform educators, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Child Asthma Record as provided by the child's doctor.
- The child's asthma action plan is to be completed prior to the enrolment of the child and reviewed by the educators and parents each year or more frequently should any changes in treatment occur.
- Notify the educators, in writing, of any changes to the child's asthma action plan during the year.
- Supply current medication (reliever) labeled with child's name and expiry date and left with the child.
- Ensure medications are stored in children's bags.
- Communicate all relevant information and concerns with educators as the need arises e.g. if asthma symptoms were present during the night.

Asthma First Aid

- The OSHC will have an Asthma Emergency Kit available for use in case of:
 - o An emergency where a child has difficulty breathing
 - o A child's first attack of asthma
 - o A child's own asthma reliever puffer is unavailable, expired or empty.

AND

- All educators should be aware of how to deliver the Asthma First Aid Plan. Each kit should contain a blue reliever puffer (Aiomir, Asmol, Epaq or Ventolin), a spacer device and instructions for use.

If a child has difficulty breathing or their asthma deteriorates, administer Asthma First Aid according to either:

- The Child's Asthma Record First Aid Plan as signed by the family and/or doctor's written instructions

OR

- The Asthma First Aid Plan. If a child has difficulty in breathing and there is no notification on any written communication from the parents/guardian about them having asthma; call an ambulance immediately, follow the Asthma First Aid Plan and contact the parents immediately. (No harm is likely to result from giving a reliever puffer to someone with asthma.)

Asthma First Aid Plan

Step 1: Sit the child upright and remain calm and provide reassurance. Do not leave the child alone.

Step 2: Give 4 puffs of a blue reliever (Airomir, Asmol, Epaq or Ventolin), one puff at a time, preferably through a spacer device. Ask the child to take 4 breaths from the spacer after each puff. (Shake the puffer before initial use)

Step 3: Wait 4 minutes.

Step 4: If there is little or no improvement, repeat steps 2 and 3. If there is still little or no improvement, call an ambulance immediately (Dial 000).

Continue to repeat steps 2 and 3 while waiting for the ambulance.

- In an emergency the blue reliever puffer can be accessed from the Asthma Emergency Kit, or borrowed from another child.
- Record any asthma incident and file the completed form with all incident reports.
- Notify the family and advise them of actions taken.

Correct Use of the puffer

- Remove the cap from the puffer
- Shake puffer well and insert into the end of the spacer
- Put the mouthpiece of the spacer in your mouth, forming a seal with your lips. Breathe out gently
- Press down on the puffer canister once to fire medication into the spacer
- Breathe in and out normally for 4 breaths
- To take more medication, shake the puffer again, and then repeat steps 3-5. Remember to put the mouthpiece cap back on after you've finished

Checklist for Excursions:

Educators should be alert for:

- Children with a high risk history of asthma
- Children who show asthma symptoms before departure on an OSHC excursion
- The need to modify an activity for children with asthma
- Strategies to prevent exercise induced asthma
- A child who denies symptoms of asthma
- The need for early intervention of treatment for asthma symptoms
- Signs of worsening asthma

Educators should ensure:

- Children's asthma records and individual asthma treatment plans are taken on all excursions and kept with the director or group leader;
- They are familiar with the asthma emergency management required for the children in their care;
- A mobile phone is available and there is suitable reception;
- The asthma emergency kit accompanies each group and the contents are checked before leaving the service. (This should include checking the expiry date and making sure the medication is full.)
- Check emergency services near excursion site.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

MANAGING CHILDREN WITH

FOOD ALLERGIES

& ANAPHYLAXIS

Policy: The Service will facilitate effective care and health management and management of emergencies in children who have food allergies, and children who are at risk of anaphylaxis.

Background: Food allergies in children are common and can be due to peanuts, other tree nuts (brazil, cashew, hazelnuts, almonds), fish, shellfish, eggs, wheat, milk, milk products, soy, seed and some fruits. The most common food allergies are due to milk, egg and peanut. Peanut allergy is the most likely allergy to need the availability of adrenaline. Other substances which children can have a severe allergic reaction are drugs (especially antibiotics and vaccines), bees, other insect stings and some plants. The most severe form of allergic reaction to any substance is anaphylaxis and effective immediate management requires adrenaline.

Relevant Legislation:

- Education and Care Services National Regulations 2011
- Children (Education and Care Services National Law Application) Act 2010

Links to National Quality Standard:

- 2.1 Each child's health is promoted

Key Resources:

- Australasian Society of Clinical Immunology and Allergy:
www.allergy.org.au
- Australian First Aid, St John Ambulance Australia: www.stjohn.org.au

Practices:

To facilitate effective care and management of anaphylaxis or other emergencies in children who have food allergies, or susceptibility to anaphylaxis, the approved provider will:

- Ensure all educators have completed a recognized First Aid course.
- Ensure all educators have completed a recognized course in managing allergies and anaphylaxis.
- Ensure families have provided; information on the child's health, medications, allergies, the name of the child's doctor, the phone number of the child's doctor, emergency contact names and phone numbers, and an Allergy/Anaphylaxis First Aid Plan or Emergency Medical Plan approved by the doctor following enrolment and prior to the child starting at the service.
- Ensure families provide documentation from their doctor confirming their child's allergies and their management in the form of an Allergy Emergency Medical Plan.

The approved provider will:

- Ensure all educators are aware of children that have allergies and what they are allergic to prior to the children starting at the service. Photos are taken of all children with allergies and placed in a prominent position in the office and classroom with description of allergy.
- Ensure regulation and other guidelines are adhered to when administering medication and treatment in emergencies, and a Medication Authority Form has been completed and signed.

In any case where a child is having a severe allergic reaction or any symptom or signs of anaphylaxis, the educators should immediately administer first aid or medical treatment according to either;

- the child's Anaphylaxis First Aid or Emergency Medical Plan, or
- a doctor's instructions, or
- the administration of adrenaline as per the Anaphylaxis Action Plan as recommended by Allergy training, or
- dial 000 for an ambulance

Related Policy: Reducing the Risk of Severe Allergies and Anaphylaxis

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

REDUCING THE RISK OF SEVERE ALLEGIES & ANAPHYLAXIS

Policy: OSHC will minimize the risk of exposure of children to foods and other substances which might trigger severe allergy or anaphylaxis in susceptible children.

Background: Food allergies in children are common and can be due to peanuts, other tree nuts (brazil, cashew, hazelnuts, almonds), fish, shellfish, eggs, wheat, milk, milk products, soy, seed and some fruits. Other substances which children can have a severe allergic reaction are drugs (especially antibiotics and vaccines), bees, other insect stings and some plants. The most severe form of allergic reaction to any substance is anaphylaxis and effective immediate management requires adrenaline.

For children with a severe allergy, the key to prevention of potentially serious reactions is avoiding exposure to the relevant allergen.

Relevant Legislation:

- Education and Care Services National Regulations 2011
- Children (Education and Care Services National Law Application) Act 2010

Links to National Quality Standard:

2.1 Each child's health is promoted

Key Resources:

Australasian Society of Clinical Immunology and Allergy: www.allergy.org.au
Australian First Aid, St John Ambulance Australia: www.stjohn.org.au

Practices:

To minimize the risk of exposure of children to foods and other substances which might trigger severe allergy or anaphylaxis in susceptible children, the approved provider will;

- Ensure educators have ongoing training concerning the risk of food anaphylaxis and individual children at risk.
- Ensure children do not trade or share food, food utensils and food containers.
- Ensure eating areas and utensils are thoroughly cleaned with warm soapy water to remove traces of potential allergens.
- Be aware that allergy in children can be triggered through ingestion, inhalation of a dust or vapour, skin contact, or a bite or a sting.
- Be aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
- Ensure that children with food allergies only eat food that has been prepared for them at home.
- Ensure that all educators are informed of children and other educators who have allergies, the type of allergies and the Service procedures for dealing with emergencies involving allergies and anaphylaxis.
- Restrict the use of foods that current children are allergic to in craft and cooking experiences.
- Be aware of the risk to an identified child of using allergenic foods in cooking activities (e.g. baking cakes, frying eggs).
- Ensure all staff have undertaken safe food handling training.
- Making sure materials such as cow's milk cartons, egg cartons or eggshells are clean and free of contamination before using for art and craft activities.
- Prevent cross-contamination between foods, food surfaces and utensils, particularly when preparing foods containing the most likely

allergens such as nuts, milk and milk products, eggs and egg products, and soy.

- Be aware that a child may have a number of different allergies.
- Photos of children with allergies are displayed in office area.
- Ensure children identified as allergic to specific triggers and substances do not have access to or contact with those substances.
- Ensure sunscreens, antiseptic creams etc. used on allergic children are approved by their parent.
- Are aware of the other common groups of substances which trigger allergic reaction or anaphylaxis in susceptible children including; _ all types of animals, insects, spiders and reptiles, all drugs and medications, especially antibiotics and vaccines, many species of plants, especially those with thorns and stings, latex and rubber products e.g. Band-aids, Elastoplast and products containing rubber based adhesives.

Related Policy: Managing Food Allergies and Anaphylaxis

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

DIABETES POLICY

Policy: The Service will facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.

Background: Diabetes is one of the most common chronic diseases of childhood and affects 1-2 per 1000 children and adolescents under 20 years. Appropriate diabetes care in the child care setting is important for the immediate and long term welfare of the child and to optimize their behaviour and academic development.

Relevant Legislation:

Children's Services Regulation 2004

Occupational Health and Safety Act 2000 and Regulations 2001 (NSW)

Key Resources:

www.stjohn.org.au

Diabetes Australia; www.diabetesaustralia.com.au

Practices:

To facilitate effective care for a child with diabetes it is necessary to form a partnership between the Service and the child's family.

The OSHC Program will;

- Ensure the family, parent or guardian provides the service with; details of the child's health problem, treatment, medications and allergies, the name of the child's doctor and the phone number of the child's doctor for contact in case of an emergency.

- Ensure the family, parent or guardian provides the service with a diabetes action plan/care plan following enrolment and prior to the child starting at the service which should include; when, how and how often the child is to have finger prick or urinalysis glucose or ketone monitoring, what meals and snack are required including food contact, amount and timing, what activities and exercise the child can and cannot do, whether the child is able to go on excursions and what provisions are required, what symptoms and signs to look for that might

indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose, what action to take including emergency contacts for the child's doctor and what first aid to provide.

- Ensure all educators are aware of any child that has diabetes prior to the children starting at the service. Photos are taken of any child with diabetes and placed in a prominent position in the office. (In any medical emergency involving a child with diabetes, the educators should immediately dial 000 for an ambulance, notify the family and administer first aid or emergency medical aid according to the child's Diabetes Care/First Aid Plan or a doctor's instructions).
- Ensure the family supplies all necessary glucose monitoring and management equipment.
- Ensure the family and Service educators know it is not the responsibility of the educators to administer a child's insulin, or to administer parenteral injections of glucose or glucagons in an emergency.
- Ensure the family understands that a child's insulin should be administered before or after care.
- Ensure there are educators who are appropriately trained to perform finger-prick glucose or urinalysis monitoring and know what action to take if these are abnormal.
- Ensure that there are appropriate glucose foods or sweetened drinks readily available to treat hypoglycaemia (low blood glucose), e.g. Glucose tablets, glucose jelly beans, fruit juice. (If a child has had an episode of hypoglycaemia and needed glucose food or drink, also provide the child with a slow acting carbohydrate food to help maintain blood glucose levels, e.g. milk, raisin toast, yoghurt, fruit.)
- Ensure a private location is available for the child when glucose monitoring occurs.
- Ensure child only has food and drink that is appropriate for the child and are in accordance with the child's Diabetes Care /First Aid Plan.
- Ensure opportunity for the child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Diabetes Care/ First Aid Plan.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Emergency and Evacuation

Policy

Policy: OSHC will plan for and respond effectively to fire and emergency evacuations.

Background: Evacuation may be required in the event of a fire, chemical spill, bomb scare, earthquake, gas leak or flood. Planning for and responding effectively to fire and emergency evacuations is important to ensure safety in children's Services.

Relevant Legislation:

- Education and Care Services National Regulations 2011
- Education and Care Services National Law Act 2010
- Work Health and Safety Regulation 2011
- Australian Standards for portable fire extinguishers and fire blankets.

Links to National Quality Standard:

- QA2: Children's Health and Safety
- 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- 2.3.3 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Practices:

To effectively plan and respond to fire and emergency evacuations, the OSHC will:

- Identify potential emergencies, e.g. fires, floods, crime, likely accidents in the Service, asthmatic or allergic children and take all precautions and plan for relevant worst case scenarios.
- Have a fire extinguisher and fire blanket readily accessible near areas where fires are likely to start, such as the kitchen.
- Ensure the fire extinguisher is tested 6 monthly and is in good working order,
- Ensure all fire exits are clear.
- Ensure all doors in the service can be easily opened in an emergency),
- Ensure all fire protection equipment is tested in accordance with Australian Standard AS 1851.1 (1995) for level 1 service and kept in proper working condition.
- Ensure all staff members are aware of the correct use of a fire extinguisher. The acronym PASS can be used to train staff in using fire extinguishers:
 - o Pull pin or release lock
 - o Aim low at the base of fire
 - o Squeeze handle
 - o Sweep fire extinguishers from side to side at base of fire.
- Ensure escape routes and assembly areas are kept clear of obstructions at all times.
- Ensure all evacuation assembly areas are familiar to all staff.

On evacuation one staff member will collect the following items,

- o Mobile phone
 - o Sign-in/sign-out sheet for children & the sign-in/sign out list for staff
 - o First aid kit & emergency contact numbers
-
- Develop, maintain and prominently display fire and emergency evacuation plan.
 - Practice emergency evacuation and fire drill once per term.
 - Practice emergency evacuation and fire drill each holiday program.
 - Keep a record of each practice that includes an evaluation of the procedure and what action is to be taken if any, and keep these records for at least 2 years.
 - Ensure the safety and evacuation of all children and staff before trying to contain or extinguish a fire.
 - Ensure counseling and debriefing services are available for all those involved in an emergency situation, if required.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Nutrition, Food & Beverages

Policy

Policy: OSHC will provide food and nutrition education that is consistent with national dietary guidelines for children, adolescents and national infant feeding guidelines, state regulations, food safety principles, and that is appropriate to their age, cultural background, religion or medical needs.

Relevant Legislation:

- Education and Care Services National Regulations 2011
- Children(Education and Care Services National Law Application) Act 2010

Links to the National Quality Standard:

- 2.2.1 Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child
- 2.2.1 Physical activity is promoted by through planned and spontaneous experiences and is appropriate for each child.

Key Resources:

- Get Up and Grow – Healthy Eating and Physical Activity for Early Childhood. Department of Health and Ageing 2009
- Heart Foundation – Healthy Ideas for Young Hearts – Heart Foundation 2008

Goals:

Our OSHC service will:

- Role model healthy eating and activity throughout the day to all children and families;
- Promote the five key Munch and Move messages to promote healthy, active habits in children from a young age;
 1. Choose water as a drink
 2. Eat fewer snacks and select healthier alternatives
 3. Eat more fruit and vegetables
 4. Get active for an hour or more each day
 5. Turn off the television or computer and get active

- Support families in educating their children about healthy food choices.

Provision of food and drink:

The service will provide fruit, grains, cheese and vegies for a snack.

The OSHC menu is consistent with;

- The national dietary guidelines for children;
- Food safety principles;
- Children's cultural background, religion and or medical needs;

The OSHC educators will:

- Ensure all children will have access to safe drinking water at all times;
- Promote drinking water for usual drinking requirements;
- Provide safe drinking water to children and educators at all times;
- Ensure children have adequate fluid intake during their care. (Be aware that the fluid requirements of children increase in certain circumstances such as hot weather, after exercise or when they are ill);
- Ensure all children are offered food and beverages appropriate to the needs of each child on a regular and predictable basis throughout the day;
- Promote the development of eating skills and independent eating by giving children control over how much they eat & providing children with age and developmentally appropriate furniture and eating utensils at meal times.
- Provide a positive eating environment that helps to communicate family and multicultural values;
- Encourage families to send a wide range of nutritious food that represents their culture or other cultures;
- Ensure children eat with chopsticks from time to time;
- Ensure children eat with their fingers;
- Ensure children and educators and children sit together at snack time;

- Ensure food is not offered as punishment or reward;
- Provide a friendly, relaxed and comfortable environment that will help to achieve a stress-free snack time for both children and educators;
- Supervise and encourage safe eating behaviours;
- Discuss healthy food choices and appropriate hygiene. e.g. sitting while eating any food, avoiding small hard foods like nuts and lollies, (See Management of Choking Policy);
- Sit with the children while they are eating;
- Sit children with allergies away from any children with potentially dangerous food;
- Children wash their hands before eating;
- Ensuring that the eating environment is clean at all times.
- Encourage children with verbal positive reinforcement to eat fruit & vegetables but are never to be forced or harassed for not eating food. (If children regularly refuse to eat any food strategies should be discussed with families and it may be suggested that parents take the child to a family doctor or dietician for a review.

Food Safety:

Our OSHC service will:

- Ensure hand-washing practices are practiced at all times.
- Minimise choking risks caused by food by ensuring children are seated when eating.
- Accommodate children with special dietary needs (see Managing Children with Diabetes and Managing Food Allergies and Anaphylaxis).
- Ensure the service has NO NUT OR NUT PRODUCTS on the premises due to children attending the service with nut allergies.

Supporting families;

Our OSHC service will:

- Provide information on healthy food and nutrition to families on enrolment.
- Provide information which can assist and encourage families to provide snacks that; meet current standards and recommendations in relation to nutritional requirements, are appropriate to the child's age, cultural and religious background, are of a variety and quantity that satisfies the child's appetite and interests.
- Provide feedback to parents if their child is not eating well.

Education and information;

Our OSHC service will:

- Provide activities for children to promote healthy eating.
- Engage children in learning experiences that are fun and enjoyable and incorporate key messages around healthy eating.
- Choose food awareness activities and experiences from a variety of cultures.
- Facilitate food awareness activities and discussions about food, different cultures, health, hygiene and nutrition (art/craft, language, music, dramatic play, cooking etc).

Professional development of staff and educators will:

- Have access to Healthy Eating and Physical Activity Guidelines.
- Complete I'M ALERT food handling and hygiene training.
- Be aware of culturally diverse foods and their preparation.
- Discuss issues relevant to food and nutrition on a regular basis at staff meetings.

Related Policies:

- Safe Food Handling
- Managing Children with Diabetes
- Managing Food Allergies and Anaphylaxis
- Management of Choking

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Sun Protection Policy

Policy: OSHC will protect children from the dangerous and adverse effects of sun exposure.

Background: Australia has the highest rate of skin cancer in the world. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. OSHC services play a major role in minimizing a child's UV exposure as children attend at times when UV radiation levels are highest.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
Education and Care Services National Regulations 2011: 168
- Occupational Health and Safety Act 2004 (SA)
- Australian Standards for sun protection clothing, sun glasses and shade cloth

Links to National Quality Standard:

2.3.2 Every reasonable precaution is taken to protect children from harm or any hazard likely to cause injury

7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

Key Resources:

- The Cancer Council: www.cancercouncil.com.au
- National Health and Medical Research Council: www.nhmrc.gov.au
- SA Department of Health: www.health.sa.gov.au
- Shade For child Care Services. Cancer Council 2005
- Sun Smart Childcare: A Guide for Service Providers. The Cancer Council SA

This policy applies to children staff, families and visitors attending Gilles Street OSHC.

This policy applies from August to April

Goals:

Our OSHC will follow best practice guidelines to protect children, staff, families and visitors from the damaging effects of sun exposure.

Practices:

Gilles Street OSHC will:

Use a combination of sun protection measures.

1. Sun Protection:

- From August to April hats must be worn outside.
- During summer terms, 1 and 4, outside activities may be cancelled and held under shade or indoors where temperatures reach above 38 ° C.
- From April to September, outdoor activity can take at any time during the program.
- Sun protection will be a specific consideration for excursions.
- Timing, sunscreen application/re-application and the use of shade will be considered.
- Parents will be informed of specific sun protection requirements, e.g. hat/clothing.
- Where children are spending significant time in the sun during after school care, they will be asked to apply sunscreen to their faces.

Shade:

- In the summer terms activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.
- The service will provide and maintain adequate shade for outdoor activity. Shade options will include a combination of natural and built shade. Priority will be given to areas where children play for extended periods, e.g. sand pit, water play, table activities, climbing equipment.
- The Service currently has shade provided by 3 shade sails, trees and a veranda awning around the OSHC building.
- As far as possible, staff will encourage and model play in shaded/covered areas with the children while outdoors.

Hats:

- Children and educators are required to wear sun safe hats that protect the face, neck, ears and crown of the head for outdoor activities. A sun safe hat is:
 - a legionnaire hat OR
 - a broad brimmed hat with a brim of at least 6 cm (adults 7.5 cm) OR
 - a bucket-style hat with a brim size of at least 5 cm (adults 6cm) and a deep crown
- Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended.
- Parents are required to provide their child with a hat each day.
- Spare hats will be kept for children to wear if parents forget to send in a hat.
- Educators will ensure children are wearing suitable hats when outdoors.
- If a child refuses to wear a hat the child is directed to remain in the shade and issue is discussed with parents.
- Educators will provide their own hats.
- Spare hats will be kept at the service for use by staff who have forgotten hat

Clothing:

- Children must wear sun-smart clothing. (No strappy tops, singlets, sleeveless tops or open necked shirts.

Sunscreen:

- The service will provide SPF 30+, broad spectrum, water resistant sunscreen for use by staff and children.
- Sunscreen is stored in a cool, dry place and the use by date is monitored.
- Parents will be informed that sunscreen will be applied. Parents are informed of the brand and SPF upon request.
- If for some reason a child cannot wear sunscreen, s/he will be required to cover up with a long sleeved top with a collar or high neck and long pants and wear an appropriate hat.
- Sunscreen will be applied in a way that avoids cross infection e.g. children taught to apply sunscreen themselves.

- Staff will ensure re-application of sunscreen on the children after 2 hours or when returning outdoors.
- Staff will be expected to apply and reapply sunscreen to themselves before outdoor activities.

2. Role Modelling:

Educators will act as role models and demonstrate sun safety behaviour by:

- Wearing a sun safe hat (see Hats)
- Wearing sun safe clothing (see Clothing)
- Applying SPF30+ broad –spectrum water-resistant sunscreen 20 minutes before going outdoors
- Using and promoting shade
- Wearing sunglasses that meet the Australian Standard 1067 (optional)

3. Education and Information:

- Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to all children, staff, families and visitors. Further information is available from the Cancer Council website www.cancercouncil.com.au/sunsmart
- Sun protection will be incorporated in enrolment information, excursion notes and parent newsletters.
- Information may need to be provided in various languages to ensure CALD (culturally and linguistically diverse) parents and carers understand the need for sun protection for all children.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Water Safety Policy

Policy: OSHC will prevent child accidents and illnesses relating to water hazards.

Background: The safety and supervision of children in and around water is of the highest priority. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the OSHC environment. Children will be supervised at all times during water play experiences.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 168
- Work Health and Safety Act 2011
- Australian Standards for swimming pool safety

Links to National Quality Standard:

- 2.1.1 Each child's health needs are supported
- 2.3.2 Every reasonable precaution is taken to protect children from harm or any hazard likely to cause injury
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

Key Resources:

- National Health and Medical Research Council: www.nhmrc.gov.au
- Pool and Water Safety: www.kidsafe.com.au

Goals:

Children's safety and wellbeing will:

- be protected in and around water through supervision and prevention;
- be promoted through the availability of clean, hygienic water for play and drinking

Practices:

To prevent child accidents and illnesses relating to swimming and wading pools and other water hazards the nominated supervisor will;

- Provide guidance and education to educators, staff and families on the importance of children's safety in and around water;
- Ensure work, health and safety practices incorporate approaches to safe storage of water and play;

To prevent child accidents and illnesses relating to swimming and wading pools and other water hazards, the service and staff will;

- Closely supervise children near any water at all times;
- Teach children about staying safe in and around water;
- Adults may carry and consume hot drinks only in approved thermal mug.
- A risk assessment will be conducted prior to any excursion taking place.
- At all times, when children are present, there must be at least one contact staff member with a current approved first aid qualification, on the premises.

Evaluation:

- Supervision and access to water within the service is managed effectively by staff to ensure children remain safe and healthy

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

First Aid Policy

Policy: OSHC will plan for and respond effectively to accidents and medical emergencies.

Background: First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs.

Our education and care service is committed to providing a safe and healthy environment. We recognise our responsibility to provide first aid facilities that are adequate for the immediate treatment of injuries and illnesses. The educators and staff of our service are aware of their duty of care to children, families, staff and visitors in providing appropriate first aid treatment.

Relevant Legislation:

- Education and Care Services National Regulations 2011: 77, 78, 79, 80
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011

Links to National Quality Standard:

- 2.1.4 Steps are taken to control the spread of infectious diseases and to manage their injury and illness, in accordance with recognized guidelines

Goals:

The approved provider will ensure:

- All educators hold a first aid qualification;
- All children, staff, families and visitors who are involved in accidents and incidents whilst at the Service and require first aid to be administered will be done so according to guidelines and recommended practices of a first aid qualification;
- All incidents will be documented and stored according to regulatory requirements;
- A risk management approach to health and safety shall be adopted.

Practices:

Professional development of staff and educators:

The Approved Provider will ensure:

- that all educators are supported to ensure they hold current recognised first aid qualifications;
- all educators have undertaken current approved anaphylaxis management training;
- all educators have undertaken current approved emergency asthma management training;
- employee induction includes an induction to the first aid policy.

The nominated supervisor will:

- ensure the skills and competencies of trained first aiders are maintained and skills are kept up to date and refresher first aid and CPR training will be scheduled and maintained;
- collaborate and consult with staff and educators to develop and implement a risk assessment and management plan;
- ensure first aid guides and publications are accessible to staff at all times to assist them in their understanding and administration of first aid.

Hazard Identification and Risk Assessment

The approved provider will:

- Provide a child-safe environment.

The nominated supervisor will:

- Complete risk assessments to determine likely injuries and illnesses that might occur, and rectify their potential causes;
- Introduce preventive measures to eliminate the risk, or control measures to minimise the risk;
- Review and analyse accident, injury, incident and 'near miss' data;

Educators and staff will:

- Regularly read and review risk assessments in the environment in order to plan safe experiences for children;
- Administer first aid to children, families, staff and visitors to the Service.

The approved provider will:

- Ensure that there is always at least one first aid qualified educator on the premises at all times.

The nominated supervisor will:

- ensure that enrolment records for each child include a signed consent form for the administration of first aid and the approved products to be used;
- review and sign off on all documentation when first aid has been administered;
- dial 000, and call for an ambulance when emergency medical treatment is required or delegate this responsibility.

In general:

- Administration of first aid will be done in accordance with first aid training and undertaken by a qualified first aider;
- as per the first aid plan, and in the interests of avoiding delay of treatment, in the first instance, first aid will be administered by the person who has witnessed the incident/injury/illness.
- The nominated supervisor and families (where first aid is being administered to a child) will be notified of the nature of the incident/ accident as soon as practicable after the incident;
- The person administering first aid will be the person who completes the incident/illness/injury/trauma record and passes to the responsible person for verification and signing by parent or guardian.

First aid supplies:

The Approved Provider will ensure that:

- OSHC is supplied with an appropriate number of first aid kits for the number of children being educated and cared for by the service;
- the first aid kits are suitably equipped, easily accessible and recognisable;
- first aid kits are carried on field excursions.

Educators and staff will:

- Regularly monitor supplies and update stock as required;
- discard and replace out of date stock.

Documentation and record keeping:

Educators and staff will:

- Complete an incident, injury, trauma and illness record for all incidents/injuries/trauma/illnesses occurring at OSHC;
- Ensure that a copy of the accident/incident report will be made available for parents/guardians to sign.

The Approved Provider will:

- Ensure records are confidentially stored for the specified period of time as required by the Regulation.

Managing serious incidents:

The Approved Provider will ensure:

- All serious incidents occurring at OSHC are reported to the Regulatory Authority within 24 hours;
- A copy of the incident report will be provided to the family as soon as possible;
- Educators and staff are aware of the procedures around managing serious incidents.

The Nominated Supervisor or responsible person will:

- notify parents of any serious incident;
- arrange for medical intervention if required.

Educators and staff will:

- manage serious incidents as per this policy;
- notify the nominated supervisor immediately after the serious incident has occurred.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Incident, Injury, Trauma and Illness Policy

Policy: OSHC will plan for and respond effectively to accidents and medical emergencies.

Background: The health and safety of children in education and care services is the responsibility of all approved providers and educators. Policies and procedures (including documented records) must be in place to effectively manage the event of any incident, injury, trauma and illness that occurs in the program by law. Young children's innate desire to explore and test their growing capabilities is essential in developing wellbeing. Educators must consider the understanding of all of the elements of wellbeing, and ensure that programs also acknowledge the importance of risk management to provide a safe environment and reasonably protect children from potential harm.

Relevant Legislation:

- Education and Care Services National Regulations 2011: 12, 85, 86, 87, 88, 89, 103, 136-137, 176 (2) (a)
- Education and Care Services National Law Application Act 2010: 167

Links to National Quality Standard:

- QA1 Educational Program and Practice
- QA6 Collaborative partnerships with families and communities
- 2.1 Children's health is promoted
- 2.3 Each child is protected

Key Resources:

- Guide to the National Quality Standard ACECQA (2011)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations ACECQA (2011)
- Health and Safety in Children's Services Model Policies and Practices – 2nd Edition revised (2003)

Goals:

Our care and education service will:

- Develop program goals that promote the wellbeing of each child;
- Establish procedures and practice that minimise the risk of harm to children;
- Maintain communication with families to ensuring that they are informed of any incidents, injury, trauma and illness to their child/ren as required;
- Ensure that records of any incident, injury, trauma and illness are documented, transmitted Regulatory Authority as required and kept in storage according to regulatory requirements;
- Ensure that this policy is implemented in conjunction with our Emergencies and evacuation policy.

Practices:

The approved provider, nominated supervisor and educators will consider the development of children's wellbeing as paramount to the educational philosophy of the service. All educators will be aware of the development of wellbeing, and children's emerging capabilities, and plan the program accordingly.

The procedures of the service will include the following:

The approved providers will:

- Notify the Regulatory Authority of any serious incident at the education and care service, the death of a child, or complaints alleging that the safety, health or wellbeing of a child was, or is, being compromised.

Nominated supervisors will:

- Ensure that educators are rostered so that at least one educator who holds a current approved first aid qualification is present at all times that the children are being educated and cared for by the service;
- Ensure the service holds the correct number of first aid kits required, suitably equipped, and maintained;
- Complete an injury, incident, trauma and illness record in the event of any incident, injury, trauma or illness to children whilst in the care of the service, and that this information is completed no later than 24 hours after the incident occurred;

- Make staff aware of the appropriate accessibility for approved officers and families to these records and the appropriate storage of these records according to regulatory requirements;
- Complete an audit of the Injury, incident, trauma and illness reports to reflect on the effectiveness of the procedures in place at the service;
- Give staff access to appropriate up to date information, or professional development on the management of incidents;
- Make certain that all staff have access to the Regulations and Law and are aware of their responsibilities under these ensuring that this occurs as part of staff induction or orientation to the service and that position descriptions reflect this responsibility.

Educators will:

- Ensure that all children have opportunities to engage in experiences that enhance their sense of wellbeing and allow children to develop a sense of assessing risks for themselves as appropriate;
- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe;
- Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing;
- Respond to children in a timely manner. Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times;
- Seek further medical attention for a child if required;
- Be aware of the signs and symptoms of illness/trauma, and update their understanding as part of their ongoing professional development;
- Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness;
- Respond to children showing signs of illness and begin monitoring the symptoms of the child and recording as appropriate. Educators will contact the child's authorised person to inform them of the illness signs, or to request the collection of the child;
- In response to a child registering a high temperature, follow procedures for temperatures and complete the incident, injury, trauma and illness record as required;

- Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid;
- Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities;
- Check that equipment and furniture in the service is well maintained and that any materials that may be hazardous are removed or repaired.
- Ensure that hazardous items are inaccessible to children;
- Be involved in regularly reviewing and discuss policy and procedure and consider any improvements that need to be made to this policy.

Families will:

- Be informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status and illnesses at the service;
- Inform the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, letters from a medical professional etc.;
- Be notified of any incident, injury, trauma, or illness as soon as is practicable, but no later than 24 hours after the noted incident, and will be provided with a copy of the report
- Receive access to this policy and notification of its existence;
- Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods;

Evaluation

- Educators respond in a timely manner to any incident, and documentation is completed, shared, and stored as appropriate. Regular reviews of procedures and policy are implemented.
- Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY

Child-Safe Environment Policy

Policy: To keep Gilles Street OSHC free of environmental hazards and prevent accident and injury to all children, staff and any others who may be in the Service or its grounds.

Background: Child health and safety is an essential part of children's growth and development and requires policies and procedures in place to ensure a high standard of safety and minimize accidents and injuries within the OSHC environment.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2012
- Education and Care Services National Regulations 2011

Links to National Quality Standard:

- 2.1 Each child's health is promoted
- 2.3.1 Children are adequately supervised at all times
- 2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- 2.3.3 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
- 2.3.4 Educators, coordinators and staff members are aware of their roles and responsibilities to respond to every child at risk of abuse or neglect

Resources:

- Staying Healthy in Childcare – Preventing Infectious Disease in Child Care 4th edition
- Health and Safety in Children's Services: Model Policies and Practices, 2003
- www.kidsafesa.org

General Safety:

- All areas of the Service will be maintained in a clean and tidy manner.
- Pathways and floor spaces where appropriate will be kept clear and safe from tripping hazards.
- Educators will discuss dangerous situations, dangerous substances and items and safety practices with the children regularly. This will be reflected in the educational program across the curriculum.
- Educators will post simple warning signs around the Service where potentially dangerous substances or items are stored.
- The Service will provide parents with written information about accident prevention, safety and safe storage of potentially dangerous products and items in the home.
- Children will not have access to water play activities unless under supervision by educators.
- Children will be supervised at all times, in accordance with the licensing conditions on educators/child ratios. Educators engaged in other tasks will not be required to supervise children simultaneously.
- Educators will be aware of the need to place themselves in positions which allow good supervision of the play areas and children.
- Children will not be permitted to play on fences or gates, play with locks on gates or throw sand or water.
- No child will be allowed to leave the premises without an authorised adult.
- Workplace, Health and Safety (WHS) is a standard item on staff meetings.
- Daily indoor and outdoor safety checklists are completed by educators who set up the environment. Detailed safety inspections are completed at least annually.
- All educators are required to have approved up to date First Aid, Asthma and Anaphylaxis training. This training is paid for by the OSHC Program. There will always be at least one educator on site with current approved first aid qualifications.

Electrical Safety and Fire Hazards:

- Electrical outlets (power points) will be of a suitable approved safety type;
- Approved fire extinguishers in good working order will be located throughout the premises.
- There will be an approved fire blanket located in the kitchen.
- No smoking, consumption of alcohol or drugs will be allowed on the premises at any time.
- All educators will be informed of emergency exits and evacuation procedures.
- Evacuation drills will be practiced regularly as required by child care regulations.
- All electrical equipment will be checked regularly to see if it is in good condition e.g. extension cords, appliances, compact disc players, computers, photo copier, phone, vacuum, blow/vacuum, air-conditioning. (If electrical equipment is damaged it will be repaired or replaced.)
- Double adaptors will only be used in power points which are inaccessible to children.
- Heaters and fans will be kept out of reach of children. The main source of heating and cooling at the premises will be air conditioning.
- The kitchen area will be out of bounds to children unless under direct supervision of an educator.

Storage of dangerous substances and items:

The Service will have appropriate, secure and child safe storage facilities for:

- Medications
- First aid equipment
- Cleaning and other harmful chemicals
- Harmful instruments and implements e.g. gardening tools, work tools, knives, sharp objects, adult scissors, matches and lighters.
- The storage facilities will be appropriate for the items e.g. stored out of a child's reach and height, made secure by a lock and key mechanism, with the key stored away from the lock in a place inaccessible to a child, or by the use of an approved child safety latch.
- Cleaning materials and fly sprays will not be stored with food products.
- All areas where chemicals and solvents are used will be well ventilated.

When using any chemical substance educators will;

- Read any Material Data Sheet, and follow the manufacturer's directions for use, storage and first aid instructions on the label.
- Use the approved personal protective clothing equipment such as gloves, aprons, goggles, masks, etc. when using chemicals.
- Ensure all chemicals which are stored or decanted are labelled with description of contents, hazards and precautions for use, ensuring that any new container is suitable for the type of chemical being stored.
- Ensure chemicals are not stored in soft drink bottles, or other food or drink containers.

Building, Furniture, Fittings, Fencing and Gates:

- The building will be maintained in good working order by the Service.
- The Service will be kept clean and tidy. Floors will be smooth and even with non-slip surfaces. Paint on walls will be maintained in a reasonable and safe condition to ensure children have no access to old paint.
- Furniture and fittings will be kept in good condition, cleaned daily and will be suitable for the age group of the children using it e.g. the height and size of tables, chairs, shelving, toilets, basins.
- Shelving or cupboards will be secure or will have secure castors. Chair legs will have secure legs with rubber caps at base. Table tops will have rounded corners.
- Furniture and equipment will be placed in safe positions, not blocking walkways or posing tripping hazards and not placed near windows or glass.
- Furniture will be checked regularly for possible safety hazards. If found, it will be withdrawn from use till repaired.

Toys and Equipment:

- Equipment purchased will be checked for safety.
- Toys and equipment will be in good condition and clean and will be appropriate to the age and development of the children.
- Damaged or broken toys and equipment will be repaired or replaced when they are found or will be withdrawn from use till they are repaired.

- Toys and equipment will be cleaned regularly with water, detergent and disinfectant.
- Toys and equipment will be put away when not in use.
- Any toy or equipment purchased will be used to encourage non-violent play.
- All art and craft materials purchased will be non-toxic.
- Potentially dangerous items used with the children e.g. knives for cooking experiences will be supervised by educators during activities. Items will be removed from activity areas when not in use and stored appropriately.
- All outdoor equipment will comply with current Australian Standards and the child care regulations.
- When setting up the playground environment educators members will be aware of; soft fall surfaces under and around equipment, the height from which a child can fall, the size of the equipment, the age and development of the children, the need to check for sharp or rough edges, holes or areas that can trap body parts, the need to maintain equipment in good order, safe positioning on even surfaces, securely anchored, and not too close to other equipment or movement pathways.
- Adequate shade areas will be provided through shade sails, large trees and awnings.
- Trees and shrubs found to have low or dangerous branches will be pruned to ensure safety for all.
- Insects, bugs and small creatures which could pose a hazard to educators and children will be removed from the premises when found.

The OSHC Room will be sprayed annually by a professional pest controller (cockroaches, spiders, etc.). This will be done during a vacation period.

Road Safety:

Parents will be encouraged to;

- Ensure children exit from the car door on the footpath side of the road (the safety door side).
- Drive within the speed limit for this area and the roads surrounding the OSHC and to watch for pedestrians.
- Closely supervise children when crossing roads.

QUALITY AREA 4: STAFFING ARRANGEMENTS

Staff Code of Conduct Policy

POLICY: Gilles Street OSHC supports staff to demonstrate high standards of professional conduct at all times in their work with children, families, other staff and the wider community.

BACKGROUND: Ethical conduct guides the behaviour and decisions within the OSHC and is founded in respect for, and the valuing of children, families, educators, staff and the extended OSHC community.

SCOPE: This policy applies to all permanent, temporary and casual staff and to volunteers working at OSHC.

REVELANT LEGISLATION:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 168

LINKS TO NATIONAL QUALITY STANDARD:

- 4.2.1 Professional standards guide practice, interactions and relationships

KEY RESOURCES:

- Early Childhood Australia Code of Ethics (2010)
- United Nations Convention on the Rights of the Child (1989)
- Early Childhood Australia: www.earlychildhoodaustralia.org.au

GOALS:

The OSHC will uphold the highest standards in ethical conduct in accordance with the ECA Code of Ethics (2010), The United Nations Convention on the Rights of the Child (1989) and the philosophy and policies of Gilles Street Service.

PRACTICES:

- Educators and staff will be familiar with the legislation and statutory documents that apply to their role with the children, families and other staff in the OSHC.
- Educators and staff will be familiar with the OSHC philosophy. This will guide conduct and decision making within OSHC.
- Ethical conduct and decision making will occur with reference to legislation and statutory documents and through the process of critical reflection. Decision making processes will be clear and the Principal will be accountable for decisions and able to demonstrate how those decisions are made.
- The nominated supervisor of the OSHC will ensure that all educators and staff are made aware of their obligations through personal discussions, staff meeting activities and opportunities to critically reflect upon ethical practice.
- The OSHC community will work together in the best interests of the children and families and will act in a manner that will enhance the standing of the early childhood sector. This involves a full understanding of the role, responsibilities and obligations combined with collegial practice and collaborative decision making.

Evaluation:

Educators, staff and volunteers in the OSHC will conduct themselves in an ethical manner through clear processes in accordance with legislative and statutory guidelines.

QUALITY AREA 4: STAFFING ARRANGEMENTS

Determining the Responsible Person Policy

POLICY: Gilles Street OSHC will have a responsible person physically present at OSHC at all times.

BACKGROUND: The Education and Care Services National Law determines that a responsible person must be physically present at a Service based service at all times that a service operates.

REVELANT LEGISLATION:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 173, 168(2)(i)

LINKS TO NATIONAL QUALITY STANDARD:

- 4.2 Educators, coordinators and staff members are respectful and ethical

KEY RESOURCES:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011

GOALS:

- A responsible person will be on the premises at all times, and details of the responsible person at any time will be clearly displayed for educators, staff and families.
- The process for determining the responsible person will be clear to all educators and staff, and followed at all times.
- Details of the person responsible are documented and displayed for all users of the service.

PRACTICES:

- There must be a Responsible Person in charge of the service and physically present at all times.
- The Responsible Person is placed in day to day charge of the service in accordance with the National Regulations.
- Generally the responsible person at a service will be the Nominated Supervisor.
- Certified Supervisors could agree to be the Responsible Person when the Nominated Supervisor is not on duty, to ensure that during all operating hours there is a Responsible Person present at the service.
- The Responsible Person, although in charge of the service does not take on the responsibilities of the Nominated Supervisor. The Nominated Supervisor has overall charge of the service and ensures that there is consistency and continuity in practice.

A responsible person can be:

1. The Approved Provider – The Principal of the Service who is responsible for the management and control of the service.
2. The Nominated Supervisor – The Director who has a Supervisor's Certificate and is designated by the service as the Nominated Supervisor
3. A Certified Supervisor – an Educator with a Supervisor's Certificate, who has been placed in day-to-day charge of the service.

The Approved Provider will:

- Ensure the Nominated Supervisor and the Certified Supervisors have a clear understanding of the role of the responsible person.
- Ensure that the responsible person is appropriately skilled and qualified.
- Ensure a responsible person is physically present at the Service at all times when the OSHC is operating.

The Nominated Supervisor or delegated authority will:

- Arrange for the keeping of a “responsible person record”. This record will document the current responsible person.
- The name of the responsible person will be displayed on the Parent Information Board in the OSHC room.
- Develop rosters in accordance with the availability of responsible persons, Service operation and attendance patterns of the children

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN

Interactions with Children Policy

Policy: To encourage warm nourishing relationships between children and educators that support and view children as strong, powerful, competent, complex and full of possibilities.

Background: The relationship between educators and children is perhaps the most important aspect of a service. Secure, respectful and reciprocal relationships are one of the basic principles of Belonging, Being and Becoming: The Early Years Learning Framework that provides a vision for the children's learning at OSHC.

Relationships between educators and children can have an impact on other relationships and can dictate the mood of the group, or the whole OSHC environment. The value of other skills like observing, planning and organising the environment depends upon the extent to which educators are able to develop these relationships.

Children who are secure in the relationship with their educator/s are confident in their learning and are able to enjoy and feel relaxed in their time at the OSHC service. Children need positive relationships with adults that they can trust and who respond to them. This is the basic foundation that they need in order to feel good about themselves and their being in the world, and secure enough to take pleasure in actively exploring and learning about themselves, people and things around them.

Children continually are learning communication and social skills. The way in which educators relate and interact with them and to other people in the OSHC is an important source of information about how they should communicate and interact with others. Therefore, these adults should relate to children in a positive way which responds to each child's individual needs and enables the child to develop the ability to relate in a similar positive way to others.

Children also need adults who actively teach them communication skills, by relating to them in ways which build upon their existing and emerging social and interactive communication skills, and by providing them with opportunities, and activities to exercise and develop these skills. All adults, and especially experienced OSHC educators, are more able than young children to empathise, adapt and modify their behaviour.

As educators we are able to establish trusting relationships with the children and at the same time we are able to be positive role models by communicating, interacting and socialising with the children in our care.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 155, 168

Links to National Quality Standard:

- 5.2.1 Each child is supported to work with and learn from and help others through collaborative learning opportunities
- 5.2.3 The dignity and rights of every child are maintained at all times
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly

Key Resources:

- DEEWR (2009). Belonging, Being and Becoming – The Early Years Learning Framework for Australia. www.deewr.gov.au

Goals:

- Promote a safe, secure and nurturing environment
- Be authentic and responsive
- Be based in fairness, acceptance and empathy with respect for culture, rights, community and the individual

Practices:

The Nominated Supervisor and Educational Leader shall:

- Guide professional development and practice to promote interactions with children that are positive and respectful.
- Establish practice guidelines to ensure that interactions with children are given priority and those interactions are authentic, just and respect difference.

Educators and staff will:

- Respond to children's communication in a just and consistent manner.
- Respond sensitively to children's attempts to initiate interactions and conversations.
- Initiate one to one interactions with children during daily routines and conversations with each child.
- Support children's efforts, assisting and encouraging as appropriate.
- Support children's secure attachment through consistent and warm nurturing relationships.
- Support children's expression of their thoughts and feelings.
- Encourage children to express themselves and show an interest and participate in what the child is doing.
- Encourage children to make choices and decisions.
- Acknowledge children's complex relationships and sensitively intervene in ways that promote consideration and alternative perspectives and social inclusion.
- Acknowledge each child's uniqueness in positive ways.
- Respect cultural differences in communication and consider alternative approaches to own.
- See further specific ideas for positive interactions with children - attached to this policy.

Children's Rights, Family and Cultural Values:

Interactions within the setting are greatly enhanced when children's rights and family and cultural values are given due consideration and respect. Administrative procedures, initial conversations, documentation and ongoing communication with children and families are a reference point for interactions and a foundation for authentic and respectful communication.

Listening:

Educators and staff must use listening as a foundation for interactions. Listening is based on observation and in leaving spaces in conversations and communication, suspending judgment and in giving full attention to children as they communicate. Truly attending to children's communication promotes a strong culture of listening.

Children and Families:

A culture of respectful interaction is promoted when children's attempts to communicate are valued. Turn taking and regulating children's conversations promotes active engagement. Respectful communication with families generates greater confidence in interacting.

Reflection:

Time is dedicated to reflecting upon interactions within children. Reflections should consider how to spend extended periods engaged in interactions with children that comprise communication and listening.

Role Modelling:

Educators model positive interactions when they:

- Show care, empathy and respect for children, educators and staff and families;

- Learn and use effective communication strategies;

Remember - quality interactions increase children's knowledge and understanding of themselves, each other as unique individuals and develop the skills and understandings they need to interact positively with others.

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT

Governance and Management of the Service Policy

POLICY STATEMENT: The Service Council is responsible for the direction of the Service and its effectiveness and works to ensure the Service is conducted within all relevant legal requirements.

RATIONALE: It is important for the legal and effective functioning of the Service that Service Council members understand their role/s and are aware of their responsibilities.

SCOPE: This policy applies to all members of Service Council and is for the information of the Nominated Supervisor and staff and families using the service.

RELEVANT LEGISLATION:

- Education and Care Services National Regulations 2011
- Children (Education and Care Services National Law Application) Act 2010

Roles and Structure:

There are many different types of children's services and the role and responsibilities of the committee vary according to the legal structure and management arrangements of each particular organisation.

Gilles Street Service is a government Service and operates an Out of Service Hours Care service for parents requiring care.

The Service Council and Principal undertake a great deal of responsibility. The Service Council makes all legal, ethical, financial, employment, planning and policy making decisions. Its responsibility is total.

The Service Council is elected by parents and family members and provides a way for users of our service to have a say in what happens at the Service. It is also a way for parents to participate in the management of the OSHC.

When parents are actually involved in decision making they are more likely to understand decisions and to make a commitment to support them. It is also more likely that the service will reflect the real needs of the families and the community.

The Service Council members are elected at a meeting of people who use the OSHC and don't use it. This meeting is the Annual General Meeting (A.G.M.), which is held in February each year.

The Service Council is responsible for:

- Being the Provider of the OSHC under national regulations;
- Appointing a Nominated Supervisor for the service (who may also be the Director);
- Being an employer;
- Undertaking strategic planning for the service;
- Being responsible for governance;
- Managing the services finances and funding;
- Being responsible for compliance to legislation.

Responsibilities of the Provider:

- Licencing & Standards compliance.

When a children's service is managed by a School Council/Principal, the incorporated body or association is the Provider of the service.

The Provider of a children's service is responsible for ensuring that:

The conditions and requirements of the Children (Education and Care Services National Law Application) Act and Education and Care Services National Regulations are met at all times, including the number of children the service is licensed for;

- The service employs a suitably qualified Nominated Supervisor (usually the Director);
- The Nominated Supervisor is the person nominated and approved as responsible for the day to day management of the service, daily operation of the programs and the supervision of the staff;

- The service engages suitable staff that will meet the needs of the service and licensing requirements;
- Staff child ratios are met at all times;
- The premises and equipment are adequate, clean and well maintained;
- The service is effectively and efficiently managed.

Code of Conduct:

Each Committee member understands and agrees to uphold the following standards of behaviour.

Committee members should; –

- behave ethically and professionally in all matters relating to the management of the service.
- actively seek knowledge and current, accurate information about the operations of the service
- maintain confidentiality about information received at all times;
- delineate and state any matters involving a conflict of interest on any matter to better enable the committee to make informed decisions;
- put the needs and interests of the service ahead of personal perspectives;
- perform the tasks/assignments delegated within the committee;
- provide strong support for the agreed strategies/decisions of the committee;
- attend meetings on a regular basis;
- sufficiently prepare for meetings to enable informed debate and decision-making
- understand and have empathy with the Service's history and current operations;
- uphold high ethical standards at meetings and in decision making;
- work impartially, collaboratively and harmoniously with other Committee members;

Service Principal, staff and families will:

- tender a resignation if unable to consistently uphold any of the above standards of behaviour within the Code of Conduct

Staff Communication Processes:

The Committee (and each individual member) formally communicates with the staff of the service through the School Principal. However, the School Principal may delegate another staff member to deal with or assist the Committee, its Sub-Committee or individual members, either generally or on particular matters. Notwithstanding such delegation, the School Principal remains responsible for the actions and performance of all staff members.

Mutual respect should exist at all times between Committee members and staff, and recognition be given of the complementary roles of each. The Committee should seek and respect the advice of staff members, but must at all times make its own considered decisions upon the issue.

Any Committee or individual member's complaint regarding any service staff member must be directed through the School Principal.

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT

Confidentiality Policy

Policy: The OSHC will maintain private and confidential files for staff, children and their families. These records will be securely stored and maintained.

Background: Our OSHC recognises and respects the importance of privacy and confidentiality as an individual right and a basis for building partnerships. This policy has been developed with regard to the Information Protection Principles (IPPs) (2003) and pursues the highest standard in the protection and preservation of privacy and confidentiality.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 181

Links to National Quality Standard:

- 7.3.1 Records and information are stored appropriately to ensure confidentiality, are available from the service and are maintained in accordance with legislative requirements.
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Key Resources:

- Information Privacy Principles: www.privacy.gov.au/publications/ipps.html
- Department of the Officer of the Privacy Commissioner:
www.privacy.gov.au
- Early Childhood Australia: www.earlychildhoodaustralia.org.au

Goals:

The service will;

- Maintain private and confidential files for educators and staff, children and their families. We will develop systems for the appropriate use, storage and disposal of records.
- Ensure the information in these files is used only for the education and care of the child enrolled in the service, and only shared with relevant or authorised people as defined within authorisations of the Education and Care Services National Regulations 2011.

Practices:

To maintain security and confidentiality of personal and health-related information, the Nominated Supervisor and Staff will be aware of their obligations under the Regulation in relation to confidentiality of personal and health information of staff and their families, children in care and their families, and contractors of the service and their families.

Collection of Information:

For the education and care service to be able to meet the needs of each child, family, educator and staff member information must be collected and maintained.

OSHC staff will keep the following information secure and confidential:

- personal information, date of birth, address, phone number, work address and phone number, any other personal identifying information;
- health, medical or dental information;
- social services, legal, financial, child protection information.

The OSHC will limit the amount and nature of information being kept to what is required for the centre.

The Nominated Supervisor will ensure information provided by families and staff is only used for the purpose it was collected for.

Storage of Information:

The Nominated Supervisor will ensure that all personal information is stored securely reducing the chance of unauthorised access, use or disclosure.

Access to Information

The Nominated Supervisor will ensure that information kept is not divulged or communicated, directly or indirectly, to anyone other than:

- Medical and developmental information that is required to adequately provide education and care for the child, or
 - The Department of Education and Communities, or an authorised officer,
- or
- As required by law.

Individuals will be allowed access to their personal information when they request it. Authorised persons may request to view any information kept on their child.

Information may be denied under the following conditions:

- Access to information could compromise the privacy of another individual;
- The request for information is frivolous or vexatious;
- The information relates to legal issues, or there are legal reasons not to divulge the information such as in cases of custody and legal guardianship.

If displaying information to highlight for staff names of children with medical or other special needs, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent.

The OSHC will obtain parent/ guardian permission before disclosing a child's personal and sensitive information to a professional attending our centre for the specific purpose of providing a service for your child. This includes early intervention teachers, speech therapists, occupational therapists, doctors and counsellors.

Personal or sensitive information about the child may be disclosed to other service provider in case of a medical or other emergency.

Maintaining Information:

The Nominated Supervisor is responsible for keeping all service records required under the Education and Care National Regulation 2011.

Information will be updated regularly. In keeping with the Early Childhood Australia (ECA) Code of Ethics (2008), the Education and Care Services National Regulations 2011 and the Privacy Legislation, educators and staff employed by the OSHC are bound to respect the privacy rights of children enrolled and their families; educators and staff and their families and any other persons associated with the service.

Educators will sign a Confidentiality Statement as it relates to privacy and confidentiality of information.

Evaluation:

All information related to the service, the staff and families will be maintained in a private and confidential manner.

Gilles Street Service OSHC Information Management Statement

Protection of privacy and the need for confidentiality, is fundamental in providing a high quality childcare service.

- The primary purpose for which our service collects information is to enable Gilles Street OSHC to provide your child with an individual program that is educational, stimulating, nurturing and safe.
- Gilles Street OSHC requires certain information be collected, in accordance with administration of regulations or legislation that directly relate to the operation of a children's service.
- Gilles Street OSHC discloses personal and sensitive information to the service's staff, for the specific purpose of administration and education of your child.
- Gilles Street OSHC will obtain parent/ guardian permission before disclosing a child's personal and sensitive information to a professional attending our centre for the specific purpose of providing a service for your child. This includes early intervention teachers, speech therapists, occupational therapists, doctors and counsellors.
- Personal or sensitive information about the child may be disclosed to other service provider in case of a medical or other emergency.
- Personal information collected about children is regularly disclosed to their own parents or guardians. On occasions information such as children's personal achievements, child portfolios and photos are displayed within the boundaries of our services building.
- Parents/Guardians have the right to access personal information collected about them or their child. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the service's duty of care to the child or where children have provided information in confidence.
or any other
- Gilles Street OSHC may include your emergency contact details in a class list and in the OSHC's Contact Directory. Access to these is limited to the staff at Gilles Street OSHC.
- If you provide Gilles Street OSHC with the personal information of others, such as doctors or emergency contacts.

- Gilles Street OSHC takes all reasonable precautions to ensure personal information that we collect, use and disclose is accurate, complete and up to-date. Please ensure you update information as required.
- Records are kept for periods of times required by Education and Care Services National Regulations 2011: 183;
- If the record relates to an incident, illness, injury or trauma suffered by a child while/or following an incident while being educated and care by the OSHC, the record is kept until the child is 25 years of age;
- If the record relates to the death of a child while/or following an incident while being educated and care by the OSHC, until the end of 7 years after the death;
- In the case of any other record, relating to a child enrolled at the OSHC, until the end of 3 years after the last date on which the child was educated and cared for by the service;
- When no longer required, confidential records will then be shredded.

**QUALITY AREA 6: COLLABORATIVE PARTNERSHIP WITH
FAMILIES AND COMMUNITY**

**Enrolment and Orientation
Policy**

Policy: To allocate positions at the program in an equitable and reasoned manner and to commence building a positive and ongoing relationship with children and their families.

Background: Gilles Street P.S OSHC is a government funded Service, community based, open to parents with their children enrolled at Gilles Street The enrolment process must ensure that positions are allocated in an equitable manner. Good procedures include consistent information around service operation and authorizations promoting compliance and a safe and secure environment for children and families.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 177

Links to National Quality Standard:

- 6.1.1 There is an effective enrolment and orientation process for families.
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Key Resources:

- Department of Education and Workplace Relations: www.deewr.gov.au

Goals:

- Enrolment and orientation processes are planned and implemented.
- Due consideration is given to culture and language in undertaking processes.
- Documentation, including authorisations, are completed during the enrolment and orientation process.
- A thoughtful process is planned in consultation with families, to orientate a child and family to the education and care service.

Practices:

Our OSHC welcomes visits from prospective families and children. The Nominated Supervisor or Educator may provide the visiting family with a tour of the service environment and information that may include:

- Brochures with information on;
- Gilles Street OSHC
- Our Additional Needs Program (if applicable)
- Service philosophy and curriculum;
- Approaches to documentation, curriculum and planning;
- Introduction to educators and staff
- The physical environment;
- Administrative matters, cost, and fee payment methods;
- How to provide feedback.

Enrolment:

Parents are required to complete an enrolment form for every child. Proof of immunisation needs to be completed along with any legal documents due to custody issues.

The service will provide an information booklet which includes:

- Current fee structure and payment details;
- Policies including, but not limited to, those required under Regulation 168;
- Information on National Quality Framework, National Quality Standards, and the MTOP;

The information in the enrolment package is retained by the family for future reference.

Evaluation:

Successful orientation and enrolment procedures promote smooth transitions between to the service. Information sharing and the signing of authorisations ensure a safe and secure environment for the child.

**QUALITY AREA 7: LEADERSHIP AND SERVICE
MANAGEMENT**

FINANCIAL MANAGEMENT:
Payment of Fees Policy

Policy: OSHC will provide an affordable quality children's service for all families.

Background:

All children have a right of equal access to quality children's services, regardless of economic status, cultural background or disability. At Gilles Street OSHC we keep the cost of attending low but it must cover the running costs of the program. These include staff salaries, in-service training, replacement of worn out equipment, acquisition of new equipment and materials for the children, office materials, telephone, electricity, cleaning, maintenance and repairs.

In order to continue to provide an affordable, quality service, OSHC must charge fees that allow it to remain economically viable.

Families are entitled to Child Care Rebates through Family Assistance.

Relevant Legislation:

- Children (Education and Care Services National Law Application) Act 2010
- Education and Care Services National Regulations 2011: 177

Links to National Quality Standard:

- 7.3.2 Administrative systems are established and maintained to ensure the effective operation of the service
- 7.3.5 Service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.

Practice:

Setting Fees

- The fees are set by the Service Council, balancing the need to provide an affordable quality service and at the same time remain economically viable.
- In setting fees the Service Council will examine the current Budget, likely future financial liabilities and receive advice from the Business Manager and Principal.

Fees:

- Invoices are issued each week.
- Fees are payable in advance.
- Fees are payable by credit card, cash, Direct Debit or through DEBIT SUCCESS system.

Child Care subsidy:

- Families using child care can claim Child Care Subsidy for Registered Care if they are;
 - o Working (including full time, part time or casual work, self-employment, unpaid sick leave, paid or unpaid maternity leave or setting up a business)
 - o Actively looking for paid work (including being in receipt of Newstart or Youth Allowance)
 - o Studying or training (including voluntary or unpaid work to improve your skills)
 - o A person with a disability
 - o Caring for a child or adult with a disability, or
 - o Your partner is in gaol or living Out of Australia
- The benefit is claimed through the Family Assistance Office on 13 6150, located in all Medicare offices, Centrelink Customer Service Centres and Tax Office shop fronts.
- Standard OSHC receipts are accepted as an official Receipt for Registered Child Care.

Overdue Fees:

- The OSHC requires families to pay fees in advance.
- If fees have not been paid within 2 weeks of this due date a late fee note will be sent to families requesting payment. This will be followed up with a phone call if fees continue to remain unpaid.

- If a family is having difficulty paying fees the Principal will discuss this with the family. A payment plan may be developed to assist families in paying the fees. If the payment plan is not completed the child's position at the service will be discontinued.

QUALITY AREA 7: LEADERSHIP AND SERVICE MANAGEMENT

Dealing with Complaints Policy

Policy: To provide opportunities for consultation, evaluation and review of the service operation and delivery of the education and care program and deal with complaints diligently and confidentially.

Background: Our OSHC values the feedback of educators, staff, families and the wider community in helping to create a service that meets regulation and the needs of enrolled children and their families. We encourage open communication through opportunities to respond and feedback on the program.

A component of this feedback is the ability to put forward a complaint and have this managed appropriately with due consideration for accountability and quality improvement.

Goals:

We will:

- Provide opportunities for consultation, evaluation and review of the service operation and delivery of the education and care program;
- Develop a process for making and managing complaints;
- Communicate the option and process of making a complaint;
- Handle complaints diligently and confidentially

Practice:

Feedback

Communications will aim at all times to be open, honest and confidential.

Families are provided the service's email address and phone details at orientation. Families will be encouraged to converse with educators at pick up and drop off times, and may email or call throughout the day.

Feedback from families is encouraged and educators and staff will take this feedback into account in ongoing planning and quality improvement.

GRIEVANCE PROCEDURE

Families can make a formal complaint about any aspect of our service.

(No person will be disadvantaged in anyway as a result of that complaint.)

Complaints should be forwarded to the school principal.

The service will:

- Inform OSHC families how they can register a concern or complaint.
- Provide information about the Complaints and Feedback Procedure in the Parent Information Book which is provided to all families on enrolment.
- Encourage compliments and suggestions as well as complaints.
- Provide opportunities to raise concerns or compliments through surveys conducted by OSHC.
- Endeavour to have interpreters available or other parents / friends of people of same cultural background, to interpret concerns of families of Non English Speaking background.

The service will:

- Address and investigate complaints;
- Document complaints;
- Ensure every complaint is managed and treated as an opportunity for quality improvement;
- Discuss the process for managing complaints with educators;
- Provide training on complaints management in staff meetings, staff orientation training and in-service training.
- Complaints will be dealt with in the strictest confidentiality. Any educator or staff member involved in handling complaints will ensure that information is restricted only to those who genuinely need to be notified in order to deal with the complaint. If information specific to the complaint needs to be disclosed to others during its resolution, the complainant will be informed.
- Actions to address the complaint will be determined. Once the outcomes or resolutions are agreed on,
- The Regulatory Authority will be notified of any complaint made to the service alleging a breach of regulation within 24 hours of the complaint being made.

**QUALITY AREA 7: LEADERSHIP AND SERVICE
MANAGEMENT**

**Occupational Health and
Safety Policy**

Gilles Street Service OSHC is committed to providing a secure and safe workplace for all members of staff. Gilles Street Service OSHC protects the health and safety of children, staff, families, visitors to the service by ensuring appropriate codes of practice are followed, and keeping informed about the Occupational Health and Safety Act.

Procedure:

Staff are expected to report incidents leading to high stress levels and positive steps will be taken to understand and minimise stress suffered by individual staff members.

Staff will record all illness, incidents and injuries to staff and children. Details recorded include: date, time, place of incident, injury or condition, brief description of events, adult witnesses, any treatment and the outcome.

The service will ensure that appropriate workers compensation cover is available to all employees.

Play areas and equipment will be checked daily by staff to ensure they are in a clean and in a safe condition.

Any damaged or unsafe equipment will be removed from the area. Details will be recorded and passed on to the Principal for repair or replacement

All new equipment will be checked against Australian Standards

Manual Handling:

Manual handling is any activity requiring the use of force exerted by a person to lift, push, pull, carry or otherwise move or restrain any animate or inanimate object.

It is the employer's responsibility to ensure the following are completed;

- _ Consultation
- _ Hazard identification
- _ Risk assessment
- _ Risk control

Employee responsibilities include;

- _ Participation in hazard identification, risk control and assessment
- _ Following information, training and instruction received
- _ Using risk controls provided by employer

Factors contributing to manual handling injuries may be;

- _ Bending strongly forwards or sideways
- _ Slippery, uneven surfaces or other tripping hazards
- _ Sudden unexpected load
- _ Pushing, pulling, lifting or setting down heavy objects
- _ Jerking and twisting when lifting
- _ One handed lifting
- _ Maintaining static posture
- _ Load held at distance from the body
- _ Lifting weight while bending over an upright object
- _ Type of load e.g. heavy, sharp, hot, slippery
- _ Restricted room to move
- _ Over reaching

Things to remember

1. Stop and think before you move anything
 - How heavy
 - Move smaller amounts
 - Need help
 - Path clear
 - Use trolley
 - Twisting or jerking
 - Where will I put it down?
2. Heavier items are best carried at waist height
3. Risk increases greatly from 16 kgs up

QUALITY AREA 7: SERVICE MANAGEMENT

Space Requirements Policy

Gilles Street Service OSHC is committed to ensuring that adequate indoor and outdoor areas are safe and available according to the number of children that attend each component of care. Adequate space is required to provide comfortable and uncramped conditions so that children can have a flexible play environment that is easily supervised.

Procedure:

Gilles Street Service OSHC follows the National Standards for Out of Service Hours Care June 1995, which states:

- Indoor space will be 3.25 square metres of unencumbered play space per child.
- Outdoor space will be 12 square metres of useable space per child

Toilets and Hand Basins **Policy:**

Gilles Street Service OSHC will ensure that staff and children have safe access to toilets (including access for children with disabilities) and hand washing facilities.

Procedure:

The service shall provide:

- One toilet for every 15 children or part there of
- Hand washing facilities
- Soap and hand drying equipment

Children will be encouraged to flush toilets and wash hands after use.

Where children need to use the toilet they will inform the educator positioned by the toilets. Their name and the time entered and exited will be noted. Where children remain in the toilet longer than five minutes, the educator will knock on the door. If there is no response they will enter with another educator and ensure the doors remain open at all times.

Telephone Facilities Policy

Gilles Street Service Out of Service Hours Care service is committed to ensuring that communication between families and staff can occur at all times while the service is operating.

Gilles Street Service Out of Service Hours Care services are also committed to ensuring that communication between families and the management can occur at mutually convenient times.

Procedure:

The service will have access to either a landline telephone or a mobile telephone during operational hours.

Families will be provided with contact details of the service as well as Gilles Street Service Out of Service Hours Care Management.

Staff Qualifications/Training **Policy**

Gilles Street Service Out of Service Hours Care service acknowledges that professional staff equates with quality programs, and that families need to feel comfortable with the staff supervising their children.

Gilles Street Service Out of Service Hours Care service will ensure that Out of Service Hours Care staff are offered opportunities for appropriate training to provide a quality service. Staff will be suitably qualified and/or experienced and meet the requirements as set out in their position description.

Procedure:

Coordinators will be qualified within the qualifications set out in the National Standards and have demonstrated experience in Out of Service Hours Care

There shall be a maximum of 30 children to one qualified staff member or part thereof. In the case where qualified staff cannot be attracted, the service will employ a person currently studying or someone willing to undertake studies to become qualified.

Funding is allocated in the annual budget for relevant and approved professional development as identified in staff appraisal

At least one staff member on duty will have a current First Aid certificate at all times.

Staff will have the skills and knowledge to prepare food.

Staff: Child Ratios

Policy

Gilles Street Service Out of Service Hours Care service believes that an appropriate staff: child ratio is an important factor in ensuring and enabling positive staff - child interactions and less directly, interactions between children.

Gilles Street Service Out of Service Hours Care service will ensure staff: child ratios are in accordance with the National Standards (1995) for Out of Service Hours Care (3.1).

Procedure:

- There shall be a maximum of 15 children to one staff member
- There shall be a maximum of 15 children to one carer for excursions
- There shall be a maximum of 5 children to one carer for swimming
- A minimum of 2 staff will be on duty at all times

In setting staff ratios, the service will consider the activities undertaken, ages and abilities of the children and any additional needs that the children may have.

Programs Policy

Gilles Street Service Out of Service Hours Care service will provide a program where children have access to a wide variety of safe, stimulating opportunities that are developmentally appropriate and cater to the social, intellectual, physical, recreational and emotional needs and interests of all children present.

These programs will reflect cultural diversity and incorporate the views of families/approved persons and the OSHC children. These programs will be clearly documented and displayed within the service.

Procedure:

Written programs will be displayed at the service.

Children, families and staff are expected to provide input into the program.

Cultural diversity, including the cultures of families using the service will be reflected in the program.

The program will be evaluated regularly to determine the needs of all children attending the service.

Children will be supervised at all times and staff will be actively involved in all aspects of program delivery.

GSPS OSHC BEHAVIOUR POLICY

Our aim is to create an engaging, safe and supportive environment where children are taught the skills to demonstrate pro-social, thoughtful and positive behaviour.

Responsible behaviour by the children is recognised and encouraged.

- At OSHC children receive praise for their positive behaviour through verbal feedback, learning stories, certificates and rewards such as participating in special activities.

Children are supported to demonstrate such behaviour through:

- OSHC educators modelling these behaviours.
- Individual conversations.
- Group games or activities where pro-social behaviour is encouraged.

Behaviour which does not fit into the behaviour standards is seen as an opportunity to help the students to grow personally. Where inappropriate decisions are made, consequences based on the situation are applied.

Examples of consequences include:

- Reminders
- Warnings
- Sit-out time
- Educator-child conference
- Conversation with parents or caregivers
- Being asked to make amends with any other parties involved
- A task required to make amends such as tidying up a mess that they made
- Where children are making decisions which result in compromising the safety of others, parents or caregivers are called and asked to collect their child. This is followed up with a meeting.

Inappropriate behaviours which are considered minor will result in an unofficial note being made and a brief conversation with the parent or caregiver.

Inappropriate behaviours which are deemed more significant are recorded on a behaviour report and are signed by the parent or caregiver of the child.

Regular communication with parents and caregivers is valued and parents and caregivers are informed of inappropriate behaviours.

GSPS OSHC ANTI-BULLYING POLICY

We believe that all children and staff have the right to be safe, enjoy their play and friendships and to participate in our program within a supportive environment amongst people who are caring and cooperative.

What constitutes as bullying

- **Verbal bullying:** The repeated use of words to hurt or humiliate another person. This includes put-downs, name-calling, swearing, nasty notes, homophobic, racist or sexist comments.
- **Emotional bullying:** Stalking, threatening, sending unwanted emails or text messages, creating abusive websites, threatening gestures, manipulation, or blackmail.
- **Relational bullying:** Excluding others or convincing others or convincing others to do so. Making up or spreading rumours or threatening to share personal information.
- **Physical bullying:** Repetitive low level hitting, kicking, punching, pushing, tripping, unwanted or sexual touching and damage to personal property.
- **Cyber bullying:** Involves the use of ICT to engage in the bullying of others.

What we do to prevent bullying

Children are encouraged and supported to:

- Know their rights and develop an agreement about what is safe and acceptable behaviour at OSHC and in our community.
- Communicate and build trusting relationships with OSHC staff and other children.
- Develop conflict resolution skills.
- Take responsibility for their actions when displaying bullying behaviour.

Staff will:

- Model cooperative and caring behaviour.
- Report concerning behaviour at staff meetings and collaborate to create strategies to support both the victim and the instigator of the bullying.
- Program activities to help children learn cooperation and communication skills.
- Discourage combative and non-inclusive play.
- Empower children, reminding them of their rights and responsibilities.

Wherever bullying is reported or observed

Staff will:

- Encourage and support children to talk to the bully and ask them to stop.
- Follow up with the bully and victim to see if the problem has been resolved.
- Remind children of what acceptable and unacceptable behaviour is.

If the situation is serious and/or cannot be reconciled by the two parties staff will:

- Intervene immediately to stop the behaviour.
- Talk to the bully and victim separately.
- Consult with other staff to get a wider view of the problem.
- Advise parents of the incident.

Major disputes will be handled by redirecting the bully through positive guidance and reassuring the victim. Staff will aim for reconciliation wherever possible between the bully and the victim. Staff will reassure the victim that all possible steps will be taken to prevent the reoccurrence of bullying. Any serious or repeated incidents will be reported to parents and the principal by the director.

Further information on responses to unacceptable behaviour can be found in our Behaviour Policy.