



**Little Locals & Gardens Early Learning
Policies & Procedures (Extract)**

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ADMINISTRATION OF MEDICATION POLICY

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

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Regulations

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
90	Medical conditions policy
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement - anaphylaxis or asthma emergency
95	Procedure for administration of medication

Related Policies

Administration of First Aid Policy Arrival and Departure Policy Control of Infectious Disease Policy Child Protection Policy Code of Conduct Policy Diabetes Management Policy Enrolment Policy Epilepsy Policy Family Communication Policy	Health and Safety Policy Incident, Illness, Accident and Trauma Policy Medical Conditions Policy Privacy and Confidentiality Policy Respect for Children Policy Safe Storage of Hazardous Substances Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

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

SCOPE

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

IMPLEMENTATION

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

Management will ensure that:

- The Administration of Medication Record is completed for each child.
- A separate form must be completed for each medication if more than one is required.
- Medication is only administered by the Service with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication.
- Medication provided by the child's parents must adhere to the following guidelines:
 - The administration of any medication is authorised by a parent or guardian;
 - Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner.)
 - Medication is from the original container;
 - Medication has the original label clearly showing the name of the child;
 - Medication is before the expiry/use by date.
- Any person delivering a child to the Service must not leave any type of medication in the child's bag or locker: Medication must be given directly to an educator for appropriate storage upon arrival.
- Written and verbal notifications are given to a parent or other family member of a child as soon as practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners.
- If medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent of the child are notified as soon as practicable.
- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- Reasonable steps are taken to ensure that medication records are maintained accurately. (1place Application or related checklist)

- Medication forms are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the service.
- Children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
- Educators receive information about medical and medication policies during their induction.
- Written consent is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required.
- Families are informed of the Service's medical and medication policies
- Safe practices are adhered to for the wellbeing of both the child and educators.

A Nominated Supervisor/ Responsible Person /Educators will:

- Not administer any medication without the authorisation of a parent or person with authority, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- Ensure that medications are stored in the refrigerator in a labelled and locked medication container with the key kept in a separate location, inaccessible to children. For medications not requiring refrigeration, they will be stored in a labelled and locked medication container with the key kept inaccessible to children.
- Ensure that two educators administer and witness medications at all times. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible for:
 - Checking the Medication Form and Checking the prescription label for; The child's name, the amount of medication being administered and the use-by date.
 - Confirming that the correct child is receiving the medication.
 - Signing and dating the medication form
 - Returning the medication back to the locked medication container.
- Follow hand-washing procedures before and after administering medication.
- Discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child.
- Seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication if required.
- Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label.
- Educators will attempt to administer medication, if the child refuses or spits it out, the parent will be called and asked to come and administer themselves.
- Invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English.
- Ensure that the Medication Record is completed and stored correctly.

Families will:

- Notify educators, verbally when children are taking any short-term medications.
- Notify educators, via the enrolment form and verbally when children are taking any long-term or precautionary medications.

- Complete and sign an Administration of Medication Record for their child requiring medication whilst they are at the Service. (OWNA Application)
- Assist Educators to complete long-term medication plans with reference to the medical practitioner's advice and ensure plans are signed by the medical practitioner.
- Update (or verify currency of) long term medication records quarterly or as the child's medication needs change.
- Be requested to sign consent to use creams and lotions (list of items in the first aid kit provided at enrolment) should first aid treatment be required.
- Be required to keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- Keep children away at home while any symptoms of an illness remain.
- Keep children at home for 24 hours from commencing antibiotics to ensure they have no side effects to the medication.
- **NOT** leave any medication in children's bags.
- Give any medication for their children to an educator who will provide the family with a Administration of Medication record to complete.
- Complete the Administration of Medication record and the educator will sign to acknowledge the receipt of the medication. (OWNA Application)
- Provide any herbal/ naturopathic remedies or non-prescription medications (including Paracetamol or cold medications) with a letter from the doctor detailing the child's name and dosage: Note that the stated procedure for administering medications applies to the administration of non-prescription medications.

Guidelines for administration of Paracetamol

- Families must provide their own Paracetamol for use as directed by a medical practitioner.
- Paracetamol will be kept in the locked medication container for emergency purposes should authorised collectors not be contactable.
- To safeguard against the incorrect use of Paracetamol and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter stating the reason for administering, the dosage, and duration it is to be administered for except for in emergency situations (onset of fever whilst at the Service).
- If a child presents with a temperature whilst at the Service, the family will be notified immediately and asked to organise collection of the child as soon as possible. An initial dose of Paracetamol will be administered if two educators have been given verbal permission by the parent or emergency contact. A medical administration form will be filled out and signed by the parent upon arrival.
- The family will be encouraged to visit a doctor to find the cause of the temperature. While waiting for the child to be collected, educators will
 - Remove excess clothing to cool the child down.
 - Offer fluids to the child.
 - Encourage the child to rest.
 - Provide a cool, damp cloth for the child's forehead and back of the neck.

- Monitor the child for any additional symptoms.
- Maintain supervision of the ill child at all times, while keeping them separated from children who are well.
- Educators are to take temperature checks every 15 minutes and record.

Medications kept at the service

- Any medication, cream or lotion kept on the premises will be checked monthly for expiry dates.
- Medication will be encouraged to take home everyday. Unless it needs to stay at the centre
- A list of first aid kit contents close to expiry or running low will be given to the Nominated Supervisor who will arrange for the purchase of replacement supplies.
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.
- It is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day and return it with the child as necessary.
- MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE.
- Families are required have any lotions or creams labelled by a pharmacist with direction of use

Emergency Administration of Medication

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

Emergency involving Anaphylaxis or Asthma

- For anaphylaxis or asthma emergencies, medication/treatment will be administered to a child without authorisation, following the provided action plan.
- The Service will contact the following (as required) as soon as practicably possible:
 - Emergency Services
 - A parent of the child
 - The regulatory authority within 24 hours (if an ambulance was called).
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

Self-Administration of Medication

Self-administration of medication is permitted in the service provided that:

- the child is of preschool age or older
- an authorisation to self-administer medication is recorded in the medication record for the child under regulation 92

The educator responsible for the child will:

- Confirm with the child the purpose of the medication (eg, headache, antibiotics etc)
- Provide the medication to the child
- Witness the child taking the medication, the child is not to walk away with the medication
- Record the details in the medical record for the child
- For at least the next hour keep an extra eye on the child in case of an adverse reaction, and to hand over to another educator if the responsible educator leaves the child's supervision

Source

Australian Children's Education & Care Quality Authority. (2014).

Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).

Early Childhood Australia Code of Ethics. (2016).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Framework. (2018).

Guide to the National Quality Standard. (2017).

National Health and Medical Research Council. (2012). Staying healthy: Preventing infectious diseases in early childhood education and care services.

NSW Department of Health: www.health.nsw.gov.au

Revised National Quality Standard. (2018).

REVIEW

POLICY REVIEWED	MODIFICATIONS	NEXT REVIEW DATE
July 2023	Reviewed by Policy Review Group no changes needed at this stage	July 2024

NUTRITION & FOOD SAFETY POLICY

National Quality Standard (NQS)

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

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

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy lifestyles	Healthy eating and physical activity are promoted and appropriate for each child.

Education and Care Services National Regulations

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

Related Policies

Multicultural Policy

PURPOSE

Early childhood education and care (ECEC) Services are required by legislation to ensure the provision of healthy foods and drinks that meet the requirements for children according to the Australian Dietary Guidelines. It is essential that our Service partners with families to provide education about nutrition, and promote healthy eating habits for young children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with adult chronic conditions such as obesity, type 2 diabetes and cardiovascular disease.

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

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined in the Australian Dietary Guidelines.

SCOPE

This policy applies to children, families, staff, and management of any service within the Little Locals Group.

IMPLEMENTATION

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

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

Meal times reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. When possible, educators will role model healthy eating behaviour, by sharing a small amount of the food on offer with the children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas shall comply with Food Standards Australia and New Zealand. (FSANZ)

Encourage and support breastfeeding and appropriate introduction of solid foods

Our Service will:

- Provide a suitable place within the Service where mothers can breastfeed their babies or express breast milk.
- Support mothers to continue breastfeeding until babies are at least 12 months of age while offering appropriate complementary foods from around 6 months of age.
- Ensure the safe handling of breast milk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding.
- In consultation with families, offer cooled pre-boiled water as an additional drink from around 6 months of age.
- Where breastfeeding is discontinued before 12 months of age, substitute with a commercial infant formula.
- Always bottle-feed babies by holding baby in a semi-upright position.
- Ensure appropriate foods (type and texture) are introduced around 6 months of age.

- Adjust the texture of foods offered between 6 and 12 months of age to match the baby's developmental stage.
- Offer a variety of foods to babies from all the food groups.
- Always supervise babies while drinking and eating - ensuring safe bottle-feeding and eating practices at all times.

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

Our Service will:

Where food is provided by the Service:

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

Where food is brought from home:

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

Management/Nominated Supervisor/Educators will:

- Ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment.
- Be aware of children with food allergies, food intolerances and special diets and consult with families to develop individual management plans.
- Ensure young children do not have access to foods that may cause choking.
- Ensure all children remain seated while eating and drinking.
- Ensure all children are always supervised children while eating and drinking.
- Encourage and provide opportunities for cooking staff and educators to undertake regular professional development to maintain and enhance their knowledge about early childhood nutrition.

- Follow the guidelines for serving different types of food and the serving sizes in the Guidelines and may use the Australian Government “eat for health” calculator- www.eatforhealth.gov.au
- Ensure the weekly menu is displayed in an accessible and prominent area for parents to view.
- Display nutritional information for families and keep them regularly updated.
- Ensure the weekly menu is accurate and describes the food and beverages provided each day of the week.
- Ensure food is presented attractively
- Ensure infants are fed individually by educators
- Ensure age and developmentally appropriate utensils and furniture will be provided for each child.
- Not allow food to be used as a form of punishment or to be used as a reward or bribe.
- Not allow the children to be force fed without being required to eat food they do not like or more than they want to eat.
- Encourage toddlers to be independent and develop social skills at meal times.
- Establish healthy eating habits in the children by incorporating nutritional information into our program.
- Talk to families about their child’s food intake and voice any concerns about their child’s eating.
- Encourage parents to the best of our ability to continue our healthy eating message in their homes.
- Ensure fridge and freezer temperatures are taken daily, working in compliance with the National Food Authority.

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

Our Service will:

- Ensure gloves (or food tongs) are used by all staff handling ‘ready to eat’ foods
- Ensure children and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks.
- Ensure food is stored and served at safe temperatures i.e. below 5°C or above 75°C.
- Separate cutting boards are used for raw meat and chicken, fruit and vegetables and utensils and hands are washed before touching other foods.
- Discourage children from handling other children’s food and utensils.
- Ensure food-handling staff members attend relevant training courses and pass relevant information onto the rest of the staff.
- Ensure that all chefs document all food related activities using Safe Food Pro as outline in the food safety program.

Creating a positive learning environment

Our Service will:

- Ensure that educators sit with the children at meal and snack times to role model healthy food and drink choices and actively engage children in conversations about the food and drink provided.
- Choose water as a preferred drink

- Endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds.
- Create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children.
- Encourage older toddlers and preschoolers to assist to set and clear the table and serve their own food and drink - providing opportunities for them to develop independence and self-esteem.
- Respect each child's appetite. If a child is not hungry or is satisfied, do not insist he/she eats.
- Be patient with messy or slow eaters.
- Encourage children to try different foods but do not force them to eat.
- Do not use food as a reward or withhold food from children for disciplinary purposes.

Service Program

Our Service will:

- Foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating.
- Encourage children to participate in a variety of 'hands-on' food preparation experiences.
- Provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices.
- Embed the importance of healthy eating and physical activity in everyday activities and experiences

Communicating with families

Our Service will:

- Provide a copy of the Nutrition Policy to all families upon orientation at the Service.
- Provide opportunities for families to contribute to the review and development of the policy.
- Request that details of any food allergies or intolerances or specific dietary requirements be provided to the Service and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met.
- Communicate regularly with families about food and nutrition related experiences within the Service and provide up to date information to assist families to provide healthy food choices at home.
- Communicate regularly with families and provide information and advice on appropriate food and drink to be included in children's lunchboxes. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.

Sources

- Australian Children’s Education & Care Quality Authority.
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- Guide to the National Quality Standard
- Early Years Learning Framework
- Food Standards Australia New Zealand
- Safe Food Australia, 2nd Edition. January 2001
- Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood
- Infant Feeding Guidelines 2012
- Australian Dietary Guidelines 2013
- Eat for health: Dept. Health and Ageing and NHMRC
- Food Safety Standards for Australia 2001
- Food Standards Australia and New Zealand Act 1991
- Food Standards Australia New Zealand Regulations 1994
- Food Act 2003
- Food Regulation 2004
- NSW Food Authority
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Dental Association Australia
- Australian Breast Feeding Association Guidelines
- Munch and Move- NSW Health initiative
- Revised National Quality Standard 2018

Review

Policy Reviewed	Modifications	Next Review Date
May 2022	No modifications needed	May 2023
May 2023	Adding the Safe food pro documentation platform	May 2024

HEALTH AND SAFETY POLICY

Early Childhood Services can be a high-risk environment for incidents and accidents to children, families, Educators and visitors. Our service is committed to maintaining a safe and healthy environment through comprehensive policies and procedures, managing risks and hazards appropriately and effectively.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Education and Care Services National Regulations

182	Tobacco, drug and alcohol free environment
156	Relationships in groups
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing and security
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements—indoor
108	Space requirements—outdoor space
109	Toilet and hygiene facilities
110	Ventilation and natural light

111	Administrative space
112	Nappy change facilities
113	Outdoor space—natural environment
114	Outdoor space—shade
115	Premises designed to facilitate supervision
116	Assessments of family day care residences and approved family day care venues
117	Glass (additional requirement for family day care)
73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about the educational program to be kept available
76	Information about educational program to be given to parents
80	Weekly menu
86	Notification to parents of incident, injury, trauma and illness
99	Children leaving the education and care service premises
102	Authorisation for excursions
111	Administrative space (centre-based services)
158	Children's attendance records to be kept by approved provider
168	Policies and procedures are required in relation to enrolment and orientation
171	Policies and procedures to be kept available

PURPOSE

We aim to protect the health, safety and welfare of children, Educators, families and visitors of the Service who may be affected by our operation through everyday practice. We are dedicated to adhering to all health and safety laws.

SCOPE

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

IMPLEMENTATION

New work health and safety (WHS) laws have commenced in the following States and Territories, using harmonised WHS legislation instead of previous OH&S laws:

- Commonwealth
- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- Tasmania
- South Australia

The National Quality Framework establishes the standards and learning frameworks to provide high quality inclusive education and care in early and middle childhood settings, which can only occur in a safe and healthy work environment. The NQF makes few unambiguous references to work health and safety as it is part of different legislation that sits alongside and compliments this framework.

Good work health and safety policies, procedures and practices ensure that:

- Management fulfils its responsibility to provide a safe workplace, without any negative impact on the health and wellbeing of employees;
- Employees meet their health and safety obligations AND are safe in the workplace;
- Children, families and all service visitors come to a safe workplace that protects their health and wellbeing; and
- The work environment supports quality early education and care.

We are dedicated to ensuring that all health and safety needs are met through the implementation of operative hygiene practices to control the spread of infectious diseases, the prevention and management of injuries and illness and providing a safe and secure physical environment for children. In any occurrences where children show any signs of illness or injury, educators will refer to the Incident, Injury, Trauma and Illness Policy.

The importance of children's nutritional and physical health needs will be promoted by educating children about a healthy lifestyle which will be reinforced through the everyday routine and experiences. Information on health, hygiene, safe food and dental care principles and practices will be displayed at the Service to provide families with more information.

We believe in quality education and care in an environment that provides for their protection through adequate supervision, safe experiences and environments, and emergency vigilance. Educators at the service are dedicated to understanding their legal and ethical responsibility to protect the children enrolled at the service.

Arrangements for Laundering of Soiled Items

- Soiled clothing will be returned to a child's home for laundering. Educators will remove soiled content and place into a plastic bag. Items will be stored securely in a sealed container and not placed in the child's bag. The soiled clothing containers are in the bathroom locked cabinet and have the child's name on them.

Choosing Appropriate Resources and Equipment

- The service will maintain all equipment at the service
- The Approved Provider will be ultimately responsible for any purchases of equipment.
- Educators will document any equipment which needs maintenance on a prioritised basis on the maintenance register.
- Resources and equipment will be chosen to reflect the cultural diversity of the Service's community and the cultural diversity of contemporary Australia.
- The Service will actively pursue the contribution of families regarding toys and equipment at the service.
- All new equipment will be checked against Australian Safety Standards.

- Children will be carefully introduced to new toys & pieces of equipment and taught how to use and care for them appropriately.
- Equipment that should only be used under supervision will be stored in a safe place out of children's reach.
- The use of pools and toys or equipment which involves the use of water will be used under the direct supervision of educators. All equipment will be emptied of water when not in use, and stored in such a manner that it cannot collect water.
- Equipment will be checked regularly by the educators to ensure it is in a clean and safe condition which will be recorded on the appropriate checklists.
- The selection of plants, either for indoors or outdoors, will be made with reference to the Children's Health Queensland Hospital and Health Service guide, which lists plants and mushrooms that are poisonous to people.
<https://www.childrens.health.qld.gov.au/chq/our-services/queensland-poisons-information-centre/plants-mushrooms/>

The children's learning environment

- The service will keep a record of any changes that is made to the physical environment of the service, such as rearranging of rooms etc to show continuous improvement.
- The service will document the links between the arrangements and choice of resources and equipment and the children's learning in the program.

On-going Maintenance

- The service will reflect on the environment and establish a plan certifying that the environment continuously collaborates with our philosophy of providing a safe and secure environment, stimulating and engaging for all who interact with it.
- The Approved Provider/Nominated Supervisor will also ensure that the service and its grounds comply with Local Government and regulations in regards to fire ventilation, natural and artificial lighting and safety glass.
- Should the service undertake major renovations, management plans will be put in place to ensure that the safety of educators, children, families and others at the service is not compromised.
- Regular ongoing maintenance of the service is completed on a regular basis.

The Children's Groupings

- Our service groups the children throughout the day in rooms according to their age and/or developmental stage. Within each room children are able to explore and experience their own temperaments in both the indoor and outdoor environment. For example, each room allows for a quiet play space, such as our book corner and a loud/physical play space such as the block area.
- In order for children to interact with the children and educators from other rooms in the service, in the morning we have family grouping, where all children attending the service are together.

Safety Checks

A daily inspection of the premises will be undertaken before children begin to arrive. This inspection will include the:

- Service Perimeters
- Fences/Fence Line
- Gates
- Paths
- Buildings
- All rooms accessible by children
- Fixed equipment
- Sand Pit

This must be done in order to identify any dangerous objects in the grounds ranging from sharps to poisonous or dangerous plants and animals. To ensure best practice, the daily safety checks will be conducted prior to the children arriving at the service.

In the event of a sharp object being found (for example a syringe) educators will wear gloves and use tongs to pick up the object and place it in the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

Similarly, trees in the grounds must be checked regularly for overhanging, dead or dangerous looking branches as well as check for any infestations or nests.

Non-fixed play equipment in the service grounds it can be no more than one metre high and must be supervised at all times by an educator.

The service will have regular pest inspections carried out by an accredited pest control company. Documentation of these inspections will be kept and any findings from the pest control check will be carried out in line with the recommendation of the pest control company.

The Indoor and Outdoor Daily Safety Checklists will be used as the procedure to conduct these safety checks. A record of these will be kept by the service. Any required maintenance will immediately be reported by the Approved Provider/Nominated Supervisor who will make the appropriate arrangements to have repairs carried out.

The following can be used as a guideline to produce Checklists for the service's individual needs.

Checklist: Outdoor

- **Building maintenance** – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Records of any damages and subsequent repairs are kept.
- **Dust mites, pet allergens** – regular dusting and vacuuming.
- **Fences** -securely and effectively fence all sides of outdoor play areas from roads, water hazards, and driveways. Maintain fences have correct height. Install childproof self-locking devices on gates.

- **Garbage** – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling.
- **Garden** and renovation debris removed. Regularly trim branches and bushes.
- **Garages and sheds** - keep locked.
- **Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded and are kept out of reach of children.
- **Hygienic**, regularly cleaned and maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.
- **Non-slip** floors, stairs, steps, grounds and nonporous indoor floors for easy cleaning.
- **Renovation** dangers e.g. lead, asbestos, holes and excavations – reduce risks.
- **Pesticide** residue - dangerous chemicals should not be used to remove vermin.
- **Safety glass** is installed according to the Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.
- **Security** - minimising unauthorised access with appropriate fencing and locks.
- **Spills** – clean away as they occur.
- **Window fly screens** securely fitted, maintained and permanent.
- **Hazards and driveways**. Maintain fences, have correct height, install childproof self- locking devices on gates.
- **Centre car park** – ensure family members are aware of pedestrian safety rules such as holding their child’s hand and alighting children from the safety door. Encourage families to always supervise their children in the car park to prevent accidents and injuries, which could occur as a result of reversing vehicles.
- **Finger entrapment** – all holes or openings in playground equipment must be between 8-25 mm.
- **First aid kit is approved**, maintained, and accessible throughout outdoor play.
- **Hazardous Plants** – identify and remove or make inaccessible to children.
- **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tools or machinery are stored securely and are inaccessible to children.
- **Pet and animal droppings** cleared or inaccessible to children in outdoor areas, exclude dogs from children’s play areas, finger proof pet enclosures, supervise pet interactions with children.
- **Pool safety, fencing and gate compliance**, paddling pools emptied immediately after use, turn upside down, disinfected if soiled.
- **Safe play rules and adequate safe play areas** - talk with children about how to play safely. Maintain safe layouts for outdoor play areas to avoid collisions between children.
- **Sandpits** - cover when not in use, regularly clean, rake, and remove sand soiled by faeces or blood. Hose sandpits at end of day after removing contaminated sand and material.
- **Soft fall** - appropriate ground cover under outdoor climbing and play equipment, meets standards.
- **Sun protection** clothing, hats, and sunscreen, for unshaded areas - minimise play at peak sun exposure times. Install a sunshade over sandpits and play areas.

- **Ensure children are visible and supervised at all times.** High-risk areas and climbing and other outdoor play equipment. Make hazardous equipment, machinery, chemicals, and any other materials inaccessible to children.
- **Water troughs** are to be used under adult supervision only and will not be used without a stand, keeping it off the ground. Children are to remain standing on the ground whilst using the water trough
- **Play equipment** that is higher than 50cm has soft fall installed underneath at least 25cm in depth under and 1.9m from the perimeter of the equipment. Place outdoor play equipment away from paths and solid garden edging.
- **Surfacing** used underneath and around equipment complies with Australian and New Zealand Standards AS/NZS 4422, 1996, and is maintained regularly; materials may need to be raked, redistributed and checked weekly for spiders, sharp objects or animal litter.
- **Wild animals/snakes** – grounds will be searched during the safety check.

Checklist: Indoors

- **Access for children and adults with disability** - ensure safe access into, within and out of the Service, security, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.
- **Barriers** - age appropriate, child proof, self-locking barriers to balconies, stairways, kitchen, bathroom, laundry, garage, other levels in the Service, front and back garden.
- **Children at risk** – maintain extra security and supervision for children at special risk.
- **Choking hazards** - e.g. small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags and balloons.
- **Decorations and children's artwork** – do not place near ceiling fans, air conditioners or heaters. Avoid use of tacks, pins, and staples.
- **Emergency evacuation** – develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures.
- **Fire** – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.
- **First aid kit** with approved contents is maintained and accessible. Ensure First Aid certificates are current for relevant educators.
- **Furniture and nursery equipment** - stable, maintained and meets safety standards.
- **Guard and make inaccessible to Children-** heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment. Ensure heaters are away from children's cots.
- **Hazardous indoor and outdoor plants-** identify, remove or make inaccessible to children.
- **Heaters** – ensure that children cannot come in contact with hot surfaces. It is preferable to use heating where combustion products are ducted outside. If gas heating is used ensure there is adequate ventilation while the heater is operating.
- **Hot water** - ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current KidSafe recommendation is below 43.5°C).
- **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
- **Noise** – reduce excessive exposure.
- **Non-slip, non-porous floors, stairs.**

- **Pets and animals** – inform families of pets being kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don't have fleas, clean, and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children's play areas. Keep children-pet interactions minimal and supervise interaction times.
- **Record details** and notify parents of any child accident.
- **Safe play rules and adequate play spaces:** discourage running indoors and safe furniture layout to avoid collisions.
- **Safety glass used and installed** according to Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children, **safety decals** on sliding doors and plate glass doors at child and adult eye level.
- **Security** – ensure all entry doors are locked at all times and place bells on doors.
- **Smoke free environment** in all areas.
- **Educators personal items** – ensure educator's personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.
- **Stairways**, ramps, corridors, hallway, external balcony must be enclosed to prevent a child falling.
- **Store in locked cabinet** any unsafe items, e.g. chemicals, medicines, razors, knives and electrical equipment.
- **Supervision and visibility of children** – ensure children are visible and supervised at all times. High risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two educators on premises at all times with vision of each other and the children, have two educators present or in view when changing nappies or washing children.
- **Toys** – meet safety standards, age appropriate, maintained, and non-toxic.

Cleaning of Buildings, Premises, Furniture and Equipment

General Cleaning:

- The service will use structured cleaning schedules to ensure that all cleaning is carried out regularly and thoroughly.
- Educators will clean the service at the end of each day and throughout the day as needed, signing off on all cleaning duties that have been completed.
- Accidents and spills will be cleaned up as quickly as possible to ensure that the service always maintains a high level of cleanliness and hygiene.

When purchasing, storing and/or using any dangerous chemicals, substances, medicines or equipment, our service will:

- Adhere at all times to manufacturer's advice and instructions when using products to clean furniture and equipment at the service.
- Store all dangerous chemicals, substances and medicines in their original containers provided by the manufacturer. All labels and/or use by dates should be kept intact at all times.
- Any substance found to be stored in a different container than originally provided, or with destroyed labels and/or unknown use by dates where appropriate will not be used under any circumstances.

- Containers should be disposed of correctly following local council guidelines, and not reused under any circumstances.
- All dangerous chemicals, substances and equipment must be stored in a locked place or facility which is labelled, secure and inaccessible to children. These materials may include, but are not limited to, all cleaning materials, detergents, poisonous or dangerous substances, dangerous tools and equipment including those with sharp and razor edges and toiletries.
- Educators should follow the instructions of manufacturers, particularly of any product which may need to be stored in a refrigerated environment pursuant to the aforementioned directives.
- Any substances that need to be refrigerated must be stored in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children.
- All hazardous chemicals must be supplied with a Safety Data Sheet (SDS) formerly called a Material Data Safety Sheet. Our service will adhere to the manufacturer's instructions for use, storage, and first aid instructions recorded on the SDS.
- The Service will keep a register of all hazardous chemicals, substances and equipment used at the Service. Information recorded should include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.
- Appropriate personal protective clothing should be worn in accordance to the manufacturer's instructions when using and disposing of hazardous substances or equipment.
- Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 13 11 26, or call an Ambulance on 000.
- In the case of any child or educator becoming injured by a chemical, substance or equipment, the service will initiate our emergency, medical and first aid procedures, notify the appropriate authority that administers workplace health and safety immediately and any other person or authority as required by regulations or guidelines.
- In any major emergency involving a hazardous chemical or equipment, a hazardous gas or a fire or explosion hazard, call the emergency services, dial 000 and notify the appropriate authority that administers workplace health and safety and any other person or authority as required by regulations or guidelines.

Hand washing:

In order to assist in preventing the transmission of germs is effective handwashing. Adults and children should wash their hands:

- When hands are visibly dirty
- When coming inside from being outside
- On arrival
- Before you eat
- Before you prepare food items
- After touching raw meats like chicken or beef
- After contact with any body fluids like blood, urine or vomit
- After changing infant or adult nappies
- After touching animals or pets
- After blowing your nose or sneezing

- After meals
- After going to the toilet

Minimising Potentially Dangerous Substances:

Our service also implements the concept of minimising the use of potentially dangerous substances. Ordinary detergents will be used to help remove dirt from surfaces. Colour-coded sponges (e.g. pink for the kitchen, yellow for the bathroom) will be used in order to not cross-contaminate areas. Different rubber gloves will also be used in each room then hung out to dry and air. Before returning to the children educators will wash and dry hands.

Disinfectants:

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, public health units may specify the use of a particular disinfectant. In this situation, for the disinfectant to work effectively, there still needs to be thorough cleaning using a detergent beforehand. Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. It is more important to ensure: Surfaces have been cleaned with detergent and warm water than to use a disinfectant. To kill germs, any disinfectant needs:

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

Detergents:

Proper cleaning with detergent and warm water, followed by rinsing then drying and airing time kills most germs from surfaces as they are unable to multiply in a clean environment. Cleaning equipment should be stored and taken care of so it can dry between uses and not multiply germs itself.

Nappy change area:

Nappy change areas need to be cleaned after each use with disinfectant. Refer to Nappy Changing Policy

Clothing:

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

Toy Cleaning:

Educators are required to clean the children's equipment and toys on a regular basis in order to minimise cross contamination and the spread of illnesses. Educators will wash a toy immediately if it has been sneezed on, mouthed, and soiled or if it has been discarded after play by a child who has been unwell. The service will have washable toys for the younger children.

Refer to the following toy cleaning schedule for toys on display in the children's rooms. Educators will be required to keep a toy cleaning register documenting when toys and equipment has been cleaned.

Recommended cleaning materials:

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

Wooden Toys:

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

Play Dough:

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

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

Rattles and Baby Toys:

- Must not be immersed in water as it can get inside, rendering the toy useless.
- Wipe thoroughly with hot water or a cloth with diluted vinegar.

Ride-on Vehicles and Outdoor Toys:

- Must be cleaned.
- Please take care not leave them exposed to the elements as this reduces their lifespan.

Puzzles and Games:

- Wooden puzzles as per 'Wooden Toys' above.
- Cardboard should be wiped over with a slightly damp cloth.

Sun Protection:

Our service will work in collaboration with the QLD SunSmart Program to ensure children's health and safety is maintained at all times whilst at the service. Sunsmart recommends that all early childhood education and care services have a Sunsmart Policy to reduce UV damage to those in care, including Educators. Our Sun Safety Policy has been accepted and approved by Sunsmart.

1. Outdoor Activities

The service will use a combination of sun protection measures whenever **UV Index levels reach 3 and above**. This will include:

- From October to March sun protection is required at all times. Extra sun protection is needed between 11am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.
- All surfaces will be temperature tested before children can use the playground safely.
- From April to September (excluding June and July) outdoor activity can take place at any time. However, from 10am – 2pm sun protection is required.

- In June and July when the UV index is mostly below 3, sun protection is not required. Extra care is needed for services in the far west and north of NSW and for all children who have very fair skin.
- All sun protection measures (including recommended outdoor times, shade, hat, clothing and sunscreen) will be considered when planning excursions and incursions.

2. Shade

The service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade.

3. Hats

Educators and children are required to wear sun safe hats that protect their face, neck and ears. A sun safe hat is:

- Legionnaire hat.
- Bucket hat with a deep crown and brim size of at least 5cm (adults 6cm).
- Broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended. Children without a sun safe hat will be asked to play in an area protected from the sun (e.g. under shade, veranda or indoors) or can be provided with a spare hat.

4. Clothing

When outdoors, educators and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. This includes wearing:

- Loose fitting shirts and dresses with sleeves and collars or covered neckline.
- Longer style skirts, shorts and trousers.
- Children who are not wearing sun safe clothing can be provided with spare clothing.

Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

5. Sunscreen

All educators and children will apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the use-by-date monitored.

6. Babies

Babies under 12 months will not be exposed to direct sunlight and are to remain in dense shade when outside. They will wear sun safe hats and clothing and small amounts of SPF30+ broad-spectrum water-resistant sunscreen may be applied to their exposed skin.

7. Role Modelling

Educators will act as role models and demonstrate sun safe 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).

Families and visitors are encouraged to role model positive sun safe behaviour.

8. Education and Information


Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to educators, families and visitors. Further information, support and free resources are available from the Cancer Council website www.cancercouncil.com.au/sunsmart or call the SunSmart Information Line on 02 9334 1761.

9. Policy Availability

The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to educators and staff, families and visitors.

10. Review

Our service will monitor and review the effectiveness of our sun protection policy regularly, at least once every 12 months.

	SunSmart Agreement
Service name: _____	
<p>This service agrees to enforce the above sun protection policy in line with the SunSmart Early Childcare Program recommendations and to inform the Cancer Council NSW of any changes to the service's policy and practices. The service will take part in a review every 2 years.</p>	
Name: _____	Position: _____
Signature : _____	Date: _____

Delivery and Collection of Children

The following procedure must be adhered to at all times to ensure the safety of the children.

Arrival:

- All children must be signed in by their parent or person who delivers the child to our service. If the parent or other person forgets to sign the child in they will be signed in by the nominated supervisor or an educator.
- An educator is to check the sign in sheet ensuring families have signed their child in. If families have not signed the child in, educator is to comply with Regulation 158.
- An educator will greet and receive each child to ensure the child is cared for at all times.
- A locker or shelf space will be made available to children and their families.

Departure:

- All children must be signed out by their parent or person who collects the child from our service. If the parent or other person forgets to sign the child out they will be signed out by the nominated supervisor or an educator.

- Children can only be collected by a parent, an authorised nominee named on their enrolment record, or a person authorised by a parent or authorised nominee to collect the child. Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises.
- Children will not be released into the care of a person not authorised to collect the child e.g. court orders concerning custody and access. If an unauthorised person is not willing to leave the premises without the child the educator will call the police.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date.
- No child will be released into the care of anyone not known to educators. Parents must give prior notice where:
 - the person collecting the child is someone other than those mentioned on the enrolment form (e.g. in an emergency) or
 - There is a variation in the persons picking up the child, including where the child is collected by an authorised nominee who is unknown to educators.
- If educators do not know the person by appearance, the person must be able to produce some photo identification. If educators cannot verify the person's identity they may be unable to release the child into that person's care.
- If the person collecting the child appears to be intoxicated, or under the influence of drugs, and educators feel that the person is unfit to take responsibility for the child, educators will:
 - discuss their concerns with the person, if possible without the child being present
 - Suggest they contact another parent or authorised nominee to collect the child.
 - Educators will inform the police of the circumstances, the person's name and vehicle registration number if the person insists on taking the child. Educators cannot prevent an incapacitated parent from collecting a child but must consider their obligations under the relevant child protection laws.
- At the end of each day educators will check all beds and the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes.
- Children may leave the premises in the event of an emergency, including medical emergencies.
- Details of absences during the day will be recorded.

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

Kitchens

- Children must not gain access to any harmful substance, equipment or amenity.
- The kitchen has a barrier to prevent unsupervised entry by children into the kitchen.
- The preparation of bottles for children under the age of 2 years is both safe and hygienic at all times and separate from nappy change area.

Hazard Identification

A hazard is a source of potential harm or a situation that could cause, or lead to harm to people or property. Workplace hazards can be physical, chemical, biological, mechanical or psychological.

Potential Hazard	What does this include?	Example	Potential accident
Physical	Floors, stairs, steps, ladders, fire, falling objects, slippery surfaces, manual handling (lifting, pulling, pushing), noise, heat and cold, radiation, poor lighting, ventilation	Children's beds placed in an open area, wet bathroom floors, lifting children for nappy changes.	Trips, slips and falls, Manual handling injury (soft tissue/back injury)
Mechanical and/or Electrical	Electricity, machinery, equipment, washers and dryers, kitchen appliances, motor vehicles.	Lint accumulation in dryers can be a combustion hazard. Frayed power cords or unplugged power points are an electrical hazard.	Fire, electric shock, electrocution
Chemical	Includes substances such as acids or poisons, cleaning agents, dusts and fumes.	Cleaning chemicals, Medication	Fire, explosion, poisoning
Biological	Includes bacteria, viruses, mould, mildew, insects, vermin and animals.	Sick staff or children attending the service, Contaminated food, mice infestation.	Cross-infection, food poisoning.
Psychological	Workplace stressors.	Bullying, children's needs exceed skill or confidence of educators, insufficient management support.	High stress levels (staff and children), compromised care practices, failure to be inclusive.

Reference: Work Health and Safety in Education and Care Services PSC National Alliance

Controlling or Managing Hazards

Controlling or managing hazards refers to controlling the risk in the workplace. Work health and safety legislation identifies a Hierarchy of Control that range from hazard elimination to hazard management. Management and Educators are required to use the service risk assessment to assess the potential risk and danger the hazard has.

Monitor and Review Hazards

Risk management is an ongoing process. Risks must be systematically monitored and management strategies reviewed to ensure that they continue to be effective and contribute to a safe and healthy work environment. New hazards can emerge over time resulting in control strategies becoming ineffective and therefore may require updating.

Maintenance of Fire Equipment

All fire equipment at our service will be maintained as per the legal standards. Our equipment will be checked as required as per the timeframes below. External agencies will be employed to conduct the maintenance of the fire equipment if no currently employed staff or educators are qualified to complete the maintenance checks.

Back Care and Manual Handling

- Manual handling is any activity requiring the use of strength used by the person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.
- Manual handling injuries may be caused by the activities listed above. Injuries can include back strains, similar strains and sprains in parts of the body such as the neck, arm, shoulder and knee.
- Manual handling injuries also include overuse injuries or, as a result of falling during manual handling, bruising or laceration.

Commendations:

- Due to the physical demands of child care, it is sensible to do warm-up exercises for three to five minutes before starting work. Predominantly through the winter period as muscles and tendons are more likely to be damaged when cold. Simple exercises to warm and stretch all the major muscle groups will help prevent injury.
- To help prevent injuries, there are legal requirements for manual handling in the workplace.

The employer, in consultation with staff/educators will:

- Provide you annually with training in Manual Handling and Back Care.
- Display in the staff room written information regarding manual handling and any updates as required.
- Make sure that equipment and containers are designed and maintained to be, as far as workable, safe and without risk to health and safety when manually handled.
- Make sure that the work practices involving manual handling and the work environment are designed to be, as far as workable, consistent with safe manual handling activities.
- Identify, assess and control all risks associated with manual handling in each workplace.
- Clearly mark any equipment which requires more than one person to lift or move it.

Ideologies of Preventing Manual Handling Injuries

1. Eliminate or reduce the amount of manual handling.
2. Reduce the amount of bending, forward reaching, and twisting, in all tasks.
3. Reduce worker fatigue.
4. Keep all equipment in good working order.
5. Keep the workplace environment safe.

To help prevent manual handling injuries:

- Kneel down rather than bend down.
- Sit down with the children rather than bend over
- Sit in an appropriate sized chair or on the floor.
- Carry children only when necessary.
 - The correct way to carry a child is with one arm under the child's buttocks and the other arm supporting the child's back. At the same time, hold the child facing you, as close to your body as possible.
 - Adults should try to avoid carrying a child on their hip because this can strain the back.
- When lifting awkward loads, be careful to lift with a balanced and comfortable posture.
- Minimise the need to reach above shoulder level.
 - If necessary use a step ladder.
- Avoid extended reaching forward, For example, leaning into low equipment boxes.
- Share the load if the equipment is heavy, long or awkward.
- To lift a child out of a cot, it is vital to put the side down of the cot first, lean against the cot and raise the child as close as possible to your body. Do not stretch over and lift.
- When sliding, pulling or pushing equipment that is not easy to move, e.g. trestles or gym mats, ask for help and organise a team lift.
- Where possible, rearrange surroundings to meet the needs of both children and adults. Remember these needs when buying furniture and equipment or upgrading facilities.
- Use equipment and furniture that can be moved around as safely and easily as possible.
- To complete lengthy writing tasks, e.g. program planning, sit at an appropriate adult sized chair at an adult sized table.
- Larger children to climb up steps/ladder provided to change table.

Avoid Twisting when Lifting

Many injuries result from twisting while lifting. To avoid this:

- Move equipment when children are not around.
- Rearrange storage so that it is easier and safer to replace and remove items.
- Lift only within the limits of your strength.
- Use beds and equipment that are easy to move.
- Make sure you can see where you are going when carrying equipment or children.
- Be especially careful when lifting a child with special needs.

Avoid Accidents with Careful Housekeeping

Good housekeeping means fewer accidents. Check that:

- The floors and other walking surfaces are uncluttered, even and non-slippery.
- The workplace is tidy.
- There is adequate space to perform each task.
- Equipment is maintained regularly.
- Lighting is adequate.

How to Lift Safely

1. Place your feet in a stride position.
2. Keep your breastbone as elevated as possible.
3. Bend your knees.
4. Brace your stomach muscles.
5. Hold the object close to your centre of gravity, i.e. around your navel.
6. Move your feet not your spine.
7. Prepare to move in a forward-facing direction
8. Ask for help when it is not possible to lift on your own.

How to Organise a Team Lift

1. Ask a colleague who is willing and able to help. Ideally the colleague should be fairly well matched with you in size and strength.
2. Agree on a plan of action.
A coordinated movement during a lift is important.
3. Timing is important for co-ordination.
One person should act as a team leader and 'call' the lift.

How to Assess the Correct Storage and Shelving Height

Correct storage and shelving height is important to prevent slips, falls and strains:

- The best height range for handling loads is around waist level.
- The acceptable height for lifting is any point between the individual's knuckle and shoulder.
- **Seldom-used objects** can be stored at the shoulder-to-raised arm height (use ladders to avoid stretching).
- **Avoid storing objects** at a level between an individual's knuckles and the floor.
- **Mechanical aids such as ladders and trolleys should be used where possible** to avoid lifting.

The WorkCover Authority of NSW administers the Work Health and Safety legislation, and has several codes of practice on specific work safety issues which are available online at

<http://www.workcover.nsw.gov.au/lawpolicy/codesofPractice/Pages/default.aspx>

Source

- Australian Children's Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Staying Healthy in Child Care 5th Edition
- Guide to the National Quality Standard.
- Australian Standards 1851-2005 "Maintenance of Fire Protection Systems and Equipment"
- Work Health and Safety Act 2011
- Cancer Council QLD Sample Sun Protection Policy
- Revised National Quality Standards

Review

Policy Reviewed	Modifications	Next Review Date
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June 2023	Further guidance added around ensuring a safe surface temp.	June 2024
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INCIDENT, ILLNESS, ACCIDENT & TRAUMA POLICY

In early childhood, illness and disease spreads easily from one child to another, even with hygiene practices in place. It is also inevitable that accidents and incidents are going to occur as children play and explore their surrounds. Our Centre is committed to preventing illness and reducing the likelihood of accidents as much as possible through its risk management and effective hygiene practices.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Education and Care Services National Regulations

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

Related Policies

Administration of First Aid Policy Administration of Medication Policy Anaphylaxis Management Policy	Family Communication Policy Immunisation Policy Infectious Disease Policy
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Asthma Management Policy Control of Infectious Disease Policy Diabetes Management Policy Epilepsy Policy	Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Road Safety Policy
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PURPOSE

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

SCOPE

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

SIGNS AND SYMPTOMS OF ILLNESS

Early Childhood Educators and Management are not doctors and are unable to diagnose an illness of infectious disease. Medical advice is required to diagnose illness.

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- Loss of appetite
- High Temperature or Fevers - a child's normal temperature will range between 36.0°C and 37.0°C. anything over this is considered high.
- Loose bowels
- Headaches
- Discolored feces or feces containing blood
- Dark urine
- Vomiting
- Discharge from the nose eye or ear
- Skin with rashes, blisters, spots, crusty or weeping sores
- Stiff muscles or joint pain
- Difficult in swallowing or complaining of a sore throat
- Persistent, prolonged, or severe coughing
- Difficulty breathing

Staying Healthy in Childcare will be reference for recommended exclusion times, should a child be sent home displaying symptoms of being unwell.

High Temperatures or Fevers

When a child has a high temperature or fever:

- Educators will notify parents when a child has a temperature of 38°C or higher.
- The child will need to be collected from the Centre and cannot return until 24 hours after their last temperature.

Methods to reduce a child's temperature or fever:

- Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin
- If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Neurofen) in an attempt to bring the temperature down, however, a parent or emergency contact person must still collect the child.
- The child's temperature, time, medication, dosage and the staff member's name will be recorded, and the parent asked to sign the Medication Form.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system.

Symptoms include:

- Abdominal cramps
- Diarrhoea
- Vomiting.

When a child is showing symptoms:

- If a child has 2 episodes of diarrhoea and/or vomiting, parents or emergency contacts will be notified to collect the child immediately.
- The child can not return until 48hours after their last loose bowel movement and/or diarrhoea.
- If there are multiple cases of gastroenteritis, Management will report the outbreak to the local health department and seek their guidance on management of the outbreak.

Management of Incidents

- In an event where a child/ren are directly impacted by an incident or illness the Nominated Supervisor, Responsible Person in Charge or a Senior Educator will be notified by an Educator who is responsible for that group of children.
- The Nominated Supervisor, Responsible in Charge or Senior Educator will assist with the management of the incident or illness, if required.
- In the event of a serious incident or illness where "000", are contacted an Educator will be required to document a timeline of events to assist with reporting to the Regulatory Authority. The Nominated Supervisor, Responsible Person in Charge or Senior Educator will contact the parent/guardian of the child/ren. In the event, that the parent/guardian are not contactable the Nominated Supervisor, Responsible Person in charge or Senior Educator would contact the emergency contacts of the child/ren.

Children Unaccounted for or Missing

In the event that a child/ren appears to be missing or cannot be accounted for, appears to have been taken or removed from the service premise in a manner that contravenes the regulations, is mistakenly locked in or locked out of the education and care service premise or any part of the premise; the

Nominated Supervisor or Responsible Person in Charge will be notified immediately by an Educator who is responsible for that group of children.

The Nominated Supervisor or Responsible Person in Charge will assist with trying to locate the child. In the event that the child/ren cannot be located within 5 minutes the Nominated Supervisor will call “000”. An Educator will document a timeline of events to assist with reporting to the Regulatory Authority. The Nominated Supervisor or Responsible Person in Charge will contact the parent/guardian of the child/ren. In the event, that the parent/guardian are not contactable the Nominated Supervisor or Responsible Person in charge would notify the emergency contacts of the child/ren.

The Approved Provider in all instances, will be contacted and will assist with reporting to the Regulatory Authority.

Trauma

Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child.

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

Behavioural cues in Babies and Toddlers who have experienced trauma may include:

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

Behavioural responses for Pre-School aged children who have experienced trauma may include:

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

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

Reporting of serious Injury, Incident or Trauma

Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service.

The definition of serious incidents that must be notified to the regulatory author is:

- a) The death of a child:
 - (i) While being educated and cared for by an Education and Care Service or
 - (ii) Following an incident while being educated and cared for by an Education and Care Service.
- (b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
 - (i) the attention of a registered medical practitioner was sought, or ought reasonably to have been sought or
 - (ii) the child attended, or ought reasonably to have attended, a hospital;
- (c) Any incident where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought
- (d) Any circumstance where a child being educated and cared for by an Education and Care Service
 - (i) Appears to be missing or cannot be accounted for or
 - (ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
 - (iii) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

The educator must inform the Nominated Supervisor immediately. The Nominated Supervisor will contact Police in the first instance, then the family, informing both of the circumstances of the situation.

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

IMPLEMENTATION

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the Service's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

Management/Nominated Supervisor/Responsible Person/ Educators will ensure:

- Service policies and procedures are adhered to at all times
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring.
- To complete an Illness, accident, or trauma record accurately and without deferral
- First aid kits are easily accessible
- First aid, anaphylaxis management training and asthma management training is current and updated
- Adults or children who are ill are excluded for the recommended periods.
- Staff and children always practice appropriate hand hygiene.
- Cleaning practices are followed.
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Parents are notified of any infectious diseases circulating the Service within 24 hours of detection
- First aid qualified educators are present at all times on the roster and in the Service
- Children are excluded from the Service if the child is unwell
- Practice effective hand hygiene techniques

Sources

- Australian Children’s Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html3
- Staying healthy in child care. 5th Edition
- Policy Development in early childhood setting
- First Aid Workplace - <http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf>
- Revised National Quality Standard

Review

Policy Reviewed	Modifications	Next Review Date
	Created	June 2021
10 March 2022	Minor updates	March 2023
March 2023	No updates required	March 2024

MEDICAL CONDITIONS POLICY

To support children’s wellbeing and manage precise health requirements, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are developed and implemented. Parents will be provided with the Medical Conditions Policy upon enrolment and all required information will be communicated and documented at this stage.

National Quality Standard (NQS)

Quality Area 2: Children’s Health and Safety		
2.1	Health	Each child’s health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child’s wellbeing and comfort is provided for, including appropriate opportunities to meet each child’s needs for sleep, rest and relaxation
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Education and Care Services National Regulations

90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

PURPOSE

We aim to efficiently respond to and manage medical conditions at the Service ensuring the safety and wellbeing of children, staff, families and visitors.

SCOPE

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

IMPLEMENTATION

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

The Approved Provider/Management will ensure:

- Educators and Staff have a clear understanding about children's individual medical conditions.
- Communication between families and Educators is on going and effective.
- Educators receive appropriate training in managing specific medical conditions.
- There is an Educator in attendance at all times with a current accredited first aid and CPR training for specific medical conditions.
- Educators have a clear understanding about their role and responsibilities when caring for children with a medical condition.
- Families provide required information on their child's medical condition, including; Medication, Allergies, Medical Practitioner contact details, Medical Management Plan
- A Medical Management Plan/Risk Minimisation Plan has been developed in consultation with families and the child's medical practitioner.
- Educators have emergency contact information for the child.
- Casual Staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis.
- A copy of the child's medical management plan is visibly displayed and known to staff in the Service.
- A child is not enrolled at the Service without a Medical Management Plan and prescribed medication by their medical practitioner. In particular, medication that is life threatening such as asthma inhalers, adrenaline auto injection devices and Insulin.
- In the event that a child suffers from reaction, incident, situation or event related to a medical condition the Service and staff will:
 - Follow the child's Emergency Medical/Action Plan.
 - Call an ambulance immediately by dialing 000
 - Commence first aid measures/monitoring
 - Contact the parent/guardian when practicable (within 24 hours)
 - Contact the emergency contact if the parents or guardian can't be contacted when practicable (within 24 hours)
 - Notify the regulatory authority (within 24 hours)

Exception to authorisation requirement (Regulation 94)

- In the event a child previously undiagnosed suffers from an anaphylaxis and asthma emergency medication can be administered.
- If medication is administered the approved provider, nominated supervisor must ensure that the parents of the child and emergency services are notified.
- Each centre will be equipped with an epi pen and asthma puffer and spacer in the event this may occur. These are located in the front office with the relevant sign to mark location.
- Educators are informed of the location of all medication including centre asthma puffers and epi pens during service induction.

Families will ensure

- They provide management with information about their child's health needs, allergies, medical conditions and medication on the enrolment form and through verbal communication/meetings.
- The Service enrolment form is completed in its entirety providing specific details about the child's medical condition.
- They notify the Service if any changes are to occur to the Medical Management Plan.
- They provide the required medication and complete the long-term medication record.
- They provide an updated copy of the child's Medical Management Plan every 6 months.

Medical Management Plan (Provided By Child's Medical Practitioner)

- Any Medical Management Plan provided by a child's parents and/or registered medical practitioner. This plan must outline how to manage the medical diagnosis.
This Plan should:
 - have supporting documentation if appropriate
 - include a photo of the child
 - if relevant, state what triggers the allergy or medical condition
 - include first aid needed
 - Include contact details of the doctor who signed the plan
 - state when the plan should be reviewed
- A copy of the Medical Management Plan will be displayed for Educators and Staff to see to ensure the safety and wellbeing of the child.
- The service must ensure the medical management plan remains current and up to date all times.

Risk Minimisation Plan

All children with a diagnosed medical condition must have a risk minimisation plan in place.

A meeting will be arranged with the parents/guardian as soon as the Service has been advised of the medical condition. This risk management plan provides staff with the knowledge of the medical diagnosis and ways to minimize the risks. This plan is developed upon enrolment or when the diagnosis is made between the parents and the Centre Manager in collaboration with the Medical Management Plan. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

1. That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
2. That practices and procedures in relation to the safe handling, preparation and consumption and service of food are developed and implemented
3. To ensure that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
4. Practices ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented
5. That the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or relevant medical condition

6. Plan(s) in conjunction with parents/guardians will be reviewed at least annually and/or will be revised with each change in the Medical Management Plan
7. Educators will ensure all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day
8. Educators will notify parents in advance of any special activities taking place such as celebrations, sporting events and excursions so plans of safe inclusion can be made
9. Educators will ensure appropriate hygiene practices are followed when managing medical conditions in line with the Control of Infectious Diseases Policy
10. Risk minimisation plans will be reviewed in collaboration with families every 6 months

Communication Plan

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

1. All relevant staff members and volunteers are informed about the medical conditions policy and the Individual Health Management Plan and Risk Minimisation Plan for the child; and
2. Creating an individual child communication book so that a parent can communicate any changes to the Individual Health Management Plan and Risk Management Plan for the child.

At all times, families who have a child attending the Service who have a diagnosed medical condition will be provided with a copy of this policy which includes a communication plan and any other relevant policies.

Related Policies, Plans, Forms:

- Anaphylaxis Management Policy
- Diabetes Management Plan
- Asthma Management Plan

Links To Further Information:

Staying Healthy In Childcare

<https://nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55-staying-healthy.pdf>

Children's Health Service Queensland - <https://www.childrens.health.qld.gov.au/chq/our-services/community-health-services/child-health-service/>

Action Plan For Anaphylaxis -

http://www.allergy.org.au/images/stories/anaphylaxis/Action_Plan_anaphylaxis_personal.pdf

Action Plan For Asthma - file:///C:/Users/Tim/Downloads/AAP_DoHA.pdf

Sources

- Education and Care Services National Regulation
- National Quality Standards
- Occupational Health and Safety Act
- Revised National Quality Standards

Review

Policy Reviewed	Modifications	Next Review Date
December 2022	Addition Exception to authorisation requirement (Regulation 94)	December 2023

SICK CHILDREN POLICY

Staying Healthy: Preventing infectious diseases in early childhood education and care services (2013) explains how infections are spread as 'The Chain of Infection'. For further information about the chain of infection please refer to this guide.

Minimizing the spread of infections and diseases in early education and care services. It is imperative that families maintain a focus not only on the well-being of their own child but also upon the well-being of other children and the early childhood professionals at the Service. To protect the health of children and staff within the Service, it is important that children and staff who are ill are kept away from the Service for the recommended period.

At times, an outbreak of a new or 'novel' virus or infection may require exclusion from the Service that is not specified in general exclusion periods for common infectious illnesses. Information, education and recommendations regarding any 'novel' virus will be provided by the Australian Government Department of Health and/or local public health unit.

(see Excluding Children from the Service section)

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

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

Our Educators and staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible or not bring the child to care.

Management and Educators may request families to seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care.

To help minimise the spread of illness and infectious diseases our Service implements rigorous hygiene and infection control procedures and cleaning routines including:

- effective hand washing hygiene
- cough and sneeze etiquette
- use of gloves
- exclusion of children, educators or staff when they are unwell or displaying symptoms of an infectious disease or virus
- effective cleaning of the environment, toys and resources (including bedding)
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the Service

Children arriving at the service who are unwell

Management will not accept a child into care if they:

- have a contagious illness or infectious disease
- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature, vomiting in the last 24 hours
- have had diarrhea in the last 24 hours, if an outbreak occurs this time is extended to 48 hours
- have started a course of anti-biotics in the last 24 hours
- have been given medication for a temperature prior to arriving at the Service (for example: Panadol)

Children who become ill at the service

Children may become unwell throughout the day, in which case Management and Educators will respond to children's individual symptoms of illness and provide immediate comfort and care.

- Educators will closely monitor and document the child's symptoms on the Illness Register
- Children who are unwell at the Service will be able to rest in a supervised area away from other children until parents or the emergency contact person is able to collect them
- A child who has passed runny stools/vomited whilst at the Service will be sent home and may only return once 24 hours since the last occurrence of illness took place.
- Educators will take the child's temperature. If the child's temperature is **38°C** or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child collected and provide verbal authorisation to administer paracetamol.
- For infants under three months old with a temperature/fever over **38°C**, parents will be immediately notified and requested to seek medical assistance. If the parent cannot take the child to a GP immediately, the service will seek medical assistance as permission is gained upon enrolment.
- Educators will monitor the child closely and be alerted to vomiting, coughing or convulsions
- Parents may be asked to provide verbal authorisation to administer paracetamol (Panadol)
- Educators will check that written parental permission to administer paracetamol has been provided during enrolment and filed in the child's individual record
- Educators will check the medical history of the child to ensure there are no allergies before administering Panadol.
- Accurate records will be kept of the child's temperature, time taken, medication administered, dosage, staff member's full name and name of staff member who witnessed the administration of medication (if relevant). This is all written through the Medication Record.
- Educators will attempt to lower the child's temperature by:
 - removing excessive clothing (shoes, socks, jumper, pants)
 - encouraging the child to take small sips of water
 - moving the child to a quiet area where they can rest whilst being supervised
- Educators will continue to document any progressing symptoms
- Educators will complete the Incident, Illness, Accident and Trauma, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact.

- Educators will thoroughly clean and disinfect any toys, resources or equipment that may be contaminated by a sick child.

Common colds and flu

The common cold or flu (viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in childcare, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have cold or flu symptoms, management will determine if the child is well enough to continue at the Service or if the child requires parental care.

Our Service aims to support the family's need for childcare; however, families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

Children who are generally healthy will recover from a common cold in a few days. Keeping a child home and away from childcare helps to prevent the spread of germs.

Reporting outbreaks to the public health unit

Management is required to notify the local [Public Health Unit](#) (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases:

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

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

Excluding children from the service

When a child has been diagnosed with an illness or infectious disease, the Service will refer to information about recommended exclusion periods from the [Public Health Unit](#) (PHU) and Staying healthy: Preventing infectious diseases in early childhood education and care services.

[Recommended exclusion periods - Poster Staying Healthy: Preventing Infectious diseases in early childhood education and care services](#)

- When an infectious disease has been diagnosed, the Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from Staying healthy: Preventing infectious diseases in early childhood education and care and Public Health Unit).
- If a vaccine preventable disease occurs in the Service, children who have not been fully immunised will be excluded from care.
- Management will check all children's Immunisation records and alert parents as required.
- A medical clearance from the child's General Practitioner stating that the child is cleared to return to the childcare setting will also be required before the child returns to care.
- Children that have had diarrhoea and vomiting will be asked to stay away from the Service for 24 hours after symptoms have ceased. If multiple cases have been detected or norovirus has been diagnosed this will be extended to 48 hours. (Amended based on 'Time Out' guidelines)

Notifying families and emergency contact

- It is a requirement of the Service to notify at least one emergency contact about the sick child's condition. If the emergency contact approves the Service to administer paracetamol, the Service will request that the child be collected within 30 minutes.
- In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

Management and educators will ensure:

- Effective hygiene policies and procedures are adhered to at all times
- Effective environmental cleaning policies and procedures are adhered to at all times
- All families are provided access to relevant policies upon enrolment which will be explained by management including; Control of Infectious Diseases Policy, Sick Children Policy, Incident, Illness, Accident and Trauma Policy, Handwashing Policy and Medical Conditions Policy.
- That any child who registers a temperature of 38°C or above is collected from the Service and excluded for 24 hours after the last elevated temperature or until the Service receives a doctor's clearance letter stating that the child is cleared of any infection and able to return to childcare.
- a child who has not been immunised will be excluded from the Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our Control of Infectious Diseases Policy.
- Ensure the Illness has been recorded in the Illness and Infectious Disease Register on 1place.
- Families are notified to collect their child if they have vomited or had diarrhoea whilst at the Service.

The approved provider or nominated supervisor will ensure

- notification is made to the Regulatory Authorities within 24 hours of any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

(i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or

(ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

- any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.

Parent/family responsibility

In order to prevent the spread of disease, families are required to monitor their child's health and not allow them to attend childcare if they have an infectious illness or display symptoms of an illness.

For children who have ongoing medical needs such as asthma or anaphylaxis, parents should review their child's medical action plans before the expiry lapses, to ensure educators and other staff are able to manage their individual needs as required.

Families should implement effective hygiene routines at home such as regular handwashing and sneeze and cough routines (use of tissues, covering their mouth with coughing, sneezing into a tissue or elbow).

Notify the Service if your child has been unwell in the past 24 hours or someone in the family is/has been sick.

Signs of illness in young children may include:

- runny, green nasal discharge
- high temperature
- diarrhoea
- red, swollen or discharging eyes (bacterial conjunctivitis)
- vomiting
- rashes (red/purple)
- irritability, unusually tired or lethargic
- drowsiness
- poor circulation
- poor feeding
- poor urine output
- a stiff neck or sensitivity to light
- pain
- mouth sores that cause drooling
- impetigo

Parents should seek medical attention should your child (or other family members) develop symptoms such as:

- high fever
- uncontrolled coughing or breathing difficulties

Families are required to keep up to date with their child's immunisation, providing a copy of the updated Immunisation History Statement to the Service following each immunisation on the National Immunisation Schedule.

Returning to care after surgery

Children who have undergone any type of surgery or any medical procedure requiring antibiotics and/or pain relief will need to take advice from their doctor/surgeon as to when it is appropriate and safe to return to childcare.

A medical clearance statement will be required to ensure the child is fit and able to return to the Service and participate in daily activities. If the child exhibits discomfort or protective behaviors towards the wound sight the nominated supervisor or responsible person in charge may send the child home and request further medical documentation.

Sources

Australian Children's Education & Care Quality Authority. (2014).
 Australian Government Department of Education, Skills and Employment Belonging, Being and Becoming: The Early Years Learning Framework for Australia. (2009).
 Australian Government- Department of Health <https://www.health.gov.au/>
 Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
 Guide to the National Quality Standard. (2020)
 Kearns, K. (2017). The Business of Childcare (4th Ed.).
 National Health and Medical Research Council (NHMRC): <https://www.nhmrc.gov.au/>
 National Health and Medical Research Council. (2012) (updated June 2013). Staying healthy: Preventing infectious diseases in early childhood education and care services.
 Public Health Act 2010
 Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>
 Revised National Quality Standard. (2018).

Review

Policy Reviewed	Modifications	Next Review Date
July 2020	Reviewed by Policy Review Group (Elyse/Hannah)	July 2021
June 2022	Reviewed by Policy Review Group, minor updates made.	June 2023
July 2023	Added references to staying healthy in childcare, diarrhoea exclusion changed to 24hours, 48 hours for an outbreak. Additional guidance has been provided for management teams in relation to children returning to the service after surgery.	July 2024

EMERGENCY EVACUATION POLICY

It is vital that if an emergency situation arises, it is handled effectively and with consideration for all involved. Supporting Educators and children with an emergency situation requires vigilant planning and consistent implementation.

Effective management of emergency situations provides an opportunity to help support and build on children's coping mechanisms and resilience.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Regulations

97	Emergency and evacuation procedures
98	Telephone or other communication equipment
168	Education and Care Services must have policies and procedures

Related Policies

Lockdown Policy Acceptance and Refusal Authorisation Policy Arrival and Departure Policy Incident, Illness, Accident and Trauma Policy	Family Communication Policy Supervision Policy Health and Safety Retention of Records Policy Emergency Management Plan
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PURPOSE

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

SCOPE

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

IMPLEMENTATION

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

We have a duty of care to provide all persons' with a safe and healthy environment. The National Quality Standard, Element 2.2.2 encourages Services to effectively manage incidents and

emergencies in consultation with relevant authorities, and practiced and implemented to ensure best practice and the safety of children.

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

- Instructions for what must be done in the event of an emergency
- An emergency evacuation floor plan

Emergency evacuation plans should be practiced and reviewed frequently. Evacuation plans must be displayed in prominent positions near each exit and in the children's environment with a compliant floor plan for ease of reference. The Approved Provider will ensure a risk assessment is conducted to identify potential emergencies that are relevant to the service when preparing the emergency and evacuation procedure

Circumstances under which evacuation will occur are as follows:

- Fire within the building or playground
- Fire in the surrounding area where the Service is in danger (If you are unsure how close the fire is call; Local Fire Station: or Rural Fire Services:
- Flood (call State Emergency Service)
- Terrorist threat
- Others may include: gas explosion, traffic accident or event which could render the building unsafe.

Reporting of emergency evacuations must be completed within the stated timeframe (currently 24hours) to the Regulatory Authority via the NQA ITS Public Portal. Reporting of emergency evacuations is the responsibility of the Nominated Supervisor. The Approved Provider must also be informed.

Educator Roles & Responsibilities

Fire Warden/Centre Manager/Responsible Person

- Ensure safety of children at all times. Assembly area located on the evacuation plans, Ensuring emergency vehicles are able to enter, ensuring everyone's safety. Educators must always walk roadside of pathways.
- Two staff members should be allocated to be in charge of stopping traffic if crossing a road is necessary.
- Ensure office evacuation bag is maintained at all times
- Notify all occupants of the building of the threat via fire whistle/ air horn. Verbal command will also be given to each room.
- Ring appropriate emergency department depending on the nature of the emergency
- Ensure all are aware to exit, office is clear of people and make visual checks of all areas of the building and playgrounds

- Take the electronic tablet used for child attendance tracking (located either in the entrance foyer or reception), together with emergency backpack, including children's emergency contact information and a mobile phone.
- Check with one educator from each room to ensure that all children are accounted for.
- Ensure sufficient and appropriate prams and cots and rope leads are accessible in the centre based on room ages and ratios.
- Ensure prams and cots are accessible and have a clear path for emergency exit.

Room Staff

- Ensure room evacuation bag is maintained at all times
- Gather children, ensuring to remain calm and reassuring and evacuate following the evacuation diagram located next to each emergency exit.
- Collect attendance books, medication folder, medication box, keys and room evacuation bag and ensure that all of these items stay with each room educator at all times.
- Promptly, move children to the emergency evacuation point, ensuring that children are kept calm and reassured.
- Call role or conduct a visual and physical check of children in your room
- Inform Fire Warden immediately of any discrepancies

Float/Relief Staff/Office Staff/Head Office Staff (if applicable)

- After the evacuation alarm has sounded, immediately attend to the youngest rooms of the centre, being the nursery and toddler rooms.
- Assist room educators with evacuating children

Families – if present for the emergency

- Notify staff of the emergency
- Promptly, follow the directive of centre staff exiting via the evacuation point in a calm manner following the evacuation diagram located next to each emergency exit.
- Promptly, move children to the emergency evacuation point,
- Follow the directives of nominated supervisor, responsible person.

Emergency and Evacuation Drills

- Maintain an up-to-date register of emergency telephone numbers that must be taken in an emergency or evacuation. Place in the emergency evacuation bag.
- Emergency telephone numbers will be displayed prominently throughout the Service in the kitchen, office, staff room and each childcare room.
- National Regulations state that Evacuation rehearsals are to be practiced every 3 months by staff members, volunteers and children present at the service on the day. To ensure best practice our Service will conduct emergency evacuation drills in a **weekly block once a term** so that all children and staff have experienced an evacuation.
- A record will be kept to ensure that all children participate in the emergency evacuation rehearsal at least 4 times per year.
- Each Educator will have a turn at finding the emergency and initiating the evacuation.
- The evacuation is to be timed during rehearsal

- Notes on any areas that need improving or revising are to be documented in **the Emergency Evacuation Rehearsal Record**. Educators will discuss and implement strategies to improve these areas, which will be documented in the Service's Staff Meeting minutes and Quality Improvement Plan.
- In the event of limited Educators i.e. early morning or late afternoon, staff members are to work together to perform the duties above (the roster should support one Responsible Person being on premises at all times to take responsibility and delegating duties). This scenario will be discussed and documented in the Service's Staff Meeting Minutes (WHS).
- In the event of an evacuation causing an inability to use Service phones, e.g. damaged phone lines, a communication plan will see a staff member seek assistance from neighbouring residents or businesses and / or use the mobile phone taken by a staff member as per our Emergency Evacuation Plan.
- Management will seek training opportunities for staff to participate in emergency evacuations.
- Inspecting, testing, and servicing fire extinguishers, blankets and other emergency equipment thoroughly is imperative to safety, and compliance to Australian regulations. The maintenance regime for the inspection and testing of fire extinguishers & hydrants is specified in the Australia Standard AS 1851 Maintenance of Fire Protection Systems and Equipment.
- All extinguishers have to be inspected at six monthly intervals and if they don't have a pressure gauge, they may need to be weighed to check they are still full. Some extinguisher types may require additional tasks to be carried out annually. Extinguishers need to be emptied, pressure tested and refilled every five years. There may be other servicing requirements at 3, 5 or 6 years
- The tests and intervals are to be recorded on a label or metal tag attached to the unit.
- Nominated supervisor, responsible person will audit evacuation bags and addition resources every 6 months updating where appropriate.
- The Nominated Supervisor is responsible for ensuring all educators, including relief educators and staff members, are responsive to our Emergency Evacuation Policy and procedure.
- In the event that non-ambulant children are in attendance, educators will utilise cots to transport the children to the evacuation assembly area. Educators are to ensure that the emergency evacuation pathways are accessible at all times, free from clutter and foreign objects. Children with a disability, requiring assistance, will be moved according to individual needs.

Emergency evacuation occurrence

- When an emergency evacuation occurs nominated supervisors, responsible person will ensure children, staff and family's safety.
- Nominated supervisor, responsible person will ensure a safe entrance for emergency service keeping entry, and car parks clear of families and vehicles.
- In the event the centre is evacuated for a extended period of time nominated supervisor, responsible person, staff will ensure children are protected from inclement weather seeking shade and cover where possible.
- If the centre is evacuated for an extended period of time/ unable to re-enter the building safely nominated supervisor, responsible person will contact families for the safe collection of children.
- Nominated supervisor, responsible person will follow directive from emergency services of when to return safely in the building.

Important: The notification of a serious incident to a regulatory authority (within 24 hours) is needed where emergency services attended an education and care service in response to an emergency, rather than as a precaution or for any other reason.

Jurisdiction specifications for each state

Queensland (QLD)
<ul style="list-style-type: none"> • Department of Education and training - www.education.qld.gov.au • Department of Communities – www.communities.qld.gov.au • Health and Community Services Workforce Council Inc. - www.pscq.org.au • Queensland Health – www.health.qld.gov.au • Queensland Police – www.police.qld.gov.au • Queensland State Emergency Service – www.emergency.qld.gov.au/ses/ • Rural Fire Service – www.ruralfire.qld.gov.au • WorkCover Queensland – www.workcoverqld.com.au

Sources

<ul style="list-style-type: none"> • Australian Children’s Education & Care Quality Authority. • Guide to the Education and Care Services National Law and the Education and Care Services National Regulations • ECA Code of Ethics. • Guide to the National Quality Standard. • Fire Protection Association Australia http://www.fpaa.com.au/ • Australian Government – Emergency Services: http://www.australia.gov.au/information-and-services/public-safety-and-law/emergency-services • Managing Emergency Situations: http://www.cscentral.org.au/Resources/managing-emergency-situations.pdf • Work Health and Safety Act 2011 • Work Health and Safety Regulations 2011 • NSW Rural Fire Service www.bushfire.nsw.gov.au • Department of Education and Early Childhood Development Victoria http://www.education.vic.gov.au/Documents/childhood/providers/support/SampleCSEMPlan.pdf • ATFS : http://www.atts.com.au/Fire-Services • Fire System Services: http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html • Revised National Quality Standard 2018

Review

Policy Reviewed	Modifications	Next Review Date
November 2022	Air horns added	November 2023
December 2022	Families – if present for the emergency Emergency evacuation occurrence Update of emergency prams and cots Emergency bags audit every 6 months Emergency Management Plan added as a related policy	December 2023

Little Locals Early Learning Centre Procedure

Emergency Evacuation Procedure

1. The staff member who finds or identifies the emergency is to notify the Nominated Supervisor/Responsible Person in Charge immediately via direct verbal communication with voice, or via intercom telephone system where possible. Alternatively, the air horn attached to each evacuation bag will be sounded to alert the emergency.
2. Refer to Emergency Management Plan where possible located in each evacuation bag.
3. The nominated supervisor/responsible person in charge is to call 000 (landline) or rings 112 on a mobile telephone stating the name and address of the education and care service, and the nearest cross street. The nominated supervisor/responsible person will advise all staff, and occupants in the building directly to the assembly point via verbal instruction, and or by sounding the air horn.
4. The Nominated supervisor/responsible person will collect the Emergency Evacuation Cart, electronic tablet used for children attendance tracking (located in the foyer), together with emergency backpack including children's emergency contact information and a mobile phone.
5. Educators will take the hard copy attendance roll, evacuation backpack and gather all children safely to the assembly point using the Hold-A-Ring rope for the children to hold onto. Nursery and toddler staff are to place up to 4 children maximum into each of the two designated evacuation cots, and or, into the two six-seater evacuation prams to transport non-walking children to the assembly point closing all doors and windows when exiting if possible.
6. All admin, float, and available staff to assist with the babies and younger children.
7. Educators are to check attendance rolls once gathered at the assembly point.
8. If any children, or person is missing, Educators are to notify Nominated Supervisor/Responsible Person and emergency services person as soon as possible.
9. Once all children, staff and other occupants of the building have been accounted for, Staff are to ensure the comfort of all children with the following:
 - Take key form evacuation cart and unlock the external door to the storage shed and assemble gazebos for shade if possible.
 - Place picnic blankets onto the grass for children to sit on underneath the gazebos.
 - Place all cots and evacuation prams under the gazebos.
 - If gazebos are not possible, use umbrellas from the evacuation cart to shade children wherever possible.
 - Educators are to use the busy bags and books within the evacuation trolley along with songs and verbal interactions to entertain children calmly.
10. Nominated Supervisor/Responsible person is to coordinate with emergency services to ensure the following:
 - Ensure the safety of all children and staff and family's safety.
 - Ensure a safe entry for emergency services keeping car park clear of families and vehicles.
 - Ensure the safety of children are protected from inclement weather seeking shade and cover where possible.
 - When the building is deemed unsafe to re-enter, contact families for the safe collection of children.
 - Follow directive from emergency services of when to return to the building.
11. Returning to the building:
 - Calmly pack away resources used back into the evacuation cart.
 - Calmly assist the children back into the evacuation cots, prams and or holding onto the Hold-a-Ring rope
 - Ensure all children are accounted for by use of the hard copy roll, or on the electronic tablet.
 - Follow directive of Nominated Supervisor/Responsible person and calmly return to the building via the evacuation pathway and into designated rooms.

Ensure all children are accounted for by marking the roll once more and informing the Nominated Supervisor/Responsible person that all children and staff are accounted for.

ARRIVAL & DEPARTURE OF CHILDREN POLICY

PURPOSE

This policy specifies the procedures to be followed when dropping off and collecting children from the service. These procedures ensure that children’s safety is paramount at all times and no child is collected by a person whose identity is unknown by educators. The following procedure must be adhered to at all times to ensure the safety of the children.

National Quality Standard (NQS)

Quality Area 2: Children’s Health & Safety		
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Safety	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

Education and Care Services National Regulations

99	Children leaving the education and care service premises
158	Attendance Records
168	Health and Safety

Related Policies

Child Protection Policy
Enrolment Policy
Health & Safety Policy
Supervision Policy
Acceptance and Refusal Policy

Guidelines for delivery and collection of your child are put in place for the safety and well-being of your child.

- In order for children to feel secure and safe it is important that they are greeted upon arrival by a member of staff and have the chance to say goodbye to the person delivering them. Saying goodbye helps to build trust. Leaving without saying goodbye could cause the child to wonder if they have been left behind.
- All children need to be signed into the service via Konnect. This will record the digital timestamp from when the parent/guardian has signed in. Parent does also need to advise us who will be collecting the child/children if it someone who is not listed to collect the child on kidsoft.
- Attendance records on Konnect will be used in case of an emergency to account for all children.
- The staff will complete the attendance records on Konnect if for any reason it is not completed by the parent/guardian or carer. The parent is required to co-sign as soon as possible due to Childcare Subsidy requirements.
- Once the attendance records on Konnect have been entered by the parent/guardian or carer or the parent/guardian or carer leaves the service, the supervision of children on the premises becomes the responsibility of the staff members.

- Children are to be sighted by an Educator before the parent or person responsible for the child leaves. This ensures that the Educator is aware that your child has arrived and is in the building.
- Children will not be accepted into the service whilst asleep or cannot be woken.
- Children will not be accepted prior to the opening of the service.
- A child's medication requirements or any other information should be passed on to one of your child's Educators by the person delivering the child.
- Parents are to advise their child's Educator if someone different is picking up their child, both verbally. Photo ID will need to be sighted by a Primary Contact Educator. The ID will be photocopied and kept on file at the Service.
- In the case of a separated family, either biological parent is able to add a contact in writing unless a court order is provided to the Nominated Supervisor stating that one parent has sole custody and responsibility.
- Educators are expected to act upon their duty of care and can refuse the collection of the child from the premises if the person coming to collect the child does not seem sufficiently mature to safely care for the child (such as an older sibling i.e. under 18 years of age) or appears too unwell or affected by alcohol or drugs to safely care for the child.
- Educators will contact police if they fear for the safety of the child, their own safety and that of others in the centre.
- No child will be withheld from an authorised contact or biological parent named on the enrolment form unless a current court order is on file at the Service.
- Parents are requested to arrive to collect their child/children 5 minutes prior to the centre closing time. This will allow Parents time to speak to the Educator and ensure that the service can close by **6.15pm or 6:30pm** as stated on the individual centre license.
- Basic information regarding the child's day is available to all parents and this can be obtained from the Educators or via the Storypark app.
- In the case of a particular person being denied access to child/children the Service requires a written notice from a Court of Law. Educators will attempt to prevent that person from entering the Service and taking the child, however the safety of the Educator is also important, and they will not be expected to physically prevent any person from leaving the Service. In this case the parent with custody will be contacted along with the local police and DOCS. The court order overrules any requests made by parents to adapt or make changes.
- As Educators finish their shift, before they leave the floor, they will check ratios with afternoon leader or responsible person in charge to ensure that ratios are being maintained and not compromised by the Educator leaving. It is expected that an Educator will stay if needed to maintain ratios. If this is the case, Educators should report the situation to management so the roster can be revised and amended if necessary.
- At the end of the day, two staff members are to check the premises and make sure that all the children have left the premises and signed out at the end.
- The supervision of children who accompany their parents/guardians or carers but are not enrolled at the service at that time, is the responsibility of the parents/guardians or carers while they are on the premises.

Late collection of Children

- If there are children still present at the Service upon closing, a minimum of two Educators must also be present. (Instruction to parents; "Please remember that our Educators have families to go

home to and their own children to collect by a designated time. If you are late to collect your child two Educators have to stay behind and therefore both have to be paid overtime. To cover this, a late fee of **\$15 per 15 minute** block will be charged (e.g. if you are **5 minutes** late you will be charged for a **15 minute block**. If you are 20 minutes late you will be charged for **two 15 minute blocks**, etc.”)

- If a child has not been collected by the time we are due to close the service, the Nominated Supervisor/Responsible person in charge will:
 - attempt to contact the parents (this may have begun well before service closing time)
 - If educators are unable to reach the parents via phone, educators will then attempt to make contact with the other nominated authorities on the child’s emergency contact list.
 - If parents or other authorised persons cannot be reached by closing time, the service director and the centre owners will be notified.
 - From there the police will be contacted on ‘000’ to request assistance and guidance with this matter.

Refusal of Collection of a child

Exercise the right to refusal if written or verbal authorisations do not comply with National Regulations. If an authorisation is refused by the Service, it is best practice to document:

1. The details of the authorisation
2. Why the authorisation was refused
3. Actions taken by the service. For example: if the service refused an authorised nominee named in the child’s enrolment record to collect the child from the service as they were under the influence of alcohol, what action was taken to ensure that the child was collected.
4. In the event the refusal of a child places anyone at the service in an unsafe position 000 will be contacted for assistance and the service will conduct a lock down procedure to ensure the safety of everyone.
5. The approved provider will be notified of the refusal. If a situation is escalated the regulatory authority, they would be notified within 24 hours of the incident occurring.

Review

Policy Reviewed	Modifications	Next Review Date
December 2022	Additional guidance added around refusal of collection, references to other policies	December 2023
August 2023	Procedure Created for policy. Nominated supervisor added to responsible person in charge. Details added around late collection of children. Konnect attendance records has now been listed instead of using sign in and out sheets. Guidance has been added to the policy around children who arrive sleeping. Guidance around not accepting children prior to the centre opening.	August 2024

SAFE TRANSPORTATION OF CHILDREN POLICY

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
Quality Area 7: Governance and Leadership		
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

Education and Care Services National Regulations

99	Children leaving the education and care service premises.
100	Risk assessment must be conducted before excursion.
101(2)(d)	Conduct of risk assessment for excursion.
102A	Authorisation for excursions.
102B	Transport risk assessment must be conducted before service transports child.
102C	Conduct risk assessment for transporting of children by the education and care service.
102D	Authorisation for service to transport children.
168(2)(ga)	Education and care service must have policies and procedures (transportation).

Related Policies

Code of Conduct Policy
Interaction with Children, Family and Staff Policy
Orientation of New Families Policy
Supervision Policy
Incident, Illness, Accident and Trauma Policy
Excursion Policy

PURPOSE

Our Service will ensure best practice guidelines are implemented in all aspects where children are requiring transportation, provided by our service. To comply with National regulations and law, Early Childhood Services are required to protect children from harm and hazards likely to cause injury.

SCOPE

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

IMPLEMENTATION

The guidelines listed below will be used to educate children, families, and the community on safely transporting children, along with road and pedestrian safety.

It is the responsibility of educators to ensure children are correctly seated and secured, prior to any vehicle commencing the transport of children.

All authorization will be sought from the Parent/Guardian prior to the transportation date, through the services written permission form.

General Transport Guidelines

- The driver of the vehicle will hold the correct licensing for which the vehicle is classed.
- If an educator is suspected or confirmed of being under the influence of alcohol, or illegal substances they will be prohibited from transporting children and removed from the Service immediately. For further information refer to the Service's 'Tobacco, Drug and Alcohol Policy'.
- Children will never be left unattended in any vehicle.
- Photo evidence will be taken upon the return from any transportation to or from centre, providing proof that no children have been left unattended on the vehicle.
- Educators will ensure that car seats, booster seats and seat belts are properly secured on each child and themselves before departing.
- Educators will ensure that children who meet the criteria for requiring a booster seat will be correctly seated in one, to meet all Australian standards.
- Educators will assist each child to fasten and release the safety restraints on their seats.
- Children will only be transported in a vehicle if the manufacturer's stated capacity is adhered to at all times.
- Children will be prohibited from drinking, eating, standing and any other dangerous activities whilst in the vehicle.
- Children will be accompanied at all times, including to and from the vehicle.
- If possible, children who have special needs will have their needs accommodated for. An educator who is familiar with these needs will travel with the child.
- Educator ratios apply throughout transportation also.

Guidelines for Seatbelts and Restraints

- Seatbelts and restraints must meet Australian Standards (AS/NZS1754) and be marked as complying with that Standard.
- Educators will ensure that each child under seven years of age must be secured in a child restraint or booster seat when travelling in a vehicle.

Where children should sit – Cars with more than 1 row of seats.

- Babies and children up to 4 years old must not sit in the front seat.
- Children aged 4 years and up to 7 years can only sit in the front seat if all other seats are occupied by children under 7 years of age.
- Children 7 years and over can sit in the front seat.

Types of child restraints – Babies up to 6 months old.

- Babies up to 6 months of age must be in an approved rear-facing restraint that is properly fastened and adjusted.

Types of child restraints - Babies and children – 6 months to 4 years.

- Babies and children from 6 months and up to 4 years must be in an approved child restraint that is properly adjusted and fastened.
- The child restraint may be rear-facing or forward-facing with a built-in harness.

Types of child restraints - Children 4 – 7 years

- Children aged 4 years and up to 7 years may be in an approved child restraint that is forward-facing with a built-in harness that is properly adjusted and fastened.
- They may also be in an approved booster seat secured with an adult lap-sash seatbelt or a fastened and adjusted H-Harness.

Types of child restraints - Children 7 years and over

- Children who are 7 years and over may sit in a standard seat with an adult seatbelt, or an approved booster seat secured with an adult lap-sash seatbelt or H-Harness.
- Or they may be in an approved child restraint that is forward-facing with a built-in harness that is properly adjusted and fastened.

Exemptions from Complying with Standard Child Restraint Laws- Public Transport

- Child restraints are not required on buses, trains or personalized transport services, such as taxi, limousine and ride-booking services.
- A bus is a motor vehicle that can carry 13 or more people (including the driver).

The service will ensure that all requirements in relation to points of consideration regarding risk assessments are assessed when developing each risk assessment for the transportation of children.

The service will also ensure that all required information to be included in an authorisation will be covered in all corresponding permission forms and information.

For more information regarding these points of consideration for both risk assessments and authorisation please see: Australian Children's Education and Care Quality Authority – 'Safe Transportation of Children' information sheet, October 2020.

The Nominated Supervisor / Responsible Person / Management will ensure:

- Educators only allow a child to be transported if they have the written authorisation of a parent/guardian, in accordance with National Regulations.
- A written risk assessment is undertaken prior to transportation requirements for all occasions and is communicated to all educators, volunteers and other staff before the transportation of children has occurred.
- Educators, volunteers and other staff will have their responsibilities outlined to them via the written risk assessment and verbally communicated to ensure they understand their responsibilities throughout the transportation of children.
- All educators have been trained on how to complete a risk assessment, the importance of, and learn how to identify potential hazards and mitigate risks during transportation of children.
- A risk assessment is only required once every 12 months for transportation if classed as a 'regular transportation'.
- Educators will incorporate and educate children, families, and the community on safely transporting children, along with road and pedestrian safety.
- Educators have access to regular professional development and training in road safety, complying with national regulations and standards.
- There are visible signs and information for families around the service to read about keeping children safe. For example: Not to leave children in cars unattended.

- Remain informed and up to date with all road safety rules and update any relevant changes as necessary in the services policies and procedures.
- The vehicles are maintained with all required current safety checks, servicing, maintenance, and safety certificates.
- That all child restraints meet Australian standards.
- Educators driving and responsible for transporting children, have all relevant licensing for the class of vehicle.
- Educators responsible for driving the vehicle have completed the services 'Safe Transportation of Children' training and 'Driver Declaration' form and supplied a copy of their license to management.
- That every time children are transported to or from the centre, the transportation checklists are being completed to the standard of this policy and that no children are being left unattended on the vehicle at any stage.
- Parents have a clear understanding about the services policies in relation to transportation of children.
- That all required equipment/items are taken, including emergency contacts of all children in attendance. This is done through taking a copy of a permission form on the excursion, access to third party software 1place or Kidsoft to ensure educators have all details of children in attendance. The bus checklist on 1place reminds all educators of what to take, including first aid kits.
- Physical sign in and off bus sheets will be printed, ensuring all educators can account for children during transportation.

Educators will:

- Have a clear understanding of their responsibilities during the transportation of children.
- Have a comprehensive understanding of the National Regulations and Standards in regard to keeping children safe.
- Ensure no child leaves the service premises without prior written consent being given.
- Ensure to have completed and / or read the risk assessment associated with the transportation outing.
- The staff member driving the vehicle will ensure the seating capacity, as displayed on the compliance plate, is not exceeded.
- Each vehicle will be double checked, prior to children entering, by the driver responsible for that vehicle for the day. If the vehicle is a Service owned vehicle, the staff member is to complete the 'Vehicle Safety Checklist'. Any concerns identified must be corrected prior to departure.
- Educate children about the importance of road safety, obeying the rules, listening to families, holding hands, pedestrian safety, car safety etc.
- Each vehicle will be double checked, after returning to the centre, by the driver responsible for that vehicle for the day and by a member of the management team or a staff member assigned by the management team. If the vehicle is a Service owned vehicle, the staff member is to complete the 'Vehicle Safety Checklist'.
- Discuss road safety expectations and guidelines with children and families.
- Follow appropriate procedures and policies in relation to transporting children and whilst on excursions.

- Sign on and off physical bus sheets are completed to ensure that all children are accounted for.
- Children being transported will be monitored by educators to ensure that they can walk confidently, in the event the service is transporting children who are not walking this will be identified in the risk assessment and where required additional staff to child ratio may be implemented to maintain safety.
- Adhere to their duty of care to keep children safe.

Important: parents will be notified as soon as practicable but within 24 hours if their child is involved in an accident at the Service or while under Service care. Also, details of the incident/accident will be recorded on an Incident, Injury, Trauma, and Illness Record.

Important: if the incident/accident, situation, or event presents imminent or severe risk to the health, safety, and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours.

Parents are responsible for:

- Reading, signing, and dating permission forms prior to excursions to confirm they agree to the transportation or excursion conditions.
- Ensuring their child/children travels in an appropriate and approved restraint, suitable for their age and weight when arriving and departing the Service.
- Never leaving a child/children and/or animal in the car alone at any time.
- Being aware of the Service policy relating to 'Safe Transportation of Children' to and from the service.

Sources

<ul style="list-style-type: none"> • Australian Children's Education & Care Quality Authority – Safe transportation of children. • Education and Care Services National Regulations and National Law. • Revised National Quality Standard. • ECA Code of Ethics. • Queensland Government - Transport and Motoring.

Review

Policy Reviewed	Modifications	Next Review Date
October 2020	The collaboration of the 'Road Safety' and 'Transportation' policies into one document. The addition of the new and amended provisions. The review of risk assessments and authorisations to include required information.	October 2021
May 2022	Identified additional safety protocols that are currently being undertaken within all centres and included into policy to align with companywide procedures.	May 2023
December 2022	Additional steps added for educators to ensure compliance and clear procedures are in place.	December 2023

PHYSICAL ENVIRONMENT POLICY

The physical environment can contribute to children's wellbeing, happiness, creativity and promote the development of independence. It can contribute to and express the quality of children's learning and experiences. The choices made in an education and care service about resources, materials, spaces, layout, air and light quality and access to a range of experiences in the indoor and outdoor, have a direct impact on the quality of learning opportunities available to children.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Education and Care Services National Regulations

73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about the educational program to be kept available
76	Information about educational program to be given to parents
80	Weekly menu
82	Tobacco, drug and alcohol -free environment
86	Notification to parents of incident, injury, trauma and illness
99	Children leaving the education and care service premises
102	Authorisation for excursions
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing and security
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements—indoor
108	Space requirements—outdoor space
109	Toilet and hygiene facilities
110	Ventilation and natural light
111	Administrative space
112	Nappy change facilities

113	Outdoor space—natural environment
114	Outdoor space—shade
115	Premises designed to facilitate supervision
116	Assessments of family day care residences and approved family day care venues
117	Glass (additional requirement for family day care)
156	Relationships in groups
168	Education and care service must have policies and procedures
171	Policies and procedures to be kept available

Related Policies

Environmentally Responsible Policy
 Programming Policy
Work Health and Safety Policy
 Health and Safety Policy
 Sleep and Rest Policy
 Sun Safety Policy
 Water Safety Policy

PURPOSE

Our Service will ensure the environment is safe, clean and well maintained for children, families, educators and visitors. Children's awareness of the environment and sustainable practice will be supported through daily practices, resources and interactions. The physical environment will support children's learning, safety, levels of engagement and access to positive experiences and inclusive relationships.

SCOPE

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

IMPLEMENTATION

Our Service is committed to providing an environment that promotes safety and enhances children's learning and development by:

Choosing appropriate resources and equipment

- Providing appropriately sized furniture and equipment in both the indoor and outdoor environment for the age ranges signified in the service.
- The Approved Provider will be responsible for any large purchases of equipment. The Nominated Supervisor is responsible for the daily running purchases of the service.
- Educators will compile a list for the Nominated Supervisor of equipment that needs maintenance on a prioritised basis.
- The Service will actively seek the input of parents/guardians regarding toys and equipment at the service.

- Resources and equipment will be chosen to reflect the cultural diversity of the Service's community and the cultural diversity of contemporary Australia, including the incorporation of the Aboriginal and Torres Strait Islander community.
- Providing children with challenges in relation to indoor and outdoor fundamentals in the environment to inspire appropriate challenges and risk taking in accordance with children's individual developmental level.
- Ensuring the environment is organised to ensure safety and minimal disruption for children.
- Integrating precise requirements of children with additional needs to ensure an inclusive environment.
- Ensuring climbing equipment is set up in a safe way and compliant with Australian Safety Standards. For example, incorporating soft fall materials wherever climbing equipment is set up.
- Conducting consistent risk assessments of the indoor and outdoor environment in order to minimise risk and hazards.
- Providing an environment that allows children in several dispositions to occur in the same space (e.g. quiet play areas and loud play areas)
- Providing a natural environment for children to explore and experience which may include (e.g. plants, trees, gardens, rock, mud or water)
- Encouraging Educators to participate in on-going professional development in order to enhance children's learning and ensuring a safe and educational environment.
- Working in collaboration with our Sun Safety policies and procedures, providing adequate shading for children that work in accordance with the recommendations of relevant authorities.
- Providing an environment that ensures children are appropriately supervised at all times.
- Ensuring all required fencing is in working condition and is compliant with current regulations.
- Providing a variety of indoor and outdoor experiences, catering for children's interests and abilities.
- Supporting the children to access appropriate furniture, resources, materials, toys and equipment. These resources will be adequate in number for the amount of children attending our Service and be developmentally appropriate.
- Providing an environment where children can explore, solve problems, create, construct and engage in critical thinking that is developmentally appropriate.
- Providing an environment that permits children to participate in activities independently or in small groups and access resources autonomously.
- Providing an environment that incorporates commercial, natural, recycled, homemade and real resources that can be used in a variety of ways to encourage children's learning.
- Providing sufficient and accessible hand-washing, toileting, eating and sleeping facilities
- Ensuring toileting and hand-washing facilities are accessible from both the indoor and outdoor environments.
- Providing adequate and appropriate hygienic facilities for nappy changing, which are properly constructed ensuring children's safety.
- Incorporating natural and artificial lighting, appropriate ventilation, heating and cooling and fresh air.
- Providing appropriate areas for food preparation.
- Providing a separate indoor space for children who are under two years of age.
- Providing an area for managerial purposes, consultation with children's parents and for private conversations to occur.

- Ensuring power points not in use have safety caps, all double adaptors and power-boards are out of reach of children and all electrical cords are secured and not dangling.
- Discussing with children the safety characteristics of using toys and equipment.
- Where appropriate involving the children in setting classroom guidelines.
- Providing families with the latest safety information
- Implementing a maintenance log and register of toys and equipment
- Ensuring all equipment, including resources, equipment, car seats, booster seats etc. meets relevant Australian Standards and educators are trained in correct maintenance and assembly.

Laundering of Soiled Items

- Soiled clothing will be returned to a child's home for laundering. Educators will remove soiled content and placed into a plastic bag. Items will be stored securely in a sealed container and not placed in the child's bag.

Rearranging, Adding or Removing Furniture

- The Service will keep a **record of any changes** that is made to the physical environment of the service, such as rearranging of rooms etc. to show continuous improvement.
- The Service will document the links between the arrangements and choice of resources and equipment and the children's learning in the program.

The Sleep/Rest Environment

- Cots and beds should be positioned to encourage a calm and relaxing environment.
- Cots and beds should be regularly checked that all bolts and fittings are secure and safe.
- Beds should be located in an area that is easy to access for all educators and other staff
- Beds should be stored in a dry area.
- Educators must ensure to use correct manual handling techniques when moving the beds in a safe manner.
- Beds should not be placed on high shelves or in unstable or difficult to reach stacks.

Ongoing Maintenance

- The Service will continuously reflect on its environment and put in place a plan to ensure that the environment continuously reflects our ideology of providing an environment that is safe, stimulating and engaging for all who interact with it.
- The Nominated Supervisor will document required maintenance with administration in a maintenance plan/log for the Service as required. This will then be implemented throughout the year in accordance with priority, hazard removal, safety precautions and any relevant policies.
- The Approved Provider/Nominated Supervisor will also ensure that the Service and its grounds comply with Local Government and BCA regulations in regards to fire ventilation, natural and artificial lighting and safety glass.

Grouping of Children

- Our Service groups the children in accordance to their age and/or developmental stage. Within that space, there are a variety of different learning areas and opportunities for play experiences.
- Each age group has varying adult to child ratios, which are adhered to at all times in both the indoor and outdoor environment.
- Our indoor and outdoor environment provides opportunities for intentional teaching and spontaneous play throughout the day.

Safety Checks

A daily inspection of the premises will be undertaken before children begin to arrive. This inspection will include the:

- Service perimeters
- Fences/Fence Line
- Gates
- Paths
- Buildings
- All rooms accessible by children
- Fixed equipment
- Sand Pit

This must to be done in order to identify any dangerous objects in the grounds ranging from sharps to poisonous or dangerous plants and animals.

In the event of a sharp object being found (for example a syringe) educators will wear gloves and use tongs to pick up the object and place it in the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

Similarly, trees in the grounds must be checked regularly for overhanging, dead or dangerous looking branches as well as check for any infestations or nests.

Non-fixed play equipment in the Service grounds can be no more than one metre high and must be supervised at all times by an Educator.

The Service will have regular pest inspections carried out by an accredited pest control company. Documentation of these inspections will be kept and any findings from the pest control check will be carried out in line with the recommendation of the pest control company.

The Indoor and Outdoor Daily Safety Checklists will be used as the procedure to conduct these safety checks. A record of these will be kept by the service. The Approved Provider/Nominated Supervisor will make the appropriate arrangements to have repairs carried out as soon as possible.

The following can be used as a guideline to produce Checklists for the Service's individual needs.

Checklist: Outdoor

- **Building maintenance**- regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Records of any damages and subsequent repairs are kept
- **Doors** – have finger jam protetors.
- **Dust mites, pet allergens** – regular dusting and vacuuming.
- **Fences – fence** off securely and effectively all sides of outdoor play areas from roads, water hazards, and driveways. Maintain fences have correct height. Install childproof self-locking devices on gates.
- **Garbage** – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling.
- **Garden** and renovation debris removed. Regularly trim branches and bushes.
- **Garages and sheds** - keep locked.
- **Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded and are kept out of reach of children.
- **Hygienic**, regularly cleaned and maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.
- **Non-slip** floors, stairs, steps, grounds and nonporous indoor floors for easy cleaning.
- **Renovation** dangers e.g. lead, asbestos, holes and excavations – reduce risks.
- **Pesticide** residue - dangerous chemicals should not be used to remove vermin.
- **Safety glass** is installed according to the Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.
- **Security** - minimising unauthorised access with appropriate fencing and locks.
- **Spills** – clean away as they occur.
- **Under Service access** (including buildings on stilts and footings) – lock or block access.
- **Window fly screens** securely fitted, maintained and permanent.
- **Hazards and driveways**. Maintain fences, have correct height, install childproof self- locking devices on gates.
- **Service car park** – ensure family members are aware of pedestrian safety rules such as holding their child's hand and alighting children from the safety door. Encourage families to always supervise their children in the car park to prevent accidents and injuries, which could occur as a result of reversing vehicles.
- **Finger entrapment** – all holes or openings in playground equipment must be between 8-25 mm.
- **First aid kit is approved**, maintained, and accessible throughout outdoor play.
- **Hazardous Plants** – identify and remove or make inaccessible to children.
- **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tools or machinery are stored securely and are inaccessible to children.
- **Pet and animal droppings** cleared or inaccessible to children in outdoor areas, exclude dogs from children's play areas, finger proof pet enclosures, supervise pet interactions with children.

- **Pool safety, fencing and gate compliance**, paddling pools emptied immediately after use, turn upside down, disinfected if soiled.
- **Safe play rules and adequate safe play areas** - talk with children about how to play safely. Maintain safe layouts for outdoor play areas to avoid collisions between children.
- **Sandpits** - Regularly clean, rake, and remove sand soiled by faeces or blood. Hose sandpits at end of day after removing contaminated sand and material.
- **Soft fall** - appropriate ground cover under outdoor climbing and play equipment, meets standards.
- **Sun protection** clothing, hats, and sunscreen, for un-shaded areas - minimise play at peak sun exposure times. Install a sunshade over sandpits and play areas.
- **Ensure children are visible and supervised at all times**. High-risk areas and climbing and other outdoor play equipment. Make hazardous equipment, machinery, chemicals, and any other materials inaccessible to children.
- **Water hazards** - cover and make inaccessible to children, e.g. ponds, dams, spas, creeks, nappy buckets.
- **Water troughs** are to be used under adult supervision only and will not be used without a stand, keeping it off the ground. Children are to remain standing on the ground whilst using the water trough
- **Play equipment** that is higher than 50cm has soft fall installed underneath at least 25cm in depth under and 1.9m from the perimeter of the equipment. Place outdoor play equipment away from paths and solid garden edging.
- **Surfacing** used underneath and around equipment complies with Australian and New Zealand Standards AS/NZS 4422, 1996, and is maintained regularly; materials may need to be raked, redistributed and checked weekly for spiders, sharp objects or animal litter.

Checklist: Indoors

- **Guard and make inaccessible to Children:** heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment. Ensure heaters are away from children's cots.
- **Hazardous indoor and outdoor plants** identify, remove or make inaccessible to children.
- **Heaters** – ensure that children cannot come in contact with hot surfaces. It is preferable to use heating where combustion products are ducted outside. If gas heating is used ensure there is adequate ventilation while the heater is operating.
- **Hot water** - ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current KidSafe NSW Inc. recommendation is below 43.5°C).
- **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
- **Noise** – reduce excessive exposure.
- **Non-slip, non-porous** floors, stairs.
- **Pets and animals** – inform families of pets being kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don't have fleas, clean, and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children's play areas. Keep children-pet interactions minimal and supervise interaction times.
- **Record details** and notify parents of any child accident.

- **Safe play rules and adequate play spaces:** discourage running indoors and safe furniture layout to avoid collisions.
- **Safety glass used and installed** according to Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children, **safety decals** on sliding doors and plate glass doors at child and adult eye level.
- **Security** – ensure all entry doors are locked at all times and place bells on doors.
- **Smoke free environment** in all areas.
- **Educator’s personal items** – ensure educator’s personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.
- **Stairways**, ramps, corridors, hallway, external balcony must be enclosed to prevent a child falling.
- **Store in locked cabinet** any unsafe items, e.g. chemicals, medicines, razors, knives and electrical equipment.
- **Supervision and visibility of children** – ensure children are visible and supervised at all times. High-risk areas are children in high chairs, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two educators on premises at all times with vision of each other and the children, have two educators present or in view when changing nappies or washing children.
- **Toys** – meet safety standards, age appropriate, maintained, and non-toxic.

Cleaning of Buildings, Premises, Furniture and Equipment

General Cleaning

- The Service will use structured **cleaning schedules** to ensure that all cleaning is carried out regularly and thoroughly.
- Educators will clean the service at the end of each day and throughout the day as needed.
- Accidents and spills will be cleaned up as quickly as possible to ensure that the service always maintains a high level of cleanliness and hygiene.

When purchasing, storing and/or using any dangerous chemicals, substances, medicines or equipment, our service will:

- Adhere at all times to manufacturer’s advice and instructions when using products to clean furniture and equipment at the service.
- Store all dangerous chemicals, substances and medicines in their original containers provided by the manufacturer. All labels and/or use by dates should be kept intact at all times.
- Any substance found to be stored in a different container than originally provided, or with destroyed labels and/or unknown use by dates where appropriate will not be used under any circumstances.
- Containers should be disposed of correctly following local council guidelines, and not reused under any circumstances.
- All dangerous chemicals, substances and equipment must be stored in a locked place or

- facility that is labelled, secure and inaccessible to children. These materials may include, but are not limited to, all cleaning materials, detergents, poisonous or dangerous substances, dangerous tools and equipment including those with sharp and razor edges and toiletries.
- Educators should follow the instructions of manufacturers, particularly of any product, which may need to be stored in a refrigerated environment pursuant to the aforementioned directives.
- Any substances that need to be refrigerated must be stored in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children.
- All hazardous chemicals must be supplied with a **Safety Data Sheet** (SDS) formerly called a Material Data Safety Sheet. Our Service will adhere to the manufacturer's instructions for use, storage, and first aid instructions recorded on the SDS.
- The Service will keep **a register of all hazardous chemicals**, substances and equipment used at the Service. Information recorded should include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.
- Appropriate personal protective clothing should be worn in accordance to the manufacturer's instructions when using and disposing of hazardous substances or equipment.
- Seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on **13 11 26**, or call an Ambulance on **000**.
- In the case of any child or educator becoming injured by a chemical, substance or equipment, the Service will initiate our emergency, medical and first aid procedures, notify the appropriate authority that administers workplace health and safety immediately and any other person or authority as required by regulations or guidelines.
- In any major emergency involving a hazardous chemical or equipment, a hazardous gas or a fire or explosion hazard, call the emergency services, dial 000 and notify the appropriate authority that administers workplace health and safety and any other person or authority as required by regulations or guidelines.

Children's bathroom

- Supervision in the bathroom is important when in use.
- Educators and other staff should also encourage children to follow hygiene practices.
- Bathrooms should be cleaned at least twice a day and when required
- Bathroom floors should always be mopped.
- Signage is to be used after mopping to ensure that the child/children, educators and other staff and families are warned that the floor is wet.
- Educators are to ensure they follow the bathroom and toilet cleaning procedure.

Inspection and Testing of Electrical Equipment

- Services must ensure that electrical equipment is regularly inspected and tested by a competent person if the electrical equipment is supplied with electricity through an electrical socket and used in conditions where it could be damaged, including exposure to moisture, heat, vibration, mechanical damage, corrosive chemicals or dust.
- A record of all electrical testing and tagging, must be attached and kept until the equipment is next tested or disposed of and must specify:
 - a) The name of the tester
 - b) The date and outcome of the testing.
 - c) The date on which the next testing must be carried out.

Maintenance of Fire Equipment

- All fire equipment at our Service will be maintained as per the legal standards.
- External agencies will be employed to assist the service with this maintenance if no currently employed staff or educators are qualified to complete the maintenance checks.

Sun Protection

Our Service will work in collaboration with the NSW SunSmart Program to ensure children's health and safety is maintained at all times whilst at the service. We will use the SunSmart UV Index tool to ensure we are protecting children and staff from UV radiation. Educators will document the UV rating each day to ensure the safety of children, staff and Educators. The UV Index will be used when:

- Planning or participating in outdoor activities
- Undertaking recreational activities – for example munch and move

1. Outdoor Activities

The Service will use a combination of sun protection measures whenever **UV Index levels reach 3 and above**. This will include:

- From October to March sun protection is required at all times. Extra sun protection is needed between 11am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.
- From April to September (excluding June and July) outdoor activity can take place at any time. However, from 10am – 2pm sun protection is required.
- In June and July when the UV index is mostly below 3, sun protection is not required. Extra care is needed for services in the far west and north of NSW and for all children who have very fair skin.
- All sun protection measures (including recommended outdoor times, shade, hat, clothing and sunscreen) will be considered when planning excursions and incursions.
- Educators continuing to check the UV rating prior to going outdoors and as the heat increases throughout the day.

2. Shade

The service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade.

3. Hats

Educators and children are required to wear sun safe hats that protect their face, neck and ears. A sun safe hat is:

- Legionnaire hat.
- Bucket hat with a deep crown and brim size of at least 5cm (adults 6cm).
- Broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

Please note: baseball caps or visors do not provide enough sun protection and therefore are not recommended. Children without a sun safe hat will be asked to play in an area protected from the sun (e.g. under shade, veranda or indoors) or can be provided with a spare hat.

4. Clothing

When outdoors, educators and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. This includes wearing:

- Loose fitting shirts and dresses with sleeves and collars or covered neckline.
- Longer style skirts, shorts and trousers.
- Children who are not wearing sun safe clothing can be provided with spare clothing.

Please note: midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

5. Sunscreen

All educators and children will apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the use-by-date monitored.

6. Babies

Babies under 12 months will not be exposed to direct sunlight and are to remain in dense shade when outside. They will wear sun safe hats and clothing and small amounts of SPF30+ broad-spectrum water-resistant sunscreen may be applied to their exposed skin.

The Australasian College of Dermatologists does not recommend the widespread regular use of chemical sunscreens in very young babies (less than six months of age), as they absorb more of any chemical applied to the skin than adults. Sunscreens should be applied to areas of the skin not protected by clothing. The American Academy of Pediatrics has stated that sunscreens may be used on infants younger than six months on small areas of skin if adequate clothing and shade are not available. Source: Cancer Council Australia

7. Role Modelling

Educators will act as role models and demonstrate sun safe 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).

Families and visitors are encouraged to role model positive sun safe behaviour.

8. Education and Information


Sun protection will be incorporated regularly into learning programs. Sun protection information will be promoted to educators, families and visitors. Further information, support and free resources are available from the Cancer Council website www.cancercouncil.com.au/sunsmart or call the SunSmart Information Line on 02 9334 1761.

9. Policy Availability

The sun protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to educators and staff, families and visitors.

10. Review

Our service will monitor and review the effectiveness of our sun protection policy regularly, at least once every 12 months.

 SunSmart Agreement	
<p>Service name: _____</p> <p>This service agrees to enforce the above sun protection policy in line with the SunSmart Early Childcare Program recommendations and to inform the Cancer Council NSW of any changes to the service's policy and practices. The service will take part in a review every 2 years.</p> <p>Name: _____ Position: _____</p> <p>Signature: _____ Date: _____</p>	

Water Safety

Our Service doesn't permit pools.

Service Closure

- Two Educators must close the Service each night
- Both Educators are to check the entire premises to ensure that all children and families have departed by checking sign in and out sheets for all rooms.
- Both educators must sign the sign in and out sheets confirming all children are signed out.
- Educators are to follow Service-closing procedures each night.
- In the case where a parent has omitted to sign their child out, and the educators did not witness the child leave the service, the educators must take every step to get in contact with the parent to ensure the child has safely left the Service.
- If unable to contact the family, the educators are to contact other educators present on that day for confirmation that the child has been collected. The Nominated Supervisor is to then be notified before leaving the Service.
- Individuals visiting our Service must also sign in when they arrive at the Service, and sign out when they leave.
- Details of absences during the day must also be recorded

Source

- Australian Children's Education & Care Quality Authority. (2014)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- Guide to the National Quality Standard
- Swimming Pools Act 1992
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- National Quality Standard Cancer Council
- NSW Sample Sun Protection Policy
- Revised National Quality Standard- 2018

Review

Policy Reviewed	Modifications	Next Review Date
July 2023	Removal of poisonous checklist as this is not used at the centres	July 2024

CODE OF CONDUCT POLICY

We believe in forming an inclusive and welcoming environment by providing experiences that motivate and facilitate personal growth and development for staff. The values that underpin our work ethic include equality, respect, integrity, and responsibility.

National Quality Standard (NQS)

Quality Area 4: Staffing Arrangements		
4.1	Staffing arrangements	Staffing arrangements enhance children's learning and development
4.1.2	Continuity of staff	Every effort is made for children to experience continuity of educators at the service
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills
4.2.2	Professional Standards	Professional standards guide practice, interactions and relationships
Quality Area 7: Governance and Leadership		
7.1.1	Service philosophy and purpose	A statement of philosophy guides all aspects of the service's operations. 7
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.

Education and Care Services National Regulations

168	Education and care services must have policies and procedures
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Related Policies

Child Protection Policy Respect for Children Policy Responsible Person Policy	Privacy and Security Policy Interactions with Children, Family and Staff Policy In-Service and Staff Development Policy Grievance Policy (staff)
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PURPOSE

Our Centre aims to establish a common understanding of work place standards expected of all employees. We aim to ensure positive working relationships are formed between all staff, promoting dignity and respect. Staff will conduct themselves in an ethical manner and strive to make all interactions positive and compliant in accordance with the company's culture and Centre philosophy.

SCOPE

This policy applies to staff and visitors.

IMPLEMENTATION

The Approved Provider, Nominated Supervisor, Educators and Staff, Volunteers and Students will adhere to the Early Childhood Australian Code of Ethics, National Regulations and Quality Standard

and Service policies and procedures, promoting positive interactions within the Centre and the local community.

1. Respect for people and the Centre

- Effective, open and respectful reciprocal communication and feedback between employees, children, families and management.
- It is important to treat colleagues, children and families with respect. Bullying or insulting behaviour, including verbal and non-verbal aggression, abusive, threatening or derogatory language or intimidation towards other employees, children, visitors or families is unacceptable and will not be tolerated.
- Employees are committed to valuing and promoting the safety, health and wellbeing of employees, volunteers, children and families.
- Employees are committed to an Equal Opportunity workplace.

2. Expectations of Employees

- Employees will ensure their work is carried out proficiently, harmoniously and effectively. They will act in a professional and respectful manner at all times whilst at work, giving their full attention to their responsibilities and adhering to all Centre policies, procedures, laws, regulations and National Quality Standard.
- Employees will act honestly.
- They will carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Approved Provider or the Ombudsman.
- Employees will have a solid understanding of the Centres policies and procedures, if uncertain about the content of any policy or procedure with which they must comply; employees should seek clarification from the Nominated Supervisor or Approved Provider.
- Employees will be courteous and responsive when dealing with colleagues, students, visitors, children and families.
- Employees will work collaboratively with colleagues
- Employees will be mindful of their duty of care to themselves and others
- Employees will be positive role models for children at all times
- Employees will respect the rights of all children
- Employees will respect the confidential nature of information gained about each child participating in the program.
- Promote a collaborative workplace by developing a positive working environment where all employees can contribute to the ongoing continuous improvement.
- Management will provide ongoing support and feedback to employees
- Model professional behaviour at all times whilst at the Service
- Implement supportive and effective communication systems, consulting employees in appropriate decision making.
- Take appropriate action if a breach of the code of conduct occurs.
- Give encouragement and constructive feedback to employees, reflecting the value of different professional approaches

3. Expectations of Guardians & visitors

- Guardians and other visitors are also expected to conduct themselves in an appropriate manner whilst at the service.
- Team members are encouraged to report to the Centre Manager if a guardian/visitor is abusive, rude or in any other way behaving in a threatening manner, either physically or non-physically.
- The Centre Manager will report such incidents immediately to the Approved Provider to discuss a plan of attack to address the situation.

4. Reporting a breach in the code of conduct

- All employees are required by law to undergo a Working with Children Check.
- If employees become aware of a serious crime committed by another person, they are required to report it to management.
- All employees must report possible risk of harm to children to management.
- Employees will report any concerns they may have about inappropriate actions of any other employee.

5. Managing Conflict in the workplace

- Management will remain objective and impartial when managing conflict in the workplace
- Management has a responsibility to address a possible breach of the code of conduct by any employee as soon as you become aware of the breach.
- Allegations will be investigated and can result in remedial action, or disciplinary action ranging from a caution to dismissal.
- Management will consider all relevant facts and make decisions or take actions fairly, ethically, consistently and with appropriate transparency. If they are uncertain about the appropriateness of a decision or action they will consider:
 - whether the decision or conduct is lawful
 - whether the decision or conduct is consistent with our policies and objectives
 - whether there will be an actual, potential or perceived conflict of interest involving obligations that could influence the business relationship or conflict with business duties

6. Adhering to Service confidentiality

- Unless authorised to do so by legislation, employees must not disclose or use any confidential information.
- All employees are to ensure confidential information must be not accesses by unauthorised people.
- Employees will adhere to the Service's 'Privacy and Confidentiality Policy'.

7. Baby- Sitting

- Should employees undertake private babysitting arrangements with families, our Service takes no responsibility for any private arrangements between staff members and family. However, we do expect staff to inform the Service if they are babysitting or caring for a child that attends the Service.

- We have rigorous recruitment and suitability processes in place to ensure that we employ competent and professional members of staff and maintain our duty to safeguard children whilst on our premises and in the care of our staff. We have no such control over the conduct of staff outside of their position of employment. Parents should make their own checks as to the suitability of a member of staff for babysitting.
- We will not take responsibility for any health and safety issues, conduct, grievances or any other claims arising out of the staff member's private arrangements outside of the Service hours. The member of staff will not be covered by the Service's insurance whilst babysitting as a private arrangement.
- Out-of-hours work arrangements must not interfere with the staff member's employment at the Service.
- All staff are bound by contract of the Service's Privacy and Confidentiality Policy, where they are unable to discuss any issues regarding the Service, other staff members, parents or other children.

8. Record Keeping

- Staff will maintain full, accurate and honest records as required by national regulations.
- Managers have a responsibility to ensure that employees comply with their record keeping obligation outlined in the Records Keeping Policy.

9. Duty of Care

- staff have a responsibility to take reasonable care for the health and safety of themselves and others at the workplace to enable compliance with the work health and safety legislation.
- Duty of Care relates to both physical and psychological wellbeing of individuals
- Staff have a duty of care to take reasonable care for the safety and welfare of children and young people in care. Thus taking all reasonable action to protect children and young people from risk of harm that can be reasonably predicated.

10. Social Media

- The Centre has social media accounts, administered by the Centre managers.
- The Administrator controls the content on the page and ensures that the postings are relevant and respectful of the Service, the children, the staff, families and greater community.
- Staff members that have a personal social media accounts are not permitted to post any negative comments relating to the Service, children, colleagues or families. If they choose to 'like' the Service's page they have a responsibility to ensure that their profile picture is always an appropriate representation of an early childhood Educator. If it is not, we request that they do not 'like' the page.
- Staff members are to use their own personal discretion when adding a family of the Centre on social media. The Service does not recommend staff to add families of the Centre as they will be seen still as a representative of the Centre and held to the Service's Code of Conduct on all posts on their private 'wall' if families have access.
- Families are asked in our Social Media policy to respect that staff may have a personal policy on adding families due to their professional philosophy and that the Service does not recommend staff to have families as friends on their private account.
- Staff members are not permitted to request the 'friendship' of families from the Centre.

11. Use of alcohol, drugs and tobacco

- Smoking is NOT permitted in or on surrounding areas of the Centre. It is expected that the odour of cigarette smoke **will not be detected** on an employee's clothing. If an employee is found smoking on the premises, that employee may be terminated.
- Our Centre is bound by the Education and Care National Regulations. As such, alcohol, drugs or other substance abuse by employees can have serious adverse effects on their own health and the safety of others. As such, all employees must not:
 - Consume alcohol nor be under the influence of alcohol while working
 - Use or possess illegal drugs at any workplace; nor
 - Drive a vehicle, having consumed alcohol or suffering from the effects of illegal substances
 - Bring alcohol or any illegal drugs on the premises
- If a co-worker suspects another to be affected by drugs or alcohol, they must inform the Nominated Supervisor immediately. No employee will be allowed to work under the influence of drugs or alcohol.
- Employees undergoing prescribed medical treatment with a controlled substance that may affect the safe performance of their duties are required to report this to the Nominated Supervisor.
- All issues pertaining to these matters shall be kept strictly confidential. A breach of this policy may initiate appropriate action including the cancellation of employment

12. Dress Code

- All employees must adhere to our uniform/dress code supplied during induction including the display of their name badge whilst on shift. Enclosed shoes must be worn at all times unless in the nursery which is a shoe free zone. No offensive logos or political statements are to be worn. Work shirts are supplied.

13. Personal Hygiene

All employees are to adhere to the following standards:

- Shoes are enclosed with flat soles for safety
- Long hair is to be clean and neatly tied back. Ensure hair does not hang in your eyes
- Makeup is to be light and natural
- Fingernails are to be clean and well groomed
- Good oral hygiene and general grooming is essential

14. Personal Phone Calls/Mobile Phones

- Employees are not authorised to use the Centre phones for personal reasons unless in the case of an emergency.
- No personal mobile phones or smart watches are to be used during working hours.
- Staff are not to contact families or children of the Service for personal reasons.

15. Service Email

- Email is to be used only for company usage, not for private communications.
- Passwords and access privileges are treated as strictly confidential to the Educator issued with that access or persons delegated to know and use that access in the normal course of operation.

It is the responsibility of the authorised user to take fair and reasonable steps to ensure the passwords and other forms of access are held safe.

Dismissal

All staff members are aware that the following breaches of the Code of Conduct and role responsibilities may lead to termination of employment:

- Refusal to complete required additional training
- Possessing or selling drugs at the Centre
- Immoral, immature or indecent conduct while at the Centre.
- Inappropriate use of company equipment
- Refusing to work as directed
- Possessing a dangerous weapon while at the Centre.
- Bringing disrepute to the Service
- Bringing disrepute to the relationship between a family and the Service
- Disclosure of confidential information
- Reporting to work under the influence of alcohol or drugs
- Falsifying documentation
- Associating with families
- Taking, abusing or destroying company property
- Interfering with work schedules, falsification of reports, documents or wages information
- Failure to report for work
- Walking off the job
- Failure to follow policies and procedures
- Vulgarity, disrespectful conduct to families, management or colleagues
- Making or publishing false, vicious or malicious statements about any client, employee, supervisor, the company or its services
- Failure to hand in lost property is regarded, as stealing.

Disciplinary Action

All staff members are made aware that continued abuse of the following might result in disciplinary action. These include, but are not limited to the following:

- Unauthorised absence
- Having personal visitors whilst on shift
- Continued personal phone calls
- Unauthorised solicitation or distribution of money or materials
- Poor work standard
- Carelessness
- Low level of enthusiasm
- Lack of personal cleanliness
- Failure to report health, fire or safety hazards
- Repeated tardiness

Jurisdiction specifications for QLD

Queensland (QLD)
For information about working with children check, refer to the website:
https://www.bluecard.qld.gov.au/about.html

Source

<ul style="list-style-type: none"> • Australian Children's Education & Care Quality Authority. • Guide to the Education and Care Services National Law and the Education and Care Services National Regulations • ECA Code of Ethics. • Guide to the National Quality Standard. • Anti-Discrimination Act • Fair Work Act • Industrial Relations Act • Work Health and Safety Act • Ombudsman Act • Privacy and Personal Information Protection Act • Revised National Quality Standard 2018

Review

Policy Reviewed	Modifications	Next Review Date
June 2021	Created	June 2022
March 2022	Minor wording changes	March 2023
March 2023	No changes to be made	March 2024

SLEEPING & REST REQUIREMENTS POLICY

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

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
Quality Area 3: Physical Environment		
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep Premises	Furniture and equipment are safe, clean and well maintained

Education and Care Services National Regulations

81	Sleep and Rest
103	Premises, furniture and equipment to be safe, clean and in good repair
105	Furniture, materials and equipment
110	Ventilation and natural light
115	Premises designed to facilitate supervision
168	Education and care service must have policies and procedures

Related Policies

Work Health and Safety
Health and Safety
Nursery Furniture and Equipment Safety Policy
Rest time Policy

PURPOSE

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

Our Centre will only approve an alternative practice if the Service is provided with written advice from the parent guardian and medical practitioner. We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them.

SCOPE

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

IMPLEMENTATION

Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which needs to be considered within the Centre. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.

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

Our centre will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep requirements.

- Ensure reasonable steps are taken to meet the individual sleep and rest needs of each child. Negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child.
- There are adequate numbers of cots and bedding available to children that meet Australian Standards.
- Ensure that beds/mattresses are clean and in good repair. Educators will report any maintenance required to Nominated Supervisor immediately.
- Identify and remove any potential hazards immediately.
- Ensure that bassinets are not on the education and care services premises at any time.
- Ensure beds and mattresses are wiped over after each use, using a neutral disinfectant as provided by the service.
- Arrange children's beds and cots to allow easy access for children and staff. Layout of beds/cots will have a distance apart that ensure children cannot touch or share items with each other.
- Ensure placement of beds/cots do not obstruct emergency exits.
- Ensure cots are arranged to allow for swift emergency evacuations. Emergency cots will be located closest to the emergency exit door and will be labelled appropriately.
- Ensure all cot rooms are free from foreign objects such as toys, excess furniture etc. Cot rooms will comprise of furniture relevant to sleeping requirements and no items will be stored directly under cots.
- Ensure sleep areas are well ventilated.
- Ensure sleeping spaces have adequate lighting to allow for supervision.

- Ensure that supervision window (or similar) will be kept clear to ensure safe supervision of sleeping children.
- Ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves physically checking sleeping children at regular intervals and ensuring that they are always within sight and hearing distance. During physical sleep checks, Educators will monitor children's:
 - Sleeping Position
 - Skin and Lip Colour
 - Breathing
 - Body Temperature
 - Head Position
 - Airway
 - Head and face, ensuring they remain uncovered
- Complete Nursery sleep checks at 10-minute intervals and document on provided Daily Sleep Check Chart
- Complete Toddler sleep checks at 15-minute intervals and document on provided Daily Sleep Check Chart
- Ensure that each child's sleep needs are met, including the child's age, developmental stage, specific sleep and rest needs and cultural requirements through working with families and consulting the child's All About Me (Sleep and Rest) Form completed during enrolment or room transition.
- Ensure children who are sleeping or resting have their face uncovered at all times.
- Complete mandatory Safe Sleep Training through In Safe Hands during the induction process and again annually
- Create a relaxing environment for sleeping children.
- Maintain adequate supervision and maintain Educator ratios throughout the sleep period.
- Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required. If this is required, Educators will liaise with family and Nominated Supervisor to create an individual child risk assessment.
- Ensure sleep and rest patterns are recorded daily on Storypark for families to access.
- Monitor the room temperature to ensure maximum comfort for the children.
- Respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc.) Acknowledge children's emotions, feelings, and fears.
- Ensure routines are flexible to allow for changes in individual children's routines and adhere to the safety and wellbeing of the children.
- Develop positive relationships with children to assist in settling children confidently when sleeping and resting.
- Ensure that they do not deviate from safe sleep practices unless there is written documentation from a medical practitioner / legal guardian that clearly states the reasoning for the change in sleep requirements and their recommendations.
- Follow Red Nose guidelines recommending necklaces and bracelets must be removed while children sleep. These are to be placed in a safe spot out of reach of children to prevent choking. Strangulation hazards.

- Ensure children sleep in provided sleep cot/bed and not on floors, cushions, mats or rugs. If children fall asleep in an area that is not the recommended sleep space, Educators will gently and carefully move the child to the required bed/cot, ensuring the dignity and rights of the child are considered.
- Ensure babies are not placed to sleep in a pram, bouncer or any other inclined device which are not designed as dedicated sleep spaces as per Red Nose guidelines.
- Ensure children's bedding is stored in individual clearly named bags.
- When deciding upon sleep spaces, Educators will consider:
 - Weather Conditions – If sleeping outside, consideration will be given to heat, rain, sun, weather predictions and uv ratings
 - Comfort – Is the child comfortable? Are the child's shoes off? How can I make the child more comfortable?
 - Location – Is this the right space for the child to sleep? All sleep spaces should be clear of hanging cords, accessible power points, bulky heavy furniture, objects which may pose a risk of falling and injuring the child, tripping hazards. Can the Educator actively supervise the location? Can an Educator safely access the sleep zone and walk comfortably around all sides of the bed?
 - Hygiene – Is the space clean and hygienic?
 - Ventilation/ Lighting – Is the area well ventilated? Is the lighting appropriate for active supervision? Can the Educator visually see the child?
 - Other Children – Are other children able to access separate spaces within the room? Are sleeping children safe from other children moving around the room? Is the safety and wellbeing of all sleepers and non-sleepers considered? Has the Educator provided non-sleepers with active, engaging opportunities away from sleeping children? Are opportunities for non-sleepers appropriate for children's age and developmental stage?
- Provide alternative opportunities to children who choose not to sleep or rest on a bed. Experiences will form part of the educational program and are age appropriate according to the group of children or individual children.
- Ensure children are dressed appropriately for the room/temperature. Light clothing is recommended. Shoes, jumpers, jackets and bulky clothing should be removed from all children. Jumpers/Jackets with hoods will be removed. Babies/Children will not be put to bed with bibs or beanies on.
- Ensure all relevant procedures are followed accordingly.
- Ensure Red Nose posters are visible inside or directly outside sleep spaces.
- Regularly communicate with families via conversation and Storypark communications to discuss changes to a child's sleep requirements.
- Ensure children are not put in cots or in beds with bottles as per the Dental Health Policy and recommendations from SIDS and Queensland Health Authorities. Bottle feeding in cots may lead to suffocation, aspiration, tooth decay or choking.
- Securely lock cots sides into place to ensure children's safety
- Be aware of manual handling practices when lifting babies in and out of cots.
- Ensure mattresses are kept in good condition; they should be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends. A firm sleep surface

that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep surfaces – Test for firmness) should be used.

- Not elevate or tilt mattresses
- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- Assist in the creation of the sleep and rest risk assessment as required. Educators will ensure they adhere to this risk assessment at all times.
- Ensure no foreign items are in the cot with babies as per Red Nose safe sleep guidelines. This includes:
 - Doonas and loose Blankets
 - Pillows
 - Cot Bumpers
 - Lambs wool
 - Soft toys like a teddy
- Ensure the needs for sleep and rest of children being educated and cared for by the service are met, having regard to the ages, developmental stages, and individual needs of the children. This will be done in conjunction with Educators and families as children develop and meet developmental milestones.
- Ensure Red Nose recommendation and guidelines are adhered to across the service.
- Ensure sleeping spaces have sufficient light to allow for supervision.
- Conduct a sleep and rest risk assessment at least once every 12 months, and as soon as practicable after becoming aware of any change in circumstance in collaboration with Educators. Risk assessments will be communicated to all Educators as soon as practicable. The risk assessment must include the following:
 - The number, ages and development stages of children being educated and cared for.
 - The sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
 - The suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods
 - The level of knowledge and training of the staff supervising children during sleep and rest periods.
 - The location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas.
 - The safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them
- Provide regular monthly newsletters from Red Nose to all Educators to keep up to date with practical safe sleeping advice.

- Ensure all Educators complete Mandatory Safe Sleep Practices training through In Safe Hands during the Induction period and completion certificates are kept on individual personnel files. Ensure this mandatory training is completed annually for all Educators.
- Ensure Educators have read and understood the Sleep and Rest requirement policy and all relevant procedures and understand their legal roles in the implementation of services policies and procedures. A copy of this acknowledgement is kept on each Educators personnel file.
- Advise families that Educators are trained in and have completed Safe Sleep Training
- Ensure all Educator's have the relevant Sleep Check Charts, appropriate for the ages within their learning spaces.
- Ensure room routines are flexible and allow Educators to meet the individual needs and requirements of the children.
- Ensure that bassinets are not on the service premises.
- Ensure that there are an adequate number of cots/beds on the service premises.
- We acknowledge that Red Nose Safe Sleep Guidelines may be inconsistent with some children's individual needs and family beliefs. In this instance, the service will remain sensitive to the needs of the child and outline with parents/guardians that the Red Nose Safe Sleep Guidelines cannot be compromised unless the child has a medical condition, and the sleep practice is under the written recommendation of the child's medical practitioner. In this instance, the Nominated Supervisor will communicate and liaise with the child's family to complete a specific risk assessment.
- Ensure the service has current Sleep and rest risk assessments in line with regulatory requirements.
- Ensure that obligations under the Education and Care National Law and National Regulations are met.
- Monitor and ensure Educators are receiving information and inductions to fulfill their role effectively, including being made aware of sleep and rest policies and procedure, their responsibilities in implementing these and any changes that are made over time.
- Take reasonable steps to ensure Nominated Supervisor, Educators, Staff and Volunteers follow policy and procedures.
- Ensure the premises, furniture and equipment are safe, clean and in good repair, ensuring all equipment used meets relevant Australian Standards.
- Ensure that each child has access to sufficient furniture, materials and developmentally appropriate equipment suitable for the education and care of that child.
- Ensure that the premises are installed with appropriate lighting and ventilation and this is maintained.
- Ensure that the premises are designed to facilitate supervision.
- Ensure copies of policies and procedures are accessible to Nominated Supervisors, Educators, Staff and Volunteers and are available upon request.
- Ensure Nominated Supervisors complete Mandator Safe Sleep Training through In Safe Hands during the Induction period.
- Ensure Nominated Supervisors have read and understood the Sleep and Rest requirement policy and all relevant procedures and understand their legal roles in the implementation of services policies and procedures. A copy of this acknowledgement is kept on each Educators personnel file.

- Monitor and ensure risk assessments are updated change occurs and Sleep and Rest Policy is reviewed annually or when change occurs.
- Regularly update the service on their child’s sleeping routines and patterns
- Provide informational updates on the previous nights sleep to assist with sleeping during the day.
- Provide specified bedding if required by the service
- Dress the child appropriately for the weather conditions and provide additional clothing.
- Review the services policy and procedures in regard to sleep and rest.
- Understand that the health and wellbeing of the child will remain priority whilst at the service.
- Respect the services right to follow the safe sleep practices as described by a recognized authority on Safe Sleep for their child unless in case of medical exemption.

Sources

- Australian Children’s Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2015.
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Guidelines for SIDS and Kids Safe Sleeping in Childcare Facilities · Standards Australia – www.standards.org.au
- The Children’s Hospital at Westmead – Safety factsheet – Cots and Cot Mattresses, <http://kidshealth.schn.health.nsw.gov.au/sites/kidshealth.schn.health.nsw.gov.au/files/safetyfactsheets/cots-and-cot-mattresses.pdf>
- Australian Competition and Consumer Commission (ACCC) – www.accc.gov.au - Cot safety PDF
- Australian Consumer Law 2011 - Australian Competition and Consumer Commission.
- The NSW Work Health and Safety Act 2011 & the NSW Work Health and Safety Regulation 2011
- Safe sleep and rest practices from October 2017 (ACECQA)
- Revised National Quality Standards · Red Nose <https://rednose.com.au/section/safe-practices>

Review

Policy Reviewed	Modifications	Next Review Date
June 2021	Reviewed by Policy Review Group (Elyse/Hannah)	June 2022
March 2022	Reviewed by Policy Review Group, minor updates made.	March 2023
March 2023	Further guidance provided around sleep and rest.	October 2024
January 2024	Further guidance provided around sleep and rest. Inclusion of updated safe and rest legislative requirements as per October 1 st Legislation 2023.	January 2025

Little Locals Early Learning Centre Procedure

Sleep and Rest Procedure

Purpose

To provide children and families with optimal safe sleep practices, ensuring each individual child's needs for sleep and rest is considered and maintained. Sleep and rest are pivotal in the overall development of the child and form the basis for the child's overall health and wellbeing. Educators and service staff will work alongside children and families to devise appropriate sleep routines based on the child's developmental stage and individual needs. To create a healthy and supportive environment Educators will follow this procedure to ensure the individual needs of all children are met.

Procedure

Arriving At The Centre – Educators Will

- Discuss sleep and rest information from previous day/night with family. Discuss any specific needs in regard to sleep and rest for the children for the day.
- Ensure child's individual sleep needs for the day are communicated by way of service communication platform e.g, communication book, individual child routine sheet, room whiteboard. This is individualised to the service.

- Physically ensure that the child is awake on handover. If the child is not awake, ensure that the child can be roused before taking handover of child.
- Check children's bedding and ensure all linen is in good condition. Assist families to store child's belongings, including bedding, comforters and any other items relating to sleep needs

Rest/Sleep Area Preparation

- Complete Physical cot room safety check including opening windows for ventilation, ensuring no foreign items are present, cots are in working order, emergency exits are clear and accessible, space is clean and hygienic, lighting is adequate for supervision.
- Cots are to be positioned to adequately allow Educators to access all children and prevent babies from touching each other.
- As children arrive, cots should be made in preparation for the day.
- Ensure Red Nose guidelines are followed when making a child's cot. Refer to Making a Cot Red Nose factsheet for guidance <https://rednose.org.au/article/how-to-make-up-babys-cot>
- Ensure Daily Sleep Check Chart is visible and up to date, write children's names etc. Daily Sleep Check Chart should be located in an area directly reflecting the location of children sleeping e.g - directly inside or outside cot room door or a visible space within the environment for Toddlers without a cot room.
- The location of beds within the classroom environment are positioned in a way that does not pose harm to a child. E.g - consider bulky furniture, hanging cords, power points, access, ventilation and visibility.
- Bassinets will not be used or kept on service premises at any time.
- Only one child is permitted per bed/cot for sleep/rest time.
- All children should be given opportunities for rest and relaxation according to their developmental stages and age requirements.
- Ensure nonsleepers are catered for in an area that does not pose harm to sleeping/resting children. Opportunities will be available for nonsleepers as part of the Educational program.
- Service will provide linen to those children who do not have required bedding for the day
- Ensure that ventilation and lighting is adequate
- Soft, calming music will be played to create a relaxing atmosphere.
- Individual sleep and rest needs of children will be met at all times.
- Beds in classroom environments are to be set out and prepared at appropriate times. E.g - directly before rest time to eliminate any trip or fall hazards.
- Older children will be encouraged to assist in making beds to increase autonomy and self help skills.

Rest Time Transitions

- Children will be encouraged to wash hands and faces before rest time. Educators will assist children with this according to age and developmental needs. Clothing will be changed if soiled from meal times.
- Remove excess clothing including jumpers, jackets, hoodies, bibs, shoes and beanies. Necklaces and bracelets must be removed and placed in a safe spot out of reach of children as per Red Nose Guidelines
- Babies/children will not be placed on a bed/cot with a bottle. Babies will be held/supervised with a bottle and older children will be encouraged to drink while sitting, using a sippy cup or appropriate cup/bottle.
- Assist children to relax and rest, taking into account individual needs and requirements. E.g - child may require back rub or Educator sitting directly beside the child for safety and comfort.

- Soft, relaxing music or sounds will be played.
- Lighting and ventilation will be adequate to allow for a comfortable environment and supervision
- Always ensure children/babies are placed on their back to sleep. Babies who have been observed to roll from back to front and back again will find their own sleeping preference. Babies who have not been observed to do so should be placed back onto their backs.

During rest/sleep period

- Ensure appropriate sleep checks are followed 10 minute physical checks for infants/babies (cot rooms), 15 minute sleep checks for Toddlers not in a cot. Educators will complete physical sleep check as below, monitoring children's:
 - **Sleeping position**
 - **Skin and lip colour**
 - **Breathing**
 - **Body temperature**
 - **Head position**
 - **Airway**
- Babies/children should not sleep in any other device other than the approved cot/bed. Children that fall asleep elsewhere will be gently moved to the appropriate bed/cot ensuring the dignity and rights of the child are always observed.
- Ensure children's needs for sleep and rest requirements are met at all times, giving consideration to flexible routines and the needs of the child on the day.
- Children/babies will sleep with face uncovered
- Where comforters/dummies are required, adequate supervision will be maintained according to Red Nose Guidelines on Safe Sleep Practices
- Ensure cots have been latched safely and securely

Transition Out Of Rest Time – When Awake

- Child's wake time will be recorded on Storypark and additionally on Sleep Check Chart for Babies and Toddlers
- All children are acknowledged as they wake, and comfort is given where needed.
- Children's toileting needs are respected and assistance is given where required
- Children are encouraged to recognise their own bodily needs and rejoin the other children when they feel comfortable.
- Children are not required to remain on beds/cots for extended amounts of time. When awake, children's decision to join quiet play opportunities are respected.
- Older children are encouraged and assisted to remove linen and put their belongings away.
- Linen is stored appropriately to prevent cross contamination.
- Take this opportunity to build relationships and bonds with children calmly.
- Beds are disinfected with service provided cleaning products after each use.
- Cots are to be cleaned after each child's use. These are to be disinfected and sanitised at end of each day and left upright in cot to air dry.
- Bedding that has been soiled will be disinfected, sanitised and placed outside in sunlight for additional sanitization.

- Children with soiled clothes will be assisted to change into clean clothes keeping in mind the dignity and rights of the child. Soiled clothes will be bagged and placed in individual child soiled clothes container out of reach of children.

Review			
Name			
Last Reviewed	05/01/2024	Next Review Due:	05/01/2025
Source	Example: <ul style="list-style-type: none"> ▪ Education and Care Services National Regulations and National Law. ▪ Revised National Quality Standard. ▪ ECA Code of Ethics. ▪ UN Rights of The Child ▪ Red Nose Australia - ▪ Sleeping and Rest Requirements Policy 		