

# Policy Document

**St Morris Community Child Care Centre**

This document is reviewed annually



October 2025

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## ACCESS TO CENTRE: TYPE OF CARE

- ❑ St Morris Community Child Care Centre is a Department of Education and Children's Services licensed, non-profit Community Based Long Day Care Centre.
- ❑ The Centre provides regular full-time and part-time care, for children aged between three months to school-age children.
- ❑ Emergency/Casual care for currently enrolled children will be available as space permits.
- ❑ The Centre is licensed to care for up to 65 children at any one time.
- ❑ All children using the Centre must use a minimum of 1 permanent full day per week.

## CENTRE HOURS

- ❑ The Centre is open between 7.15am and 6.30pm. We are not registered to have children in our care outside of these hours.
- ❑ The Centre will operate throughout the year with the exception of public holidays, two weeks at Christmas time and a professional development day for educators.
- ❑ The Centre closes at 1pm on the last day prior to Christmas closure. Advanced notice of the closure dates will be given.

## ATTENDANCE

- ❑ Parents / Guardians are required to notify the Centre if the child/ren are to be absent from the Centre for the day.
- ❑ In advance, parents can communicate absences via verbal or email communication with the Director or Administration Officer.
- ❑ At short notice parents can ring on the Centre's landline on 8332 3999.

## LATE FEE

- ❑ A late fee of \$15 for every 15 minutes (or part thereof) after 6.30pm is chargeable to parents / guardians who are late to pick up their child (ren). The "late" fee is automatically added to your account.

## PAYMENT OF FEES

- ❑ The Centre fees are calculated with a \$150 bond up front, and bills are issued weekly in arrears.
- ❑ Parents' income must be assessed by Centrelink in order to receive the Child Care Subsidy fee reduction. If there are any changes in family income / circumstances, it is the parent's responsibility to contact Centrelink and be reassessed. Fees are charged while the centre is operational regardless of public holidays, holidays or absence through sickness or any other reason.
- ❑ Centrelink will pay eligible payments to the account for up to 42 "allowable absences" per child; public holidays are included in the 42 days. Additional sick leave days can be applied for through Centrelink, supported by medical evidence.
- ❑ Tax invoices documenting a statement of fees will be emailed to families weekly.
- ❑ All families are required to pay their childcare fees either weekly or fortnightly, unless special arrangements have been made with the Director, in writing, that the fees be paid monthly.
- ❑ In addition to the childcare fees, building and equipment levies of \$10 per family per month are applied to accounts.
- ❑ A fee of \$5 is applied to accounts in November to cover the cost of the USB which is given to families with all of their child/ren's photos at the end of every year.

- ❑ Accounts must be paid by Electronic Funds Transfer (EFT)
- ❑ Fees are not charged when the Centre is closed for the training day, Christmas closure or the half-day closure prior to Christmas.

## SUPPORTING INFORMATION

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The Centre is a not-for-profit Centre. This means that all money received from parents' fees is used to pay staff wages, running costs and for the facilities improvement. Grants received by the Centre are for specific purposes.

The annual Equipment and Building levies are required to alleviate the pressure that working bees and fundraising events have on the Management Committee and volunteers.

Regulation 168 (2)(n), Standard 7.1

## ACCOUNTS

### Overdue Accounts

An account is outstanding when:

- ❑ The amount paid in any four week period is less than 50% of the total due; or
- ❑ No payment has been made for a period of three weeks; or
- ❑ There is money owing after a child has left the Centre

An account is overdue when the amount owing is greater than two weeks of the families' fees

The following procedure will apply to all overdue / outstanding accounts:-

- ❑ Email to account holder.
- ❑ The Clerical Officer or Director will contact the account holder by phone or in person.
- ❑ If there is no response to step one and two, the Director shall inform the Treasurer who will send a letter requesting contact be made with the Director, within seven days, or this matter will be put in the hands of a Collection Agency, and the child's/ren's place/s cancelled.
- ❑ The Management Committee is to be notified at their following meeting that step three has been implemented.

## DEBT COLLECTION

Where a family has failed to comply with a request for payment as noted above, the outstanding debt may be placed in the hands of a Collection Agency.

The Management Committee reserves the right to implement legal proceedings in cases where the Collection Agency was not successful in recovering outstanding monies.

## RIGHT TO REFUSE CARE

The Management Committee has the right to cancel a family's child care places within St Morris Community Child Care Centre Inc. and this action will be taken where a family has failed to comply with the Committee's request for payment of an outstanding account.

The family will be given two weeks' notice in writing that if their account is not paid in full their places will be cancelled and care refused. Families with outstanding accounts may be refused care for future children on the Centre's waiting list.

## FINANCIAL HARDSHIP

Where a family is experiencing financial hardship, it is requested that the Director be contacted to discuss the problem and ascertain whether any special arrangements or assistance may be available.

The executive of the Management Committee will be notified and reserves the right to make decisions regarding any special / appropriate arrangements.

## RIGHT TO APPEAL

If a family believes the decision of the Management Committee, or the Director has been unjust or unreasonable, they have the right to state their objections or appeal against the decision in writing within seven (7) days of being notified of such a decision.

*Amended: March 2022*

## ENROLMENT AND ORIENTATION

- ☐ Parents will be offered a place at the centre via telephone conversation or email and invited in for another tour prior to accepting the vacancy.
- ☐ Families will have 1-2 days to consider the offer and to accept or decline the vacancy.
- ☐ Once the position has been accepted, families and Educators will organise transition visits. We suggest a minimum of 3 transition visits in the weeks prior to commencement.
- ☐ Transition visits will be used as an opportunity for children to familiarise themselves with Educators, peers, routines and layout of the centre; families to get to know the Educators who will be caring for and educating their child; and Educators to get to know families and the child, including their needs, routines, likes and dislikes.
- ☐ During the transition process families will be given an enrolment pack which will include, but not be limited to, enrolment forms, individual needs sheet, parent handbook, information about fees, information about child care subsidy.
- ☐ All paperwork must be received by the centre by the final transition visit.
- ☐ Several weeks after starting families will be invited to provide feedback about their transition to the centre.

*Developed: November 2012*

*Amended: July 2017, March 2022*

*Regulations 155-156, 168 (2)(k), Standard 6.1*

## DROP OFF AND COLLECTION OF CHILDREN

This is a matter of great importance to the Educators, as well as to you as a parent. If you sometimes arrange for another person to drop off or pick up your child, please make sure that the following procedures are clearly understood:

- ☐ Each child must be brought to the Centre and accepted by an Educator;
- ☐ At the end of the session, he/she will be released only to you or to another person stipulated by you in writing or, in an emergency, by telephone. ID may be required;

- ▣ An authorised person must be over the age of 16;
- ▣ Educators must be notified when the children are leaving (even if an Educator is present and you think that they have seen you leave with your child, please tell them personally).
- ▣ Children must be signed in on arrival, and out on departure;
- ▣ Please make sure as you enter and leave the Centre that the front door is securely closed;
- ▣ Please do not allow other people to enter the building as you are entering or leaving unless they are a parent or staff member of the centre. If you are in this position or are unsure please use the doorbell or seek staff assistance.

Regulation 99 and 168 (2)(f)

## ACCEPTANCE AND REFUSAL OF AUTHORISATIONS

At St Morris CCC, the health, safety and wellbeing of children is our number one priority. We have a number of safeguards in place for the acceptance and refusal of authorisations.

This includes but is not limited to parental/caregiver consent and authorisation for:

- ▣ Emergency contacts and collection authorities
- ▣ Images of their child to be used in documentation
- ▣ Photos of their child to be displayed on the centre Facebook page
- ▣ Images of their child to be used in the centre newsletter
- ▣ Photos of their child to be displayed on the centre website
- ▣ Allowing their child to take a supervised walk to the postbox
- ▣ Allowing their child to attend visits to the St Morris Reserve
- ▣ Images of their child to be used on the Seesaw app
- ▣ Applying sunblock to their child
- ▣ Being taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury
- ▣ Centre staff to apply insect repellent if required
- ▣ Administration of medications, in conjunction with authority from relevant medical professionals
- ▣ Participation in excursions

Regulation 168 (2)(m)

## NUTRITION: FOOD, BEVERAGES AND DIETARY REQUIREMENTS

- ▣ The menu will be displayed in the corridor as well as in each of the rooms. Where to find the Nutrition policy will be noted on the display board in the hallway.
- ▣ The Centre will provide a healthy, nutritious and varied menu.
- ▣ Unless special prior arrangements are made with the Director, food is not to be brought into the centre.
- ▣ Please discuss alternatives to food for birthdays and celebrations.
- ▣ The use of added sugar, salt, preservatives and colourings will be avoided where possible.

- ▣ During the day the children will be provided with milk and water to drink. Children over 2 years will be offered low fat milk, with full fat milk provided to children from 12 months to 2 years, in accordance with “Eat for Health Australian Dietary Guidelines”. Water is available at all times.
- ▣ Fluids served will fall within the Eat for Health guidelines.
- ▣ Requests for individual diet needs will be catered for as much as possible.
- ▣ At times parents may be required to supply some foods to meet individual children’s special requirements.
- ▣ Special dietary restrictions and/or allergies must be notified to the Director in writing on the form provided for this purpose i.e. “Special Diet Form” (appendix 2) for non-medical reasons or “Modified Diet Care Plan”, filled in by a doctor or dietician, for medical reasons (appendix 3).
- ▣ Educators will sit with children and promote positive, safe, relaxed and social eating environments.
- ▣ Extra serves of food are supplied at mealtimes, before 8am children are offered toast and a late snack is provided in the afternoon when children are hungry. Food and nutrition will be used as a learning experience through the curriculum, and at times the children will take part in activities involving its preparation. Food will also be used to introduce the children to other cultures. The centre increases children’s awareness of food and nutrition through cooking, gardening and growing of fruits, herbs and vegetables.
- ▣ The amount children (under 4’s) have eaten will be recorded and displayed on the whiteboards daily. Parents of the Kindy group (4 year olds), verbally gain feedback about their child’s daily food intake.
- ▣ Babies who have bottles will need to bring these to the Centre, clearly labelled daily. If using formula, we request that clearly named bottles come in with the required amount of water and a separate, clearly labeled, container with the required amount of formula. Educators will then make up the bottle at the required time. Educators will not be required to measure out water and formula.
- ▣ The Centre supports breastfeeding by welcoming parents who wish to breast feed during the day. Expressed milk can also be brought into the Centre.
- ▣ Transporting/storing/heating procedures for milk/breast milk can be found in appendix 1 and will be displayed next to fridge or microwave.
- ▣ When introducing solids to babies, Educators, in consultation with parents, follow the “Australian Dietary Guidelines” and “Nutrition Australia” in relation to what foods to offer and when.
- ▣ Fundraising ventures that the Centre undertakes will not compromise the integrity of our nutrition policy. We will keep food based fundraisers to a minimum and include non-food related projects such as quiz nights and raffles. For example, children’s week, promoting healthy meals and snacks and celebrating PE Week.
- ▣ The Australian Dietary Guidelines and Nutrition Australia is used every year in the nutrition policy review.
- ▣ If children don’t eat the meal that is served another healthy alternative will be offered and if not successful a sandwich will be offered.
- ▣ When food and drink is taken on excursions from the centre we will ensure the food is safe and healthy and it will be transported in an esky.

## SUPPORTING INFORMATION

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The Centre is committed to the provision of a well-balanced and nutritious diet for children under 5, with an emphasis on introducing the children to a wide variety of foods.

The policy is communicated to parents via the policy document in the foyer; on the Centre’s web site; verbally and reinforced within the Centre’s monthly newsletters. It is the responsibility of the Director and Assistant Director to communicate this information to families.

The Centre aims to provide at least 50% of the recommended dietary intake, and foods provided will be consistent with the Dietary Guidelines for Children and Adolescents (based on a child in full-time care).

A Two week menu is displayed on the notice board. Menus are reviewed every 3 months, using “Nutrition Checklist for Planning Long Day Care Menus” - produced by the SA Child Care Nutrition Partnership.

Mealtimes are seen as pleasant social experiences for all to enjoy with good eating habits encouraged.

Parents are encouraged to liaise with the cook and section Educators about special dietary needs. All changes to children’s diets must be confirmed in writing. The Centre has a procedure for dealing with medical emergencies (appendix 4), although individual plans must be recorded from a medical practitioner i.e. if staff are expected to use Epipens. The Centre will ensure Educators are trained in relevant procedures.

The Centre is allergy aware and makes every attempt to not provide meals containing nuts or nut products.

Information about other dietary considerations such as ages/stages of feeding; introduction of solids; nutrition for children; and recipes are located in the foyer of the Centre and can be photocopied as needed. Other information received i.e. up to date nutritional needs, are included in monthly newsletters for families.

The Centre follows the Eat for Health, Australian Dietary Guidelines.

*Source: Eat for Health, Australian Dietary Guidelines.*

*Regulation 168(2)(a), Standard 2.1*

*Developed: 2004*

*Reviewed annually – next review date: 2023*

## SAFE EATING

The Centre uses the “Preventing choking on food-Children under 4 years of age” Developed by Department of Health, Government of South Australia, 2011 as a guide, to promote safe eating.

Making eating safer for your children.

Food:

- ❑ Do not give foods that can break off into hard pieces, for example, avoid raw carrots, celery sticks and apple pieces. These foods should be grated, cooked or mashed;
- ❑ Sausages and other meats should be cut into small pieces. Do not give nuts, popcorn, hard lollies, corn chips, whole grapes or other similar foods to young children;

Procedure to ensure safe eating:

- ❑ Always stay with young children and supervise them while eating;
- ❑ Make sure that young children sit quietly while eating;
- ❑ Ensure children are calm before eating;
- ❑ Never force young children to eat, as this may cause them to choke;
- ❑ Encourage children to eat slowly and chew well;
- ❑ Encourage children to feed themselves;
- ❑ Mealtimes are relaxed and not rushed;

*Source: Women’s and Children’s Hospital and Child and Youth Health*

*<http://www.health.sa.gov.au/pehs/srer-award/Preventing%20Choking%20Fact%20sheet.pdf>*

*Developed: 2004*

Amended: 2012, 2017

## DENTAL CARE

- ☐ The Centre will promote the importance of dental care with children and parents;
- ☐ The centre supports breast feeding;
- ☐ Up to date information about dental care and hygiene will be introduced to children through the curriculum, and shared with parents via the Centre's newsletters;
- ☐ The Centre minimises the use of sugar in foods and children are encouraged to drink water after meals and throughout the day;
- ☐ Dental care is supported through our Nutrition policy;
- ☐ Children drinking from a bottle will be supervised and the bottle will be removed once the child has finished drinking. Children will not be allowed to sleep while drinking a bottle.

Source: SA Dental [www.sadental.sa.gov.au](http://www.sadental.sa.gov.au)

Developed: October 2002

Amended: 2012

## FOOD EXPERIENCES

A small number of food related experiences will be used in children's programmed activities including:

- ☐ Play dough or gloop;
- ☐ Cooking experiences;
- ☐ Still life drawing.

Parents of the children with food allergies will be given prior notice of cooking activities so that parents can assist Educators with minimising risk of an allergic reaction. When these experiences are offered they will be planned in advance so as to reduce the risk of exposure to a known allergen by a child, to ensure that it fits with the kitchen routine and to confirm that it falls within the centre's nutrition policy.

*This policy was developed in consultation with Anaphylaxis Australia – 2010*

## FOOD HANDLING AND STORAGE

- ☐ The Centre will ensure that the cook (who is responsible for food handling operations), will have skills and knowledge in food safety and food hygiene matters, in line with their work activities, by partaking in relevant training. This will ensure the Australian New Zealand Food Authority Food Act (ANZFA), is understood and abided by;
- ☐ All Educators will have quarterly in house training about safe food handling and storage from our HACCP qualified Chef
- ☐ All regular relief cooks will be required to do the 'I'm Alert' online training course
- ☐ Up to date information will be made readily available to all Educators and parents regarding food handling and safety via Centre's newsletters, and pamphlets;
- ☐ The centre will annually have an in-house audit by the Eastern Health Authority checking food Safety Plan and Procedures;
- ☐ Always check with the Cook if you have any food and hygiene concerns;

- ▣ All Educators and children will be educated in correct hand washing procedures and are required to wash their hands:
  - ▣ Before and after meal and snack times;
  - ▣ After using the toilet and nappy changes;
  - ▣ After eating, drinking or touching hair;
  - ▣ After smoking, coughing, sneezing, using tissues;
- ▣ Eating areas will be sanitized before and after meals and snack times;
- ▣ Educators will not handle food if they are unwell i.e. gastro, fever etc. Director will be advised if they are unwell or have been in contact with food before onset of symptoms.
- ▣ When serving and handling food gloves will be worn if Educators have acrylic or painted nails, wearing rings. Aprons will be worn to cover excessive jewellery i.e. necklaces.

Source: *Australian New Zealand Food Authority Food Act (ANZFA)*  
*Eastern Health Authority Review*

Developed: 2004

Amended: 2013, 2017

## CLOTHING

- ▣ All children must be dressed in appropriate and comfortable clothes, suitable for play activities and sleep, and suitable for the applicable weather conditions. This includes spare clothes.
- ▣ Children must wear clothes that won't restrict movement, get tangled or cause tripping during play.
- ▣ Whilst at child care children's shoes will be on in anticipation of parent arrival, unless child is distressed then they will be kept in their drawer.
- ▣ All items must be clearly labeled.
- ▣ The Centre accepts no responsibility for the loss or damage of children's clothing and associated items.
- ▣ Educators will support, monitor and supervise children and their dressing and undressing.
- ▣ Educators will closely monitor children using dress-ups.
- ▣ To support your child when toileting dress your child in clothes that are easy to take off; for example trousers with elastic waistbands. Avoid clothing with buttons if they are not able to undo them easily.

## SUPPORTING INFORMATION

Children's clothing can affect their play, comfort, safety and learning.

Layers allow children and Educators to remove or add clothing as the weather changes throughout the day.

Children are developing independence so clothing should be manageable. Pants that easily pull up and down, t-shirts and jumpers that pull on and off.

Safe comfortable footwear is important and shoes should be well fitted for the child. Light up shoes/shoes with batteries are not permitted to be worn at the centre. Thongs, heels and platform shoes do not allow for freedom of movement.

As children are learning to walk it is recommended for children to be bare foot as often as possible or in non-slip socks or soft leather slippers. Wearing shoes in the early stages of learning to walk can actually hinder the development of the child.

Clothing that covers the body is required especially in the warmer months. Please refer to our sun safe policy.

Clothing with cords or strings around a child's neck and jewellery can result in strangling. This includes hats with cords, they must have a safe release cord. When choosing clothing please ensure these hazards are minimised or they are tucked away.

It is important to remember that while Educators take precautions to protect children's clothing from dirt, paint etc, accidents do happen and children need to feel safe to explore and interact within the environment without worrying about getting clothing dirty, therefore please do not send your child in their "good" clothes.

Sources: <http://www.acecqa.gov.au/>

*Children's clothing in child care NCAC*

*Raising Children Network*

<https://www.productsafety.gov.au>

Developed: August 2008

Amended: November 2011 February 2013

## SPECIAL ITEMS FROM HOME

- ❑ If your child has a "special" or "security" possession, this may be brought to the Centre (clearly labeled).
- ❑ Unless special circumstances exist, we discourage children's personal possessions coming into the Centre, as this can result in damage or loss (for which the Centre will not be held responsible).
- ❑ Please ensure that no battery-operated items are brought into the centre.

## HEALTH AND SAFETY: GENERAL

- ❑ Educators will be in close proximity of children to maintain adequate supervision. (NQS 2.3.1 for sight and or sound comment).
- ❑ Appropriate safety requirements and child: educator ratios for excursions are worked out by the educators – depending on the type of activity and age of children. This will be compiled in a risk benefit assessment completed by educators prior to the excursion.
- ❑ If children have illnesses, which are infectious or contagious, or if they are unwell, then they are to be withdrawn from the Centre during the period of illness. There may be times that the Centre will require a doctor's clearance before children return to the Centre.
- ❑ The Centre will not be responsible or liable for any medical fees or other costs which may arise through medical treatment sought while the child is at the Centre, or as a result of being at the Centre.
- ❑ The Centre will be guided SA Health guidelines in relation to Covid 19 isolation and testing requirements. Final decisions will be made by the Management Committee.
- ❑ In the even that a child needs to be bathed, educators will call the office to ask for someone to come and help within the room to maintain ratios and for supervision so the child can be bathed.

Bathing will only occur when:

- A child has soiled themselves and the nappy changing procedure is insufficient;
- The child has vomited and needs to be cleaned up;
- The child has been involved in a messy activity e.g. mud play.

Baths will contain minimal amount of water and be emptied as soon as the child has been removed.

## SUPPORTING INFORMATION

The Centre is committed to maintaining a safe and healthy environment for both children and educators. Procedures for health and safety are followed as set down in *Staying Healthy in Child care* 5<sup>th</sup> edition. The physical safety of children is one of the most important responsibilities of the Centre.

In the best interest of the Educators and other children as well as your own, please do not bring a sick child to the Centre. The Centre does not have either the facilities, or adequate Educators to look after sick children.

Parents are asked to maintain high health standards and to observe the following points:

- ❑ This Centre's buildings are totally smoke free environments, including the carpark.
- ❑ Please notify the Centre if your child has a contagious disease and be aware of the speed with which illnesses may spread.
- ❑ Parents are responsible for notifying the Centre of any allergies your child may have to food, insect stings, medicines, etc. by recording on your child's enrolment form and health sheet. Action plans from doctors are also required i.e. for asthma and allergy. Parents must provide the Centre with the adrenaline auto injector and Action Plan for Anaphylaxis for their child if they have been diagnosed at risk of anaphylaxis
- ❑ Please supply a broad brimmed or legionnaires hat for your child all year.
- ❑ Please refer to immunisation policies for staff and children.

Source: <http://www.acecqa.gov.au/>

Amended: July 2014, 2020

## HEALTH AND SAFETY: MEDICAL CONDITIONS

- ❑ If a child enrolls at the centre who has a medical condition for example Diabetes, Asthma or at risk of anaphylaxis, Educators will meet with parent/s to discuss what individual needs the child has.
- ❑ A detailed management plan from the child's doctor will be required explaining any first aid, medication and or special considerations required to care for the child appropriately must be provided in writing to the centre prior to the child starting.
- ❑ The Director and/or Assistant Director will communicate the plan with all the relevant Educators and information will be added to the Medical Charts and distributed across the Centre.
- ❑ If any training is required this will occur prior to the child starting at the centre.
- ❑ Children with Asthma, and Allergy or Anaphylaxis plans will require a risk minimization plan, which will document triggers and reactions, and document any changes that occur to their plan during their time at the centre.
- ❑ If a child develops a medical condition while enrolled at the centre then, prior to the child returning to the centre:
  - ❑ The family must provide in writing a detailed management plan from the child's doctor explaining any first aid, medication and or special considerations required to care for the child appropriately.
  - ❑ The Director and/or Assistant Director will communicate the plan with all the relevant Educators and information will be added to the Medical Charts and distributed across the Centre.
  - ❑ Educators may be required to attend specific training.

## SUPPORTING INFORMATION

Children's health and safety is of paramount importance and the aim of Educators and Management is that each child can be cared for with due regard to their own specific needs. This may mean that enrolment or return to the centre is delayed so that educators and families can be assured that educators are in a position of knowledge and skill to care appropriately for each child.

## HEALTH AND SAFETY: ANAPHYLAXIS MANAGEMENT

We follow the four steps recommended by the Australasian Society of Clinical Immunology and Allergy (ASCIA) to prevent food anaphylactic reactions in children while at St Morris Community Child Care Centre. They are:

- (i) Obtaining medical information about children at risk by school, preschool or childcare centre personnel. Each child at risk of anaphylaxis will require an Action Plan for Anaphylaxis detailing signs and symptoms and first aid action required by childcare educators. This must be signed by the treating doctor and include a recent photo of the child. The Action Plan will be displayed in the centre with parental consent.
- (ii) Education of those responsible for caring for children at risk of food/insect sting anaphylaxis. This will include, 3 yearly team training in anaphylaxis and asthma, annual CPR team training, 3 yearly Senior First Aid training and provision of resource materials.
- (iii) Implementation of practical strategies to avoid exposure to known triggers. Please refer to children and food experiences policy, procedure for mealtimes and cleaning routine for mealtimes.
- (iv) Age-appropriate education of children with severe food allergies. All children at risk of anaphylaxis will be educated about their condition through discussion, books and the implementation of procedures at mealtimes (colour coded crockery and labels). All children at the centre will be educated about allergies in general through discussions and stories

Our anaphylaxis management plan includes:

- 📄 Enrollment forms (updated annually);
- 📄 Modified diet care plan for individual children;
- 📄 Action Plan for Anaphylaxis for individual children at risk;
- 📄 Risk minimization and communication plans
- 📄 Cleaning procedure - *appendix 6*;
- 📄 Meal procedure - *appendix 7*;
- 📄 Food and children's experiences policy.

Source: *Anaphylaxis Australia*

*ASCIA – Australian Society of Clinical Immunology and Allergy*

Developed: *January 2010*

Amended: *July 2014, March 2022*

## HEALTH AND SAFETY: INFECTIOUS DISEASES

St Morris CCCC strongly promotes childhood and adult immunisation. Immunisation protects the person who has been immunised, children who are too young to be vaccinated, and other people who have been vaccinated but did not respond to the vaccine.

Relevant publications and brochures for local medical and community services are available for reference in the foyer.

St Morris CCCC is committed to providing and maintaining a safe and healthy environment for families, children and staff and aims to prevent the spread of infection. Infections can be spread when a child or adult is diagnosed with an infectious disease, before and / or after they show symptoms of an infectious disease. Any symptoms of infectious diseases that show in an adult or child will be handled in accordance with the guidelines in the Department of Health and Community Services “Staying Healthy in Child Care” publication and SA Health. If symptoms occur while the child is at the Centre and indicate that the child may be contagious or if a fever occurs, parents/guardians will be contacted and asked to collect their child as soon as possible. A full list of exclusion periods is available here:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+topics/health+conditions+prevention+and+treatment/infectious+diseases/exclusion+from+childcare+preschool+school+and+work>

**Definitions:**

**Exclusion:** Inability to attend or participate in the program at the service.

**Illness:** Any sickness and/or associated symptoms that affect the child’s normal participation in the program at the service.

**Immunisation status:** The extent to which a child has been immunised in relation to the recommended immunisation schedule.

**Infection:** The invasion and multiplication of micro-organisms in bodily tissue.

**Infectious disease:** A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

**Medication:** Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

**Recommended minimum exclusion period:** The period recommended by the Department of Health for excluding any person from attending a children’s service to prevent the spread of infectious diseases through interpersonal contact. Download the exclusion table published by the Department of Health.

Director/Assistant Director will:

- Inform staff at induction of the risk of working with children, infection control and infectious diseases;
- Encourage staff to have immunisations;
- Keep a record of all staff members’ immunisation status;
- Advise staff upon an outbreak of an infectious disease within St Morris CCCC;
- Regularly review policies in regards to health and wellbeing;
- Inform parents upon enrolment that if their child has not been immunised, depending on advice from the public health unit, their child may be excluded during outbreaks of some infectious diseases (such as measles and whooping cough) even if the child is well. Full fees will be charged for the period of exclusion, unless otherwise determined by the Management Committee;
- Require families to provide evidence of their child’s immunisation status;
- As part of their duty of care, inform staff upon induction about the specific risk of Cytomegalovirus (CMV) and to ensure a safe work environment for all is provided by adhering to good hygiene practices;
- Notifying the parents / guardians of any outbreak of infectious disease at the service and display this information on all entrance doors and via email;
- Notify the Department of SA Health Communicable Diseases regarding any notifiable disease as outlined on the Report of Notifiable Diseases for the following conditions:
  - Diarrhoea (if several children in one group are ill);
  - Haemophilus influenza type B (Hib);

- Hepatitis A;
- Hepatitis B (recent illness only);
- Measles;
- Meningococcal infection;
- Parvovirus B19 (if 2 or more cases);
- Pertussis;
- Roseola (if two or more children in one group are ill);
- Scarlet fever; and
- Tuberculosis (TB).

Educators will:

- Establish good hygiene and infection control procedures and ensuring that they are adhered to by everyone at the service;
- *Notify the Director, or the office to notify the Assistant Director or the Nominated Supervisor immediately for all serious illnesses that become present at the centre;*
- *Notify the Director, or the office to notify the Assistant Director or the Nominated Supervisor of other illnesses and infectious diseases that they become aware of within 24 hours and it is recorded in the illness register;*
- Contact the child's parent / guardian if the child is showing symptoms of an infectious disease
- Monitor the child's wellbeing including temperature;
- Advise the parent / guardian of the exclusion guidelines as advised in Staying Healthy in Child Care;
- Advise all families of an infectious disease outbreak within the centre by displaying on doors;
- Advise parents / guardians of an outbreak of an infectious disease in person if their child has an immunity impairment;
- Advise the Director if they have contracted an infectious disease and not attend work for the recommended exclusion period and provide a medical certificate upon return to work if requested;
- Keep management up to date with current and subsequent immunisation information.

Parents will:

- Provide documentation of their child's immunisations at enrolment and as requested;
- Inform St Morris CCCC if their child has been diagnosed with an infectious disease;
- Exclude their child from attending St Morris CCCC for the advised exclusion period;
- Provide a medical clearance certificate before their child returns to St Morris CCCC if requested;
- Maintain their child's immunisation schedule if they wish to claim the Child Care Subsidy in line with the 'NO JAB NO PLAY' policy;
- Be advised of changes to Government requirements regarding immunisation status in Education and Care services;
- Parents are asked to keep children home for 48 hours after the last episode of diarrhoea and/or vomiting to assist the child to recover and to minimise the threat of spreading the illness.

Source: *Adelaide Women's & Children's Hospital*

*Staying Healthy in Child Care Australian Government National Health & Medical Research Council*

*Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations 2011*

*Wash Wipe Cover – SA Infection Control Service*

*Developed: 2018*

*Reviewed: 2020, 2022*

*Regulations 88, 168 (2)(c), Standard 2.1*

## HEALTH AND SAFETY: INDOOR AIR QUALITY AND INFECTIOUS DISEASE MITIGATION

The health and safety of our children, staff and families are of utmost importance to us at St Morris Community Childcare Centre. Considering ongoing health concerns related to airborne diseases such as Covid-19, RSV, Hand Foot and Mouth and Influenza, we are committed to adopting comprehensive measures to improve indoor air quality in our centre.

This policy outlines our plan focusing on enhanced ventilation, filtration, air quality monitoring and the use of other mechanical systems.

### Maximising Natural Ventilation

- Safety and weather conditions permitting, windows will be kept open at all times, to increase natural ventilation, thereby reducing the concentration of indoor airborne contaminants.
- The air conditioning system should be kept on at all times, with the windows open when the children are indoors to allow for maximum ventilation.

### Installation of High-Efficiency Filters

- We will use high-efficiency filters with a minimum efficiency reporting value (MERV) of 13, or as high as the HVAC system allows. Regular replacements will be scheduled according to the manufacturer's guidelines.

### Placement of Portable HEPA Filters

- Portable air cleaners with HEPA filters will be placed in rooms with high occupancy or inadequate ventilation. These devices will be positioned for optimal airflow.

### Indoor Air Quality Monitoring

- Air quality monitors will be used in each room to measure CO<sub>2</sub> levels, temperature, and relative humidity, providing real-time data on the effectiveness of our mitigation efforts.

### Training of Staff

- A staff member will be trained to read and interpret data from monitors, understand the target ranges for each parameter, and take appropriate action if readings fall outside of these ranges.
- Staff should also actively be encouraging outdoor play as much as possible – reducing the amount of time spent indoors.

### Routine Maintenance and Monitoring

- A regular maintenance schedule for all ventilation and filtration systems will be implemented. The trained staff member will regularly review data from the air quality monitors and act accordingly.

### Communication and Training

- We will provide regular training to all staff on the importance of air quality and the measures taken to improve it. We will also communicate these measures clearly and transparently to families.

#### ■ Regular Review and Updates

- This policy will be reviewed and updated at least annually considering new scientific evidence and any changes in public health guidance.

We are fully committed to these measures not just to mitigate risk, but to invest in the wellbeing and future of our children. This policy document will be made available on our website and distributed to parents and caregivers, demonstrating our ongoing commitment to health and safety at St Morris Community Childcare Centre.

Date of Implementation: June 2023

Policy Review Date: June 2024

#### References

1. <https://www.coronavirus.vic.gov.au/ventilation>
2. [https://www.coronavirus.vic.gov.au/sites/default/files/2022-03/Small%20Business%20Ventilation%20Guide\\_0.pdf](https://www.coronavirus.vic.gov.au/sites/default/files/2022-03/Small%20Business%20Ventilation%20Guide_0.pdf)
3. <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>
4. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>
5. <https://www.co2radical.com.au/improving-air-quality-in-schools>

#### Links to National Quality Standards

Quality Area 2: Children's Health and Safety

Quality Area 3: Physical Environment

Quality Area 6: Collaborative Partnerships with Families and Communities

### HEALTH AND SAFETY: GASTROENTERITIS

- In the event that an individual child has an instance of diarrhoea, Educators will ring and inform parents and let them know that if they have another instance of diarrhoea they will be required to collect their child.
- In cases where we already have cases of gastroenteritis at the centre children will be required to be collected on the first onset of symptoms.
- In all cases of vomiting children will be required to be collected.
- Children are to be excluded from the centre until they have not had a loose bowel motion or vomiting for at least 48 hours.
- Staff may return to work after 24 hours if they are symptom free but must not handle food until 48 hours has passed.
- Staff must practice appropriate hand hygiene and encourage children to do the same.

#### SUPPORTING INFORMATION

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Diarrhoea is classed as watery, runny bowel actions and an increase in the frequency and volume of faeces. Educators will determine what is normal and abnormal for an individual child.

The main complication of gastroenteritis is dehydration, but this can be prevented if the fluid lost is replaced.

Source: *Staying Healthy in Childcare 5th Edition*

Developed: 2013

Amended: July 2014 2016

## HEALTH AND SAFETY: MEDICATION & ADMINISTRATION OF FIRST AID

All medication, whether prescription or over the counter, must be accompanied by a medication plan which has been written and signed by your child's doctor or pharmacist – this includes teething gels and creams for nappy rash. (proforma plans are available from the office)

- ❑ It is highly recommended that medicine is delivered in a single dose container, with a pharmacy label or, at a minimum, in the original bottle, and handed to an Educator or placed in the fridge (in the space provided). The name of the child; the authorisation to administer medication signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; the name of the medication to be administered; the time and date the medication was last administered; the time and date, or the circumstances under which, the medication should be next administered; the dosage of the medication to be administered; the manner in which the medication is to be administered **MUST** be recorded on the medication sheet provided, as per Education and Care Services National Regulations. Please notify an Educator on arrival what the medication is for.
- ❑ Medication will only be given to the child whose name is recorded on the bottle and medication plan – therefore, siblings cannot share medication.
- ❑ Any special health / medication issues your child has i.e. asthma, must be put on an action plan, which will be kept on file and in the children's section. These will provide staff with information about your child's illness and will be used in instances that the parent is not contactable.
- ❑ Medication and ointments must not be kept in children's drawers – hand them to an educator or put them in the fridge if appropriate.
- ❑ Qualified Educators of the section are responsible for ensuring medication is given appropriately.
- ❑ The qualified Educator and another qualified Educator are required to sign medication off on the medication sheet.
- ❑ Any medication missed or given at a different time stipulated by the parent on the medication sheet, will require an incident report to be completed by the qualified Educator responsible.
- ❑ If your child has Panadol, or other anti-pyretic, during the night, this is an indication that they are not well enough to attend child care the next day so they are to be kept at home.
- ❑ If your doctor prescribes paracetamol for pain relief, but has cleared the child to attend child care, we will require a letter of clearance along with a short term medication plan.
- ❑ Topical creams such as nappy creams and over the counter excema creams may be applied by any educator working at the centre on the day, both qualified and unqualified.

At St Morris CCCC we are committed to providing and maintaining a safe and healthy environment for staff, children, families, volunteers and visitors.

St Morris CCCC will consider a range of contingencies if an injury occurs. These include:

- first aid kits are available;
- administration of first aid;
- contacting emergency services or medical professionals;
- contact and communication with families including injury notification forms;
- maintaining adequate supervision;
- managing the emotional wellbeing of all children and educators;
- serious incident and any other notification requirements;
- reviewing and evaluating procedures after an incident as part of the quality improvement process;

The Director and Assistant Director are responsible for:

- Providing a portable first aid kit that can be taken offsite for excursions and other activities;
- Ensuring there is an induction process for all new staff that includes providing information on the location of first aid kits and specific first aid requirements;
- Ensuring the regulatory authority is notified of any serious incident, injury or trauma (refer to *Incident, Injury, Trauma and Illness Policy*).

With regard to the provision of first aid, the Director/Assistant Director will:

- Ensure an appropriate number of first aid kits will be kept;
- Provide and maintain appropriate first aid equipment (each term) as applicable to the worksite and outsourced to an expert in the field;
- Provide access to ACECQA approved First Aid training courses for staff members. The course includes all three required elements: first aid; anaphylaxis management training; and emergency asthma management training;

At all times and at any place that children are being educated and cared for by the service, the following person(s) must be in attendance and immediately available in an emergency:

- At least one staff member or one nominated supervisor of the service, who holds a current approved first aid qualification, has undertaken current approved anaphylaxis management training, and emergency asthma management training;
- The same person may hold one or more of these qualifications;
- Ensure that qualified first aid staff are available to assist injured or ill persons at the Centre and that at least one person trained in ACECQA recognised First Aid is at the Centre at all times;
- Ensure all accidents that occur at the Centre are recorded. Educators are responsible for:
  1. Ensuring that parents are notified immediately and within no more than 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the *Child Accident Report or Incident record*;
  2. *Notify the Director, or the office to notify the Assistant Director or the Nominated Supervisor immediately for all serious incidents. For minor incidents the Director needs to be made aware within 24 hours and the signed accident report to be handed into the office;*
  3. Any child who has a bump to the head will have their parents notified by phone that day. This will be recorded in the Record;
  4. Ensuring parents sign the *Child Accident Report or Incident record*.
- Maintain a record of staff who have current First Aid qualifications, noting the expiration dates. This record is to be kept with staff files.

LOCATION OF FIRST AID KITS:

- Babies/Toddlers change area
- Kindy room
- Kitchen

Parents/guardians are responsible for:

- Providing the required information for the service's medication record providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance if required.
- Being contactable either directly or through emergency contacts listed on the child's enrolment record in the event of an incident requiring the administration of first aid.

Volunteers and students are responsible for following this policy and its procedures while at the service. A breach of this First Aid Policy and Procedure may result in disciplinary action being taken.

SOURCE: ACECQA National Quality Framework <http://www.acecqa.gov.au/national-quality-framework/national-law-and-regulations>

ACECQA approved list of qualifications at: [www.acecqa.gov.au/Qualifications.aspx](http://www.acecqa.gov.au/Qualifications.aspx).

*Staying Healthy in Child Care (Current edition)*

*St John First Aid Re-Stocking a Kit.* <http://www.stjohnact.com.au/index.php/first-aid-kits/restocking-a-kit>

*Developed: 2018*

*Amended: 2022*

*Regulation 168 (2)(a), Standard 2.1*

## HEALTH AND SAFETY: CHILD IMMUNISATION

■ On the enrolment form, a child’s immunisation status will be recorded. Up-to-date Immunisation history statements from the Australian Immunisation Register must be provided upon enrolment. AIR Statements can be accessed in the following ways:

- Online through [MyGov](#) - once an account has been created
- [Medicare Express Plus App](#) once a MyGov account has been created
- Over the counter - at a [Medicare Service Centre](#)
- Phone - call AIR on 1800 653 809

It is a government requirement that these statements are printed after each immunisation your child has within three months of them being immunised.

Families can either email a copy of the statement or leave a printed copy in the office.

Families will receive email reminders directly from the software provider if immunisation records are not up to date.

■ Conscientious objection is no longer an exemption category. Following changes to the South Australian Public Health Act 2011 (the Act), from 7 August 2020, children will not be able to enroll in or attend early childhood services unless all immunisation requirements are met (unless they have a medical exemption).

■ In the event of any outbreaks of a disease in the Centre, children who are not immunised for any reason may, on the advice of the Public Health Unit, be excluded immediately from the Centre, and full fees charged for the period of exclusion, unless determined otherwise by the Management Committee.

## SUPPORTING INFORMATION

Immunisation is a reliable way to prevent some infections. Immunisation protects the person who has been immunised, children who are too young to be vaccinated, and other people who have been vaccinated but did not respond to the vaccine. The principal of immunisation is simple: it gives the body a memory of infection without the risk of natural infection.

The Centre recommends that all children attending the Centre be immunised according to the current schedule and guidelines recommended by the Australian Government – Department for Health. An enrolling parent who provides the Centre with a certificate from a medical practitioner stating that their child cannot be immunised for medical reasons (“medical exemption”) will not be required to adhere to the current immunisation guidelines. The aim is to provide a safe healthy environment, by ensuring as far as possible that all children enrolled at the Centre are immunised at the appropriate age.

Immunisation is the safest and most effective way of giving protection against the disease. After immunisation, your child is far less likely to catch the disease if there are cases in the community. The benefit of protection against the disease far outweighs the very small risks of immunisation.

If enough people in the community are immunised, the infection can no longer be spread from person to person and the disease dies out altogether. This is how smallpox was eliminated from the world and polio has disappeared from many countries.

Source: Australian Government – Department of Health and Aging – Immunise Australia Program  
Staying Healthy in Child Care 5th Edition  
<https://www.dss.gov.au>

Amended: 2013 July 2014, 2016, 2020

## HEALTH AND SAFETY: ACCIDENTS, INCIDENTS, INJURY, TRAUMA AND ILLNESS

Every effort is made to prevent accidents, however, if a child does have an accident, Educators will follow procedures in the Centre's emergency procedure stated below in regards to incident, injury, trauma and illness.

Every effort will be made to notify the parent or guardian if medical attention is required (it is of utmost importance that we have ACCURATE daytime contact telephone numbers).

The Centre has developed specific guidelines for emergency and serious accidents.

In a case of medical emergency or perceived medical emergency the centre will call an ambulance for emergency transport of the child, and the parents will be responsible for the costs of any ambulance fees.

The Centre has ambulance cover for emergency ambulance travel for children attending the Centre – This insurance will only cover accidents and injuries whilst at the centre. It will not cover medical emergencies such as, but not limited to, asthma and anaphylaxis etc. Therefore the centre recommends that families take out their own ambulance insurance. Should an ambulance be required, every effort will be made to contact the parents or guardian. The destination of the hospital may not be the Centre's local hospital.

ADD RECENT POLICY ON ACCIDENT AND INCIDENTS HERE

### **Incident, injury, trauma and illness regulation 168:**

St Morris CCC is committed to providing and maintaining a safe and healthy environment for children, families, staff, volunteers and visitors. This is achieved through an effective preventative approach and includes the reporting of any incident, injury, trauma or illness that occurs which is either caused, or has the potential to cause, personal injury or damage to property.

The National Regulations require an accurate Incident, Injury, Trauma and Illness Record to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the national legislation, each service must ensure that an entry is recorded in the Incident, Injury, Trauma and Illness Record for the following occurrences:

- An incident in relation to a child, an injury received by a child or trauma to which a child has been subjected;
- An illness that becomes apparent.

### Procedure for Minor Child Accident

Minor incident: An incident that results in an injury that is small and does not require medical attention.

- Comfort child and administer appropriate first aid;
- Staff member in attendance to record the following details on a *Child Accident Report or Incident record* and illness register, including if relevant: Child's name and date of birth;
- Date of incident;
- Time injury occurred;
- Details of how injury occurred;
- Location of injury on the child;
- Action taken;
- Staff member's name;
- Other educators present;
- A record of Parent/guardian being notified of the incident, and a parent signature to note this;
- Director to be made aware of minor incident within 24 hours and accident report to be put in the office.

When the child is collected, the parent / carer will be asked to sign the *Child Accident Report or Incident record* then it will be filed.

Any head, or more serious injury will be treated with appropriate first aid and an educator will inform a parent / guardian by phone as soon as practicable.

When a child develops symptoms of illness while at the service, educators will:

- Contact the parents or guardians or authorised emergency contact for the child to outline the signs and symptoms observed;
- Request that the child is collected from the service if the child is not well enough to participate in the program;
- Ensure that they keep the child comfortable and under close observation for any change in condition. If necessary separate the child from the group and have a staff member remain with the child until the child recovers, a parent or guardian arrives or another responsible person takes charge;
- *Notify the Director, or the office to notify the Assistant Director or the Nominated Supervisor immediately for all serious illnesses that become present at the centre;*
- *Notify the Director, or the office to notify the Assistant Director or the Nominated Supervisor of other illnesses that they become aware of within 24 hours and it is recorded in the illness register;*

Procedure for Serious Accident / Trauma

Serious incident: Definition: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12).

A serious incident should be documented in an Incident, Injury, Trauma and Illness Record (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2) (a)). Records are required to be retained for the periods specified in Regulation 183.

Procedure:

- *Notify the Director or the office to notify the Assistant Director or the Nominated Supervisor immediately for all serious incidents;*
- Call an ambulance, where necessary;
- Administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving;
- Implement the child's current medical management plan, where appropriate;

- Notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called;
- Notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable;
- Ensure ongoing supervision of all children in attendance at the service;
- Accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service;
- Ensure the *Child Accident Report or Incident record is completed and signed by the parent and filed with the ACECQA report in the child's file;*
- Notify the Regulatory Authority regarding a serious incident.

#### Procedure for Staff Injury / Accident

- Administer appropriate first aid;
- Ring for ambulance if required – Provide accurate directions;
- Accompany staff member to hospital if required;
- Ring emergency contact person as detailed on staff personal details form;
- Arrange relief staff if needed;
- Ensure that accurate written records are kept;
- Notify the Regulatory Authority regarding a serious incident.

#### Injured Staff are required to:

- Complete and forward appropriate medical forms to the Director;
- Complete Notice of Work Related Injury Section of Worker Report Form if not claiming compensation;
- Complete Worker Report Form if compensation is being claimed;
- Complete an application for Leave of Absence, if injury prevents them from attending work;
- Volunteers / Visitors are required to:
- Complete a *Child Accident Report or Incident record* and forward to Director;
- Complete an Exempt Employer Report form if claiming due to injury.

#### Procedure in the Event of a Death at St Morris CCCC

In the event of a child or adult death occurring on the premises, the Director or Nominated Supervisor of St Morris will ensure that the following procedures are carried out:

- Telephone 000 and ask for Police and an ambulance immediately and give the Centre name and address and full details of the incident;
- When the Police arrive, the Director or Nominated Supervisor will provide details of the parent/guardian /next of kin;
- Notify the Director and Approved Provider, if not in attendance;
- The Director or Nominated Supervisor accompanies the police to inform the parent/ guardian/next of kin;
- Delegate a staff member to supervise and support the staff in order that St Morris CCCC may continue to function satisfactorily or make a decision to close the Centre and to notify all parents /carers immediately;
- Notify the Chairperson of the Management Committee;
- Ensure that accurate written records of the event and all procedures taken are made;
- Notify the Regulatory Authority regarding a serious incident;
- Support staff through counselling.

Source: ACECQA: *Education and Care Services National Law Act 2010*

*Education and Care Services National Regulations 2011*

Amended: November 2018

Regulations 85, 168 (2)(b), Standard 2.1

## HEALTH AND SAFETY: ACCIDENTS AND INCIDENTS REPORTING

St Morris CCCC is committed to providing and maintaining a safe and healthy environment for children, families, staff, volunteers, and visitors. This is partially achieved through effective on job sighting of incidents and correct reporting strategies of incidents and accidents that occur.

Incidents and accidents can happen in several forms; Minor, Major and Catastrophic. Each of which are required to have the appropriate documentation completed and in place.

Accidents and incidents should all be recorded on either accident or incident reports.

### PROCEDURE FOR REPORTING

Appropriate staff member to correctly fill out either incident or accident report ensuring all adequate and appropriate information is on the document

- Comfort child/parent/staff and administer appropriate first aid;
- Staff member in attendance to record the following details on the Accident or Incident report. Ensuring ALL details are completed and filled in correctly.  
This includes;
  - Child's FULL name and Date of birth
  - Date of incident
  - Time injury occurred
  - Location of injury
  - Action taken
  - Staff member filling out the report: FULL name
  - ALL other staff present: FULL names
  - Evidence of parent/guardian being notified of the incident and a parent signature to finalize the document

In addition the director must be informed of the accident or incident straight away and to have signed the report before the parents arrive. In an event that the Director is not present then either the Assistant Director or Nominated Supervisor in charge needs to at least sight the report.

Reports should be filled out within/no more than **24 hours** from incident/accident or injury occurring.

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*Head injuries* no matter how big or small are treated extremely serious and the procedure for these is slightly different. Parents must be notified straight away via a phone call by any appropriate staff member. The Director or in case in the absence of the Director, the Assistant Director or Nominated Supervisor must also be notified directly and promptly. Following this the appropriate documentation process (as stated above) is to be filled out at the closest possible time following the incident/injury.

## REDUCING RISKS

Staff are required to fill in the correct reporting system/s that are in place at the time to minimize risks prior to accidents and incidents occurring i.e. Mitigation reports which will then be formally reported and discussed at staff and management meetings. Failure to adhere and proceed to this documentation process, will lead to formal discussions via educators and management.

## SUPPORTING INFORMATION

National quality standards: Quality Area 2

### 2.2 SAFETY – EACH CHILD IS PROTECTED

#### Elements 2.2.1- SUPERVISION

- At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

#### Elements 2.2.2 INCIDENT + EMERGENCY MANAGEMENT

- Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

*Amended: February 2023*

## HEALTH AND SAFETY: CHILD-SAFE ENVIRONMENTS REPORTING CHILD ABUSE AND NEGLECT

- ☐ As mandated notifiers, staff are obliged to notify the Department for Education and Child Development, Families SA, through the Child Abuse Report Line; 131478 when they have suspicion, on reasonable grounds, that a child has been, or is being, abused and/ or neglected.
- ☐ All staff will undergo training in Responding to Risks of Harm, Abuse and Neglect – Education and Care or Keeping Safe. There will be refresher training every 3 years. Ongoing professional development will be provided in addition to formal training. Examples include: memos, staff meeting discussions and readings.
- ☐ Information will be provided to all volunteers about their responsibility to report suspected abuse and neglect.
- ☐ In the event that a child has specific protection needs the staff will, while meeting their duties as mandated notifiers, work in partnership with families to develop strategies that meet the needs of the child. They will work in conjunction with other agencies when necessary to ensure that the child's needs are met.
- ☐ All staff will work within the St Morris Community Child Care Centre Code of Conduct developed July 2010.
- ☐ Primary care educators working with children aged over 3 will attend "keeping safe – child protection curriculum" training and implement components of this training into the curriculum.
- ☐ All staff, students and volunteers at the centre must provide a current Working With Children Check and a statutory declaration stating they are a fit and proper person who has no criminal conviction arising from abuse or neglect.
- ☐ Contractors, need clearance – (check tenancy).
- ☐ Students and volunteers will not be left unattended with children.
- ☐ Educators will role model appropriate protective behaviours and practices.
- ☐ The centre will maintain a risk management plan which will be updated annually which contains information on children's general safety.

## SUPPORTING INFORMATION

All children have a right to be safe and cared for. Keeping them safe is everyone's responsibility.

Child care professionals and families share a common goal to provide positive outcomes for children. Partnerships between stakeholders are characterised by communication and consultation between children, families, staff/educators and management. Each partnership is unique and is dependent upon the specific needs, interests and communication styles of the participants.

The relationship between the child's family and the service is crucial to a child's wellbeing, health, development and progress. Children benefit most when this is a trusting and mutually supportive partnership.

*Source: Department for Families and Communities & NCAC  
<http://www.families.sa.gov.au/pages/protectingchildren/CreatingCSE/>  
<http://www.acecqa.gov.au/>  
Child – Safe environments: reporting child abuse and neglect guidelines.  
Tenancy agreement*

*Developed: 2004*

*Reviewed: 2023*

### Links to National Quality Standards

## 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.

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.

## NATIONAL REGULATIONS

168 (h) Providing a child safe environment

### HEALTH AND SAFETY: SUPERVISION

Children require a safe and secure environment to enable them to thrive in their life and learning. At St Morris Community Childcare Centre, effective supervision is vital to creating environments that are safe and responsive to the needs of all children within the centre. To maintain adequate supervision, we will ensure we:

- ☐ Respond to children's cues for support and safety;
- ☐ Offer a safe and secure environment which offers appropriate learning opportunities that are appropriate to children's developmental needs;
- ☐ Provide small group sizes and appropriate staffing, adhering to ratios and qualification requirements at all times, to ensure appropriate supervision and that children's individual needs can be met;
- ☐ Position educators in close proximity of children to maintain adequate supervision. (NQS 2.3.1 for sight and or sound comment).
- ☐ Regularly scan the environment, avoid standing with backs to children and be in positions that enable maximum vision of children.

- ☐ Actively engage with children, ensuring that interactions are meaningful and respectful.
- ☐ Ensure ratios are maintained at all times:
  - ☐ 0-2 years – 1:4
  - ☐ 2-3 years – 1:5
  - ☐ 3 and above – 1:11
- ☐ Communicate efficiently among teams to make sure all educators know where their co-workers are at all times.
- ☐ Inform new and relief educators about supervision arrangements, outlining their supervision responsibilities.
- ☐ Regularly evaluate the efficiency of the supervision plan.
- ☐ Ensure educators under the age of 18 years old, students and visitors are never left alone with children.
- ☐ Do not leave children alone while eating or at nappy change and toileting times.
- ☐ Listen closely to children whilst supervising areas that may not be in a direct line of sight.
- ☐ Undertake risk assessments for new experiences, incursions and excursions.
- ☐ Fill in the correct reporting system/s that are in place at the time to minimize risks prior to accidents and incidents occurring i.e. Mitigation reports which will then be formally reported and discussed at staff and management meetings.
- ☐ In the event that a child needs to be bathed, educators will call the office or nominated supervisor to ask for someone to come and help within the room to maintain ratios and for supervision so the child can be bathed. Bathing will only occur when:
  - ☐ -A child has soiled themselves and the nappy changing procedure is insufficient;
  - ☐ -The child has vomited and needs to be cleaned up;
  - ☐ -The child has been involved in a messy activity e.g. mud play.
- ☐ Baths will contain minimal amount of water and be emptied as soon as the child has been removed.

## SUPPORTING INFORMATION

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Source: <http://www.acecqa.gov.au/>

Developed: 2004

Reviewed: 2023

### Links to National Quality Standards

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

2.2.1: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

2.3 Each child is protected.

2.3.1 Children are adequately supervised at all times.

2.3.2 Every reasonable precaution is taken to protect Children from harm and any hazard likely to cause injury.

### Quality Area 3: Physical Environment

3.1.3 Facilities are designed or adapted to ensure access and participation by every child in the service and to allow flexible use, and interaction between indoor and outdoor space.

### Quality Area 4: Staffing Arrangements

4.1 Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing.

4.1.1 Educator-to-child ratios and qualification requirements are maintained at all times.

#### NATIONAL REGULATIONS

115: Premises designed to facilitate supervision.

168(2)(h): Policies and procedures are required in relation to providing a child-safe environment.

### **HEALTH AND SAFETY: SAFE SLEEPING & REST POLICY**

**AIM:** To ensure that all children in our care sleep and/or rest in a safe sleep environment. The purpose of this policy is to ensure each child is provided with opportunities to meet each individual health and wellbeing needs.

Educators will ensure that:

- During the orientation/first visit educators will have verbal and non verbal conversations with families to gather appropriate information about the child's needs and preferences
- All sleeping and resting children will remain in sight and hearing at all times
- For children that don't sleep educators will provide an environment for them to rest and or choose opportunities to play whilst being supervised
- Loose clothing/hoodies, jewellery, clips and any item/s that can become detached and become a choking hazard will be removed
- The physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated (including the use where/when appropriate of air purifiers) , well-lit and comfortable sleeping spaces with appropriate lighting and temperature.
- Viewing windows (Cot room 1 & 2) are kept clear to allow all children to be adequately visible by supervising educators

Babies (0-2 years):

- Babies and infants under 12 months are put to sleep on their backs. At no time will a baby be placed on their stomach to sleep unless we have sighted written medical instructions from a professional.
- Infants under 12 months may need to be repositioned onto their backs during their sleep period dependent on their developmental stage.
- Sleeping babies in cot rooms 1 & 2 will be monitored and documented every 10 minutes
- Sleep checks involve educators physically entering the sleep rooms and ensuring the checklist (in draft) is ticked and signed off
- Babies are positioned so their feet are at the bottom of the cot
- Blankets will be tightly fitted to mattress, placed waist down on child and arms out free
- Children will wear clothes and/or sleeping bags (provided by families) that are appropriate for sleeping conditions, room temperatures etc
- Bibs, dummy chains or clothing with hoods are removed prior to sleep time

- No quilts, duvets, pillows and cot bumpers that pose suffocation risk will be used
- Children will not be placed in a cot whilst drinking a bottle
- Children that are on mattresses and require a bottle, a staff member will be present and sat with them at all times
- Make sure comforters excluding dummies are removed from cots once babies under 7 months are asleep, babies 7 months and over can keep their comforters for the duration of their sleep cycle
- A firm, clean, well-fitting mattress is used in the cot following Australian Standards (AZ/NZS 8811.1:2013) and cots are following Australian Standards (AS/NZS 2172)
- Educators will assess a baby/toddler's readiness to move from a cot to a mattress bed and respond accordingly in consultation with families

Other measures to support safe sleeping will include:

- A sleep and risk assessment will be conducted every 12 months and/or as soon as possible after becoming aware of any circumstances that may affect children's health, wellbeing and safety by WHS representative
- The sleeping environment/rooms are monitored and assessed during the bi-monthly audit to ensure there poses no risk or harm to children
- Educators will ensure that any mattresses, cots and beds used are well maintained and kept in good condition. Any hazards will be reported and rectified.
- Regular in-service training presented by Red Nose is undertaken by baby rooms staff and offered to relief educators about safe sleep practices and SIDS.
- All staff are trained in First Aid and CPR
- St Morris Community Childcare is a smoke, drug and alcohol free environment. Staff that smoke are asked to do so off premises and when returning back to the centre to follow hygiene practices and cover their clothing or wear additional clothing before entering the centre.
- St Morris Community Childcare provides respectful and supportive spaces for families to breastfeed their child/ren
- All new educators will read this policy before commencing and all staff are to (*in draft*) acknowledge that they have read and understood the policy, procedures and risk assessment
- This policy will be reviewed annually (or earlier if there are specific updates/changes)

#### Links to National Quality Standards

Quality Area 2: Children's Health & Safety

Quality Area 3: Physical Environment

Quality Area 6: Collaborative Partnerships with Families and Communities

Source: Red Nose Australia 2023 <https://rednose.org.au/>  
ACECQA National Quality Framework <https://www.acecqa.gov.au/nqf/national-quality-standard>

Developed: 2004

Amended: February 2014

July 2014

December 2023

## HEALTH AND SAFETY: STAFF PREGNANCY AND INFECTIOUS DISEASES

Upon knowledge of becoming pregnant the employee must see their doctor to discuss any issues or concerns relating to working in child care while pregnant. This should include, but not be limited to: CMV, hand, foot and mouth disease, Rubella, Toxoplasmosis, PavovirusB19 and Varicella. The Management Committee will then be guided by the doctor's written recommendations for the Educator's work conditions while pregnant.

Educators and other staff who are pregnant need to be aware of how some infections can affect their unborn children. If a staff member is pregnant it is even more important to ensure they are following good infection control practices.

Source: *Guild insurance & Staying Healthy in Child Care 5th edition*

Reviewed: *July 2014, 2016*

## HEALTH AND SAFETY: EMERGENCY EVACUATION AND INVACUATION PROCEDURE

The Education and Care Services National Regulations 2011 define an emergency in relation to an education and care service as any situation or event that poses an imminent or severe risk to the persons at the service premises such as flood, fire or a situation that requires the service premises to be locked down.

Comprehensive emergency management includes prevention, preparedness, response and recovery.

Services are required to have policies and procedures in place detailing what needs to be done in an emergency, including an emergency and evacuation floor plan.

A detailed floor plan of the Service and instructions for Evacuations and Invacuations will be placed by each exit. The Emergency evacuation safe place will not be highlighted on the floor plan. All persons will be notified of the safe place.

Rehearsals: Every 3 months both emergency evacuations and invacuations will be practiced, the procedure will be documented and improvements that need to be made will be recorded and acted upon by the Director/Assistant Director.

### INVACUATION EMERGENCY PROCEDURE:

The Nominated Supervisor will initiate lock-down procedure clearly stating "We are in lockdown" to direct people immediately inside, calling the Kindy room, or sending a messenger to each of the rooms.

Nominated Supervisor or administration to call 000 or use Duress alarm under edge of Admin desk (2 fingers and hold)

Staff will calmly support children, parents and visitors to enter the closest entry point.

Staff will check the outdoor area to ensure all children and adults have moved inside.

All staff and children to move calmly and quickly to designated assembly point. All available staff to support non-mobile children.

- a. Babies – Cot room 2 (room closest to sink)
- b. Toddlers – Sleep area
- c. Junior Kindy – Move into Toddlers sleep area
- d. Kindy – Programming room
- e. Clerical and Cook to assist Babies room

Ensure all staff and children are kept away from windows and doors.

Once all staff and children are in the designated safe areas one person (if safe to do so) in each section to ensure:

- All exterior windows and doors are closed;
- Close blinds and curtains;
- Gather attendance sheets, emergency bags, medications;
- If there's a possibility of exposure to Hazardous Materials (HAZMAT), ensure all air conditioners are turned off – if necessary, cover mouth and nose with available materials;
- Collect their mobile phones to be in contact with one another within the centre;

Once at the assembly area, check children against the attendance sheet and report to Nominated Supervisor.

Permanent staff will be responsible for checking that all staff, students etc. are accounted for e.g. who is at lunch, programming etc. are at an assembly point.

Remain in lockdown until the Nominated Supervisor has received the all clear from Emergency Services.

#### EMERGENCY EVACUATION PROCEDURE:

- If the fire is in the kitchen, the whistle (3 short, loud blows) is the signal for fire. Close the kitchen door;
  - Verbal signal and whistle (3 short, loud blows) for any other place in the Centre;
  - Ring 000 – 1) Director, 2) Assistant Director, 3) Level 5's, cook, clerical;
  - All rooms exit to the closest exit;
  - Make way out to assembly point on St Morris Oval;
  - The qualified staff will immediately start to delegate action. If the qualified staff are not available e.g. at lunch, immediately commence these procedures:
1. Do not panic;
  2. Staff to take the Attendance Sheets and emergency bags – Over 2's excursion bag and Babies emergency bag. Cook to take the portable phone out. Director or Admin Officer to take emergency folder and contents of asthma and anaphylaxis medication cupboard;
  3. Calmly and quickly remove all children from your section/room;
  4. Carry non-walking babies or if necessary put non-walking babies into cots with wheels and wheel out to edge of the lawn. Non-walking children will need to be carried to the assembly area;
  5. Once at the assembly area, seat all children in their section and check children against the Attendance Sheets. The staff member in the Kindy Room must check the children off against the Kindy sheet from the Kindy Room. Over 2's staff may need to help Babies room evacuate, when their own children have been accounted for;
  6. Qualified staff are responsible for checking that all staff, students etc. are accounted for e.g. anyone at lunch, programming etc.;
  7. Chief Warden will make way to front of the building to direct emergency services staff once all children are accounted for;

#### EXITS FROM OTHER AREAS

8. All staff return to their own section/rooms to assist with evacuation;

Clerical and cook to go to Babies room to assist with evacuation;

9. Phone to be used to alert staff and children in the Kindy Room. If not possible, Director or Junior Kindy to notify in person;

*Education and Care Services National Regulations 2011*

*Education Standards Board Fact Sheet: Bushfire Safety:*

*SAPOL*

*SA Emergency Services*

*Education Standards Board*

*Emergency Response Procedure - First 5 Minutes PTY LTD*

*Regulations 100-102, 168 (2)(e), Standard 2.2*

*Developed: 2018*

*Amended: 2023*

## HEALTH AND SAFETY: USE OF TOXIC PRODUCTS

*St Morris Community Child Care Centre* will strive to ensure the health and safety of all persons in the workplace, the community and the environment, by controlling the purchase, storage and usage of hazardous substances.

As such, it is the policy of *St Morris Community Child Care Centre* to achieve a working environment in which exposure to, and use of, hazardous substances is eliminated where possible, or minimised so as to be safe. *St Morris Community Child Care Centre* recognises its responsibility to minimise the occurrence of injuries or ill health resulting from the use and storage of hazardous substances in the workplace.

For the purposes of this Hazardous Substances Policy, the following definitions will apply:

- “Hazardous substances” refers to substances that may cause ill health from skin contact, breathing vapour or dust, or swallowing a substance that has been deemed hazardous or which meets specific criteria as defined by the Code of Practice for Managing the Risks of Hazardous Chemicals in the Workplace.
- “Safety Data Sheets (SDS)” refers to information sheets that provide technical information in relation to substances. These sheets are obtained directly from the manufacturer or through the relevant supplier of the substance.

To minimise the use of disinfectants and other chemicals the centre will use detergent and warm water to clean items including tables, chairs, change mats as recommended in *Staying Healthy in Child Care 5<sup>th</sup> Edition*. Toys, where possible, will be cleaned in the washing machine and tumble dryer or commercial dishwasher. In the kitchen food safe disinfectant will be used on benches and on other surfaces and equipment. There will be times when disinfectants and other chemicals are used and during these times protective equipment (gloves and aprons) will be available for staff.

The Centre keeps 3 chemical registers. 1 in the chemical room, 1 in the Toddler/Babies change area and 1 in the Kindy room. Toxic products will be kept in designated storage areas, which will be recorded in the chemical register, out of reach of children and where possible out of sight of children. While in use, toxic products will not be unattended. Children’s medication will be stored in the fridge or in the medication cabinet.

Toxic products will never be stored in drinking bottles. We will ensure all products are clearly labeled and stored in original containers where possible.

In case of an emergency we will contact the Poisons Information Centre. Staff will ensure they have the child and container available during the phone call.

Designated areas for toxic products:

The chemical room is the main storage area for all chemicals, however smaller bottles of ready to use chemicals will also be kept in:

|            |                                       |
|------------|---------------------------------------|
| Possums:   | Above sink in main room               |
|            | In change room above lockers          |
| Quokkas:   | On shelf above toilet                 |
|            | In change room above lockers          |
| Wallabies: | On the ledge above the toilet         |
|            | In cupboard above sink in kitchenette |
| Kangaroos: | In cupboard in the room               |
|            | Above sink in the room                |
| Laundry:   | Under sink                            |
|            | Corner of bench                       |
| Kitchen:   | In child safe cupboard under sink     |
|            | Cupboard above sink                   |

## PROCEDURE

To achieve a safe working environment in which exposure to, and use of, hazardous substances is eliminated where possible, or minimised so as to be safe, the following procedures should be adhered to:

- A SDS must be obtained before or on the first supply of a hazardous substance.
- Hazardous substances are only to be purchased from suppliers approved by *St Morris Community Child Care Centre*.
- Any container (including containers into which substances have been decanted) which holds a hazardous substance must be labelled in such a way that the substance contained within is clearly identified and that basic health and safety information about the substance is included.
- A Chemical Register must be maintained at all *St Morris Community Child Care Centre* workplace premises. The Chemical Register must be made readily accessible to any persons who could be exposed to any hazardous substance and emergency services. The Chemical Register will contain:
  - A list of all hazardous substances used at the workplace;
  - A SDS for each hazardous substance.
- Prior to purchasing or using any hazardous substance, a risk assessment must be undertaken.
- A risk assessment must consider all sources of information and in particular:
  - Information from a SDS;
  - The type and quantities of hazardous substance to be used;
  - Risks to health;
  - Consultation with workers and/or their representatives; and
  - Expert advice.

- If the risk assessment indicates a significant risk to health from using the hazardous substance, the following is required:
- The substance must be eliminated or, if this is not possible, substituted for a substance with a lower level of risk; and
- Where it is not possible to eliminate or substitute the substance, a standard operating procedure must be developed that will ensure that the level of risk posed by the substance is reduced to an acceptable level.
- Standard operating procedures written for hazardous substances must:
- Contain measures to ensure that exposure to any hazardous substances is prevented. Where that is not reasonably practicable, the hazardous substances are adequately controlled so as to minimise the risks to health caused by the substances by introducing measures to control purchasing, storage, usage, emergency response and disposal. These control measures must ensure that no person is exposed to an airborne concentration of hazardous substances in his or her breathing zone at a level above the appropriate exposure standard for the relevant period of time; and
- Contain measures to control the risks associated with the hazardous substances by measures other than personal protective equipment, wherever reasonably practicable.
- Contain the procedures for managing a hazardous substances emergency, including access to the required emergency facilities and equipment.
- All workers, contractors and volunteers will have access to guidelines relating to the relevant hazardous substances before commencing any work involving the use of such substances.

St Morris Community Child Care Centre will be responsible for:

- Ensuring this Hazardous Substances Policy and Procedure is implemented throughout the workplace and that all relevant managers/supervisors, workers, contractors and volunteers are trained in the use of this Procedure.

Director / Assistant Director will be responsible for:

- Ensuring full compliance with this Hazardous Substances Policy and Procedure.

Workers, contractors and volunteers will be responsible for:

- Adhering to this Hazardous Substances Policy and Procedure at all times.

Source: *Kidsafe – Child Accident Prevention Foundation of Australia*

*Staying Healthy in Child Care 5th edition*

*ACECQA – [acecqa.gov.au](http://acecqa.gov.au)*

*National Quality Standards – Element 7.3.5*

Developed 2004,

Amended March 2012 July 2014, 2016

## HEALTH AND SAFETY: BATHING PROCEDURE

In the event that a child needs to be bathed, educators will call the office to ask for someone to come and help within the room to maintain ratios and for supervision so the child can be bathed.

The additional person will help to get the bath ready, a towel, steps for the child to climb into the bath, spare clothing for the child and assist the educator bathing the child if needed.

Bathing will only occur when:

- a child has soiled themselves and the nappy changing procedure is insufficient
- the child has been sick/vomited and needs to be cleaned up
- the child has been involved in an activity e.g. mud play

Baths will contain minimal amount of water and be emptied as soon as the child has been removed

## MANUAL HANDLING

### POLICY

*St Morris Community Child Care Centre* recognises the potential risks to health and safety posed by manual handling and will strive to ensure appropriate measures are in place to minimise the risks associated with manual handling.

It is the intent of *St Morris Community Child Care Centre* to establish an effective manual handling program aimed at preventing the occurrence of injuries which result from workplace manual handling tasks.

For the purpose of this Manual Handling Policy, “manual handling” is any activity requiring the use of force exerted by a person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person, animal or thing.

A breach of this Manual Handling Policy and Procedure may result in disciplinary action being taken.

### PROCEDURE

With respect to manual handling requirements within *St Morris Community Child Care Centre*, the following must be ensured:

- ❑ Plant and equipment used in the workplace is designed, constructed and maintained, as far as reasonably practicable, so they are safe and without risk to health and safety when handled manually;
- ❑ Work practices involving manual handling are designed, implemented and maintained, as far as reasonably practicable, so they are safe and without risk to health and safety; and
- ❑ The work environment is designed, constructed and maintained as far as reasonably practicable, to be consistent with safe manual handling practices.

*St Morris Community Child Care Centre* will be responsible for:

- ❑ Ensuring this Manual Handling Policy and Procedure is implemented throughout the workplace and that all relevant managers/supervisors, workers, contractors and volunteers are trained in the use of this Procedure.

Director / Assistant Director will be responsible for:

- ❑ Ensuring full compliance with this Manual Handling Policy and Procedure.

Workers, contractors and volunteers will be responsible for:

- ❑ Applying any training they have received in relation to manual handling and comply with any instruction given in supervision of any manual handling task; and
- ❑ Adhering to this Manual Handling Policy and Procedure at all times.

### RISK ASSESSMENT

- A risk assessment is to be completed for each manual handling task that is likely to be a risk to health and safety, using the risk assessment checklist from the Code of Practice for Hazardous Manual Tasks on an annual basis.
- Risk assessments for specific manual handling tasks are required when there is a change in a manual handling task, a new manual handling task, an incident relating to a manual handling task or a report from workers that there may be a level of risk associated with a particular manual handling task that has not been reduced to an acceptable level through the use of appropriate controls.

## RISK CONTROL

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Where a risk assessment indicates that the use of controls to reduce the level of risk to an acceptable level is required, controls must be implemented in accordance with the manual handling hierarchy.

## SUN PROTECTION POLICY

The St Morris Community Child Care Centre Inc. has adopted a “Sun Protection Policy” from the National SunSmart Early Childhood program guidance. The purpose of this policy is to ensure that all children attending our Centre are protected from skin damage caused by harmful ultra violet rays of the sun as well as obtaining adequate amounts of vitamin D from the sun. This policy applies to all centre activities and events, on and off site.

We use a combination of sun protection measures for all outdoor activities from 1 August until 30 April and whenever UV radiation levels reach 3 and above at other times. It is also important to monitor the UV levels in the months of May, June and July and use sun protection on the days when the UV is 3 and above.

Staff members are encouraged to access the daily sun protection times on the SunSmart app, or at [bom.gov.au/uv/index.shtml](http://bom.gov.au/uv/index.shtml) to assist with implementing this policy.

- Extra care is taken during the peak UV radiation times and outdoor activities are scheduled outside of these times where possible, alternatively, the use of shaded areas and indoors are utilized when needed
- A combination of sun protection measures are considered when planning outdoor activities such as excursions and water based activities.
- Broad brimmed (at least 6cm wide for children and 7.5cm wide for adults); bucket (at least 5cm wide) or legionnaire’s hats are required to be worn by all children and educators whenever they are outside from 1 August to the end of April or when UV levels are above 3 at other times. Baseball caps are not acceptable. Educators and children can choose to wear hats, beanies, hoodies or no headwear when the UV rating is below 3, between the months of May and July.
- Children who do not have or refuse to wear appropriate hats or clothing are asked to play in an area protected from the sun, or return to play indoors.
- Activities held outside will be held in shady areas where possible and children are encouraged to use shade. This includes the use of shady trees, verandahs and built shade structures.
- A shade audit is conducted regularly to determine the current availability and quality of shade.
- Management ensures there are a sufficient number of shelters and trees providing shade in the outdoor area. Parents are encouraged to apply sunscreen to their child before arriving at child care or upon arrival using the Centre’s sunscreen.
- The Centre will supply SPF 30 or higher broad-spectrum, water resistant sunscreen, which will be applied by educators 20 minutes prior to sun exposure and reapplied every two hours if remaining outdoors. If reapplication has surpassed 2 hours, children will need to wait for 20 minutes before further sun exposure. Alternatively, families may provide their own sunscreen which must meet guidelines. Educators will record the time children have sunblock applied and the time of sun exposure on a chart located in each room and write reminders for reapplication on this chart.

- The educators will incorporate sun and skin awareness into the curriculum.
- When outdoors, children and educators are required to wear clothing that covers as much skin as possible. Clothing made from cool, densely woven fabric is recommended. Tops with longer sleeves, and if possible, collars and longer style shorts and skirts are best. If a child is wearing a midriff or singlet top or a sleeveless dress, a t-shirt/ shirt is to be put on before going outdoors.
- If practical, children are encouraged to wear close fitting wraparound sunglasses that meet Australian Standard (Sunglasses:lens category 2, 3 or 4).
- Educators, parents and children are educated and encouraged to apply SPF30 and higher broad-spectrum water resistant sunscreen.
- For Work Health and Safety and role modelling educators, parents and visitors are required to practice skin protection behaviours by wearing hats, protective clothing outside i.e. sleeves on clothing, sunscreen, sunglasses (optional) and seeking shade when outdoors.
- Babies' skin is thinner than adults' skin; it is extremely sensitive and can burn easily. Infants in particular and babies under the age of 12 months should be kept out of the direct sun as much as possible and well protected from UV radiation by clothing, hats and shade. If a baby is well protected then sunscreen need only be used on small areas of exposed skin of babies 6 months and older.
- The Sun Protection policy is reinforced through staff and children's activities and displays.
- Staff and families are provided with information on sun protection through family newsletters, noticeboards and the centre's website.

When UV levels are below 3, sun protection is generally not required and a small amount of direct UV exposure is considered safe and healthy for babies and toddlers. Most babies and toddlers will get enough vitamin D from sun exposure during day-to-day activities and therefore extended and deliberate sun exposure without sun protection is not recommended. If outdoors for extended periods, care should be taken regardless of the UV Index and it is recommended to protect children's skin from UV exposure.

This sun protection policy is reviewed regularly (at least every three years) to ensure the policy remains current and relevant.

Links to National Quality Standards

Quality Area 2: Children's health and safety

Quality Area 3: Physical environment

Quality Area 5: Relationships with children

Quality Area 1: Educational program and practice

Quality Area 6: Collaborative partnerships with families and communities

Quality Area 7: Governance and leadership

Regulation 168 (2)(a), Standard 2.2

Source: *Cancer Council SA*

*sunsmart.org.au*

Developed: *2004*

**AMENDED: 2012, 2014, 2016, 2017, 2020, 2023**

## Purpose

To protect children, staff, and visitors from the risks of heat-related illnesses and discomfort during hot weather.

## Policy Guidelines

### Temperature Cutoffs

- 1. Outdoor Play Cutoff:**
  - If the forecast or observed temperature exceeds **36°C**, outdoor play should be modified, limited, or avoided.
  - Monitor **UV Index** levels; avoid outdoor play when the UV Index is **8** or above without adequate shade and sun protection.
- 2. Excursions:**
  - Excursions should be rescheduled or cancelled if the temperature is forecast to exceed **32°C**.
- 3. Indoor Temperature:**
  - Ensure indoor areas remain below **28°C** through the use of air conditioning, fans, and other cooling measures.

### 1. Monitoring Weather Conditions

- 1. Daily Weather Check:**
  - Designated staff members check the Bureau of Meteorology (BOM) or a reliable weather service daily for temperature forecasts, UV Index, and heatwave warnings.
  - Record the forecasted maximum temperature and UV Index by 8:00 AM.
- 2. Heat Alert Notification:**
  - Notify all staff of expected temperatures exceeding **36°C** and UV Index of **8 or higher**.

### 2. Modifying Activities

- 1. Outdoor Play Adjustments:**
  - Schedule outdoor play before **10:00 AM** or after **4:00 PM**, when temperatures are lower.
  - Ensure all outdoor activities occur in shaded areas.
  - Avoid physically intensive activities during hot weather.
- 2. Indoor Activities:**
  - Provide engaging indoor activities in air-conditioned spaces during peak heat periods.

### 3. Ensuring Hydration

- 1. Water Access:**
  - Ensure children have access to fresh, cool water at all times.
  - Staff will remind children to drink water every **30 minutes**.
- 2. Water Stations:**
  - Set up extra water stations during hot weather to encourage frequent hydration.

### 4. Sun Protection

- 1. Hats and Sunscreen:**
  - Enforce the "**No Hat, No Play**" rule; children and staff without a wide-brimmed hat must remain indoors.

- Apply SPF 50+ sunscreen on all children and staff at least **20 minutes before outdoor play**. Reapply every **2 hours**.
- 2. **Protective Clothing:**
  - Ensure children wear lightweight, loose-fitting clothing that covers shoulders and arms.

## 5. Temperature Control Indoors

1. **Cooling Systems:**
  - Ensure air conditioning and fans are operational and used to maintain indoor temperatures below **28°C**.
  - Close blinds or curtains to reduce heat from sunlight.
2. **Cool Spaces:**
  - Identify and prepare cool areas where children and staff can rest if they feel overheated.

## 6. Staff Responsibilities

1. **Supervision:**
  - Actively supervise children for signs of heat-related distress (e.g., flushed skin, lethargy, dizziness).
  - Encourage frequent breaks during outdoor play.
2. **Training:**
  - All staff must complete training on recognising and managing heat-related illnesses (First Aid and in-house training)

## 7. Communication with Families

1. **Daily Updates:**
  - Inform families about extreme heat conditions and any adjustments to the program via emails, notices, or communication apps.
2. **Parental Guidance:**
  - Advise parents to dress children in appropriate clothing for hot weather and provide labelled water bottles.

## 8. Emergency Response

1. **Heat Stress or Heatstroke Management:**
  - Move the affected child or staff member to a cool, shaded area immediately.
  - Apply cool, damp cloths to the skin and fan the individual.
  - Offer small sips of water if the person is conscious and alert.
  - Call **000** if symptoms persist or worsen.
2. **Incident Reporting:**
  - Document all heat-related incidents and review procedures to prevent recurrence.

## Heat Policy Procedure: Mitigating Risks of Extreme Heat

### 1. Enhancing Environmental Safety

- **Shaded Play Areas:** Install and maintain shade sails, umbrellas, or natural shade from trees in outdoor spaces. Regularly inspect for wear and tear.
- **Cool Indoor Spaces:** Utilise blinds, curtains, or UV-reflective window films to minimize indoor heat gain.

- **Ventilation:** Use fans in conjunction with air purifiers and air conditioning to improve air circulation. If air conditioning is unavailable, position fans near windows to draw in cooler air.
- **Cooling Zones:** Designate specific areas as “cool zones” equipped with additional fans or cooling mats for children to rest when needed.

## 2. Promoting Hydration

- **Routine Water Breaks:** Schedule water breaks every 30 minutes during active play, with staff modelling hydration to encourage children.
- **Cold Water Supply:** Keep water cool using insulated dispensers and bringing inside when coming in from the outdoors.

## 3. Adapting Activities

- **Time Management:** Shift all outdoor activities to early morning or late afternoon when the temperature is lower.
- **Quiet Play:** Offer low-intensity activities such as storytelling, puzzles, or sensory play during high heat periods.
- **Water Play:** Introduce safe water-based activities (e.g., sprinklers, shallow tubs) to keep children cool while ensuring close supervision.

## 4. Enhancing Sun Protection

- **Sunscreen Stations:** Set up easily accessible stations for sunscreen application before outdoor play.
- **Clothing Guidelines:** Encourage families to dress children in lightweight, sleeved clothing made from breathable fabrics like cotton or linen.

## 5. Staff Training and Preparedness

- **Heat Illness Recognition:** Provide regular training on symptoms of heat exhaustion and heatstroke, including flushed skin, rapid pulse, or confusion.
- **First Aid Kits:** Equip kits with cold packs, oral rehydration solutions, and quick-drying towels for emergencies.

## 6. Communication and Collaboration

- **Family Engagement:** Share tips with families, such as packing extra water bottles, dressing children in suitable attire, and encouraging proper sun protection.
- **Community Resources:** Partner with local health authorities or meteorological services for heatwave alerts and guidance.

### Links to the NQF

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

- Element 2.1.1 – Wellbeing and comfort
- Element 2.1.2 – Health practices and procedures
- Element 2.2.1 – Supervision
- Element 2.2.2 – Incident and emergency management

#### Quality Area 3: Physical Environment

- Element 3.1.1 – Fit for purpose
- Element 3.2.3 – Environmentally responsible

#### Quality Area 5: Relationships with Children

- Element 5.1.2 – Dignity and rights of the child

## Quality Area 6: Collaborative Partnerships with Families and Communities

- Element 6.1.2 – Parent views are respected
- Element 6.2.3 – Community engagement

## Quality Area 7: Governance and Leadership

- Element 7.1.2 – Management systems
- Element 7.2.3 – Development of professionals

Developed February 2025

## PLAY SURFACES

On hot days the various play surfaces outside, including but not limited to, swing seats, slides, rubber soft fall and cement, can reach temperatures which can cause burns to children and educators. Therefore, educators will set equipment up in shaded areas and will regularly check the heat from play surfaces during the hours of 11am and 5pm.

The process for checking if the temperature is too high is that the educator will place the palm of their hand on to the sun exposed play surfaces and hold for a count of 5.

If the temperature is considered acceptable, play can continue and educators will continue to check throughout the day.

If the temperature is considered hazardous the following will occur:

- ▣ The equipment will be removed or made unavailable to children; or
- ▣ The children will be moved to a safe zone or inside.

Additional risk controls that may be used are:

- ▣ Cool the area with running water and monitor temperature;
- ▣ Equipment may be repositioned in a more shaded area;
- ▣ The wearing of shoes (this will not protect hands, bottoms etc).

Source: DECD

Kidsafe SA

Developed: May 2010

## ENVIRONMENTAL POLICY

### COMMITMENT STATEMENT

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At St Morris Community Child Care Centre we are contributing to a sustainable future by taking an active role in caring for our environment. We do this by encouraging educators, children and families to take responsibility for implementing environmentally sustainable practices.

To support this Commitment Statement, we will:

- ▣ Promote sustainable practices in the immediate service environment;
- ▣ Foster respect and care for the environment;
- ▣ Promote children's understanding about their responsibility to care for the environment;
- ▣ Embed a culture of energy efficiency in our daily routines and practices;

- ▣ Continually seek to improve the environmental performance of the Centre;
- ▣ Engage educators, children, families and suppliers in reducing the Centre's carbon footprint;
- ▣ Introduce and embrace sustainable purchasing practices;
- ▣ Use finite resources, including paper, energy, fuel and water as efficiently as possible.

## ENVIRONMENTAL IMPACTS

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We will identify the environmental impacts of the centre's activities, operations and services that can interact with the environment. All relevant environmental impacts from normal business activities and services are identified and minimised wherever possible. As a guide, specific environmental impacts could fall into the following:

- ▣ Use of electricity and other energy sources that generate carbon emissions;
- ▣ Use of water in the workplace;
- ▣ Use of paper to produce reports and documents;
- ▣ All forms of waste generated at the workplace.

## SUSTAINABILITY ACTION PLANS

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We will establish and maintain sustainability action plans to achieve the environmental objectives and targets of the centre.

- ▣ Each objective shall have a specific deliverable and an expected timeframe;
- ▣ Targets should be measurable, achievable yet stretch the organisation;
- ▣ Progress against each objective shall be monitored regularly;
- ▣ Objectives and action steps shall be updated or revised accordingly.

## ENVIRONMENTAL TRAINING & AWARENESS

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Professional development opportunities in relation to natural resources and environmental sustainability will be made available to Educators. Educators who undertake this will feed back their learning to the staff team.

## ENVIRONMENTAL PROCUREMENT

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When all else is equal we will take environmental considerations into account as a deciding factor when purchasing goods and services.

- ▣ As a general guideline locally produced goods and services will be given preference to interstate or imported goods and services in order to reduce travel related emissions.
- ▣ When purchasing office supplies, preference is to be given to items that are made from sustainably derived materials, have recycled content or can be reused or refilled.
- ▣ When purchasing office machines and appliances, preference is to be given to office machines, electrical appliances and computer equipment that have an Energy Star rating of 4 stars or more.
- ▣ Underpinning this procedure is an assumption that all other factors in the processing decision are also taken into account such as price, quality, availability, accessibility and service.

## ENVIRONMENTAL LEARNING ACTIVITIES

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Educators will implement effective learning activities to encourage children at St Morris Community Child Care Centre to become environmentally responsible and show respect for the environment. Children will be involved in

environmental learning activities in order to teach them about their responsibility to care for the environment. In particular environmental activities will be designed and introduced to children that:

- ❑ Develop their life skills, such as growing and preparing food, energy efficiency, waste reduction and recycling;
- ❑ Teach them an appreciation of the natural environment and the interdependence between people, plants, animals and the land;
- ❑ Encourage energy efficiency practices at home such as switching off unused lights, appliances and electronic equipment;
- ❑ Promote water efficiency practices at home such as minimising shower times and turning off taps when brushing teeth and after washing hands;
- ❑ Build a sense of responsibility for caring for the natural environment.

*Developed: November 2012*

## INTERACTIONS WITH CHILDREN

- ❑ Children will be treated with respect and at a level appropriate to their stage of development;
- ❑ This will be achieved through our inclusion, curriculum and behaviour guidance policies

Regulations 155-156, 168 (2) (j), Standards 5.1, 5.2

## INCLUSION

We believe that every child has the right to develop physically, mentally, morally, spiritually, and socially regardless of race, colour, sex, language, ability, religion, nationality or social origin, property or other status. We believe that all children should feel welcomed, respected and valued. We believe that children and educators should embrace diversity and begin to challenge stereotypes and biases in their world.

*Inclusion:*

*“Involves taking into account all children’s social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes. The intent is to ensure that all children’s experiences are recognised and valued. The intent is also to ensure that all children have equitable access to resources and participation, and opportunities to demonstrate their learning and to value difference.” (The Early Years Learning Framework for Australia, pg. 24, 2009)*

High expectations and equity

*“Early childhood educators who are committed to equity believe in all children’s capacities to succeed, regardless of diverse circumstances and abilities. Children progress well when they, their parents and educators hold high expectations for their achievement in learning.*

*Educators recognise and respond to barriers to children achieving educational success. In response they challenge practices that contribute to inequities and make curriculum decisions that promote inclusion and participation of all children. By developing their professional knowledge and skills, and working in partnership with children, families, communities, other services and agencies, they continually strive to find equitable and effective ways to ensure that all children have opportunities to achieve learning outcomes.” (The Early Years Learning Framework for Australia, pg.13, 2009)*

Therefore, we will:

- ❑ Value our children, families and educators;
- ❑ Ensure our equipment shows diversity;
- ❑ Encourage children and educators to challenge stereotypes;

- ▣ Provide food from different cultures;
- ▣ Enjoy songs, games and music from other cultures;
- ▣ Incorporate language and practices from families home culture;
- ▣ Promote the development of empathy;
- ▣ Provide professional development for staff;
- ▣ Work in partnerships with families;
- ▣ Celebrate diversity in the Centre.

Source: *Declaration of the Rights of the Child*  
*The Early Years Learning Framework*

Developed 2004

## BEHAVIOUR GUIDANCE

We will:

- ▣ Ensure educators respond to children’s cues for support and safety;
- ▣ Offer a safe and secure environment which offers appropriate learning opportunities that are appropriate to children’s developmental needs;
- ▣ Provide small group sizes and appropriate staffing to ensure appropriate supervision and that children’s individual needs can be met;
- ▣ Ensure realistic expectations from educators about children’s behaviour by ensuring educators are knowledgeable about child development and attachment theory;
- ▣ Promote the development of problem solving, negotiation, self-help skills and self-esteem by working collaboratively with children and supporting their interactions with others;
- ▣ Providing clear, positive language when discussing expectations and redirecting behaviour, to ensure children understand appropriate behaviour;
- ▣ Acknowledge each child’s effort to resolve issues;
- ▣ Support children who are subjected to aggressive or bullying behaviour;
- ▣ Educators will work with families, and other parties involved in the care of the child, where applicable, to discuss strategies that will work for all involved parties to form consistency for the child;
- ▣ Educators will have opportunities to reflect on children’s behavior and their responses to the behaviours with support from other educators and the Director.

## SUPPORTING INFORMATION

The policy is based on the belief that:

- ▣ Children should respect themselves, each other and the environment;
- ▣ Everyone has a right to feel safe and secure;
- ▣ Children’s dignity should be maintained;
- ▣ Educators and parents should work together to guide children’s behaviour by modeling appropriate behaviours;
- ▣ We should respect the cultural values and beliefs of our families and promote non-discriminatory behaviour;
- ▣ We should encourage children to be responsible for their behaviour and aware of how it affects others.

Our aim is to:

- ▣ Guide and support children in resolving conflict peacefully;
- ▣ Assist children in identifying and expressing emotions appropriately;
- ▣ Ensure children feel safe to explore the learning environment;
- ▣ Develop a positive self-concept in all children;
- ▣ Guide behaviour in a positive way, rejecting behaviour not the child, and never using physical punishment;
- ▣ Encourage children to take responsibility for guiding their own behaviour.

## EXTREME BEHAVIOURS

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- ▣ From time to time children may display behaviours that place themselves, other children, staff and people associated with the centre at risk. Early intervention for challenging behaviours is paramount.
- ▣ If Educators are concerned about a child's behaviour they will speak with other team members working directly with the child, the child's family and the director. Plans may be developed in consultation with families and educators to better support the inclusion of the child.
- ▣ The centre may require meetings with the family to establish any patterns or triggers and discuss options.
- ▣ The centre may also require the child to be referred for additional support through the medical, mental health or DECD system.
- ▣ In extreme incidents, where people's safety is at immediate risk, it may be necessary for the child to be collected from the centre by a parent or guardian.
- ▣ At all times the child will be supported with sensitivity and respect.

Source: *Porter, Louise. Children are people too. Small Poppies SA, third edition, 2001*

*Supporting and managing children's behaviour – An early childhood resource, DECS 2004*

*ECA Code of ethics*

Amended: 2013

## CURRICULUM

- ▣ St Morris Community Child Care Centre uses learning stories, which are evaluated and used for program planning, for every child who uses our Centre.
- ▣ Other records of the children may be kept and will be maintained by staff. As these are confidential records, only staff and families have access to their child's progress records.

## SUPPORTING INFORMATION

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Curriculum is the term used to consider the entire time that the Centre is open and offering care and education – this includes everything that happens i.e. routines, transition times and interactions as well as considering the environment that is provided.

The curriculum offered at the Centre covers both the care and educational needs of the children.

All sections use the Early Years Learning Framework (EYLF). The Early Years Learning Framework describes the principles, practice and outcomes essential to support and enhance young children's learning from birth to school age. The Early Years Learning Framework has been developed collaboratively by the Australian, State and Territory Governments with substantial input from the early childhood sector and early childhood academics.

Educators will use the framework as a basis for planning for the strengths, interests and developmental needs of the children. The 5 learning goals in the EYLF are for children to develop:

- ▣ A strong sense of identity;
- ▣ Connections with their world;
- ▣ A strong sense of wellbeing;
- ▣ Confidence and involvement in their learning; and
- ▣ Effective communication skills;

A curriculum of activities and events is displayed. Parents are encouraged to participate with educators in suggesting ideas. These ideas and any input from parents will be recorded and used for following curriculums and evaluations.

Each child is encouraged to be independent within a structured environment. There are times when being together as a group is a vital part of the curriculum.

Children are able to use both inside and outside areas throughout the day. The program is balanced so that children are given both quiet and active experiences, including sleep time where appropriate.

## EXCURSIONS

- ▣ Excursions are an integral aspect of each child's development.
- ▣ The children are taken on excursions for which a signed consent form will be required. Authorisation for your child to participate in short local walks under Educator supervision will be included on the enrolment form.
- ▣ Appropriate safety requirements for these outings are determined by the Educators, depending on the type of activity and age of the children.
- ▣ When we are attending excursions where there will be other centres present, the children will wear orange T-shirts with the St Morris contact details attached.
- ▣ Working with Children Checks are required from all volunteers going on excursions.
- ▣ Undertaking a risk assessment is part of planning a routine outing or excursion. The risk assessment will need to take into account:
  - ▣ Transportation
  - ▣ Any hazards and risk minimisation strategies;
  - ▣ The levels of supervision and number of adults needed for the entire time the children are out of the service premises;
  - ▣ Medications and action plans;
  - ▣ Any other items required;
- ▣ Volunteers, such as parent helpers, may assist to provide additional supervision. Services might consider how attendance numbers will be verified at certain times during the excursion, such as when leaving the venue or travelling on public transport. Strategies that might be used include head counts, or allocating a group of children to a particular adult or educator.
- ▣ Excursion risk assessment checklist completed prior to excursions;
- ▣ Ratios determined by the risks assessment;

Following information will be given to family prior to excursions

- ▣ The destination and any planned stops or breaks in the journey;
- ▣ The date of the excursion;

- ▣ The cost of the excursion;
- ▣ Intended mode of transport;
- ▣ The proposed number of children and adults attending;
- ▣ The proposed ratio of adults to children attending;
- ▣ Planned activities;
- ▣ A copy of, or access to, the risk assessment plan;
- ▣ Any additional requirements for children that parents should provide (i.e. clothing, drink bottles etc);

Source: ACECQA

<http://www.acecqa.gov.au/SearchResults.aspx?keywords=Excursions+risk>

[http://www.uws.edu.au/\\_data/assets/pdf\\_file/0017/408122/CSS3517\\_UWSELL\\_Policies\\_Excursion\\_Policy.pdf](http://www.uws.edu.au/_data/assets/pdf_file/0017/408122/CSS3517_UWSELL_Policies_Excursion_Policy.pdf)

[https://www.goodstart.org.au/GoodStart/media/GoodStart/PDFs/Policies/131118\\_NQS2-Excursions-PROCEDURE.pdf](https://www.goodstart.org.au/GoodStart/media/GoodStart/PDFs/Policies/131118_NQS2-Excursions-PROCEDURE.pdf)

DECD

(Regulations 100-102, 168 (2)(g))

Amended: 2023

## SCREEN TIME POLICY

- ▣ The Centre has a range of technology devices. These may be used at various times during the week to suit each group's needs.
- ▣ Only "G" rated videos and programs which reinforce the Centre's Philosophy, will be shown to the children. These programs/videos will not depict violence or reinforce stereotypes with regard to gender, race, etc.
- ▣ The use of the technology devices will not be routine but will be used as a tool to assist in meeting the developmental objectives for the children; to provide an opportunity for quiet time; to provide opportunity for dancing and singing to favourite music; and for fun.
- ▣ An educator will directly supervise and be actively involved with children whilst using technology devices.

Source: *Get up and Grow*

<http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-gug-directorscoord>

Developed: October 2002

## WATER SAFETY

Water play can help children to learn and explore new skills; promote sensory development and scientific and mathematical concepts including volume and space. To ensure the safety of this valued experience, the following procedures will be followed:

- ▣ When water troughs are in use, it will be directly supervised, regardless of the volume of water. Water troughs must not be filled until an educator is available to supervise the activity at all times. If, for any reason it cannot be supervised, the water needs to be tipped out immediately.
- ▣ Water play activities must only be offered in a water trough that is on a stand, or on a table. Troughs will not be used on the ground.

- ❑ Children should be discouraged from drinking the water from the trough. If water becomes contaminated from children drinking or spitting in the water, the water needs to be tipped out, and the trough disinfected before refilling.
- ❑ Water play will be used to introduce children to the concept of water conservation.
- ❑ At the end of each water play activity the trough needs to be emptied immediately. It must never be left full in the outdoor yard – always empty before going inside.
- ❑ If tipping water troughs out, WHS policy must be adhered to i.e. two educators may need to empty.
- ❑ The majority of educators hold a current First Aid qualification and undertake yearly CPR training. There is always an educator with current first aid qualifications available.

Source: *Kidsafe SA*

*Regulation 168 (2)(a), Standard 2.2*

## INFORMATION / COMMUNICATION

- ❑ Good communication and information sharing between parents and staff is vital for the effective running of the Centre.
- ❑ Information about daily activities and occurrences is freely available from staff. A newsletter will be printed/emailed regularly. Contributions from Parents are always welcome.
- ❑ Parents are encouraged to approach staff with any suggestions, opinions or ideas regarding the Centre. Also, parents are welcome to attend Management Committee Meetings. If a parent wants to discuss a particular matter with staff, an appointment should be made.
- ❑ The Centre provides opportunities for Parents and Educators to discuss their child's development, the Centre's curriculum in relation to their child, and provide feedback/suggestions which is used to evaluate the Centre's program/curriculum.
- ❑ Parent interactions with all staff are expected to be calm and respectful. The centre does not tolerate aggressive or abusive communication towards staff.

## PARTICIPATION OF STUDENTS AND VOLUNTEERS

- ❑ The Centre will host students studying approved qualifications for early childhood education.
- ❑ Students and volunteers will be given an information pack which will include, but not be limited to, information about the centre, centre policies, evacuation procedures, allergy management information and emergency procedures.
- ❑ Students and volunteers will sign that they have received, read and understood the information given to them.
- ❑ Students and volunteers will sign a confidentiality agreement upon starting at the centre.
- ❑ Students will be mentored by educators in the room in consultation with personnel from the student's training organisation.
- ❑ All adult students and volunteers must have a Working with Children Check and students must have successfully completed Child Safe Environments or Responding to Risks of Harm, Abuse and Neglect training prior to starting their placement.
- ❑ Students and volunteers will be encouraged to interact with children and families and participate in the centre programs under the guidance of the Educators.

Developed: *November 2012, amended 2020, 2023*

*Regulation 168 (2) (i)*

## PARENT INVOLVEMENT

Parents are welcome at the Centre at all times. The Centre values all kinds of involvement. Parents are encouraged to become involved and participate in all the activities of the Centre. Participating directly with the children's experiences, reading a newsletter, attending a meeting or working bee and asking questions about your child are all worthwhile, legitimate and valued forms of involvement.

## GOVERNANCE AND MANAGEMENT

- ❑ At each Annual General Meeting, a Committee is formed from members of the Centre (members being any parents whose child attends the Centre) Staff and Community Representatives.
- ❑ A list of the current Committee appears on the notice board in the hallway. All parents are encouraged to contact any committee member to discuss any concerns, experiences or ideas they may have for the Centre.
- ❑ By actively participating in the Committee parents can have a big say in helping determine the sort of environment provided for the children at the Centre.
- ❑ The Centre will hold an Annual General Meeting once each year, usually in September, to elect a new committee.
- ❑ The Management Committee will have an executive committee consisting of a Chairperson, Treasurer and Secretary. The Centre Director, Assistant Director and a Staff representative will also sit on The Committee.
- ❑ The Committee will make decisions about the financial management of the centre, staffing considerations, the setting and revision of centre policies, the strategic future of the centre, marketing, risk management, the environment and other items that effect the short term or long term viability of the centre.
- ❑ The centre is a not for profit, incorporated association and has its own constitution.

Regulation 168 (2)(l), Standard 7.1

## DETERMINING THE RESPONSIBLE PERSON

- ❑ The Director will be the Nominated Supervisor of the Centre.
- ❑ The Assistant Director will be the first point of call in the absence of the Director.
- ❑ All diploma qualified Educators, permanent and on fixed term contract as well as regular relief educators, will be invited to be a responsible person.
- ❑ A list of responsible persons will be displayed in the foyer of the centre.
- ❑ On the weekly roster the early staff in babes and the late staff in over 2's will become the responsible person in the absence of the Director and Assistant Director. If that person is absent from the centre then any one of the other responsible persons will take on the role.
- ❑ Copies of all responsible persons agreements will be kept on file in the staff file.

*Developed: November 2012, reviewed 2023*

*Regulation 168 (2)(i)*

## DEALING WITH COMPLAINTS: CLIENT/PARENT GRIEVANCE

Communication is paramount to successful relationships between families and the Centre therefore any feedback will be considered and practices reviewed.

The Centre encourages parents to discuss room/child related issues with their primary educator in the first instance. Other issues i.e. management should be discussed with the Director.

If issues cannot be resolved at this level, the client/parent should follow these steps:

- ❑ The client/parent should first raise the matter in writing with either the Director or an Executive of the Management Committee. Executives can have mail placed in our letter box or contact details can be obtained from the office staff. Or, alternatively, communication can be handed to the Director marked “private and confidential”. If, in the event the grievance is lodged with a member of the Executive, the Director must be informed of the grievance within two working days. If lodged with the Director the grievance must be brought to the attention of the Executive Committee within two working days.
- ❑ If required / requested the Executive Committee will meet to interview the client/parent who has lodged the grievance within ten working days from receipt of the grievance.
- ❑ Should interviews be necessary with other persons/parties, those interviews will take place as soon as reasonably practicable.
- ❑ If required / requested the Executive Committee will consult the Management Committee members about this matter. The Management Committee will come to a resolution, recommending any necessary action based on the information provided by the Executive.
- ❑ The client/parent and all other parties to the process shall be advised in writing of the Management Committee’s decision within one week of the Management Committee’s decision.
- ❑ The client/parent may have a support person of their choice present at any stage of the process.
- ❑ At any stage of the grievance process, the client /parent has the right to withdraw any such grievance.
- ❑ The confidentiality of all parties to the process will be maintained within the structure of the grievance procedure.
- ❑ If the client/parent is not satisfied with the decision, they have the right to appeal, by addressing the whole Management Committee.

## STAFFING

The Management Committee believes in the central importance of staff in the operations of the Centre, and shall actively support staff and develop various staff procedures, which reflect this belief.

Staff shall be employed in accordance with the Collective Agreement between St Morris Community Child Care Centre and United Workers Union and shall be supplied with a job description reflecting the conditions of that agreement.

The principle of Equal Opportunity shall apply to all staff and to all persons seeking employment with the Centre.

The Management Committee recognises that staff development is an important part of professional development and the maintenance of quality care, and support the involvement of staff in relevant workshops, seminars and training courses.

Children of staff can attend St Morris Community Child Care Centre, although it is not encouraged for staff to be one of the primary care givers whilst their child is in the under 2’s section. Under 2’s staff returning from maternity/paternity leave with their child, may be required to swap sections to work with an older age group until their child turns two. This will be reviewed on an individual basis and at the discretion of the Director and the Management Committee.

Individual staff evaluation (appraisal) is consistent with appropriate staff development and shall take on regular intervals throughout the year or when the need arises.

The Centre has a Human Resource Policy Document which covers all staff related policies.

## RISK MANAGEMENT

The St Morris Community Child Care Centre is dedicated to establishing an organisational philosophy that ensures risk management is an integral part of the Management Committees objectives, plans and considerations. This is to protect itself, its employees, families and others who use and work in the service. The aim of the service will always be to develop systems/practices which reduce the likelihood of accidents/errors.

To ensure this occurs, the Centre will:

- ☐ Ensure an educator will complete a safety audit of the entire building bi-monthly.
- ☐ Ensure educators will conduct a daily safety audit before children go outside.
- ☐ Ensure that risk management is on both the staff meeting and management committee's monthly agendas.
- ☐ Ensure an annual risk management review is conducted with staff and management to identify risks and evaluate practices.

## EXPENDITURE GUIDELINES

- ☐ Amounts less than \$2000 can be a decision by Director and/or Assistant Director.
- ☐ Amounts greater than \$2000 must go to the Management Committee.
- ☐ Emergency purchases i.e. fridges, which are greater than \$2000, must seek approval of the Director, Assistant Director and 2 Executive Members of the Management Committee.
- ☐ Payments made:
  - ☐ Cheques are signed by two signatories;
  - ☐ Bills that are paid by EFT or BPay have a printed receipt that is then attached to the bill;
  - ☐ Director and/or Assistant Director and/or a bank signatory check and sign by the total of the bill/receipt and sign by the payment made;
- ☐ Business credits used for purchases:
  - ☐ Director limit \$2000, Assistant Director limit \$1200;
  - ☐ Receipts from all purchases made are given to Administrator Officer and marked against the monthly bill;
  - ☐ When cards are not in use for long periods of time they will be locked in Centre's safe.

## ADVERTISING MATERIALS AND DISPLAYS

As a rule, the Centre does not allow any advertising or promotional materials to be displayed or distributed at the Centre, particularly commercial or political information. However, the Director may approve the display or distribution of information, which they consider relevant to the children at the Centre or their families, for example, information concerning children's health issues or relevant community events.

## CONFIDENTIALITY OF RECORDS

St Morris Community Child Care Centre aims to protect the privacy of personal and sensitive information collected by our service and recognises the need for confidentiality in providing a quality child care service.

St Morris Community Child Care Centre complies with, *Privacy Amendment (Enhancing Privacy Protection) Act 2012* by following the standards of The Australian Privacy Principles to regulate the way in which our service manages personal and sensitive information.

The Centre requires certain personal/sensitive information be collected, for the specific purpose of administration, care and education of your child. These basic details are collected directly from parents such as names, addresses, phone contacts, child's name, date of birth, medical details, health, routines, likes and dislikes which make up a personal profile.

In addition, we are required to hold information regarding your child's Child Care Subsidy entitlements.

All this information is vital in assisting us to provide the best possible individual care for your child and for processing payments. Some of the information we collect is to satisfy the service's legal obligations under the relevant government legislation.


On occasions, information such as children's personal achievements, child portfolios and photos are displayed within the boundaries of our service's building.

If you provide the Centre with personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the Centre and why. You will also need to inform them that they can access that information if they wish to do so (about themselves).

The Centre recognises that Government identifiers such as your Medicare number will only be used for the purpose for which it was issued.

We assure you that:

- This information will only be used by our child care professionals in order to deliver your child's care to the highest standards.
- Enrollment forms and consents are sent to families to be updated every year.
- It will not be disclosed to those not associated with the care of your child without your consent unless required or permitted by law.
- You may ask to access the information held about you and your child and we will provide access without undue delay.
- This access might be inspection of your child's records or by providing copies of the information.
- We will take reasonable steps to ensure at all times that the details we keep about your family are accurate, complete and up to date.
- Data stored in Spike Viewer is accessed by administration with each authorised user using their own account, username and secure password.
- At all times, we will seek to protect this information from loss or misuse and from unauthorised access or disclosure. This is done by password protected computers, alarm system, locked storage etc.
- This is done by:
  - Monitored alarm system;
  - Locked storage;
  - Password protected computers;
  - Data backed up regularly;
  - All computers are protected by security software and a firewall;
- If a student has a valid training requirement that involves the gathering of certain information pertaining to your child or family, the student must have written consent from you.
- On occasions, consent may be requested if photos or names of child/ren will be used by an external source for marketing of the service

 We will follow up all comments, feedback or grievances within 14 days and resolve them to maintain our high standards of service provision.

*Source: Australian Privacy Principles- Privacy Factsheet 17*

*Amended: July 2014 April 2018*

Regulation 168 (2)(l), Standard 7.1

HEATING INFANTS MILK

- Heat milk in warm-hot (not boiling) water
- Do not freeze or heat breast milk more than once

TRANSPORTING BREAST MILK

- Transport breast milk in an insulated container – an Esky with a freezer brick
- If some milk has thawed it should be used within 4 hours – do not refreeze it
- Place the labeled milk in the refrigerator (or the freezer if it is still frozen) immediately upon arrival

LENGTH OF TIME BREAST MILK CAN BE STORED

| Breast milk status                        | Storage at room temperature (26°C or lower)                 | Storage in refrigerator (5°C or lower)                      | Storage in freezer  |
|---|---|---|---|
| Freshly expressed into sterile container  | 6–8 hours<br>If refrigeration is available store milk there | No more than 72 hours<br>Store at back, where it is coldest | 2 weeks in freezer compartment inside refrigerator (–15°C)<br>3 months in freezer section of refrigerator with separate door (–18°C)<br>6–12 months in deep freeze (–20°C)* |
| Previously frozen (thawed)                | 4 hours or less – that is, the next feeding                 | 24 hours  | Do not refreeze   |
| Thawed outside refrigerator in warm water | For completion of feeding                                   | 4 hours or until next feeding                               | Do not refreeze   |
| Infant has begun feeding                  | Only for completion of feeding<br>Discard after feed        | Discard   | Discard   |

\* Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

## FORMULA FEEDING

IT IS MUCH SAFER TO PREPARE BOTTLES OF INFANT FORMULA AT THE DESTINATION, RATHER THAN TRANSPORTING BOTTLES OF PREPARED FORMULA. HARMFUL BACTERIA THRIVE IN WARM, MOIST CONDITIONS. READY-MADE BOTTLES OF PREPARED FORMULA CAN BE A BREEDING GROUND FOR BACTERIA IF THE BOTTLES HAVE BEEN SITTING IN A CAR OR BABY BAG FOR SEVERAL HOURS, ESPECIALLY ON A WARM DAY. BECAUSE OF THE POTENTIAL FOR GROWTH OF HARMFUL BACTERIA DURING TRANSPORT, FEEDS SHOULD FIRST BE COOLED TO NO MORE THAN 5°C IN A REFRIGERATOR AND THEN TRANSPORTED.

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- ❑ Prepare the feed and put in the refrigerator
- ❑ Ensure the feed is cold before transporting
- ❑ Do not remove feed from the refrigerator until immediately before transporting
- ❑ Transport feed in a cool bag with ice packs
- ❑ Use feed transported in a cool bag within 2 hours, as cool bags do not keep foods adequately chilled
- ❑ Re-warm at the destination (for no more than 15 minutes)
- ❑ If the destination is reached within 2 hours, feeds transported in a cool bag can be placed in a refrigerator and held for up to 24 hours from the time of preparation

There are a number of special containers available designed to carry single serves of infant formula. It is also recommended to take one or more separate sterilised bottles of cooled boiled water at the correct volume, so the formula can be prepared at the destination. Alternatively, single-serve sachets of infant formula powder are available. Manufacturer's instructions should always be checked before use.

## PREPARING FEEDS IN ADVANCE

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Ideally only one bottle of formula should be prepared at a time. If formula needs to be prepared in advance, it must be refrigerated (at 5°C or below) and used within 24 hours. Alternatively, prepared sterilised bottles of boiled water may be refrigerated and used as required, first warming by standing bottle in a container of warm water and then adding formula.

Refrigerated prepared formula should be warmed by standing the bottle in a container of warm water before feeding the infant. Using a microwave to heat infant formula is not recommended as heating can occur unevenly and burn the infant's mouth. If feasible, the use of 'ready to drink' infant formula can be considered in situations where sterilisation is not possible.

Source: *Infant Feeding Guidelines: information for health workers (2012) by the National Health and Medical Research Council*

[https://www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/n56\\_infant\\_feeding\\_guidelines.pdf](https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/n56_infant_feeding_guidelines.pdf)

## APPENDIX 2 – SPECIAL DIET FORM

To be completed when a child is on a special diet for reasons of a non-medical nature e.g. cultural or religious reasons, vegetarian diet.

If a special diet is required for a proven medical condition (e.g. coeliac disease, lactose intolerance), the “Modified diet care plan” and /or other documents from the Health Support Planning package should be used. If there is a severe food allergy, the “Anaphylaxis (severe allergy) care plan” should be completed in addition to the “Modified diet care plan”.

Child’s name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Family name (please print)      First name (please print)

Reason for the child’s special diet. Please tick the relevant box.

- Religious/cultural
- Parental decision
- Other, please specify.....

What are the foods and substances that the child must avoid or include?

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Please list, in detail, alternative foods the child can eat so that no food groups are excluded (e.g. eggs, dairy food, nuts, tofu, beans instead of meat for vegetarian diets).

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Please provide details of any special feeding routine (e.g. meals at particular times or intervals for health reasons, providing extra food to meet increased needs).

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How long will the child be on this special diet? \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

To help your Care-provider to continue to provide your child with adequate nutrition and protection from potentially harmful substances, this form must be **reviewed every 6 months**, or whenever more up to date information is available.

Date for diet to be reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Adapted from the “Special diet form” in the Good Food in Family Day Care Kit, Good Food in FDC project: South Eastern Sydney Health Service, Central Sydney Area Health Service and South Western Sydney Area Health Service.*

## APPENDIX 3 – MODIFIED DIET CARE PLAN

For St Morris Community Child Care Centre

### CONFIDENTIAL

To be completed by the Doctor or Dietician and the Parent/Guardian.

This form is to be used where a person has a proven history of food allergy or intolerance or requires a special diet for a proven medical condition.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Medic Alert Number (if relevant) \_\_\_\_\_ Review date: \_\_\_\_\_

Foods and substances that must be avoided for the period of the plan (see review date above)

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Alternative foods that the person can consume (e.g. soy products instead of dairy for lactose intolerance)

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Details of any special feeding routine (e.g. meals at particular intervals for health reasons)

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In the case of food allergy/intolerance, what are the signs and symptoms? Please indicate whether the person can report symptoms, the time period over which symptoms might emerge and the severity of the anticipated reaction.

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First aid response to signs and symptoms of an allergic reaction/intolerance to a food or other substance (if the reaction is severe, an anaphylaxis care plan, will be required from the treating medical practitioner)

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This plan has been developed for St Morris Community Child Care Centre

#### AUTHORISATION AND RELEASE

Health Professional \_\_\_\_\_ Professional role \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*I have read, understood and agree with this plan and any attachments*

*I approve the release of this information to supervising staff and emergency medical personnel*

Parent \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_

## APPENDIX 4 – STAFF IMMUNISATION RECORD (SIR)

Please return this form to the Director

Surname: \_\_\_\_\_ Other names: \_\_\_\_\_

DOB: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Do you have any allergies, if so, please attach an action plan, including any medication required: .

\_\_\_\_\_

\_\_\_\_\_

Certain occupations are at risk for some preventable diseases, they include:

|                                   | Had disease | Been Vaccinated | Unknown | Year |
|-----------------------------------|-------------|-----------------|---------|------|
| <b>Measles</b>                    |             |                 |         |      |
| <b>Mumps</b>                      |             |                 |         |      |
| <b>Rubella</b>                    |             |                 |         |      |
| <b>Chicken Pox</b><br>(Varicella) |             |                 |         |      |

*Two doses of MMR vaccine are required for persons under 30 years of age.*

### **Hepatitis A Vaccine**

Full course completed Y/N Year \_\_\_\_\_

Have you had the disease Yes / No / Unknown / Not tested

Source: *Department of Human Services – Communicable Diseases Control Unit*

## APPENDIX 5 – CLEANING ROUTINE

After each mealtime:

- ▣ Spills and smears will be cleaned up as quickly as possible;
- ▣ Tables, chairs and highchairs to be wiped down with warm soapy water;
- ▣ After tables, chairs and highchairs have been wiped down they will be sprayed with Bacban or Sancean and left to air dry;
- ▣ Floors swept;
- ▣ Food scraps from floor disposed of in bins in storerooms (locked cupboard in Kindy);
- ▣ Floors will be mopped as required;
- ▣ Bathroom taps and basins wiped with warm soapy water daily.

Source: *Anaphylaxis Australia*

Developed: *2010*

Amended *2023*

## APPENDIX 6 – MEAL PROCEDURE

- ▣ The cook will prepare food for children’s meals with the exception of planned cooking experiences;
- ▣ This will be presented on trolleys for Kindy, Junior Kindy and Toddlers and on the server for babies;
- ▣ Regular meals will be served on blue plates and/or bowls;
- ▣ Allergy meals will be served on red plates and/or bowls. Drinking cups will be colour coded: white for milk, clear for water and red for “other”; children with Anaphylaxis or No Dairy
- ▣ All children need to wash their hands and/or be washed with face washers or a wipe before meals and snack times;
- ▣ Afternoon tea list found in kitchen will be signed off by two educators prior to giving out afternoon tea
- ▣ All children must be seated prior to meals being handed out;
- ▣ 2 staff must be present before meals are given out;
- ▣ Children with allergies will be given their meals first;
- ▣ Children will be supervised at all times during meals;
- ▣ Children at risk of anaphylaxis will be educated about their allergy at an age appropriate level;
- ▣ Children will not hand out food or drinks – water is an exception;
- ▣ Children will be taught not to share food;
- ▣ Spills will be wiped up immediately;
- ▣ Eating areas will be cleaned immediately after meals;
- ▣ Meal trolleys will be returned directly to the kitchen after meals;
- ▣ Food and drink waste will be put in the food scrap bin and/or containers provided from kitchen and will not be placed in bins or sinks in the rooms or outside;
- ▣ Children will wipe hands and faces using disposable wipes or face washers prior to washing hands in the bathroom, excluding babies and younger toddlers where the Educators will wipe the children’s hands with a face washer and don’t need to wash hands in the bathroom;
- ▣ Bathrooms will be checked after each meal time.

Source: *Anaphylaxis Australia*

Developed: 2010

Amended: 2022

## SOURCES

Australian Dietary Guidelines

SA Child Care Nutrition Partnership

Eat for Health Australian Dietary Guidelines

Nutrition Checklist for Planning Long Day Care Menus

Preventing Choking on Food – Children under 4 years of age

Women's and Children's Hospital

Child and Youth Health

SA Dental

The Cancer Council SA

National Childcare Accreditation Council – 2001, *Putting Children First*, Sydney: NCAC

Raising Children Network

Anaphylaxis Australia

Staying Healthy in Child Care Australian Government National Health & Medical Research Council

Staying Healthy In Child Care 4<sup>th</sup> Edition

Staying Healthy in Child Care 5<sup>th</sup> Edition

Immunise Australia

Department of Health & Aging

Department for Families & Communities

Families SA

SIDS & Kids

Guild Insurance

Kidsafe SA

Kidsafe NSW

Australian Children's Care and Education Quality Authority – ACECQA

ACECQA: Education and Care Services National Law Act 2010

ACECQA National Quality Framework <http://www.acecqa.gov.au/national-quality-framework/national-law-and-regulations>

ACECQA approved list of qualifications at: [www.acecqa.gov.au/Qualifications.aspx](http://www.acecqa.gov.au/Qualifications.aspx).

National Quality Standard

Education and Care Services National Regulations 2011

Education and Care Services National Law Act 2010

Declaration of the Rights of the Child

Department for Education & Children's Services

Department of Human Services – Communicable Disease Control Branch

Porter, Louise. *Children are people too*. Small Poppies SA, third edition, 2001

ECA Code of Ethics

Get up & Grow

Centre Support

Infant Feeding Guidelines: information for health workers (2012) by the National Health and Medical Research Council

"You've Got What?" 5th Edition

<http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Healthy+living/Protecting+your+health/preventing+disease+and+infection/Youve+got+what>

Wash Wipe Cover – SA Infection Control Service

St John First Aid Re-Stocking a Kit. <http://www.stjohnact.com.au/index.php/first-aid-kits/restocking-a-kit>

Education Standards Board Fact Sheet: Bushfire Safety:

SAPOL

SA Emergency Services

Education Standards Board

Emergency Response Procedure - First 5 Minutes PTY LTD