



**Nundle Public School P&C Association  
Out of School Hours Care (OOSH)**

**Policies and  
Procedures**

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## Quality Area 1: Educational Practices

### Policy Review

Month	Policy to be Reviewed	Completed
February	<ul style="list-style-type: none"> <li>• Nundle P&amp;C OOSH Philosophy</li> <li>• Programming Policy</li> <li>• Fees Policy</li> </ul>	
March	<ul style="list-style-type: none"> <li>• Food and Nutrition Policy</li> <li>• Managing Medical Conditions and Medication Administration               <ul style="list-style-type: none"> <li>▶ Asthma</li> <li>▶ Anaphylaxis</li> <li>▶ Diabetes Management</li> </ul> </li> <li>• Immunisation for Children and Staff</li> </ul>	
April	<ul style="list-style-type: none"> <li>• Excursion Policy</li> <li>• Transportation Policy</li> <li>• Arrival and Departure of Children Policy</li> <li>• Hand Washing Policy</li> </ul>	
May	<ul style="list-style-type: none"> <li>• Sun Smart Policy</li> <li>• Child Protection Policy</li> <li>• Emergency and Evacuation Policy</li> <li>• Water Safety Policy</li> </ul>	
June	<ul style="list-style-type: none"> <li>• Medication Policy</li> <li>• First Aid Policy</li> <li>• Incident, Injury, Trauma and Illness</li> <li>• Head Lice Policy</li> <li>• Infectious Diseases and Sick Children Policy</li> </ul>	
July	<ul style="list-style-type: none"> <li>• Gender, Equity and Diversity Policy</li> <li>• Provide Child Safe Environment Policy</li> <li>• Physical Activity Policy</li> <li>• Sleep and Rest Policy</li> <li>• Dangerous Products, Plants, Vermin and Objects Policy</li> </ul>	
August	<ul style="list-style-type: none"> <li>• Code of Conduct</li> <li>• Staff Policy</li> <li>• Relief, Casual Staff Policy</li> <li>• Volunteers and Students Policy</li> <li>• Determining Responsible Person</li> <li>• Single Educator Policy</li> <li>• Technology/mobile phone/social media policy</li> </ul>	
September	<ul style="list-style-type: none"> <li>• Interaction with Children</li> <li>• Behaviour Guidance Policy</li> <li>• Supervision of Children Policy</li> <li>• Work Health and Safety Policy</li> </ul>	
October	<ul style="list-style-type: none"> <li>• Complaints and Disputes</li> <li>• Conflict of interest</li> <li>• Privacy and Confidentiality Policy</li> <li>• Privacy Collection Statement</li> <li>• Grievance Procedure</li> </ul>	
November	<ul style="list-style-type: none"> <li>• Enrolment and Orientation</li> <li>• Communication Plan for Educators, Staff and Families</li> <li>• Parent Involvement</li> <li>• Governance and Management of Nundle P&amp;C OOSH</li> <li>• Acceptance and Refusal of Authorisation Policy</li> </ul>	

## **Nundle P&C OOSH Philosophy**

Our service aims to provide high quality care for primary school aged children. Our goal is to create a community environment that is primarily fun, healthy, safe and interactive for children, families and staff.

We will achieve this by:

- Embracing each child's uniqueness.
- Welcoming, encouraging and respecting each child.
- Communicating in a responsive and inclusive manner.
- Consistency of staff in positively guiding the behaviour of children.
- Including the input and participation of families to further improve our service.
- Creating a network of links with the local community.
- Identifying and responding to the differing children needs.
- Including activities and experiences in our programs that are fun and develop the children's physical, emotional, social, intellectual, language and creative skills.
- Staff, children and families working jointly together on implementing activities and experiences into the program which enables children to discover, explore, learn and grow.
- Children and staff working jointly to evaluate the programs.
- Supporting children's creative play and the development of life skills.
- Promoting healthy eating and providing nutritious food at all times.
- Putting appropriate policies and procedures into place.
- Caring for the health requirements of each child.
- Ensuring our service is a safe environment.
- Caring for the environment.
- Children can make their own choices, express their ideas.
- Holding in the highest regard, the importance of protecting children.

## Programming

To ensure all children at Nundle P&C OOSH receive a quality program suited to their individual needs, capabilities and interests, the following procedures have been formulated:

- Programs are developed monthly and are situated at the sign in table. Families are encouraged to take the time to view these.
- Qualified staff structure the programs around curriculum areas appropriate to each age group. All programs are focused at enhancing intellectual, social, emotional and physical development, as per our Philosophy and the My Time Our Place framework.
- Observations of children are performed regularly; these observations form the basis for individual planning and assist staff to plan experiences for the group as a whole.
- Families are encouraged to be involved in the OOSH programs and their feedback is invited and can be made verbally or in the suggestion/feedback book on the sign in table. Feedback received is used in the development of future programs and planning.

## **Gender, Equality and Diversity Policy**

To create an environment that equally supports people of different backgrounds, reflect and promotes equitable and inclusive practices, celebrates culture every day and encourages all children to develop to their fullest potential. Nundle P&C OOSH provides all children with the opportunity to be offered a wide range of experiences which respect each individual and groups of people. All children are given equal learning opportunities regardless of gender.

Nundle P&C OOSH places an importance on respecting differences and similarities by ensuring that play and learning experiences is child focused, relevant and meaningful. Nundle P&C OOSH believes that the educational development programs must support a child's self-esteem and pride in their family, the community, and their ethnic and linguistic origins.

### **Procedure**

Nundle P&C OOSH will achieve this through cohesively working with all stakeholders including children, staff, families and the wider community by offering a learning environment that provides the following:

- A non-biased or prejudice approach.
- Inclusive practices.
- Opportunities which do not make comparisons between children, families and staff regardless of their backgrounds, abilities or additional needs, but the recognising and valuing of the differences and similarities that exist in children, families and staff of the centre.
- Equal employment opportunities for both males and females.
- The opportunity for both genders to access all activities and experiences.
- Create an environment and opportunities which treat and respect everyone equally regardless of gender, age, socio-economic status, race, language, beliefs, additional needs and family structure.
- Experiences and opportunities to support bilingual children and families.
- Show the diversity of families within the Centre by way of the program, photographs, newsletters, posters and welcoming the community.
- Ensure that equipment and resources bought into the Centre are free of any bias to gender, race, disability or family structure etc.

Nundle P&C OOSH Staff will:

- Interact with children and families equitably and respectfully.
- Use language that promotes equity.
- Use empowerment as a prime teaching technique for all children and themselves.
- Avoid making comparisons between children, families and staff.
- Utilise their diverse life experiences to contribute to and enhance the program and the Centre environment.
- Encourage and support children to be fair and respectful of others, learn empathy and the skills to be assertive and challenge unjust behaviours.
- Be role models for children in guiding and educating children and families in relation to diverse and equitable behaviours and practices and be aware of their actions, language, sign language, family lifestyles, festivities, celebration and opportunities for the development of critical and analytical thinking.
- Encourage contributions that children, staff, families and the wider community can make to the Service.

Source: MTOP  
Education and Care Services National Law and Regulations  
National Quality Standards

## **Quality Area 2 Child Health and Safety**

Provide Child Safe Environment

Physical Activity Policy

Sleep and Rest Policy

Food and Nutrition Policy

Sun Smart Policy

Managing Medical Conditions and Medication Administration Policy

Immunisation for Child and Staff Policy

Infectious Diseases and Sick Children

Policy Head Lice Policy

Medication Policy

Child Protection

Emergency and Evacuation Policy

Policy First Aid Policy

Incident, injury, trauma and illness Policy

Arrival and Departure Policy

Water Safety

Excursion Policy

Transport Policy



## **Provide Child Safe Environment Policy**

Nundle P&C OOSH will ensure that children are adequately supervised at all times. Organise environments to minimise risks to children; monitor and minimise hazards and safety risks in the environment. Implement our Child Protection and our Incidents, Injury, Trauma, Illness Policies; and take every reasonable precaution to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

### Supervision

The Approved Provider will:

Ensure that sufficient numbers of educators are employed to ensure adequate supervision of children at all times; and adopt policies and procedures to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

The Nominated Supervisor will:

Draw up rosters to ensure that adequate numbers of educators are on duty to meet ratio and qualification requirements and to ensure adequate supervision of children at all times. Engage casual staff as appropriate; ensure staff are aware of the need for adequate supervision of children at all times and adopt policies designed to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury are implemented and that all staff are aware of these policies and procedures.

Educators will:

Adequately supervise children within their room/group at all times; and inform the Nominated Supervisor whenever supervision is inadequate within their room to ensure the health and safety of all children.

### Organisation of Environments

The Approved Provider will:

Make sufficient allowance within budgets to allow for the replacement of worn and damaged equipment and resources which may provide safety risk for children; and make sufficient allowance within budgets to allow the adequate maintenance of all indoor and outdoor environments.

The Nominated Supervisor will:

Organise the programs to enable adequate supervision of children and so to minimise the risk to children; and organise repairs and maintenance to equipment and environments in a timely manner.

Educators will:

Organise indoor and outdoor spaces to ensure risks to the health and safety are minimised; and inform the Nominated Supervisor of repairs and maintenance needed within the service to ensure the health and safety of children.

## **Risk Assessment**

The Nominated Supervisor will:

Conduct a risk assessment of the service environment on a 12 month basis or if something within the grounds changes to determine any risks to children's health and safety; analyse and evaluate the risks associated with identified hazards; determine appropriate ways to eliminate or control identified hazards; and review risk assessments after any serious incident report is made to the Department of Education and Communities.

Educators and staff will:

Report any risks or hazards within the service to the Nominated Supervisor as soon as possible.

## **Child Protection**

The Approved Provider, Nominated Supervisor and Educators and Staff will comply with the requirements of the service's child protection policy to ensure the minimisation of children's risk to harm.

## **Tobacco, Drug and Alcohol-Free Environment**

To ensure the health and safety of children and families utilising Nundle Public School P&C OOSH is maintained by providing an environment that is free from the use of tobacco, drugs and alcohol.

The Nominated Supervisor, educators, staff and volunteers must not:

- Consume alcohol
- Be affected by drugs or alcohol (including prescription medication)

while educating and caring for children at the service

This does not mean that educators, staff or volunteers who require prescription medication must be excluded, but rather that consideration be given as to whether that medication affects the person's capacity to provide education and care to children.

## Physical Activity Policy

Nundle P&C OOSH recognises the importance of physical activity for young children. Implementation of appropriate physical activity in children's services supports the health and development of children in care as well as assisting to establish positive lifestyle habits for the future.

The aim of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and limit small screen recreation time in line with the current draft recommendations.

- Promote physical activity and skill development.
- Aim to encourage children to accumulate one hour of physical activity during their time in care
- Activities and physically active play indoors and outdoors.
- Ensure staff model and join in active play time.
- Ensure staff use verbal prompts to encourage children and give positive reinforcement to participate in active play.
- Adopt a participatory approach emphasise fun rather than competition.
- Ensure inclusive practices for ALL children.
- Provide physical activity based learning experiences for children both opportunistically and throughout the program
- Ensure physical activity learning experiences are planned consistently throughout the program and curriculum.
- Ensure that staff routinely identify opportunities to engage and educate children in active play.
- Discuss with children the role of small screen time in their lives and support them in healthy choices.
- Limit small screen recreation and time spent being sedentary.
- Aim to minimise time that children spend viewing small screen recreation during their time in care.
- Aim to limit the time children spend being seated or inactive (other than during meal or rest times) during their time in care.
- Ensure all staff has appropriate knowledge and skills in the area of physical activity.
- Develop a program of regular education regarding physical activity for primary contact staff.
- Include information on the physical activity policy as part of staff orientation.
- Provide a physical environment that promotes physical activity.
- Ensure that indoor and outdoor physical environments provide adequate space and resources to facilitate active play.
- Provide space, time and resources to support children to create their own opportunities for physical activity.
- Follow safety procedures and risk management strategies when implementing physical activity.
- Ensure communication with families regarding physical activity, skill development and small screen recreation
- Routinely consult and inform families of physical activity practices and policies.
- Communicate regularly with families and provide information and advice on active play, fundamental skill development and limiting small screen recreation.
- Invite families to participate in physical activity experiences with their children where appropriate.

## **Monitoring and Review**

- Monitor children's physical activity progress as part of routine observations of children's development.
- Review the physical activity policy every 12 months.

# Sleep and Rest Policy

## POLICY STATEMENT

Nundle Public School P&C OOSH believes that effective rest and, where necessary, sleep strategies are important factors in ensuring a child feels safe, secure and comfortable in the service environment. The service defines 'rest' as a period of inactivity, solitude, calmness or tranquillity and is considered different to a child being in a state of sleep in regards to the school age care of children. Whilst the majority of children who access our service may never need to sleep or rest during their time at the service, it is important that educators can accommodate the rest needs of all children regardless of their age if it is needed. Examples of when this may be necessary are when children are feeling unwell, if they are tired from an excursion or if they have additional needs and their rest requirements are greater than their peers.

(National Quality Standards 2.1 and 2.2, Elements 2.1.1 and 2.2.1)

## PROCEDURES

### A. Safe Sleep Practices for all Children

- In accordance with the Education and Care Services National Law and Regulations, the service will ensure that the needs for sleep and rest of children in the service are met, having regard to the ages, developmental stages and individual needs of the children.
- The service's Sleep and Rest Policy is based on recommendations from the recognised national authority Red Nose.
- The service consults with families about their child's individual needs and to be aware of the different values and parenting beliefs, cultural or otherwise that are associated with rest.
- If a family's beliefs and practices are in conflict with Red Nose recommendations, then the service will not endorse an alternative practice, unless the service is provided with written advice from a medical practitioner.
- The service has a duty of care to ensure that all children are provided with a high level of safety when resting or sleeping while in care.
- In meeting the service's duty of care, it is a requirement that management and educators implement and adhere to the service's Sleep and Rest Policy.
- All children will rest with their face uncovered.
- Children's rest environments are free from cigarette or tobacco smoke.
- The rest environment, equipment and materials will be safe and free from hazards.
- Educators monitor resting children at regular intervals and supervise the rest environment.

### B. Rest for School Age Children

- If a school age child requests a rest then there is a designated area for the child to be inactive and calm, away from the main group of children.
- The designated rest area may be a cushion, mat or seat in a quiet section of the care environment.
- Quiet, solitary play experiences are available for those school age children who request the need for a rest or time away from their peers.
- Safe resting practices are relevant to school age children because, if they are resting or sleeping they should be monitored at regular intervals and a school aged child's face should be uncovered when they are sleeping as described above.
- Educators will show awareness of children's comfort and avoiding overcrowding when children need rest or sleep.
- Children resting in what staff could perceive as a hazardous clothing i.e. hood with cords, scarf, hats with cords, should be encouraged to be removed when resting

- Our service will provide a range of both active and restful experiences throughout the program and support children's preferences for participation.

#### **C. Safe Resting Practices for a Child who is Unwell**

- Refer to the service's Incident, Illness, Injury and Trauma policy for additional information.
- Child will be encouraged to rest in a quiet, comfortable and safe place.
- Child will be placed on their back to rest when displaying signs of being unwell. If a child turns onto their side or stomach during sleep, then allow them to find their own sleeping position.
- All children will rest with their face uncovered.
- Children who are unwell will be given the highest supervision priority and monitored at 5-minute intervals and is recorded on the incident, illness, injury and trauma form, especially if the child has a high temperature, vomited or received minor trauma to their head. For example, a child who has received a blow to the head while playing sport.
- Parents will be contacted immediately to plan to collect the child as soon as possible.

#### **D. The Rest/Sleep Environment and Equipment**

- The service will ensure a rest or sleep space is available or can be made available to children at all times. This could include a quiet area with cushions, a book corner with beanbags, a lounge or armchair etc.
- The area and equipment will be checked regularly as part of the services safety check and hazard identification practices.
- Hygiene standards will be maintained when children use the rest/sleep area and equipment such as pillow cases and blankets, will be regularly washed, particularly when a child is unwell.
- There may be occasions where children with additional needs will need to sleep or rest in their wheelchairs or other equipment. It is important that children are not left alone whilst sleeping in these and that the restraints are sufficiently fastened.
- The service will ensure the room temperature, airflow, noise and lighting is conducive to sleep and rest when necessary.
- Children's clothing items should be checked prior to them sleeping to ensure it doesn't present any hazards to them whilst asleep.

## Food and Nutrition Policy

**Goal: to ensure children have food and drink that is safe, varied, nutritious and culturally diverse.**

The following strategies are enforced by the Nundle P&C OOSH to ensure that children receive food and drink which is safe, varied, nutritious and culturally diverse:

- Nundle P&C OOSH will provide healthy morning and afternoon tea.
- An eating environment which promotes family and multicultural values will be provided.
- Staff members will sit and supervise children during meal times.
- Children will be taught about food and nutrition through food awareness activities, practical food preparation activities and discussions about food.
- Tap water or bought water will be the main drink and will be available, supplied by the centre, at all times.
- Food will always be available in case of an emergency.
- All staff are aware of food safety and handling rules.
- The Nundle P&C OOSH will implement and encourage practices that assist children to minimise food contamination.
- The Nundle P&C OOSH will have procedures regarding the disposal of unused food, food storage and cleaning.
- The Nundle P&C OOSH will implement practices that ensure children receive food hygienically.

Food purchased from Retail outlets (For foods needing refrigeration such as meats, dairy etc.)

- Where possible staff will transport food needing refrigeration in an insulated bag
- The food must be taken straight from the place of purchase to a fridge.
- The fridge needs to be the correct temperature before food to be used for the centre is placed in it.

The kitchen or food preparation environment

- Food is normally prepared in the kitchen areas. Some food may be prepared with children outside at the tables provided appropriate hygiene practices are in place.
- The area where food is being prepared should be cleaned and disinfected prior to preparing food when cooking etc.
- Appropriate cutting/preparation boards are available.
- Utensils used for eating, drinking or serving must be washed in hot water with dishwashing detergent after use.
- Items washed should be air dried and covered if necessary or dried with a fresh clean tea towel.
- There needs to be a clean small rubbish bin for food scraps.
- Clean and disinfect benches and any other areas necessary at the end of every day the centre is open for children/events and kitchen is used.
- Change tea towels regularly.
- Sweep kitchen floor if necessary. The cleaner will clean the floor overnight on days the centre is cleaned.
- Attend to a slippery/hazardous floor immediately and put up the yellow signage.

Storage/Serving of food

- Food should be covered after preparation until serving if appropriate.
- All frozen food will be stored in the freezers.
- Cold food will be stored in the fridge.
- All hot cooked food /meals will be served at above 60 degrees Celsius unless they are part of a school or other event the centre has no control over but staff will monitor.
- All meat is thawed inside the fridge over a period of time or within the microwave immediately before

- use.
- Utensils will not be shared between different foods or people.

## Food Handlers

Food handlers need to:

- Follow the centre's hand washing procedures.
- Wash hands with water and soap before preparing food, use hand sanitiser when in direct contact with food and serving food or wear disposable gloves.
- Be free of illness.
- Cover sores and cuts with a band aid.
- Use serving utensils to serve all food.
- Tie hair back if cooking a meal with children.

Source: Good for Kids Good for Life, Dietary Guidelines for Children and Adolescents in Australia (National Health & Medical Research Council, 2013), Food Safety Information Council Education and Care Services National Law and Regulations National Quality Standards



## Sun Smart Policy

- Outdoor activities will be planned to occur in shaded areas. During October to March outdoor activity times will be carefully monitored around 3pm (EST). Sun protection practises are required at all times when outside. During April to September activities can be planned at any time of the day. Sun protection practices are required between 10am and 2pm (EST), except in June and July when the UV index is below 3.
- The Nundle P&C OOSH will provide adequate shade for outdoor play. Shade is provided by several large trees and by shade structures over the sandpit and over the concrete playground area
- All children will wear a Sun Smart hat that protects the face, neck, ears and crown of the head whenever they are outside or on an excursion. Suitable hats include:
  - A broad brimmed hat with a brim size of at least 6cm.
  - A legionnaire hat.
  - A bucket style hat with a brim size of at least 5cm and a deep crown.Note: baseball caps do not provide protection for the neck, ears and cheeks and are therefore not permitted.
- Children without hats will be asked to play in the shade.
- When outdoors, all children will wear Sun Smart clothing that protects as much of the skin as possible, especially the shoulders, back and stomach. Clothing requirements include:
  - Loose fitting shirts or dresses, with collars and sleeves that cover the shoulders and chest.
  - Trousers or longer style skirts and shorts.
  - Closed toe shoes to protect feet
  - Closely woven fabricsNote: midriff and singlet tops are not permitted.
- SPF 30+ broad spectrum water resistant sunscreen will be available to be applied 20 minutes before going outdoors.
- Staff, families and visitors will act as positive role models and demonstrate Sun Smart behaviour when attending the Nundle P&C OOSH.

## Managing Medical Conditions and Medication Administration

### POLICY STATEMENT:

Our service will work closely with children, families and where relevant schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions, including asthma, anaphylaxis or diabetes, to participate fully in the day to day program in order to promote their sense of wellbeing, connection and belonging to the service (*"My Time, Our Place"* 1.2, 3.1). Our educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality (*"My Time, Our Place"* 1.4). Medications will only be administered to children in accordance with the National Law and Regulations.

### PROCEDURE:

#### a) Managing medical conditions

- Families will be asked to inform the service of any medical conditions, including asthma, anaphylaxis or diabetes, the child may have at the time of enrolment. This information will be recorded on the child's enrolment form.
- Upon notification of a child's medical condition, the service will provide the family with a copy of this policy in accordance with regulation 91.
- Specific or long term medical conditions will require the completion of a medical management plan developed in conjunction with the child's doctor and family.
- It is a requirement of the service that a risk minimisation plan and communication plan is developed in consultation with the child's family. The Coordinator will meet with the family and relevant health professionals as soon as possible prior to the child's attendance to discuss the content of the plan to assist in a smooth and safe transition of the child into the service.
- The risk minimisation plan, communication plan and management plan must be reviewed and resubmitted annually (unless specified earlier) by the medical practitioner, family and service.
- Content of the management plan will include:
  - ✓ Identification of any risks to the child or others by their attendance at the service.
  - ✓ Identification of any practices or procedures that need adjustment at the service to minimise risk e.g. food preparation procedures.
  - ✓ Process and time line for orientation or training requirements of educators.
  - ✓ Methods for communicating between the family and educators if there are any changes to the child's medical management plan.
- The medical management plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition. All educators including volunteers and administrative support will be informed of any special medical conditions affecting children and orientated regarding the necessary medical management plan and risk minimisation plan. In some cases specific training will be provided to educators to ensure that they are able to effectively implement the medical management plan.
- Where a child has an allergy, the family will be asked to supply information from their doctor explaining the effects if the child is exposed to whatever they are allergic to and to explain ways the educators can help the child if they do become exposed.
- Where possible the service will endeavour to not have that allergen accessible in the service.
- All medical conditions including food allergies will be placed in the daily folder out of the sight of general visitors and children. It is deemed the responsibility of every educator at the service to regularly read and refer to the list.
- The service will ensure that staff have received training in anaphylaxis, including the administration of an auto injector (Epipen or Anapan) and emergency asthma treatment in accordance with the services Administration of First Aid policy.

- All relief educators will be informed of the list on initial employment and provided orientation on what action to take in the event of a medical emergency involving that child.
- Where a child has a life threatening food allergy and the service provides food, the service will endeavour not to serve the particular food allergen in the service when the child is in attendance and families will be advised not to supply that allergen for their own children. Families of children with an allergy may be asked to supply a particular diet if required (e.g. soy milk, gluten free bread).
- Where it is necessary for other children to consume the particular food allergen (e.g. milk or other dairy foods) the child with a food allergy will be seated separately during meal times and all children will wash their hands before and after eating.
- Where medication for treatment of long term conditions such as asthma, diabetes, epilepsy, anaphylaxis or ADHD is required, the service will require an individual medical management plan from the child's medical practitioner or specialist detailing the medical condition of the child, correct dosage of any medication as prescribed and how the condition is to be managed in the service environment.
- Parents/Guardians must provide any medication, including Epipen or Anapen, asthma relieving medication and spacer to the service and ensure that the medication has a current use by date.
- Parents/Guardians must notify the service if there are any changes to the medical management plan.
- In the event of a child having permission to self-medicate this must be detailed in an individual medical management plan including recommended procedures for recording that the medication has been administered. The doctor must provide this plan. In one off circumstances the service will not make an exception to this rule and will require the families to complete the procedure for the educators to administer the medication.

#### **b) Administration of Medication**

- Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication will not be administered at the service unless authorised by a doctor.
- Educators will only administer medication during services operating hours.
- Permission for a child to self-medicate will be administered with the families written permission only, or with the verbal approval of a medical practitioner or parent in the case of an emergency.
- In the event that a case of emergency requires verbal consent to approve the administration of medication, the service will provide written notice to the family as soon as practical after administration of the medication.
- An authorisation is not required in the event of an asthma or anaphylaxis emergency however the authorisation must be sought as soon as possible after the time the parent and emergency services are notified
- Families who wish for medication to be administered to their child or have their child self-administer the medication at the service must complete a medication record providing the following information;
  - ✓ Name of child
  - ✓ Name of medication
  - ✓ The time and date that the medication was last administered.
  - ✓ Details of the date, time, dosage and method to be administered. (General time, e.g. lunchtime will not be accepted.)
  - ✓ Where required, indicate if the child is allowed to administer the medication themselves or have an educator do it.
  - ✓ Signature of family member
- Medication must be given directly to an educator and not left in the child's bag. Educators will store the medication in a designated secure place, clearly labelled and ensure that medication is kept out of reach of children at all times.
- If anyone other than the parent is bringing the child to the service, a written permission note from the parent, including the above information, must accompany the medication.

- An exception to the procedure is applied for asthma medication for severe asthmatics in which case the child may carry their own medication on their person with parental permission. Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.
- Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child.
- After the medication is given, the educator will record the following details on the medication form: Name of medication, date, time, dosage, manner in which it was administered, name and signature of person who administered (can be child, if self-administered) and name and signature of person who verified and witnessed.
- Where a medical practitioner's approval is given, educators will complete the medication form and write the name of the medical practitioner for the authorisation.

## **Procedure: Diabetes**

Definition:

### **“What is Diabetes?”**

#### Type 1

Type 1 diabetes previously known as insulin dependent or juvenile diabetes, occurs when the pancreas is unable to produce insulin. People with type 1 diabetes require insulin injections for life, a healthy eating plan and regular physical activity. Most children with diabetes have type 1 diabetes, but it can have its onset in adult life.

#### Type 2

People with type 2 diabetes produce insufficient insulin and the insulin produced does not work effectively. Type 2 diabetes often responds to a healthy eating plan, appropriate exercise and weight reduction, but sometimes tablets and then later, insulin may be required. Type 2 diabetes previously known as non-insulin dependent diabetes, usually affects people over the age of 40, may run in families and may be associated with being overweight - although there are some exceptions. Increasingly type 2 diabetes is being seen in younger people and teenagers, associated with being overweight and inactive.

### **Other types of diabetes**

Other types of diabetes are rare and can be associated with genetic disorders, medications and conditions that damage the pancreas. These types of diabetes are often called secondary diabetes.

### **Signs and Symptoms:**

When type 1 diabetes develops blood glucose levels may rise up to five to ten times the normal level. Excess glucose spills over into the urine, drawing water with it and causing frequent urination and dehydration. Thirst increases as the body tries to compensate and an unquenchable thirst results.

Excessive tiredness and mood changes are common.

The body is unable to use glucose from food for energy and starts to break down fat and muscle leading to weight loss over weeks or months. The breakdown of fat causes chemicals, known as ketones, to accumulate in the blood, resulting in abdominal pain, nausea and vomiting. If undetected, glucose and ketone levels become very high in the blood stream with severe dehydration and loss of salts from the body. This is called diabetic ketoacidosis (DKA) and coma may occur.

### **Common Signs and Symptoms**

- Going to the toilet frequently to pass urine
- Excessive thirst and drinking a lot of fluids
- Weight loss
- Tiredness
- Mood changes

### **Other Signs and Symptoms**

- Skin infections

- Oral or vaginal thrush
- Abdominal pain
- Excess hunger

For all children who attend the Service:

- Refer families to a doctor if child displays symptoms of diabetes.
- Reduce triggers and regularly refresh staff regarding this policy and procedure
- Recognise and report child's symptoms to families using an Illness or Incident Report and refer families to their GP to get symptoms assessed.
- Check insulin medication regularly to ensure it is not expired/ out of date.
- Store medication in appropriate place
- Display General Diabetes Plan at the Service
- Review policy regularly keeping up to date with current research.

For children who are diagnosed with Diabetes:

- Collect an action plan completed by a child's family and signed by the child's GP
- Keep child's medication at the Service at all times ensuring it is labelled with child's name and is current (in date).
- Families are to have their child's diabetes action plan reviewed regularly at doctors discretion
- Follow action plan in the event of an episode.
- Have *Diabetes Alert* displayed at the service for any child who is known to have diabetes

Managing a Hypo:

- Educators to follow the child's action plan or the below steps if an emergency:
- Educators will also contact the parent, and document any incident or suspected incident of hypoglycaemia

Check your BGL. (If you can't check BGL, treat it as a hypo, just in case.)

If BGL is **below 4 mmol/L:**

**Step 1:**

Have 15 grams of fast acting carbohydrate such as

- 6-7 jellybeans OR
- 1/2 can of regular soft drink (not 'diet') OR
- 1/2 glass of fruit juice OR
- 3 teaspoons of sugar or honey OR Glucose tablets equivalent to 15 grams carbohydrate.

**Step 2:**

Wait 15 minutes, re-check your blood glucose levels to see if your BGL has risen above 4mmol/L.

- If your BGL has risen above 4mmol/L go to Step 3.
- If your BGL is still below 4mmol/L, repeat Step 1.

**Step 3:**

Eat a snack or meal with longer acting carbohydrate such as:

- A slice of bread OR
- 1 glass of milk OR
- 1 piece of fruit OR
- 2-3 pieces of dried apricots, figs or other dried fruit OR
- 1 tub of natural low fat yoghurt OR
- Pasta OR
- Rice.

Diabetes Australia Hypoglycaemia Emergency Response, Accessed July 2020

<https://www.diabetesaustralia.com.au/hypoglycaemia>

## **Procedure: Asthma**

### Definition:

“What is asthma?”

- Sensitive/ narrowing airways
- Sensitivity and swelling of the airways leading to mucus production
- Tightening of the muscles around the airways”

### Triggers:

- A cold or flu symptom
- Weather conditions
- Exercise
- House dust mite droppings
- Pollens
- Tobacco smoke
- Moulds
- Pets
- Food additives
- Emotional factors

### Symptoms:

- Wheezing – a high pitched raspy sound on breathing (not always audible)
- Coughing (dry or moist)
- Shortness of breath
- Tightening of chest

N.B. (vary from child to child – may display some or all of the above symptoms)

Source: Asthma Australia

### For all children who attend the service:

- Refer families to a doctor if child displays symptoms of asthma.
- Reduce triggers at the Service as much as possible.
- Recognise and report child’s symptoms to families using an Illness or Incident Report and refer families to their GP to get symptoms assessed.
- Have asthma first aid kit including reliever medication and spacer and instructions for use and maintenance at the centre for emergency use.
- Check reliever medication regularly to ensure it is not expired/ out of date.
- Store medication in appropriate place in child’s room.
- Display *4 Step Asthma First Aid Plan* in each classroom.
- Review policy regularly keeping up to date with current research.

### For children who are known sufferers of asthma:

- Collect an Asthma Action Plan completed by a child’s family and signed by the child’s GP for all children who display symptoms of asthma. A current Action Plan and Risk Minimisation Plan will be displayed at the Service.
- Keep child’s medication at the service at all times ensuring it is labelled with child’s name and is current (in date)
- Families are to have their child’s Asthma Action Plan reviewed at the discretion from their medical professional and as stated in the Asthma Action Plan.
- Follow Action Plan in the event of an attack.
- Remember: **‘An asthma attack can be life threatening and should be taken seriously’**

### Identify severity of the attack

**‘MILD-** Cough or soft wheeze but plays happily and feeds well. Sleep is undisturbed by symptoms. The child may describe a feeling of breathlessness or a tight chest’.

**‘MODERATE** – The child may have a persistent cough or loud wheeze and cannot run around and play without wheezing and coughing. The child may describe a feeling of breathlessness or a tight chest’

**‘SEVERE** – **The child is too breathless to talk or feed, unwilling to play and too restless to sleep and is**

**very distressed, gasping for breath. The child may be pale, sweaty and have blue lips. If it is a severe attack call an ambulance immediately'**

- Call ambulance if not in control or if attack is identified as severe, or any other time you feel an asthma attack is unmanageable or escalating rapidly.
- If a child is a known asthma sufferer - follow child's asthma action plan or 4 Step Asthma First Aid Plan
- If a child appears to be having an asthma attack at the Service for the first time - call an ambulance and follow instructions of ambulance officers until ambulance arrives.
- If instructed by ambulance officer - emergency reliever medication and spacer can be administered following *4 Step Asthma First Aid Plan*. Note that regulation 94 of the Education and Care Services Regulation permits non prescribed medication being administered to a child during an emergency.
- Blue reliever medication administered through spacer should relieve symptom within a few minutes.
- After an asthma attack, send child home and refer to GP after attack
- Assess risks at the service after any attack and reduce triggers where possible.
- After any medication is given or asthma attack is observed the Responsible Person is responsible for completing the required documentation including Medication form and Illness form.
- The Approved Provider is responsible for notifying the state regulatory body using the required forms.

### **Procedure: Anaphylaxis**

The service is an 'allergy aware service'. Families are made aware of this during the enrolment and orientation process and are asked not to bring any items which may contain traces of nuts or other known allergy triggers into the service.

Families are asked during enrolment with the Service if their child/ren have any known allergies. If so, relevant documentation is completed by educators, doctors and families.

If a child who suffers from anaphylaxis is accepted into care, parents and doctors must complete appropriate forms and return them to the service *before* the child commences care.

The Service will maintain an Anaphylaxis Action Plan and Risk Management Plan for each child diagnosed with Anaphylaxis. Action Plans will be signed by a GP. All plans will be updated at the discretion from their medical professional and as stated in the Action Plan.

Families are required to provide relevant medications, with all relevant details (name, prescription, dosage, expiry date) attached, to the Service and to replace when the medication expires.

A current allergy list detailing the children's names, days attending the service and known allergens will be on display.

#### Treatment of Anaphylaxis for Children with Identified Condition:

- If a child requires medication to treat an allergy, a letter from the child's doctor clearly detailing the name of medication, the required dose and when the medication should be administered must be supplied by the family.
- Families and educators will work together to develop an anaphylaxis risk management Plan.
- Adrenaline administered via an EpiPen or Anapen is often prescribed to individuals who have a history of anaphylaxis. An EpiPen and Anapen must be kept and stored at room temperature (15-25 degrees). They must not be refrigerated. EpiPens and Anapen should be kept out of the reach of small children, however, they must be readily available when needed and NOT in a locked cupboard. An Action Plan for Anaphylaxis should always be stored with the EpiPen or Anapen. The expiry date must be recorded and checked regularly, as an EpiPen and Anapen have a limited shelf life. All medication including EpiPen or Anapen expiry dates will be checked monthly as part of the First aid check.
- Medication for allergies will not be administered unless prescribed by a doctor. Medication will be administered and stored appropriately.

**If a child appears to be experiencing an anaphylactic reaction, educators are to follow the procedure below.**

1. Administer treatment detailed on the child's '*Allergy Alert*' form and '*Ongoing Medical/Medication Condition*' form and phone for an **Ambulance** and make it clear that the ambulance is for a **child**.

**And** a suitably trained educator is to undertake **DRSABCD**, i.e.

- **Danger**
- **Response**
- **Send for help**
- **Airway**
- **Breathing**
- **Circulation**
- **Defibrillation**

**Give EpiPen:**

- **Remove the grey cap**
- **Hold the EpiPen firmly with the black tip against the upper 2/3 of thigh (keep fingers away from the end of the EpiPen)**
- **Apply moderate pressure and hold for 10 seconds**
- **Discard in a sharps container**

**OR Give Anapen:**

- **Pull off BLACK NEEDLE SHIELD**
- **Pull off GREY SAFETY CAP from red button**
- **Place NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)**
- **PRESS RED BUTTON so it clicks and hold for 10 seconds.**
- **REMOVE Anapen<sup>®</sup>**
- **Discard in a sharps container**

2. Observe patient carefully as symptoms can sometimes recur after an apparent recovery.
3. If CPR is necessary (i.e. the child is unconscious and not breathing and has no pulse), continue CPR until relieved by an ambulance officer.

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**As per regulation 94 of the Education and Care Services National Regulations medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. This means that under instruction from the emergency phone operator an EpiPen may be given to a child without being prescribed the medication. Authorisation must be sought as soon as possible after the time the parent and emergency services are notified.**

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**In all cases of anaphylactic or asthma attack, families will be contacted at the earliest possible opportunity, and educators will document on appropriate forms.**



## **Immunisation for Children and Staff**

Nundle P&C OOSH supports the National Immunisation Program (NIP) which is currently recommended by National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government.

Immunisation for children in care is advised but Nundle P&C OOSH will accept children that are not fully immunised. Families of children that are not immunised will be expected to pay particular attention to the Infectious Diseases and Sick Children Policy and adhere with all sections (with particular attention drawn to exclusion periods).

Parents of immunised children must present a certificate of immunisation history before the child is able to commence at the centre.

### **Procedure:**

- Immunisation records are to be presented at the time the child is enrolled at Nundle P&C OOSH, and families are asked to update the record at the time of each immunisation thereafter.
- Signs are posted around the centre and emails or notices sent to alert families if there is an outbreak of a vaccine preventable disease present at OOSH.
- Staff are encouraged to discuss vaccinations with their own treating doctor, in particular for Hepatitis B, Hepatitis A, Chickenpox, Whooping Cough and Influenza.
- Identifying symptoms of an excludable infectious illness or disease are outlined in the Nundle P&C OOSH Infectious Diseases and Sick Children Policy.

Source: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

Education and Care Services National Law and Regulations  
National Quality Standards

## **Infectious Diseases and Sick Children Policy**

Nundle P&C OOSH recognises that childhood illnesses are common and generally not serious. In an effort to prevent the spread of infectious diseases at OOSH we have adopted the following exclusion periods from Australian Government Guidelines.

Attending to sick children can require extra staff time and attention, and when the staff to children ratio is compromised, parents will be asked to collect their child during the day and not return until well.

Procedure:

- Nundle P&C OOSH will attend to children who become unwell during the day; we will comfort these children and notify parents/carers.
- Parents/carers are asked not to leave their child at OOSH if they are unwell and/or will not be able to participate in the day's activities.
- If a child is unwell and needs to be collected from OOSH, this is at the centres Nominated Supervisors discretion.
- Children with infectious diseases currently within the exclusion periods will not be allowed to attend OOSH (see exclusion periods for infectious conditions below).
- Families at the Nundle P&C OOSH will be notified if there are cases of an infectious disease, and a notice will be placed on the front gate.
- In the event a child has a temperature of 38.0 degrees or higher, parents/carers will be contacted to collect the child.
- To reduce the chance of spread of illness such as gastroenteritis, a child who has vomited or had two cases of diarrhoea will be sent home from the centre. The child will not be able to attend care for at least 24 hours after the vomiting and or diarrhoea has ceased. If a child returns to care and vomits or has one case of diarrhoea the child will be sent home from the centre and the 24 hour exclusion period will recommence.
- If a child develops a rash during care, the family will be contacted and the child will be sent home from the Nundle P&C OOSH. The child can return to the centre either when the rash has disappeared or when a note has been provided by a Doctor stating that the rash is not infectious.
- Children will be excluded from the centre for a period of 24 hours from the start of antibiotics, to allow for recovery, with the exception of a certificate from a Doctor stating that the child is on antibiotics and is well enough to return to care.
- Open wounds and sores must have a waterproof bandage over them so no access can be made to it by other children or staff. If any bodily fluids are leaking from underneath the bandage, the child will have to be collected from the centre and seen by a doctor.

## Recommended Minimum Exclusion Periods for Infectious Conditions for Nundle P&C OOSH

Condition	Exclusion of Case	Exclusion of Contacts
<b>Amoebiasis (Entamoeba histolytica)</b>	Exclude until diarrhoea has ceased	Not excluded
<b>Campylobacter</b>	Exclude until diarrhoea has ceased	Not excluded
<b>Candidiasis</b>	See 'Thrush'	
<b>Chickenpox (Varicella)</b>	Exclude for at least 5 days after the rash first appears AND all the blisters are dry AND the person is systemically well	Any child with an immune deficiency (for example leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
<b>CMV (Cytomegalovirus)</b>	Exclusion is NOT necessary. Pregnant women to be advised.	Not excluded
<b>Conjunctivitis</b>	Exclude until all discharge from eyes has ceased, unless Doctor has diagnosed a non infectious conjunctivitis, and a Medical Certificate Clearance is required.	Not excluded
<b>Covid-19</b>	Find information under <a href="https://www.nsw.gov.au/covid-19/stay-safe/testing/self-isolation-rules">https://www.nsw.gov.au/covid-19/stay-safe/testing/self-isolation-rules</a>	Find information under <a href="https://www.nsw.gov.au/covid-19/stay-safe/testing/self-isolation-rules">https://www.nsw.gov.au/covid-19/stay-safe/testing/self-isolation-rules</a>
<b>Cryptosporidium Infection</b>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
<b>Diarrhoea (no organism identified)</b>	Exclude until there has not been a loose bowel motion for 24 hours.	Not excluded
<b>Diphtheria</b>	Exclude until a) At least two negative throat swabs have been taken (the first not 24 hours after cessation of antibiotic treatment and the second not less than 48 hours later) and b) A certificate is provided by a medical practitioner recommending that the exclusion should cease.	Exclude family and household contacts until approval to return has been given by the Chief Health Officer/Secretary
<b>German Measles</b>	See 'Rubella'	
<b>Giardiasis</b>	Exclude until there has not been a loose bowel motion for 2 hours	Not excluded
<b>Glandular Fever (Mononucleosis, EBV infection)</b>	Exclusion is NOT necessary	Not excluded
<b>Hand, Foot and Mouth Disease</b>	Exclude until all blisters have dried	Not excluded
<b>Haemophilus Influenza type B (Hib)</b>	Exclude until a certificate is provided by a medical practitioner recommending that the exclusion should cease	Not excluded
<b>Head Lice</b>	A child with head lice must be excluded until 24 hours after infestation or suspected infestation has been treated.	Not excluded
<b>Hepatitis A</b>	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice or illness.	Not excluded
<b>Hepatitis B</b>	Exclusion NOT necessary	Not excluded
<b>Hepatitis C</b>	Exclusion NOT necessary,	Not excluded
<b>Herpes Simplex (Cold Sores, Fever Blisters)</b>	Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission. If the person is unable to comply with these practices, they should be excluded	Not excluded
<b>Human Immunodeficiency Virus (HIV/AIDS)</b>	Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.	Not excluded
<b>Hydatid Disease</b>	Exclusion is NOT necessary	Not excluded
<b>Impetigo (School Sores)</b>	Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.	Not excluded
<b>Influenza and Influenza like Illnesses</b>	Exclude until well	Not excluded
<b>Legionnaires Disease</b>	Exclusion is NOT necessary	Not excluded
<b>Leprosy</b>	Exclude until approval to return has been given by an appropriate Health Authority	Not excluded

<b>Measles</b>	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded. Non immunised contacts of a case are to be excluded from care until 14 days after the first day of appearance of rash in the last case, unless immunised within 72 hours of the first contact during the infectious period with the first case. All immune compromised children should be excluded until 14 days after the first day of appearance of rash in the last case.
<b>Meningitis (Bacterial)</b>	Exclude until well and has received the appropriate antibiotics	Not excluded
<b>Meningitis (Viral)</b>	Exclude until well	Not excluded
<b>Meningococcal Infection</b>	Exclude until appropriate antibiotic treatment has been completed	Not excluded
<b>Molluscum Contagiosum</b>	Exclusion is NOT necessary	Not excluded
<b>Mumps</b>	Exclude for nine days or until swelling goes down (whichever is sooner)	Not excluded
<b>Norovirus</b>	Exclude until there has not been a loose bowel motion or vomit for 48 hours.	Not excluded
<b>Parvovirus (Fifth Disease, Erythema Infectiosum, Slapped Check Syndrome)</b>	Exclusion is NOT necessary	Not excluded
<b>Pertussis</b>	See 'Whooping Cough'	
<b>Respiratory Syncytial Virus</b>	Exclusion is NOT necessary	Not excluded
<b>Ringworm/Tinea</b>	Excluded until the day after appropriate antifungal treatment has commenced	Not excluded
<b>Roseola</b>	Exclusion is NOT necessary	Not excluded
<b>Ross River Virus</b>	Exclusion is NOT necessary	Not excluded
<b>Rotavirus Infection</b>	Children are to be excluded from the Preschool until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
<b>Rubella (German Measles)</b>	Exclude until fully recovered or for at least four days after the onset of rash. Pregnant women to be advised.	Not excluded
<b>Salmonella Infection</b>	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
<b>Scabies</b>	Exclude until the day after appropriate treatment has commenced	Not excluded
<b>Scarlet Fever</b>	See 'Streptococcal sore throat'	
<b>School Sores</b>	See 'Impetigo'	
<b>Shigella Infection</b>	Exclude until there has not been a loose bowel motion or 24 hours	Not excluded
<b>Streptococcal Infection (including Scarlet Fever)</b>	Exclude until the person has received antibiotic treatment for at least 24 hours and they feel well.	Not excluded
<b>Thrush (Candidiasis)</b>	Exclusion is NOT necessary	Not excluded
<b>Toxoplasmosis</b>	Exclusion is NOT necessary	Not excluded
<b>Tuberculosis (TB)</b>	Exclude until medical certificate is produced from an appropriate Health Authority	Not excluded
<b>Typhoid, Paratyphoid</b>	Exclude until medical certificate is produced from an appropriate Health Authority	Not excluded unless considered necessary by Public Health Authorities
<b>Varicella</b>	See 'Chickenpox'	
<b>Viral Gastroenteritis (Viral Diarrhoea)</b>	Children are to be excluded from the Preschool until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
<b>Warts</b>	Exclusion is NOT necessary	Not excluded
<b>Whooping cough (Pertussis)</b>	Exclude until five days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing.	Contacts that live in the same house as the case and have received less than three doses of pertussis vaccine are excluded from the Preschool until they have had five days of an appropriate course of antibiotics. If antibiotics have not been taken these contacts must be excluded for 21 days after their last exposure to the case whilst the person was infectious
<b>Worms</b>	Exclude if loose bowel motions present	Not excluded

Source: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

Education and Care Services National Law and Regulations  
National Quality Standards

## **Head Lice Policy**

Head Lice continue to cause concern and frustration for some parents, staff and children. This policy is intended to outline roles, responsibilities and expectations of the childcare community to assist with treating and controlling head lice in a consistent and coordinated manner.

Whilst parents have the primary responsibility for the detection and treatment of head lice Nundle P&C OOSH will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

### **It is the expectation of parents/carers and families attending Nundle P&C OOSH that:**

- Children's hair will be checked for head lice on a weekly basis, at home, using the recommended conditioner/combing detection method.
- That your child does not attend Nundle P&C OOSH with untreated head lice.
- Regularly inspect all household members and then treat them if necessary.
- Parents/carers will notify the centre if their child is found to have live lice and advise when appropriate treatment was commenced.
- Children with long hair will attend the centre with hair tied back.
- Use only safe and recommended practices to treat head lice.
- Notify the parents or carers of your child's friends so they can have an early opportunity to detect and treat their children if necessary.
- Maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures.
- Act responsibly and respectfully when dealing with members of the school and broader community especially around issues of head lice.

### **To support parents/carers and the broader childcare community to achieve a consistent, collaborative approach to head lice management the centre will undertake to:**

- Distribute up to date and accurate information on the detection, treatment and control of head lice to parents and staff if required.
- Include information and updates in newsletters.
- Provide practical advice and maintain a sympathetic attitude and avoid stigmatising/blaming families who are experiencing difficulty with control measures.
- Access community educational resources and support, such as primary childcare nurses, community health centres and local government.
- Only exclude children from the centre who have live insects.
- Accept the advice of parents that appropriate treatment has commenced.
- Encourage children to learn about head lice so as to help remove any stigma or 'bullying' associated with the issue.
- Be aware of real difficulties some parents may encounter and seek extra support if required.

Source: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

Education and Care Services National Law and Regulations  
National Quality Standards

## Medication Policy

The following policy aims to ensure the safety of all children at Nundle P&C OOSH whilst at the same time meeting the needs of the individual child, the requests of the parents and concerns staff may have with administration of medications.

### Policy:

Nundle P&C OOSH staff are able to administer medication to children under strict guidelines. The parent/guardian who completes the Medication Form is ultimately responsible for the appropriateness of the medication. If staff identify that the following procedures have not been met, then they will not administer any medication. The rationale behind staff concerns with administering medication will be explained to the parent as soon as possible.

### The following is to be written on the child's medication sheet:

- Child's full name.
- Date.
- Name of medication.
- Date/s, time/s, dosage or the circumstances under which the medication should be next administered.
- The parent/guardian's name and signature that is authorising the medication to be administered to the child.
- An additional record of any medical condition that impacts on care and the necessary medication required.
- Prescription medication **MUST** have the child's name on it and be within **expiry dates**.
- Staff can only administer medication as per Doctor's instructions on label. This includes instructions regarding dosages, even if this differs from the parent request.
- Medication stating to be administered 3 times a day is 3 times in a 24 hour period being 8 hourly; 4 times a day is 6 hourly, etc. staff will only administer medication as per these 24 hour guidelines.
- Homeopathic and Chinese medicines must have ingredients, clear instructions and a phone number for the Naturopath or other. Over the counter medications, i.e.: Demazin etc. must be in original container, within expiry date and come with written permission from a parent as per prescription medications. Staff will monitor the usage of these products, as they are not intended for extended use.
- Emergency medications, i.e. Ventolin and Epi-pens are given as per action plans displayed.

### Parents Procedure

- If a child requires prescribed medication whilst in the centre, they must be on the medication for 24 hours before they are able to return to care, this will be monitored by prescribed dates on medication.
- Parents are to remove medication from their child's bag and give to staff to place in the fridge/shelf.
- Parents are to supply a labelled medicine cup/syringe with clear and legible measurements.
- Parents are to inform staff if their child requires medication to be administered.
- Parents are to complete a Medication Record, if medication is required to be administered by Nundle P&C OOSH staff.
- Parents are responsible for requesting staff to collect medication from the kitchen fridge/shelf when collecting their child from the centre.

## Staff Procedure

- Staff are to store medication received from parents in the kitchen fridge or high shelf.
- Before administration of medication staff are to wash and dry hands before preparing and administering any medication.
- Staff are to collect medication from fridge/shelf and check the following information against the completed Medication Record and label on the medication:
  - o Child's full name.
  - o Date
  - o Name of medication.
  - o Date/, time/s, dosage or the circumstances under which the medication should be next administered. Dosage times need to be concise with Doctor's instructions (medication stating to be administered 3 times a day is 3 times in a 24 hour period being 8 hourly; 4 times a day is 6 hourly etc.).
  - o The time and date the medication was last administered before the child attended the service.
  - o Medication expiry date.
  - o The parents/guardians name and signature authorising the medication to be administered to the child.
  - o Any additional record of any medical condition that impacts on care and the necessary medication required.
- One staff member is to administer medication (qualified staff if possible and must hold a First Aid Certificate).
- Staff are to sign Medication Record. Noting dose and time the medication was administered.
- Any medicine cups or syringes used are to be washed after use.

## **Child Protection Policy**

Nundle Public School Out of School Hours Care - OOSH, believes that it is every child's right to be safe and protected from all forms of abuse, violence or exploitation. It is the legal and moral obligation of all adults who work within our service to ensure the safety and wellbeing of all children in our care. All staff, including casual staff, volunteers and students have a duty of care to ensure the safety and protection to all children who access the service's facilities and/ or programs.

The safety and welfare of all children is of paramount importance.

Staff and management have a legal responsibility, as Mandatory Reporters, to take action to protect and support children they suspect may be at significant risk of harm.

Our service will carry out the responsibilities of Mandatory Reporters as indicated under legislation. This responsibility involves following the procedures as outlined by Community Services and the NSW Commission for Children and Young People.

### **Considerations**

NSW Children and Young Person's (Care and Protection) Act 1998  
Commission for Children and Young People Act 1998

Child Protection (Prohibited Employment) Act 1998

Ombudsman Act 1974 (with relevant Child Protection Amendments)

NSW Department of Community Services Mandatory Reporting Guidelines NSW Child Protection Inter agency Guidelines (2006)

Legislation Amendment (Wood Inquiry Recommendations) Act 2009 No 13

Keep Them Safe - Information session/ overview participants manual 2009/ 2010

OSHCQA Quality Area 7

### **Procedures**

#### **Mandatory Reporting**

- A Mandatory Reporter is anybody who delivers services to children as part of their paid or professional work.
- In OOSH services mandatory reporters are:
  - o Staff that deliver services to children
  - o Management, either paid or voluntary, whose duties include direct responsibility or direct supervision for the provision of these services.
- Staff are mandated to report to Community Services if they have current concerns about the safety or welfare of a child relating to section 23 of the NSW Children and Young Persons (Care and Protection) Act 1998

#### Section 23 (1)

##### a-b) Child is at significant risk of harm - Neglect

- o a) basic physical or psychological needs not being met or are at risk of not being met
- o b) parents/ carers unwilling or unable to provide necessary medical care

- o b1) parents/ carers unwilling or unable to arrange for the child or young person to receive an education

##### c) Child is at significant risk of harm - Physical/ Sexual abuse

##### d) Child is at significant risk of harm - Domestic violence

##### e) Child is at significant risk of harm - Serious Psychological harm

##### f) Child is at significant risk of harm - Prenatal report



## **Definitions of Child Abuse** (Child: person under the age of 12 years old)

**Physical Abuse:** is any non-accidental injury or serious harm inflicted upon a child by any person who is in a position of power over that child.

**Sexual Abuse:** occurs when anyone uses their power or authority to take advantage of a child's trust or uses fear to involve that child in activity for the sexual gratification of the abuser.

**Neglect:** is failure to provide an adequate standard of nutrition, shelter, clothing, hygiene or medical care. It also includes inadequate supervision, which may result in exposure to dangerous or life threatening situations.

**Emotional:** is a chronic attack on a child or young person's self-esteem. It can take the form of name calling, threatening, ridiculing, intimidating or isolating the child or young person.

- Staff will undergo training in relation to childprotection and reporting as part of the training budget.
- Any staff that forms a belief based on reasonable grounds that a child is at risk of harm should ensure they record the details of the report in a clear objective format.
- Reports should be treated with strict confidentiality in adherence to the service's Confidentiality Policy and Procedures.
- Any staff who forms a belief based on reasonable grounds that a child is at risk of harm should discuss their concerns with their coordinator/ authorised supervisor, as he or she may have information the staff member is not aware of. The coordinator will then assist staff in running the online Mandatory Reporters Guidelines tool (see point below for more information) to determine whether the report meets the threshold for **significant** risk of harm.
- If directed by MRG to report to Community services, staff should report their concerns to the Child Protection Helpline: 132 111
- When reporting to the Helpline it is important to have as much information as possible available to give to the Helpline. This might include child's information, family information, reporter details and outcomes of the MRG.
- If Coordinator/ authorised supervisor has been advised to but has not reported to Community Services you are legally responsible to do so.
- Once a report is made to the CP Helpline no further report needs to be made unless new information comes to hand.

## **Mandatory Reporting Guidance tool**

- A Mandatory Reporting Guidance tool has been developed to help front-line mandatory reporters, including OOSH workers determine whether the risk to a child or young person meets the new statutory threshold of 'risk of significant harm'. The MRG will guide reporter on what action should be taken. The MRG is an interactive tool and is available online at <https://reporter.childstory.nsw.gov.au/s/mrg>
- If still in doubt the Community Services Helpline will provide feedback about whether or not the report meets the new threshold for statutory intervention.
- If new information presents concerning the child or young person run the MRG tool again.

- Where concerns do not meet the significant harm threshold, the MRG tool may guide you to 'Document and continue the relationship'. This requires the service to continue to support, provide services, and coordinate assistance and referral for the child and their family.
- The report page from the MRG should be printed and placed in the child/family file for future reference regardless of whether or not further action is recommended.

For assistance with referral information.

Human Services Network [www.hsnet.nsw.gov.au](http://www.hsnet.nsw.gov.au)

Family Services NSW [www.familyservices.nsw.asn.au](http://www.familyservices.nsw.asn.au)

## Information exchange

In order to provide effective support and referral it may be necessary to exchange information with other prescribed bodies including government agencies or non-government organisations and services.

- The NSW Children and Young Persons (Care and Protection) Act 1998 has been amended (2009) to include chapter 16A Information Exchange
- Chapter 16A requires prescribed bodies to take reasonable steps to coordinate decision making and the delivery of services regarding children and young people
- Under Chapter 16 A NSW Children and Young Persons (Care and Protection) Act 1998, Staff will exchange information that relates to a child or young persons safety, welfare or well being, whether or not the child or young person is known to Community Services and whether or not the child or young person consents to the information exchange.
- The information requested or provided **must** relate to the safety, welfare or wellbeing of the child. Information includes:
  - A child or young persons history or circumstances
  - A parent or other family member, significant or relevant relationship
  - The agency's work now and in the past
- Where information is provided in good faith and according to legal provisions, under section 29 & section 245G NSW Children and Young Persons (Care and Protection) Act 1998; reporters cannot be seen as breaching professional etiquette or ethics or as a breach of professional standards. There can be no liability for court action.

## Where a complaint is made about a staff member, or someone in the service

- Should an incident occur that involves a child being put at risk of harm from a member of staff, volunteer, trainee or person visiting the service, this is regarded as '**reportable conduct**' and necessitates such conduct being reported to the NSW Ombudsman within 30 days.
- Where the allegation is made to a staff member or member of management the facts as stated will be recorded in writing, using an Incident Report template that includes dates, times, names of person/s involved, name of person making allegation and the person making the report. This report should be kept on record and treated as strictly confidential.
- If the Coordinator or person in charge is suspected, then the chairperson on management committee should be informed.
- The relevant forms together with information and assistance are available online at <https://ocg.nsw.gov.au/organisations/reportable-conduct-scheme>
- The Office of the Children's Guardian has an "Assessing allegation of neglect" tool <https://ocg.nsw.gov.au/organisations/reportable-conduct-scheme/assessing-allegations-neglect> that

can be used to help you understand whether the information you have meets the threshold of a reportable allegation of neglect.

- The Office of the Children’s Guardian also has a “Notification Criteria” tool where you’ll be asked questions about your organisation and employee, and the allegations against the employee. These will help you decide if you need to make a reportable conduct notification to them.  
<https://ocg.nsw.gov.au/organisations/reportable-conduct-scheme/notification-criteria>
- The person making the report should follow the advice of the Office of the Children’s Guardian.
- Management will also follow this advice.
- The matter will be treated with strict confidentiality.
- For the protection of both the children and the staff member involved, the staff member should be encouraged to take special leave or removed from duties involving direct care and contact with children, until the situation is resolved.
- Support should be provided to all involved. This support can be given in the form of counselling or referral to an appropriate agency.

### Recruitment of staff

- All staff employed by the service including management, full time/ part time carers, volunteers and students will be subject to a Working with Children Check carried out by the NSW Commission for Children and Young People. Written approval from the prospective employee will be sought prior to this check being carried out.
- When the service engages a self-employed individual to provide services, the provider is required to provide a **Certificate for Self Employed People**. This certificate ensures verification that the person employed is not banned by law from working with children.

### For further information

- Community & Justice <https://www.facs.nsw.gov.au/families/Protecting-kids/reporting-child-at-risk>
- Office of the Children’s Guardian <https://ocg.nsw.gov.au/>
- Community Services [www.community.nsw.gov.au](http://www.community.nsw.gov.au)
- Child Protection Helpline 132 111

**Counselling** is to be provided to relevant staff members, to facilitate them on how to deal with the issues appropriately and professionally, as well as giving staff help to care for any affected child/children.

## Emergency & Evacuation Policy

This education and care service will:

Conduct ongoing risk assessments and reviews of all potential emergency and evacuation situations, including medical emergency situations (see Medical Conditions Policy); Develop specific procedures around each potential emergency situation and ensure full awareness by all staff through the provision of professional development; and ensure regular rehearsal and evaluation of emergency and evacuation procedures.

Strategies -

Risk management approach to emergency and evacuation situations The Approved Provider and Nominated Supervisor will:

- Work together with staff to identify potential emergency and evacuation situations that may arise at this specific centre to identify all risks associated with such situations. This will be reviewed on a regular basis;
- Work together with staff to develop procedures to manage all risks associated with emergency and evacuation situations.
- Ensure the development of an emergency evacuation floor plan. This floor plan is displayed in the OOSH room;
- Ensure educators and staff have ready access to an operating telephone or similar means of communication and that emergency telephone numbers are displayed near telephones;
- Ensure educators and staff have ready access to emergency equipment such as fire extinguishers and fire blankets. Fire extinguisher is near door in OOSH room.
- Risks assessed should include but not be limited to a range of emergency situations, including fire or explosion, dangerous chemical release, medical emergency, natural disaster, violence or robbery.
- Ensure that emergency equipment is tested as recommended by recognised authorities;

Educators will:

- Assist the Nominated Supervisor in identifying risks and potential emergency situations;
- Assist the Nominated Supervisor in developing procedures to lessen the risks associated with emergency evacuations; and
- Ensure they are aware of the placement of operating communications equipment and emergency equipment.

Communication and display of emergency and evacuation procedures The Approved Provider and Nominated Supervisor will:

- Ensure the emergency evacuation procedures and floor plan are displayed in a prominent position near each exit and that all staff and educators are aware of these;
- Ensure that all staff are trained in the emergency evacuation procedures;
- Ensure that all staff are aware of emergency evacuation points; and ensure that families are regularly reminded of the emergency procedures in place at the service.

Educators will:

- Contribute to the development of emergency and evacuation procedures; Ensure they are aware of the emergency evacuation procedures; and ensure the emergency evacuation procedures and floor plan are displayed.
- Scheduled and spontaneous rehearsals of responses to emergency situations

The Approved Provider and Nominated Supervisor will:

- Provide staff and educators with specific procedures around all potential emergency situations; Ensure that the evacuation procedures are in accordance with the evacuation floor plan; Ensure that rehearsals of evacuation procedures are regularly scheduled, every three months as a minimum, and that the schedule maximises the number of children and staff participating in the procedures;
- Ensure that staff are aware of when scheduled emergency evacuation drills are to take place;
- Ensure that spontaneous rehearsals also take place to ensure staff participate in the simulation of an unplanned, emergency evacuation events; and
- Provide staff with time to help complete evaluation/feedback forms after each scheduled and spontaneous rehearsal to assist in refining their risk management procedures around the safe evacuation of staff and children.

Educators will:

- Be aware of upcoming scheduled emergency evacuations and be ready in the event of a spontaneous simulated evacuation; will provide children with learning opportunities about emergency evacuation procedures; and be alert to the immediate needs of all children throughout the scheduled and spontaneous evacuation drills.

Documentation and record keeping

The Approved Provider and Nominated Supervisor will:

- Ensure all scheduled, spontaneous and actual evacuations are documented and reviewed; ensure all staff contribute to the evaluation form and ensure all emergency contact lists are updated as required.

Policy availability

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

## **EMERGENCY PROCEDURE: ACCIDENT**

### **Rationale:**

To ensure that children and adults in care are safe at all times.

### **Procedure:**

- DON'T PANIC.
- ATTEND TO CHILD/ADULT
- DETERMINE NATURE OF INJURY, AND ACTION TO BE TAKEN.
- CONTACT AMBULANCE - **000**
- CONTACT PARENT- if it is a child that has sustained a serious injury
- COLLECT DETAILS OF ACCIDENT
- All staff involved should complete a detailed statement of the accident; this should be completed as soon after the accident as is possible and practical.
- Copies of these formal accident reports should be provided to the Parents, Insurance Company and authorities.
- Where a child has been hospitalized completion of the Serious Accident Notification form for DECS is required.

## **EMERGENCY PROCEDURE: Building FIRE /Grass FIRE**

### **Rationale:**

To ensure children and adults are evacuated in the safest and quickest way possible.

### **Risk Minimisation Plan:**

#### **Each day:**

Check all room exits are clear of furniture and equipment. Ensure that fire hazards are reduced. Ensure that emergency equipment is in place. Check safe assembly areas are identified.

#### **Regularly:**

Talk about fire safety with children and your colleagues. Practice safe exits from the building. Practise Get down low and Go Go Go

### **Procedure**

- Staff will evacuate the children
- Educator will collect the attendance register, and staff sign on book and mobile phone and organise an orderly evacuation of the building.
- Close all windows and doors to help contain fire **DO NOT LOCK DOORS.**
- Grab the **Emergency First Aid Kit**
- Phone Fire brigade **000** give following information:

Name of Centre: Nundle Public School P&C Association OOSH

Address: 95 Jenkins Street Nundle

Nearest Cross Street: Oakenville Street Nundle

- Evacuate to the tree on the school oval, this follows the Nundle Public School Emergency Procedure.
- Check off evacuated children and staff against attendance register. Ensure that all children, staff, visitors and other occupants of the building are accounted for.
- Contact parents using numbers stored in the day-to-day-folder if necessary.

### **Grass Fire:**

During the summer period there is increased risk of grass fire

### **Procedure:**

- **If there is a grass fire, move the children indoors as quickly as possible; shut all the windows and doors to keep smoke out.**

- Call the fire brigade immediately on **000** and give following information:

Name of Centre: Nundle Public School P&C Association OOSH

Address: 95 Jenkins Street Nundle

Nearest Cross Street: Oakenville Street Nundle

- Monitor the fire and hose down any spot fires that may occur

## **EMERGENCY PROCEDURE: SEVERE STORMS**

**Rationale:** To ensure children and adults are safe in the event of severe storms.

### **Risk Minimisation Plan:**

During storm seasons check that the centre and its environment are prepared for severe storms.

#### **Each day**

Checking outdoors that everything is secure and that there is no loose rubbish or material that could become unsafe.

Ensure that fire hazards are reduced.

#### **Regularly:**

Talk about storm safety with children and your colleagues. Practice safe exits from the building.

#### **Practice:**

Evacuating inside if there is a storm.

#### **Follow-up**

Incidents should be recorded and procedure reviewed

#### **Procedure:**

- Children and adults are to remain indoors away from windows and doors.
- Check that all children are inside.
- Reassure children.
- Should the building sustain damage contact SES OR Dial 000
- Contact school principal to determine what action should be taken after initial damage

## **EMERGENCY PROCEDURE: POWER FAILURE**

### **Rationale:**

To ensure Children and Adults are safe at all times.

### **Pre Plan:**

What might happen if there is a power failure?

Power failure can have a significant impact on the operation of the centre.

### **Practice:**

Maintain adequate supervision of all children at all times.

### **Procedure:**

#### **First off**

- If there is a power failure before calling for an electrician check the power boards for tripped circuits. If the circuit has been "tripped" switch it back on.
- If the circuit "trips" again, check what is on that circuit- all power circuits are identified by a number. Is there an appliance that is not working properly that could be causing the problem?
- If the power failure is to be longer, contact the power company and identify how long the outage will be. If it is going to be for some time and there is a risk posed to children then you will need to consider contacting the parents and closing the Centre until power is restored.
- Minimise refrigerator opening.
- Lighting: Restrict activities to those that can be safely conducted in natural light.
- Air Conditioning – Heat related illnesses can develop within a short period of time when exposed to extreme heat.
- Have drinking water available for all children.
- Keep shades drawn and blinds closed on the sunny side of the Centre. Monitor children for signs and symptoms of heat-related illness.

- If heat stress occurs do the following:
  - Cool with cold wet towels.
  - Drink cool fluids. Stick to water or sports drinks.
  - Loosen clothing. Remove any unnecessary clothing and make sure your clothes are lightweight and nonbinding.

## **EMERGENCY PROCEDURE: MISSING CHILD**

**Rationale:** To ensure Children and Adults are safe at all times.

### **Risk Minimisation Plan:**

Identify areas of risk when supervising children.

### **Each day**

Checking all doors, windows, fences and gates are secure.

### **Regularly:**

Monitor supervision, maintain the roll and check the roll.

### **Practice:**

Maintain adequate supervision of all children at all times.

Regularly check informally and formally to ensure that you know where all children are at all times.

### **Follow-up**

Incidents should be recorded and security procedure reviewed

Check Excursion policy for additional requirements on supervision

### **Procedure:**

- Each pupil who arrives or leaves the Centre should be signed in to and out of care by a parent or guardian. During After School Care the educator will sign the children in.
- Indicating Staff maintain the appropriate high level of supervision throughout the day and are aware of the location of all children in their care at all times.
- However, in the unlikely event that it is noticed that a child has gone missing. The following procedures will be followed.
  - Staff will maintain safety and well-being of other children.
  - A roll call will be taken.
  - Day-to-day educator will ring Nominated Supervisor to come to centre
  - Day-to-day educator together with children will search the immediate vicinity or centre grounds. Going to places at which the child was last seen.
- If the child is not found after approximately 20 minutes, the Nominated Supervisor will endeavour to contact the parents of the missing child by telephone.
- If after approximately 15 minutes the parents have not been contacted, the Nominated Supervisor will contact the police.
- Once police arrive all relevant information about the child will be given. The police will then take over the search.
- If off-site, the Nominated Supervisor will remain with the police to comfort the child when found and maintain regular contact with the Centre.
- The remaining staff will return to the Centre with the rest of the children.
- Contact the Regulatory Authority and report



## **EMERGENCY PROCEDURE: INTRUDER.**

**Rationale:** To ensure children and adults are safe at all times.

### **Risk Minimisation Plan:**

Staff to discuss and practise on a regular basis action they may take in case of an intruder--- human or animal.

### **Each day**

Checking all doors and windows are secure. Check safe assembly areas are identified.

Check outdoors to ensure no snakes are around, especially during the spring /summer /autumn seasons.

### **Regularly:**

Talk about stranger danger and how we can keep safe from people who might scare us. Talk about what to do if you see a snake- stay still and call out "snake" very loudly.

### **Practice:**

Evacuating inside if there is an intruder.

Evacuating to a safe place outside if there is a snake.

### **Follow-up**

Incidents should be recorded and procedure reviewed

### **Procedure:**

#### **Intruders posing a safety hazard**

- Politely greet the intruder, identify yourself and ask the purpose of their visit.
- If the intruder becomes agitated and refuses to leave the premises peacefully endeavour to calm the person whilst trying to gain the attention of the children to go inside. Educator will ring police.
- If the caller persists, the children will assemble together in a room away from the windows and doors and distract themselves until educator comes inside. , They will stay there until the police arrive.

### **Procedure if:**

#### **Intruder is armed**

- Staff will contact police immediately.
- Try to remain calm and follow our lockdown procedure:
  - Go to OOSH room and lock door, shut the blinds and turn lights off.
  - Go to furthest corner and distract children with quiet activity
- and they will stay there until police arrive.

### **Procedure:**

#### **Snake in the yard**

- Children and staff will be evacuated inside or to a safe place outside and WIRES or council will be called.
- Staff member will watch the snake to see where it goes.
- Children and staff will remain inside until such time as the snake either leaves the yard by itself or is taken away by WIRES or other trained person.

## First aid Policy

### Objective:

To provide and maintain a safe environment is the main consideration in all Nundle P&C OOSH activities and management practices.

We will ensure that all educators, including casual staff, hold a first aid qualification.

That all children, staff, families and visitors who are involved in accidents and incidents whilst at the centre and require first aid to be administered will have it done according to guidelines and recommended practices of a first aid qualification.

That all incidents will be documented and stored according to regulatory requirements; and a risk management approach to health and safety shall be adopted.

### Professional development of staff and educators

The Approved Provider will ensure:

- That all educators are supported to ensure they hold current recognised first aid qualifications;
- That all educators have undertaken current approved emergency asthma management training (from 1st January, 2013); and employee induction includes an introduction to the first aid policy.

The Nominated Supervisor will:

- Ensure the skills and competencies of trained first aiders are maintained and skills are kept up to date.
- Ensure first aid guides and publications are accessible to staff at all times to assist them in their understanding and administration of first aid.

### Administration of first aid to children, families, staff and visitors to the centre

The Approved Provider will:

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

The Nominated Supervisor and day-to-day educator will:

- Review and sign off on all documentation when first aid has been administered;
- Dial 000 and call for an ambulance when emergency medical treatment is required or delegate this responsibility.
- In general administration of first aid will be done in accordance with first aid training and undertaken by a qualified first aider and in the interests of avoiding delay of treatment, in the first instance; first aid will be administered by the person who has witnessed the incident/injury/illness.
- The nominated supervisor and families (where first aid is being administered to a child) will be notified of the nature of the incident/ accident;
- The person administering first aid will be the person who completes the incident/illness/injury/trauma record and passes to the responsible person for verification and signing by parent or guardian.

## **First aid supplies**

The Approved Provider will ensure that:

- The centre is supplied with an appropriate number of first aid kits for the number of children being educated and cared for by the service;
- The first aid kits are suitably equipped, easily accessible and recognisable;
- First aid kits are carried on field excursions.
- Educators will regularly monitor supplies and update stock as required; and discard and replace out of date stock.
- Documentation and record keeping

Educators will:

- Complete an incident, injury, trauma and illness record for all incidents/injuries/trauma/illnesses occurring at the centre and
- ensure that a copy of the accident/incident report will be given to the family or carer.

The Approved Provider will:

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

## **Managing serious incidents**

The Approved Provider will:

- Ensure any serious incident occurring at the centre will be documented and reported to the Department of Education & Communities within 24 hours;
- A copy of the incident report will be provided to the family as soon as possible and educators and staff are aware of the procedures around managing serious incidents.

The Nominated Supervisor or responsible person will:

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

Educators and staff will:

- Manage serious incidents as per this policy;
- and notify the Nominated Supervisor immediately after the serious incident has occurred.

## **Policy Availability**

The first aid policy will be readily accessible to all staff, families and visitors, and ongoing feedback on this policy will be invited.

Review Management and staff will monitor and review the effectiveness of the first aid policy regularly. Updated information will be incorporated as needed.

## **Incident, injury, trauma and illness**

Our care and education service will:

Develop program goals that promote the wellbeing of each child;

Establish procedures and practice that minimise the risk of harm to children;

Maintain communication with families to ensuring that they are informed of any incidents, injury, trauma and illness to their child or children as required;

Ensure that records of any incident, injury, trauma and illness are documented, transmitted to the Department of Education and Communities as required and kept in storage according to regulatory requirements; and

Ensure that this policy is implemented in conjunction with our Emergencies and evacuation policy.

The procedures of the service will include the following:

Approved Providers will:

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

Nominated Supervisors will:

- Ensure that educators are rostered so that at least one educator who holds a current approved first aid qualification is present at all times that the children are being educated and cared for by the service;
- Ensure the service holds the correct number of first aid kits required, suitably equipped, and maintained;
- Ensure that all staff are aware of the completion of appropriate records (Injury, incident, trauma and illness record) in the event of any incident, injury, trauma or illness to children whilst in the care of the service, and that this information is completed no later than 24 hours after the incident occurred);
- Make staff aware of the appropriate accessibility for approved officers and families to these records and the appropriate storage of these records according to regulatory requirements;
- Complete an audit of the Injury, incident, trauma and illness reports to reflect on the effectiveness of the procedures in place at the service;
- Give staff access to appropriate up to date information, or professional development on the management of incidents.

Educators will:

- Ensure that all children have opportunities to engage in experiences that enhance their sense of wellbeing and allow children to develop a sense of assessing risks for themselves as appropriate;
- Consider the planning of the physical environment and experiences, ensuring that the spaces are safe;
- Thoughtfully group children to effectively manage supervision and any potential risks to children's health and wellbeing; Respond to children in a timely manner.

- Provide reassurance and ensure children's emotional and physical wellbeing is paramount at all times;
- Seek further medical attention for a child if required;
- Be aware of the signs and symptoms of illness/trauma, and update their understanding as part of their ongoing professional development;
- Be aware of individual children's allergies and immunisation status and use this knowledge when attending/responding to any incident, injury or illness.
- Respond to children showing signs of illness and begin monitoring the symptoms of the child and recording as appropriate.
- Educators will contact the child's authorised person to inform them of the illness signs, or to request the collection of the child;
- Maintain appropriate work health and safety standards when attending to children's injuries and applying first aid;
- Develop partnerships with families and use this understanding to guide the development of practice in relation to individual children's emerging capabilities;
- Check that equipment and furniture in the service is well maintained and that any materials that may be hazardous are removed or repaired.
- Ensure that hazardous items are inaccessible to children; and
- Be involved in regularly reviewing and discuss policy and procedure and consider any improvements that need to be made to this policy.

Families will:

- Be informed of policies and procedures upon enrolment with regards to first aid, illness whilst at the service, and exclusion practices, including immunisation status and illnesses at the service;
- Inform the service of their child's particular requirements, and provide any relevant paperwork to the service, such as immunisation status, letters from a medical professional etc.
- Be notified of any incident, injury, trauma, or illness as soon as is practicable, but no later than 24 hours after the noted incident, and will be provided with a copy of the report
- Receive access to this policy and notification of its existence;
- Have the opportunity to provide input into the review and effectiveness of policies and procedures of the service via various methods;
- Be provided access to information on children's development, the service program, and relevant resources (such as Kidsafe, SIDs and Kids, for example) from the service.
- Evaluation Educators respond in a timely manner to any incident, and documentation is completed, shared, and stored as appropriate.
- Regular reviews of procedures and policy are implemented.

## Arrival and Departure of Children Policy

Children are to be signed in and out on the Sign In sheets located in the OOSH folder.

### Arrival

- When arriving at Nundle P&C OOSH – Vacation Care, children **must** be signed in and out by the parents or guardian. Children are signed in and out in the same attendance sheets. In the event of an emergency, evacuation or lock down, the attendance sheets are used to ensure all children at the service are accounted for.
- During After School Care, children will be collected by the Nominated Supervisor or day-to-day person and signed in.
- Parents/carers are to ensure that they make staff aware that they are leaving the premises and that their child/children are in their care.

### Departure

- When leaving the centre, children **must** be signed out. Parents sign child/children out when picking the child/children up. Children are signed in and out on the same attendance sheets. Staff will check that all children have been signed out at the end of each day. In the event of an emergency, evacuation or lock down, the attendance sheets are used to ensure all children at the service are accounted for.
- Unless otherwise advised by the parent/carer of the child, staff will not release a child to anyone else except those nominated on the Child's Enrolment Form.
- Families **must** advise staff if someone else is collecting their child. Staff will then request a form of photo identification, to check against the child's Enrolment Form.
- In an urgent situation (e.g. Car breakdown, illness of a parent etc) it may be necessary for the parent to notify the centre that another person will collect the child, other than those nominated. If this occurs, staff will need to see photo identification of the person before releasing the child.

## Water Safety Policy

Children's safety and wellbeing will be protected in and around water through supervision and prevention and be promoted through the availability of clean, hygienic water for play and for drinking.

### Strategies:

The Nominated Supervisor will:

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

### Educators will:

- Ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times and containers or troughs will be emptied onto garden areas after use. Children will be discouraged from drinking the water from these activities.
- Teach children about staying safe in and around water.
- Provide clean drinking water at all times. This water will be supervised to ensure that it is safe and hygienic for consuming. Water containers will be securely sealed.

### Operational Safety:

- Grey water systems or water tanks will be labelled with "do not drink" signage and the children are unable to access this area
- A risk assessment will be conducted prior to any excursion taking place. Particular attention will be focused upon water safety where the excursion is near a body of water.
- Adults may carry and consume hot drinks only in a thermal cup or mug with a screw lid that prevents spilling.
- Water for pets at the setting must be changed regularly and only be accessible to children when adults are present.

Sources: National Health and Medical Research Council • [www.nhmrc.gov.au](http://www.nhmrc.gov.au)  
NSW Department of Health - [www.health.nsw.gov.au](http://www.health.nsw.gov.au)  
Education and Care Services National Law and Regulations  
National Quality Standards

## Excursion Policy

At Nundle P&C OOSH excursions are planned to provide the children with an invaluable learning experience to explore the local community and its surrounds. These excursions are planned to link to children's interests and development.

### Procedure:

- Nundle P&C OOSH will follow the regulations in regards to ratio of staff to children.
- At least one qualified staff member or sufficiently trained staff member will attend to ensure no child is left without adequate supervision. The number of additional qualified staff will be in accordance with the individual destination of the excursion.
- At least one staff member with a current First Aid Certificate will attend the excursion.
- A basic first aid kit will accompany all OOSH excursions. Emergency Medication and Emergency Action Plans for any child attending the excursion must accompany all out of OOSH excursions.
- Bookings for venues and transport must be made and confirmed before Permission Forms are distributed to families if excursion is outside of Nundle.
- If excursion is outside of Nundle, Excursion Permission Forms must be completed by the child's parent/carer and returned to the OOSH prior to the excursion. Information will be provided to families on the purpose of the excursion, date of the excursion, the destination, transport arrangements, departure and arrival times from the OOSH, staffing to children ratio.
- A general permission form for excursions within Nundle are signed by the parent/carer at the beginning of the school year.
- The OOSH Supervision and Sun Protection Policies are followed during excursions.
- The OOSH will provide a normal day's program in the case of inclement weather.
- Head counts of the children are to be carried out by the accompanying class roll at regular intervals by the Nominated Supervisor.
- Road and safety rules will be discussed prior to leaving and enforced when walking with children, staff/carers will be aware of additional risks like crowds, roads, water, etc.
- Children with allergies or medical conditions will have this information recorded on their group leader's information pack, and their medication bought with them. For the safety of those children it is best a staff member with a current First Aid Certificate accompanies them.
- The team leader will carry a copy of all children's emergency contacts. Parents will be informed of the OOSH educator mobile phone number should they need to contact the OOSH during the excursion.
- Follow up experiences, discussions or activities are planned and documented to extend children's learning and any knowledge gained from the excursion.



## **Transportation Policy**

### **POLICY STATEMENT:**

Nundle Public School P&C OOSH provides transportation for the purpose of going on an excursion during vacation care. Nundle Public School P&C OOSH does not offer transportation of children to or from OOSH. We take specific steps to ensure the health, safety and wellbeing of children when transporting. Parent/Guardian authorisation (permission) must be sought before an excursion to transport children and a risk assessment has been planned and is available at the service. Our aim is to ensure the safe transportation of each child and educators at all times.

### **PROCEDURES:**

We are committed to ensuring the safe delivery and collection of children and the following steps will ensure the health, safety and wellbeing of children when transporting.

#### **Educators will:**

- Maintain a transportation roll that lists the children that are going on an excursion.
- Be orientated to the risks assessment involved in transporting children including how the children will be accounted for during the embarking and disembarking of the transport.
- Assist children with getting on and off the transport and assist with seatbelts (if applicable).
- Ensure that children remain seated and face forward during transportation.

#### **Parents/Guardians will:**

- Parents/Guardians must sign their child into vacation care and advise the Educator of their arrival.
- Maintain up-to-date contact details for both them and their authorised nominees.

#### **(a) Authorisations**

- Families' permission must be obtained before transporting children on an excursion. The service will request authorisation before the date of the excursion. By signing the permission form the parent/guardian is authorising their child to be transported on an excursion.
- Authorisation for transport must include:
  - ✓ Child's name
  - ✓ Reason for transportation
  - ✓ The date the child is to be transported
  - ✓ A description of the proposed pick-up location and destination
  - ✓ The means of transport
  - ✓ The period of time during which the child is being transported
  - ✓ The anticipated number of children likely to be transported
  - ✓ The anticipated number of Educators and any other adults who will accompany and supervise children during the transportation
  - ✓ Any requirements for seatbelts or safety restrains under a law of each jurisdiction in which the child is being transported
  - ✓ That a risk assessment has been prepared and is available
  - ✓ That policies and procedures for transporting children are available

## **(b) Risk Assessment**

- A Risk Assessment form must be prepared prior to transporting children in accordance with R102D. A sample Excursion Assessment template can be downloaded from the ACECQA website.
- Once an initial risk assessment has been carried out for regular transportation, risk assessment authorisation is only required to be obtained at least once in a 12 month period, unless there is a change to the mode of transport or route.
- Regular outings means a walk, drive or trip to and from a destination the service visits regularly as part of its educational program, and where the circumstances relevant to the risk assessment are substantially the same on each outing.
- Risk Assessment will include:
  - ✓ The proposed route and duration of transportation;
  - ✓ The proposed pick-up location and destination;
  - ✓ The mode of transport;
  - ✓ Any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported;
  - ✓ Any water hazards
  - ✓ The number of adults and children involved in the excursion;
  - ✓ The number of children being transported and how many educators or other responsible adults will be required to ensure appropriate supervision. This number will be determined by taking into consideration the risks posed by the transportation of children and whether any adults with specialised skills are required along.
  - ✓ The process for entering and exiting the service and the pick-up location (as required)
  - ✓ Procedures for embarking and disembarking the transport, including how each child will be accounted for on embarking and disembarking.
  - ✓ The items that should be taken when transporting children, for example, first aid kit, mobile phone and a list of emergency contact numbers.

## **(c) Policies**

- Service policies such as Behaviour Guidance, Supervision of Children, Child Protection, Providing a Child Safe Environment, Risk Assessment, Incident, Injury, Illness and Trauma and Water Safety will all be taken into consideration whilst transporting children and implemented where appropriate.

## **(d) Supervision**

- Children will be supervised at all times.
- Children will be orientated to the risk elements and transportation procedures prior to commencing the service. This would include elements such as where the collection point is and how to embark and disembark the transport.
- Adequate numbers of educators to effectively supervise the children must be rostered on transportation. The numbers of educators must take into consideration the ages and developmental stage of the children being transported and be based on the risk assessment.
- Head counts and roll calls must be conducted regularly throughout the delivery and collection of children.
- An educator must inspect the mode of transport at the end of the journey to ensure no children or belongings are left on the transport.

### **(e) Information and Equipment**

Information and equipment to be taken for the safe transportation of children will include:

- A list of all children with relevant personal details and family contact phone numbers.
- A list of any special needs of children such as health conditions, additional needs etc.
- A list of emergency procedures and contact numbers.
- A first aid kit.
- Any medication for children travelling.
- A fully charged mobile phone.
- Other information/equipment noted on the Risk Assessment.

### **(f) Absent and missing Child**

- Families are required to notify educators as early as possible if children will be absent from the service. Educators will record the absences in an appropriate place where other educators will be aware of the information.
- Families will be informed of their notifying responsibilities upon enrolment and via the parent handbook.
- If a child only attends after school care the families must notify educators when a child has returned from an absence so they know to expect the child at the service.
- If a child is not be waiting in the designated pick-up area when expected, educators will:
  - ✓ Ask the other children of their knowledge of where the child might be.
  - ✓ If the child was present at beginning of excursion, and staff are unaware of their whereabouts, one educator will search for the child. The other educator will ensure supervision is maintained for other children during this process.
  - ✓ If the child remains missing, contact the police and keep the authorised nominees informed of the situation.
  - ✓ Keep other children calm.
  - ✓ Educators will notify the Australian Children's Education and Care Quality Authority (ACECQA) within 24 hours of the incident occurring

### **(g) Transport breakdown or accident**

- In the event that the mode of transport breaks down, the transport Educator must inform the Nominated Supervisor and they will:
  - ✓ Will make alternate transport arrangements with the assistance of the transport company.
  - ✓ Contact the parents and inform them of the breakdown, if necessary.
- In the event of an accident, the transport Educator:
  - ✓ Check if any children or educators are hurt, conduct first aid or phone an ambulance, if necessary.
  - ✓ Contact the Nominated Supervisor and advise them of the accident and they will arrange alternate transport with the assistance of the transport company.
  - ✓ Contact the Police, if necessary.
  - ✓ Comfort and calm the children.

## **Quality Area 3 Physical Environment**

Dangerous Products, Plants, Vermin and Objects

Hand Washing Policy

## **Dangerous Products, Plants, Vermin and Objects Policy**

Nundle Public School P&C Association OOSH follows recommended guidelines from recognised health and safety authorities with regards to ensuring dangerous products are inaccessible to children at all times.

Potentially dangerous products are those which pose a risk of poisoning or injuring children. As children do not understand the dangers of such products, plants or other objects we ensure dangerous products are eliminated where possible or inaccessible through correct storage, labelling and safety checks.

### **Procedure**

Nundle P&C OOSH will ensure a safe environment is provided to children by:

- The correct storage of all medication as detailed in Nundle P&C OOSH Medication Policy.
- Ensuring medications and chemicals are never left unattended.
- Ensuring medications are not kept in children's bags.
- Displaying simple warning signs where potentially dangerous products are stored.
- Staff receiving information and training on correct labelling of potentially dangerous products and protecting children from other potential dangers (foreign objects, spiders, vermin, electrical appliances, sharps or damaged equipment).
- Ensuring that all products are clearly and correctly labelled.
- Ensuring electrical appliances are 'tested and tagged' by a qualified maintenance person.
- Conducting safety checks of the building and outdoor play areas to ensure no foreign objects, vermin, sharps or damaged equipment are present.
- Discussing with children the safety issues relating to dangerous plants, products, vermin and objects within the program where appropriate.
- Maintaining emergency contact details for children by reminding parents to ensure their child's records are current.
- Ensuring that plants accessible to children are not toxic or harmful.

## **Hand Washing Policy**

Goal: To prevent the spread of communicable diseases and cross contamination.

### **Procedure**

Staff members, parents, children, visitors and volunteers are required to wash their hands with soap and water in the following situations:

- Upon arrival at Nundle P&C OOSH (alternatively the use of antibacterial hand gel may be used).
- After using the bathroom or assisting a child with toileting.
- Before handling food or cooking utensils.
- Before and after eating.
- After handling body fluids or waste, such as: blood, urine, stools, discharge from nose or eyes, etc.
- After handling pets or animals.
- After coming in from outdoor play.
- After cleaning activities.
- Before and after administering medication.
- After handling garbage.

Staff will educate and assist children as needed in regards to the hand washing in the situations listed above.

Nundle P&C OOSH provides an antibacterial hand gel that may be used to wash hands upon arrival and departure.

## **Quality Area 4 Staffing Arrangements**

Staff Policy

Relief, Casual Staff

Volunteer and Students Policy

Determining Responsible Person

Single Educator Policy

## **Staff Policy**

Nundle P&C OOSH is committed to providing the highest quality of care by engaging qualified staff. Due to the fluctuating nature of OOSH services we are unable to employ permanent staff; our staff are employed on a casual basis.

**Primary Contact Staff:** Primary Contact Staff will be employed in accordance with Department of Education & Communities regulations. All staff will maintain strict confidentiality of details relating to children.

Nundle P&C OOSH has a commitment to providing all staff with opportunities for professional development to enhance existing skills and keep abreast of current trends in early childhood education. A current First Aid certificate is necessary and current staff will keep updating this qualification.

**Special Needs Appointments:** An additional part-time employee may be appointed from year to year to work on an individual basis with special needs children according to Department of Education & Communities Regulations.

**Staff:** Staff will sign in and out each day, noting time of arrival and departure on the employee Sign in / Sign out sheet. Staff will also note the start and end time on their time sheet including if they had a lunch break.

**Children of Staff Members:** Children of staff members who are below enrolment age must not be present during OOSH sessions. Children of staff who are of school age are welcome to attend OOSH sessions but must be enrolled to do so.

## **Employment Agreement**

**Committee - Employee:** All employees enter into an Employment Agreement with the P&C committee. This agreement will be reviewed at least every 5 years.

**Employment Agreement:** The Employment Agreement clearly states the position being accepted, duties and responsibilities and conditions of employment.

**Staff Criminal Checks:** The employee needs a current Working with Children Check as well as a Police Check.

**Responsibility:** It is the responsibility of both the Committee and the Employee to know the current award under which employment takes place. If an employee feels that there is a change/discrepancy in the salary which he/she does not understand the matter must be brought to the Committee's attention so that the appropriate steps can be taken. Employees are expected to repay overpayments should this situation occur.

## **Staff Development**

**Budget Allowance:** The management committee will budget an amount annually to be used for staff/committee development and in-service.

**In-Service:** All Primary Contact Staff will be offered the opportunity to participate in in-service each year.

**Costs:** The Management Committee will pay costs incurred by staff or committee members attending approved in-service training courses, registration fee, wages, and necessary travel and where necessary, shared accommodation.

## **Staff Vacancies**

**Advertising:** Advertising for trained and untrained staff will be placed in local newspapers and on social



media where appropriate.

**Interviews:** Interviewing of applicants will be conducted by the Management Committee, together with the Nominated Supervisor.

## **Relief, Casual Staff Policy**

Nundle Public School P&C OOSH is committed to providing continuity of care, practices and standards by ensuring all staff are provided with and are aware of our centre's and children's requirements.

### **Procedure**

Relief and casual staff are to be provided with the following before the commencement of their shift:

- A job description detailing their role and responsibilities.
- Relevant Employment paperwork, including Tax File Declaration, Superannuation Documentation, Pay Details, Emergency Contact Details, etc.
- Be introduced to all staff members, children and families, when possible.
- Be informed of any children's health conditions, protection requirements, allergies, etc., for children in their immediate care.
- Detailed information about OOSH "Fire Evacuation" as displayed in the main room and kitchen.
- Information on relevant OOSH Policies and Procedures and the location of the Policies and Procedures Manual.
- Informed of the dress requirements and suitable clothing to be worn at OOSH. This includes closed toe shoes, tops with sleeves and a hat for outdoor use as per our Sun Smart and WH&S Policy.

## **Volunteers and Students Policy**

Records relating to visitors and students to our service will be maintained.

Educators and staff will abide by regulatory protocol when visitors are in the service.

### **The Approved Provider, Nominated Supervisor or Certified Supervisor will:**

- Maintain a visitor's page and request sign in of all visitors to the service;
- Ensure educators and staff understand the regulatory and ethical guidelines relating to visitors at the centre;
- Keep a record of all volunteers and students who spend time in the service. The record will include: full name, date and hours of each volunteer or student who participates in the program;
- Be aware of protocols and guidance supplied by universities, TAFEs or RTOs in relation to participating students.

### **Educators will:**

- Welcome visitors to the service and seek information on their reason for visiting;
- Direct visitors appropriately and make the Nominated Supervisor aware of a visitor presence in the service;
- Welcome family and friends to visit and participate at any time.

### **Families will:**

- Be aware of who they are providing access to the service for when they enter themselves and are requested to be aware of unknown visitors and to direct them accordingly.

## **Determining Responsible Person**

A responsible person will be on the premises at all times and the details of the responsible person at any time will be clearly displayed for educators, staff and families.

The process for determining the responsible person will be clear to all educators and staff and followed at all times.

Procedure:

A service must always have a responsible person physically present at all times.

A responsible person can be:

1. The approved provider - if this is an individual. If it is an organisation or company then someone with management and control of the service,
2. The nominated supervisor - this is the person with a Supervisor's Certificate designated by the service as the nominated supervisor,
3. A certified supervisor who has been placed in day to day charge of the service.

The approved provider will:

1. Ensure nominated supervisors and Certified supervisors have a clear understanding of the role of the Responsible Person,
2. Ensure the responsible person is appropriately skilled and qualified,
3. Ensure the responsible person is physically present at the centre. A substitute for the responsible person will be present where a Waiver is in place.

The Nominated Supervisor or delegated authority will:

1. Arrange for the keeping of a "responsible person record". This record will document the current responsible person.
2. The name of the responsible person will be displayed at the entrance of the service.
3. Develop rosters in accordance with the availability of responsible persons, centre operation and attendance patterns of children.

## Single Educator Policy

### POLICY STATEMENT

Nundle Public School P&C OOSH is run on a Single Educator Model. We ensure that ratio requirements and other safety measures, such as adequate supervision, are fulfilled. Although Nundle Public School P&C OOSH has a Nominated Supervisor and Responsible Person, only one educator will be working with children.

On the issue of ratios and adequate supervision, the NSW Department of Education Early Childhood Education Directorate says the following:

*Meeting ratio requirements may not always mean there is adequate supervision. This is particularly relevant for services that make a decision to have only one educator present. For example, a single educator in an OSHC service with 14 children may meet educator-to-child ratios, but the educator may lack visibility of children engaged in a water activity within a particular area. In this case, the children are not adequately supervised, even though the ratios may be met. Note: The National Law and Regulations cannot prescribe the staffing levels required to ensure adequate supervision for each component of a service's educational program. The service must use their own experience, judgement and discretion in determining this.*

This policy will outline the best practice and procedures that the responsible person/educator will follow.

### PROCEDURES

#### 1. Adequate Supervision

- The child-educator ratio is 15:1 but if the number of enrolled children during vacation care exceeds 12 children, a second person e.g. nominated supervisor will help on the day.
- If during school term there are 12 or more children, a second educator, staff permitting, will help on the day.
- If children go on an excursion and there are more than 10 children enrolled, a second person will go on excursion as well.
- During summer, if OOSH will take children to the pool, the child-educator ratio is 1:5.
- If children play outside, the responsible person will place her/himself in a central spot where she/he can supervise all children.
- If a child needs to go to the toilet the educator will keep an eye on the toilet block and check if everything is ok if child takes longer.
- Educator has afternoon tea set up before children arrive at OOSH so she/he doesn't need to absent themselves from the care environment.
- The Single Educator model will be reviewed when children in attendance have high risk medical conditions such as anaphylaxis or severe asthma or have additional needs.

#### 2. Physical Environment

- The physical environment must be safe and well maintained, with adequate lighting in all areas.
- During the running of OOSH the school gate will be locked until parents come to pick up their children. Rooms that will be used are unlocked before the start of OOSH.
- The area around the Service and any buildings that the Service uses (e.g. toilet blocks, school hall, canteen) is secure and well lit.
- Garden areas are well maintained to prevent trip hazards, and to ensure visibility is not obstructed.
- Where possible, Educator should leave the Service with the last family signing-out.
- The Nominated Supervisor and Educator will review the physical premises regularly for hazards, with particular attention to relevant risks for a single Educator.
- A record of a risk-assessment for the physical space in relation to a Single Educator Model will be kept at the Service.
- The Educator always has her phone with her.

#### 3. Emergency and First Aid

- The Educator is familiar with the Service's Emergency Evacuation and Lockdown Procedures, and able to enact those procedures on their own. The Emergency Evacuation and Lockdown Procedures are rehearsed every three months.

- The Educator rehearses emergency procedures in how to call Emergency Services if the Educator is unable to do so in an emergency.
  - If educator faints, children know where the mobile phone is and how to ring 000,
  - What to tell 000 e.g. what happened and where they are,
  - To listen to instructions from 000 officer and not to hang up phone.
- The Educator must have Accredited First Aid, Asthma/Anaphylaxis and Child Protection training.
- In case of an emergency such as Asthma/Anaphylaxis attack the Educator will treat the child first than ring 000 on loudspeaker. If possible, ring the Nominated Supervisor to come and attend the Service and help to supervise the other children. In a calm voice educator will ask the other children to sit together in a group until Nominated Supervisor arrives.
- In the event of a child becoming sick, the educator will isolate the child from other children.
  - Outside: The educator will offer a blanket and pillow to lie on to the sick child in an area where educator can supervise all children.
  - Inside: The educator will offer a blanket and pillow for the child to lie down away from other children. Other children are advised to give the sick child some space and rest.
  - Once child is comfortable, parents will be informed and ask to pick child up.
  - Blanket and pillow will be washed before next use.
- In the event of a child becoming injured, the educator will:
  - Administer First Aid and call an ambulance if needed and/or call parents.
  - Call the Nominated Supervisor to attend the Service. In case Nominated Supervisor can't be reached, call a volunteer who can assist in supervision of children.

#### **4. Child Protection**

- The Nominated Supervisor and Responsible Person will have frequent discussions about child-safe practices as well with children about expectations and rights.
- The single educator must sign in and out on the Employee Sign in/out sheet which is located in the daily folder.
- The Educator must have accredited Child Protection Training and be familiar with the Service's Child Protection Policy and Procedures as well as how to respond to disclosure.
- If parents would like to talk about the OOSH service or have a complaint, they should make an appointment with the Nominated Supervisor so that the supervision of the children is not taken away.
- If a child needs to go to the toilet the educator will keep an eye on the toilet block and check if everything is ok if child takes longer.
- If children need to go to a public toilet, all children and Educator will go to the toilet block.

#### **5. Other Considerations**

- In the event that the responsible person is unable to run OOSH, the responsible person must ring the Nominated Supervisor or casual educator who then will run OOSH. If the Nominated Supervisor or casual educator are unable as well, the Nominated Supervisor will advise parents that there won't be OOSH on that day due to no educator at the Service.
- Responsible Person is allowed to take short breaks for personal hygiene reasons e.g. toilet breaks.
  - Responsible Person will tell the children where she/he is going and to the eldest child to get her/him if needed.
  - Leave OOSH room door open and use closest toilet so it is possible to still hear the children and be as quick as possible.

## **Quality Area 5 Relationships with Children**

Interactions with children

Behaviour Guidance Policy

Supervision of Children Policy

## Interactions with Children

Nundle Public School P&C Association OOSH will:

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

### Procedure:

The nominated supervisor and the Educational leader shall:

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

Educators and staff will:

- Respond to children's communication in a just and consistent manner,
- Respond sensitively to children's attempts to initiate interactions and conversations,
- Initiate one to one interactions with children during daily routines and converse with each child,
- Support children's efforts, assisting and encouraging as appropriate,
- Support children's secure attachment through consistent and warm nurturing relationships,
- Support children's expression of their thoughts and feelings,
- Encourage children to express themselves and show an interest and participate in what the child is doing,
- Encourage children to make choices and decisions,
- Acknowledge children's complex relationships and sensitively intervene in ways that promote consideration and alternative perspectives and social inclusion. Guidance strategies should reflect this approach.
- Acknowledge each child's uniqueness in positive ways,
- Respect cultural differences in communication and consider alternative approaches to Children's rights, Family and Cultural values.
- Interactions within the setting are greatly enhanced when children's rights and family and cultural values are given due consideration and respect. Administrative procedures, initial conversations, documentation and ongoing communication with children and families are a reference point for interactions and a foundation for respectful communication.

### Listening

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



### Children and Families

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

### Reflection and consideration

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

### Role Modelling

- Educators model positive interactions
- Show empathy and respect for children, educators and staff and families
- Learn and use effective communication strategies.

## **Behaviour Guidance Policy**

We provide positive guidance to children in an environment that nurtures a child's self-respect, self-worth and security. We believe that this will encourage children to behave in a way that is acceptable in the childcare environment. We promote the wellbeing and safety of all children. Our staff are committed to implement teaching and learning approaches to support the development of skills needed by children to meet high standards of respectful, safe and engaged behaviour. Nundle P&C OOSH staff receives Professional Development training on behaviour when available.

We consider unacceptable behaviour to be:

- Harming another child, staff member, another parent or visitor physically (biting, hitting, pinching, punching, etc.).
- Aggressive or rude language to other children, staff members, family members and visitors.
- The violent destruction of OOSH equipment or furniture.
- Bullying with the desire to hurt, threaten or frighten someone.

Methods of decreasing unacceptable behaviours:

- The acknowledgement of acceptable behaviour, by physical or verbal contact, e.g.: encouragement, thanks, smiles, etc.
- Role modelling by staff using appropriate language and physical gestures.
- Structuring the environment to suit children's individual needs.
- Planned patterns of restful and active play to prevent over excitement.
- Staff using language that suits a child's developmental stage.
- The provision of flexibility in routines being consistent in setting limits and expectations.
- The encouragement from staff for children to be responsible for their own behaviour and to set their own limits.
- Providing supportive environments to limit the possibility of bullying occurring.
- Staff will be flexible with the daily routines but remain consistent in setting limits and expectations.
- We talk to children about treating others as they would like to be treated.
- We ask children to keep their hands and feet to themselves and not engage in rough play.

When unacceptable behaviours are exhibited:

- Staff will try to distract the child, defuse the situation and staff will attempt to redirect the child to another experience.
- Staff will use positive language when unacceptable behaviour is displayed by a child.
- Staff will help children realise the consequences of their actions.
- Staff may give child time out.

If unacceptable behaviour continues:

- Staff will meet with family and will work together to develop strategies for the child in diminishing the unacceptable behaviour. This will ensure that consistency in dealing with the behaviour exists between parents and OOSH staff.
- If parents and staff cannot reach a solution to deal with the behaviour, the OOSH staff will work together with parents to refer the child to appropriate specialist staff. E.g. Speech Pathologist, Behavioural Therapist, etc.
- Staff will work closely with parents and specialist staff to monitor the child's progress and document subsequent assessments of initial meeting. Staff will develop consistent strategies in

conjunction with specialist staff to assist in the development of positive behavioural patterns in the child and offer support to parents.

If children are exhibiting violent physical behaviours (i.e.: hitting, kicking, etc.), staff will ensure that the child is in no physical danger, by removing hazards (e.g., chairs, tables, toys, etc) and attempt to calm the child.

If staff are unable to calm the child who is displaying violent behaviours, staff will remove the other children from the immediate environment. The family will then be called to collect their child, and a staff member will stay with the upset child until a family member arrives. Management, staff and the family will then convene at the earliest time to consider unacceptable behaviour steps.

Source: [www.earlychildhood.org.au](http://www.earlychildhood.org.au)  
Education and Care Services National Law and Regulations  
National Quality Standards

## **Supervision of Children Policy**

At Nundle P&C OOSH, a rule of care is that no child will be left unsupervised, at any stage of the day. This rule applies to both indoor and outdoor activities.

Childcare staff require skills to be able to assess potential risks while supervising and be able to implement changes immediately to reduce the risk of accident or injury. Young children are not able to realise or assess risks to themselves or others, so correct and adequate supervision is essential to minimise accidents and to ensure that children's safety is most important.

### **Policy**

#### **Staff will:**

- Ensure that children are correctly positioned at quiet times so staff can still supervise effectively.
- Never leave children unattended during mealtimes, including having drinks. (please remember, choking is often silent)
- Ensure all children are within sight or hearing at all times, including when children use the bathroom. (staff should encourage children to alert them when they are going to the bathroom)
- Ensure students, volunteers or visitors are NOT given the responsibility of supervision. Communicate effectively with other staff members if you have to leave an area. Do not assume someone will cover for you.
- Be aware of who we are releasing a child to at departure time. Ensure a staff member knows the authorised person or check the person's identification against the child's enrolment form before releasing them.
- Position themselves, (do not have your back to the children) arrange furniture, equipment and activities to maximise the best possible supervision.
- Make sure the building is correctly supervised, to ensure that unauthorised persons cannot access the children's areas.
- Be aware of cultural and individual supervision for the needs of each child, e.g., a child may like to have some private space but must still be supervised.
- Ensure experiences involving water are closely monitored and the water is removed when the children are leaving the area.
- Question any stranger to the school grounds with a "Hello, can I help you?" (make observations of the person actions if they appear suspicious)
- Be aware that staff/children ratios are being followed at all times for maximum supervision.

## **Quality Area 6 Partnerships with Families**

Complaints and Disputes

Governance and Management of the Service Policy

Enrolment and orientation

Communication Plan for Educators, Staff and

Families Fees

Parent Involvement

Privacy and Confidentiality Policy

Privacy collection statement

## Complaints and Disputes

Nundle Public School P&C Association OOSH will maintain a complaints and grievance management procedure to ensure that all educators, families and community members know that complaints and grievances will be taken seriously and investigated promptly and fairly. Complaints and grievances will be investigated and documented in a timely manner. Our complaints and grievance management procedure will be documented in the parent and staff handbook. We will identify complaints and grievances as opportunities to improve the quality of our service.

### Complaints prevention

To avoid as far as possible complaints and disputes arising the centre will follow the principles of complaint prevention

- To respect and promote the rights of children and families
- To encourage parents and staff to have a voice in decision making
- To clearly state the standards parents can expect the service to meet
- To at all times respect the confidentiality of families and staff

### Confidentiality

In general all complaints will be confidential the exceptions are

- Where it is revealed that a child may be at risk of harm
- Another person is in danger
- A person has made a threat to harm themselves or others
- A criminal offence has been committed

### Receiving a complaint

The service will support an individual's right to complain and will help them to make their complaints clear and try to resolve them.

Complaints may be received by any member of staff. They can be made verbally or in writing. All complaints will be accepted. It can be anything an individual may think is unfair or which makes them unhappy with the service.

All confidential conversations with individuals who have a complaint or grievance will take place in a quiet place away from children, other families or staff that are not involved.

If an individual has a complaint or comment about the service, they will be encouraged to talk to the Coordinator who will arrange a time to discuss their concern and come to a resolution to address the issue.

If the complaint is not handled at this level to the satisfaction of the person making the complaint, they should discuss the issue with the Nominated Supervisor (if different from the Coordinator) or management liaison person, either in writing or verbally.

Management will discuss the issue with the Coordinator and develop a strategy for resolving the problem, this would be discussed further with the individual or if necessary a meeting will be organised with the Coordinator and individual to resolve the problem.

The Coordinator or management will inform the person making the complaint of what has been decided regarding the issue. Staff will also be informed of any relevant issues that they need to address or be aware of. This could be done verbally or if the issue has been dealt with on a more formal basis, then the committee or Coordinator will write personally to the individual making the complaint.

If any complaint cannot be resolved internally to the person's satisfaction, external options will be offered such as an unbiased third party.

All complaints that come about as a result of a serious incident or alleged serious incident occurring, will be notified to the Regulatory Authority within 24 hours as per regulations.

## Conciliation

Conciliation can be used if

- The complaint is relatively minor
- If the conciliation is undertaken by someone in a senior position to the person the complaint is about
- If the person raising the complaint has an ongoing relationship with the service
- If the person agrees to the process

## Conciliation cannot be used if

- The complaint is complex
- If the complaint may lead to disciplinary action
- If the outcome the complainant wants cannot be provided
- If the complaint contains allegations of criminal offence or abusive behaviour
- If the complaint was anonymous

## Recording complaints and concerns

The Nominated Supervisor is required to ensure that a Grievance Register is maintained at the centre.

All complaints will be recorded in detail that includes times, dates, person involved, details of the claims and the signature of the person making the complaint and how it was resolved. All information on complaints and grievances will include evidence that complaints are investigated within satisfactory timeframes and the complainant will be offered the opportunity to add any further comments and sign the record and have led to amendments to policies and procedures where required.

## Protection of the complainants

Where a complaint was handled formally the Authorised Supervisor and the President are jointly responsible for following up the matter to ensure the complainant has not suffered any disadvantage from making the complaint.

## Time Frame

When a complaint is first received, the complainant will be told when they can expect to hear back from either the Authorised Supervisor or the President. They will also be told whether with their permission conciliation will be attempted, who is responsible for overseeing the management of their complaint and what they can do if they are not satisfied.

# Complaint form Nundle Public School P&C OOSH

Date \_\_\_\_\_

Name of person making the complaint \_\_\_\_\_

Address/phone number \_\_\_\_\_

Name of staff member handling the complaint \_\_\_\_\_

Complaint Description

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Possible solutions negotiated with Client

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Solution chosen

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Outcome /resolution \_\_\_\_\_

I am happy with the way my complaint was handled.

Signed \_\_\_\_\_ Date \_\_\_\_\_



## **Governance and Management of Nundle P&C OOSH**

To ensure Nundle P&C OOSH has good governance we will:

- Conduct our affairs legally, ethically and with integrity;
- Identify organisational risks and legal obligations and manage these through policies and relevant processes;
- Ensure that the mechanisms are in place for fair and transparent governance.
- Strategies Management

The management of Nundle P&C OOSH is overseen by Nundle Public School P&C Association Committee, the Approved Provider of the service. The Nundle P&C delegates the responsibility of implementing the day-to-day management of the organisation to the Nominated Supervisor. The Nundle P&C Association is the employer of all staff of Nundle P&C OOSH, and is responsible for the management and control of the service as a subcommittee of the Approved Provider of an education and care under the Children (Education and Care Services National Law Application) Act 2010 and the Education and Care Services National Regulations.

The Nundle P&C Association will be involved in appointing and removing the Nominated Supervisor and other staff members. The Nundle P&C OOSH Nominated Supervisor is expected to report to the P&C Association at their meetings either in person or by emailing the report to the P&C secretary. Parents are encouraged to become members of P&C Association.

The Nominated Supervisor will be responsible for:

- Every day running of the centre to a standard approved by the NSW Department of Education.
- Day to day overseeing of the building, playground and equipment.
- Arranging relief staff during employee absences.
- Preparation of forms and information for government and other bodies.

### **Daily management**

Responsibilities:

The Nominated supervisor:

- The running of the centre, the ongoing programme of the OOSH, the supervision of all staff, parent liaison, and informing Nundle P&C Association of any relevant matters monthly.
- The Nominated supervisor is authorised to have a Visa Debit card to make special purchases up to the purchasing limit which is set at the AGM

## **Enrolment and Orientation Policy**

Enrolment and orientation procedures form the foundation for strong relationships between families and Out of School Care settings and promote a quality experience of education and care for children.

Good procedures include consistent information around service operation and authorisations promoting compliance and a safe and secure environment for children and families.

### **Enrolment**

Enrolments will be accepted according to the Australian Government 'Priority of Access'. Parents/guardians will be advised that families of children enrolled with third priority access may be required to alter their days or leave the service in order to provide a place for a higher priority child.

### **Enrolment Form**

The enrolment form must be completed by each enrolling family. Where enrolling families are not fluent in English the enrolment meeting will, wherever possible, be conducted in the family primary language. At enrolment, parents are encouraged to provide any further information about their child that will support continuity of care between home and the service.

The enrolment record will include the following information for each child:

- Full name, date of birth and address of the child.
- Name, address and contact details of each parent of the child; any emergency contacts; any person nominated by the parent to collect the child from the service; any person authorised to consent to medical treatment or to authorise administration of medication to the child; any person authorised to give approval for an educator to take the child out of the service.
- Details of court orders, parenting orders or plans.
- Details of court orders relating to the child's residence or contact with a parent or other person.
- Gender of the child.
- Language used in the child's home.
- Cultural background of the child and child's parents.
- Any special considerations for the child (e.g. cultural, religious or Dietary requirements or additional need).
- Authorisations for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and transportation of the child by an ambulance service.
- Name, address and telephone number of the child's registered medical practitioner or medical service. Child's Medicare number (if available).
- Details of any specific healthcare needs of the child including any medical condition.
- Details of any allergies or anaphylaxis diagnosis.
- Any medical management plan, anaphylaxis/asthma/diabetic management or risk minimisation plan.
- Details of dietary restrictions for the child.
- Immunisation status of the child.

A Privacy Statement attached to the enrolment form which details:

- The name and contact details of the service;
- The fact that enrolling parents/guardians are able to gain access to their information;
- Why the information is collected;
- The organisations to which the information may be disclosed;
- Any law that requires the particular information to be collected;
- The main consequences for not providing the required information.

Enrolment Forms will be updated annually or when a family's circumstances change, to ensure information is current and correct.

### Custody Arrangements

The Education and Care Services National Law requires our service to have details of all custodial and access arrangements.

Enrolling family members are responsible for informing the Nominated Supervisor of custody and access arrangements on enrolment and must advise the Nominated Supervisor immediately of any subsequent alterations to these arrangements.

All relevant legal documentation is to be shown to the Nominated Supervisor and a copy will be maintained in the child's enrolment record.

### **Orientation**

The orientation and settling in period will consider and respect the needs of both families and children. Parents/guardians will be encouraged to remain with their child when delivering or collecting them for as long a period as the parent/guardian and/or educators feel may be necessary to ensure the child's wellbeing.

We will always consider the feelings and time constraints that families may have in regard to participating in orientation processes and aim to make the experience a positive and welcoming introduction to the service.

Our service will provide options for orientation to the education and care service for families which includes:

Inviting new families to visit the service with their child at times that suit them, to familiarise families with the service prior to the child's attendance.

Providing all new families with a conducted tour of the premises which will include introductions to other educators, children and families, and that highlights specific policies and procedures that families need to know about our service.

Ensuring each family has an opportunity to have any questions answered.

Supporting family members and giving them the opportunity to stay with their child during the settling in process.

Ensuring all new families are encouraged to share information about their child and any concerns, doubts or anxieties they may have in regard to enrolling their child at the service.

## Roles and Responsibilities

Role	Authority/ Responsibilities for
<b>Approved Provider</b>	<ul style="list-style-type: none"> <li>• Ensure the service operates in line with the Education and Care Services National Law and National Regulations 2011 with regard to the delivery and collection of children at all times</li> <li>• Providing opportunities (in consultation with the Nominated Supervisor and staff) for interested families to attend the service during operational hours to observe the program and become familiar with the service prior to their child commencing in the program.</li> <li>• Ensuring that enrolment forms (refer to Definitions) comply with the requirements of Regulations 160, 161, 162.</li> <li>• Ensuring that enrolment records (refer to Definitions) are stored in a safe and secure place, and kept for three years after the last date on which the child was educated and cared for by the service (Regulation 183</li> <li>• Ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or staff under the Law (Regulation 157).</li> </ul>
<b>Nominated Supervisor</b>	<ul style="list-style-type: none"> <li>• Providing enrolment application forms.</li> <li>• Maintaining a waiting list.</li> <li>• Collecting, receipting and banking enrolment fees.</li> <li>• Offering places in line with this policy and criteria for priority access, and providing relevant paperwork to families in accordance with this policy.</li> <li>• Providing a monthly report to the approved provider regarding the status of enrolments.</li> <li>• Storing completed enrolment application forms in a lockable file (refer to privacy and confidentiality policy) as soon as is practicable.</li> </ul>
<b>Early Childhood Educators Certified Supervisors</b>	<ul style="list-style-type: none"> <li>• Acting in accordance with the obligations outlined in this policy.</li> <li>• Responding to enrolment enquiries on a day-to-day basis and referring people to the person responsible for the enrolment process, as required.</li> <li>• Ensuring that enrolment forms are completed prior to the child's commencement at the service.</li> <li>• Ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or staff under the Law (Regulation 157).</li> <li>• Developing strategies to assist new families to feel welcomed into the service; become familiar with service policies and procedures; to develop and maintain a routine for saying goodbye to their child.</li> <li>• Providing comfort and reassurance to children who are showing signs of distress when separating from family members.</li> <li>• Sharing information with parents/guardians regarding their child's progress with regard to settling in to the service.</li> </ul>
<b>Families</b>	<ul style="list-style-type: none"> <li>• Reading and complying with this policy.</li> </ul>

## **Monitoring, Evaluation and Review**

This policy will be monitored to ensure compliance with legislative requirements and unless deemed necessary through the identification of practice gaps, the service will review this Policy every year. Families and staff are essential stakeholders in the policy review process and will be given opportunity and encouragement to be actively involved. In accordance with R. 172 of the Education and Care Services National Regulations, the service will ensure that families of children enrolled at the service are notified at least 14 days before making any change to a policy or procedure that may have significant impact on the provision of education and care to any child enrolled at the service; a family's ability to utilise the service; the fees charged or the way in which fees are collected.

## Communication Plan for Educators, Staff and Families

At Nundle P&C OOSH, we believe that it is important to have great communication with families to ensure that we are providing the care possible for each child. We have developed the following ways of communicating with families:

- **Verbal communication:** Educators and families discuss the child, the child's day and any other important information.
- **Parent and Educator Interviews:** Parents and guardians have the opportunity to meet with educators to set developmental goals and discuss their child's developmental progress.
- **Notices:** Are displayed throughout the centre, given to parents or sent via email to inform parents and guardians of any upcoming events, or any other information that is required.
- **Mobile Phone/Email:** Reminders for parents of upcoming events can be sent by SMS message or email.

Education and Care Services National Regulations  
National Quality Standards

### Fees

**Budget:** It is the aim of Nundle P&C Association Committee that fees and subsidies will cover the salaries of the staff.

**Setting of Fees:** Fees are to be reviewed at the beginning of each year by the Nundle P&C OOSH and whenever deemed necessary by them. Division of fee assistance will be calculated by the Nominated

Supervisor and staff, following Community Services guidelines.

**Fee Collection:** This is the responsibility of the Nominated Supervisor.

**Accounts:** It is preferred that accounts be settled in full each month. Invoicing will be done on a monthly basis.

**Method of Payment:** Parents can pay by cash, cheque or the preferred method of direct deposit.

**Arrears:** In the case of fees falling into arrears, the following procedures will be implemented:

- When fees are two (2) weeks in arrears, a reminder note will be sent.
- If fees are not brought up to date within a further two (2) weeks, a second reminder note will be sent, giving parents seven (7) days in which to pay before a meeting with the Management Committee to explain the non-payment of fees and how they plan to meet the commitment. Interest may be charged on overdue fees.
- Should there be no response by the due date; legal action for the recovery of fees may be instigated.

## Parent involvement

**Visits:** Parents are always welcome to visit and see the OOSH in operation.

**Parent/Educator Meetings:** Parents are welcome to discuss their child with the staff. An appointment can be arranged with the Nominated Supervisor.

**Meetings: Three** monthly meetings of the Nundle P&C Association will be open to all the parents of children attending the OOSH and any interested community members. Families are encouraged to join the P&C Association.

**Grandparents:** The centre encourages members of the community to fill the special role of surrogate grandparents.



# Privacy and Confidentiality Policy Nundle P&C OOSH

## Introduction

Our education and care service recognises and respects the importance of privacy and confidentiality as an individual right and a basis for building partnerships. Our service requires personal information from families to provide appropriate and responsive care. This policy has been developed to comply with the Australian Privacy Principles (APPs) (2014) and pursues the highest standard in the protection and preservation of privacy and confidentiality

We will:

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

Our education and care service aims to meet these goals through the adoption of this specific Privacy and Confidentiality policy and our Privacy Collection statement which will guide our practices in this area.

The Approved Provider will:

## Collection of Information

- Ensure that each family, staff, volunteers and student and committee member is provided with a privacy collection statement upon enrolment, that includes details about how they can access their personal information, have this corrected as needed, make a complaint about a breach of privacy, if one occurs.
- Ensure each staff member, committee members, volunteers and student information are correct in personnel and other files. This includes information on qualifications, WWCC, criminal history checks, staff entitlements, contact and emergency information, health and immunisation information, and any relevant medical and legal information. This would include any other relevant information collected by the service.
- Ensure that information collected from families, educators, committee members and the community is maintained in a private and confidential manner at all times.
- Ensure that such information is not divulged or communicated (directly or indirectly) to another person other than the ways outlined as appropriate in the Education and Care Services National Regulations, 181, which says information can be communicated:
  - To the extent necessary for the education, care or medical treatment of the child;
  - To the parent of the child to whom the information relates (except for information in staff records);
  - To the regulatory authority or an authorised officer;
  - As authorised, permitted or required to be given by or under any act or law; and
  - With written consent of the person who provided the information.
- Ensure families are informed upon enrolment how images/photographs of their children will be used on the Internet and/or publications.
- Provide families with information on the Complaints and Feedback procedure if any privacy or confidentiality procedure has been breached. Individuals can make a complaint to the Approved Provider if they believe there has been a breach of their privacy in relation to the Privacy principles. The breach will be assessed by the Approved Provider within 14 days. Where the information collected is incorrect, the information will be corrected. Where a serious breach of privacy is found, appropriate actions will be negotiated between the Approved Provider and the individual to resolve the situation, in line with the Complaints and Feedback procedure.

- Will ensure information provided by families, staff and committee members is only used for the purpose it was collected for.

The Nominated Supervisor will:

- Ensure each family's information is correct in enrolment records. This includes information on immunisation updates, income and financial details, contact details of family and emergency contact information, children's developmental records, Family Assistance information, and any medical or legal information - such as family court documentation - required by our education and care service. This would include any information required to be recorded under the National Law and Regulations, the Family Assistance Law other relevant information collected to support the enrolment of a child.
- Provide families with details on the collection of personal information collected:  
This information will include:
  - The types of information collected by our education and care service
  - The purpose of collecting information;
  - What types of information will be disclosed to the public or other agencies; and when and why disclosure may occur;
  - How information is stored at the service;
  - Approaches used to keep information secure;
  - Who has access to the information;
  - The right of the individual to view their personal information;
  - The length of time information needs to be archived; and
  - How information is disposed.
  - Will ensure information provided by families and staff is only used for the purpose it was collected for.

Storage of Information

- Ensure that education and care service records, personnel records, children's and family information is stored securely reducing the chance of unauthorised access, use or disclosure and remains private and confidential within the education and care environment at all time.

Access to Information

- Medical and developmental information that is required to adequately provide education and care for the child;
- Individuals will be allowed access to their personal information as requested.
- Individuals must request this information in writing from the Nominated Supervisor.
- Authorised persons may request to view any information kept on their child.
- Information may be denied under the following conditions:
  - Access to information could compromise the privacy of another individual; The request for information is frivolous or vexatious; and
  - The information relates to legal issues, or there are legal reasons not to divulge the information such as in cases of custody and legal guardianship.

Educators will:

- Maintain children's information and store documentation according to policy at all times.
- Not share information about the education and care service, management information, other educators or children and families, without written permission or legislative authority.

- In keeping with the Early Childhood Australia (ECA) Code of Ethics (2008), the Education and Care Services National Regulations and the Privacy Legislation, educators and staff employed by our education and care service bound to respect the privacy rights of children enrolled and their families; educators and staff and their families and any other persons associated with the service. Educators will sign a Confidentiality Statement as it relates to privacy and confidentiality of information.

#### Evaluation

- All information pertaining to the education and care service, educators and families is maintained in a private and confidential manner in accordance with the Commonwealth Privacy Act 1988 and the Education and Care Services National Regulation Statutory Legislations & Considerations.

## Privacy Collection Statement

This service is committed to maintaining all personal information provided by its children, families, staff, management, volunteers, students and community in accordance with our Privacy Policy and the Australian Privacy Principles.

Each family, staff, volunteers and student and committee member are provided with a privacy collection statement upon enrolment or commencement of employment.

This statement outlines the type of personal information collected by this service and how information is acquired, used and shared. We will not sell personal information to any third parties. See our full Privacy and Confidentiality policy for detailed information or contact us on 0438936457.

### What is personal information? How is it collected and why?

What information is collected?	How we collect information?	Why we collect this?
Medical Information, Health and Immunisation	<ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Employment record</li> <li>• Immunisation history statement</li> <li>• Health care cards - Medicare and health fund information</li> <li>• Accident, Illness and Injury forms</li> </ul>	To ensure the health and safety of every child and as a requirement under Family Assistance Law and the NSW Public Health Act 2010.
Income and financial details, includes banking information	<ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Employment record</li> <li>• Fee payment and purchases</li> <li>• Tax File Number</li> </ul>	For the provision of the education and care service and as required under Family Assistance legislation and as per Funding Agreements with the Department of Education and Communities.
Contact details of family and emergency contact information	<ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Employment record</li> <li>• Updated details form</li> </ul>	Required under the Education and Care Services Regulation.
Children's developmental records	<ul style="list-style-type: none"> <li>• Observations</li> <li>• Assessment of children's learning</li> <li>• Programming documents</li> <li>• Communications with families</li> </ul>	Required under the Education and Care Services Regulation and to provide a high-quality education and care service.
Family Assistance information	<ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Employment record</li> </ul>	Required under the Family Assistance legislation and under employment legislation under Income Tax legislation.
Legal information	<ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Employment record</li> <li>• Court orders or AVOs</li> </ul>	Required under the Education and Care Services Regulation.

Employment, marital status and nationality	<ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Employment record</li> </ul>	Required under employment legislation and to provide priority of access under commonwealth and state legislation.
Qualifications	<ul style="list-style-type: none"> <li>• Employment record</li> <li>• Certified copies of documents</li> </ul>	Required under the Education and Care Services Regulation.
WWCC, criminal history checks	<ul style="list-style-type: none"> <li>• Employment record</li> <li>• Originals of documents</li> </ul>	Required under the Education and Care Services Regulation.
Staff entitlements	<ul style="list-style-type: none"> <li>• Payroll records</li> <li>• Tax File Number</li> </ul>	Provision of entitlements.
Any information required to be recorded under the National Law and Regulations, the Family Assistance Law other relevant information collected to support the enrolment of a child	<ul style="list-style-type: none"> <li>• Enrolment form</li> <li>• Employment record</li> <li>• Complaints records</li> </ul>	Required under appropriate legislation.

This service uses individual's personal information to send information by post, email or telephone. Individuals are provided with an opportunity to elect not to receive such information upon enrolment or through written notification to the service.

If individuals do not wish to receive direct communications, contact our service directly.

What happens with personal information?

This service will strive to let individuals know how any personal information will be used at the time of collection. Individuals will be asked if personal information can be used to establish contact with them regarding other aspects of organisational business. This service will not sell or trade individuals' personal information to other third parties.

This service collects and uses personal information generally to provide individuals with the information and the services they request, to provide appropriate and relevant information pertaining to the education and care of a child or children and to continue to improve service quality.

Where is personal information stored?

Personal information is stored in a safe and secure manner. Information is backed up electronically and securely stored. Data will not be altered or destroyed except in extraordinary circumstances.

Hard copy information is stored at the service, which is secured to prevent entry by unauthorised people. Any personal information not actively being used may be archived, in accordance with regulatory requirements.

Personal information will remain on the service database indefinitely until personally advised by a customer that information is to be removed, unless information has been archived or destroyed at an earlier date in accordance with privacy law and regulatory requirements.

Access and updating personal information

Individuals may ask to access, update or delete personal information held about them at any time. Reasonable steps will be taken to verify an individual's identity before granting access, making any

corrections to or deleting information. If a customer wishes to make a complaint, please refer to the Complaints Policy.

Individuals requiring access to, or wanting to update personal information, can contact the service.

## **Quality Area 7 Leadership and Service Management**

Acceptance and refusal of authorisation

Code of Conduct

Conflict of Interest

Grievance Procedure

Work Health and Safety Policy

Technology/mobile phone/social media Policy

## Acceptance and Refusal of Authorisation Policy

Objective: To ensure we act only in accordance with correct authorisation as described in the Education & Care Services National Regulations, 2011

Procedure: the nominated supervisor will:

1. Ensure documentation relating to authorisations contains:
  - a) The name of the child enrolled in the service
  - b) Date
  - c) Signature of the child's parent/guardian or nominated contact person who is on the enrolment form
2. Apply these authorisations to the collection of children, administration of medication, excursion and access to records
3. Keep these authorisations in the enrolment record
4. Exercise the right of refusal if the written or verbal authorisations do not comply
5. Waive compliance where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The service can administer medication without authorisation in these cases, provided they contact the parent/guardian as soon as practicable after the medication has been administered.



## Code of Conduct

### **NUNDLE P&C OOSH CODE OF CONDUCT AND ETHICS**

Members of management committees, staff and volunteers have a responsibility to ensure that their organisation operates with efficiency, impartiality and integrity.

This obligation demands that all committee members and staff carry out their roles and responsibilities to a high standard and that there not be, nor seem to be, any conflict between their private activities, their activities with and responsibilities to other organisations and their roles and responsibilities to this organisation.

This Code of Conduct and Ethics reflect general community standards and general principles which are considered appropriate and necessary to ensure that the integrity of members of management, paid staff and volunteers and the organisation as a whole are maintained.

Members of management committees, staff and volunteers will:

- Abide by the organisation's Constitution, its mission and aims, and its policies and procedures.
- Observe the rules of the organisation, including those set out in the Constitution, Associations Incorporation Act (or equivalent), and any others set by management committee or the membership of the organisation.
- Comply with the meeting requirements of the organisation.
- Adhere to all the financial management and accountability requirements of the organisation.
- Not act on matters without the consent of the management committee, or beyond the agreed delegations of the organisation.
- Not disclose confidential matters to individuals or agencies outside the organisation without the prior approval of the management committee.
- Always act in the interests of the organisation as a whole and the clients that it serves and not in the interests of themselves or any other individual.
- Not use information that violates any confidentiality or privilege or gain improperly any kind of benefit or advantage for any person.
- Disclose in writing to the management committee any pecuniary or other definite interest held by them which could lead to a potential conflict between personal interest and duty to the organisation.
- When exercising a regulatory or discretionary function in relation to clients or other individuals should notify the management committee when dealing with relatives and close friends, and wherever possible, disqualify themselves from the dealing.
- Not directly or indirectly demand or accept from any person or organisation any gift, gratuity or Remuneration of any kind in respect of services performed, or to be performed, in connection with their position in the organisation.
- Observe the strictest practices of honesty and integrity and avoid conduct which could suggest a departure from these standards. This may include a duty to bring to notice dishonesty on the part of another member of the organisation.

- Not use for private purposes the services of others in the organisation, the facilities, equipment, financial resources or premises of the organisation, unless prior permission has been granted by the management committee.
- Ensure that resources, funds, staff or equipment entrusted to them, are used effectively and economically in the course of their duties and not otherwise.
- Always deal with issues, clients, members of the organisation and other individuals in a consistent, fair and non-discriminatory manner.

## Conflict of Interest

As a general rule, a non-pecuniary conflict of interest will be significant where a matter does not raise a pecuniary interest but involves:

- A relationship between a staff member or committee member and another person that is particularly close for example parent, grandparent, brother, sister, uncle, aunt, nephew, niece, lineal descendent or adopted child of the person or of the person's spouse, current or former spouse or partner, de facto or other person living in the same household
- Other relationships that are particularly close, such as friendships and business relationships. Closeness is defined by the nature of the friendship or business relationship, the frequency of the contact and the duration of the friendship or relationship
- An affiliation between the staff or committee member and an organisation, sporting body, club, corporation or association that is particularly strong

If you are a committee member, other than a member of staff, and you have disclosed that a significant non-pecuniary conflict of interest exists you must manage it in one of two ways

- Remove the source of conflict, by relinquishing or divesting the interest that creates the conflict, or reallocating the conflicting duties to another committee member
- Have no involvement in the matter, by absenting yourself from and not taking part in any debate or voting on the issue
- If you determine that the non-pecuniary conflict of interest is less than significant and does not require further action, you must provide an explanation of why you consider that the conflict does not require further action

If you are a member of staff, the decision on which option should be taken to manage a non-pecuniary conflict of interest must be made in consultation with your Nominated Supervisor.

### Other business or employment

If you are a member of staff considering outside employment or contract work that relates to the business of Nundle P&C OOSH or that might conflict with your current duties, you must notify and seek approval of the Nominated Supervisor in writing.

As a member of staff you must ensure that any outside employment or business you engage in will not:

- Conflict with your official duties
- Involve using confidential information or P&C OOSH resources obtained through your work with the centre.
- Require you to work while on P&C OOSH duty.
- Discredit or disadvantage the centre.

You may have reason to deal with the centre in your personal capacity (for example purchase of saleable equipment, tender to cater, provide services). You must not expect or request preferential treatment in relation to any matter in which you have a private interest because of your position. You must avoid any action that could lead members of the public to believe you are seeking preferential treatment.

Source: [www.cccnsw.gov.au](http://www.cccnsw.gov.au)  
National Quality Standards

## Grievance Procedure

A grievance is any type of problem, concern or complaint related to work or the work environment. A grievance may be about any act, omission, situation or decision that you think is unfair, discriminatory or unjustified.

Nundle P&C OOSH grievance procedure is:

Completely Confidential - only people directly involved in making or investigating a complaint will have access to information about the complaint.

Impartial - both sides will have the opportunity to tell their side of the story. No assumptions will be made and no action will be taken until all relevant information has been collected and considered.

Free of repercussions - no action will be taken against anyone for making a complaint or helping someone to make a complaint. Management will take all necessary steps to ensure that no victimisation occurs against anyone who makes a complaint.

Timely - all complaints will be dealt with as quickly as possible. We aim to resolve all complaints within four weeks.

What to do if you have a grievance?

Try to sort it out directly with the person involved - sometimes people don't mean to do things that hurt or offend others. This does not mean that this is OK. However, it does mean that if you can, you should tell the person who is acting in a hurtful or unsuitable way that his or her behaviour is not acceptable and /or offensive so they have the chance to stop or change what they are doing.

Go to your Nominated Supervisor or the Management Committee - Your supervisor is in charge of your immediate work environment and can help you sort out problems at that level. There are some situations where you may not want to take your complaint to your supervisor e.g. the complaint directly involves the supervisor. If that is the case take your complaint to the management committee.

The Supervisor or management committee will take the following steps:

Work out if they are the right person to deal with the complaint. If they are, they will explain the grievance handling procedure including what may happen if there is enough evidence to support the complaint.

Take a written record of the complaint. Talk to the other person/s involved separately and impartially to hear their side of the story. Tell you what the other person/s said and discuss what should be done to sort out the complaint. Make sure that whatever you have agreed/decided upon actually happens.

Appropriate action should a complaint be substantiated:

- A written apology
- An official warning
- Counselling
- Demotion
- Dismissal

Not be substantiated:

- Training for all staff on anti-discrimination law
- Keeping a closer watch on behaviour

Be frivolous (did not happen):

- Counselling for the person who made the complaint
- A written apology
- An official warning
- Dismissal
- Demotion

## Appeals

You may ask the Supervisor or Management Committee to take a second look at a decision if they have not followed the procedure set out in this policy or you think the outcome is unfair

Should you feel this way, you may appeal to the Nundle Public School Principal. They will look at the way in which the complaint is handled. If they feel the complaint was not handled properly, they will organise for the complaint to be looked at again by someone other than the person who first handled the complaint.

Go to an external agency

If you feel your complaint still has not been dealt with properly by management you may wish to take it to an external agency to see if they can help e.g. your union, Anti-discrimination board.

## **Work Health and Safety Policy**

At Nundle Public School P&C Association OOSH our Work Health and Safety Policy is based on the belief that the wellbeing of people employed at work or the people affected by our work (including children, parents, visitors and volunteers) is a major priority and must be considered during all work performed on our behalf.

The objectives of our Work Health and Safety Policy are:

- To achieve an accident free workplace.
- To make health and safety an integral part of the day.
- To ensure health and safety is considered in all planning and work activities.
- To involve employees in the decision making process.
- To provide a continuous program of educating and learning.
- To identify and control all potential hazards.
- To provide effective injury management and rehabilitation to all employees.

This policy will be carried out through a Work Health and Safety program which includes:

- Identification and control of hazards.
- Investigation and reporting all accidents and dangerous incidents.
- Participation and consultation with employees on safety matters.
- Provision of first aid and emergency procedures.
- Provision of information and training as necessary for safety.

## Technology/mobile phone/social media policy

- Private mobile phone is to be used for work related activities and is not to be used for personal phone calls, texting, social media etc during work hours.
- Children will only access tablets when directly supervised by educators.
- Music, videos etc may be streamed from the tablet if they are relevant to the children's learning. However, streaming of this kind will only take place from websites where this can legally take place such as YouTube or iTunes.
- Any educators found to be using the tablet/ mobile phone inappropriately will face an enquiry by the management committee to decide on a course of action based on the severity of their misconduct.
- This policy is also incorporative of state and federal laws regarding computer use. Should an educator or other staff use the services tablet/ mobile phone in a way that breaks the law the service will take the appropriate required action e.g. reporting to the police.
- The television/DVD/tablet will be an additional tool to enhance curriculum activities. Educators will sit with the children to monitor and discuss any aspects of the television/DVD/tablet they are viewing/using.
- Staff must be aware of their responsibilities to the service when using social networking sites such as Facebook. Our confidentiality policy must be adhered to at all times, even outside of working hours. It is important to maintain your status as a professional childcare worker and therefore we would urge you to think twice before fostering online friendships with parents. Disciplinary action could result if the service is brought into disrepute.
- Staff must not mention the service, staff, parents or children during discussions on any social networking sites.
- If any staff members have parents as friends then there should be no discussions of the service, staff or their child/children. If parents have any questions / concerns regarding their child, service or staff then this should be discussed in a professional manner with management at the service.
- Photos of the service, children or staff (unless permission by individual staff is received) should not be posted on an individual staff members social media page.