

Queanbeyan Family Day Care

Policy and Procedure Manual

Quality Area 2

Children's Health and Safety

Children's Health and Safety Policy

Quality Area 2 – Children's Health and Safety

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Children's Health and Safety Policy

1. OUTCOMES:

Children's health and safety will be paramount at all times. Educators will take all necessary steps to ensure this.

2. POLICY:

Educators will ensure the health and safety of children in family day care is protected through the implementation of recognised Australia Health and Safety Guidelines and Standards.

3. RELEVANT LEGISLATION

Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010
The Ombudsman Act 1974
The Child Protection (Working with Children) Act 2012
The Commission for Children and Young People Act 1998 (NSW)
The Children and Young Persons (Care and Protection) Act 1998
Children and Young Persons (Care and Protection) Amendment (Parental Responsibility Contracts) Act 2006 (NSW)
Child Protection (Offenders Registration) Act 2000 (NSW)
Crimes Act 1900 (NSW)
Family Law Act 1975 (Cth)
Children and Young Persons (Care and Protection) Amendment Bill 2009

4. CONTENT

Educators registered with Queanbeyan Family Day Care recognise the importance of children's health and safety and are committed to following the appropriate steps.

5. PERFORMANCE INDICATORS:

- The number of accidents where children are injured or require medical treatment
- The number of "serious incidents" reported to the Department of Education and Communities
- Assessment and Ratings visit rating

6. KEY RESOURCES:

www.healthykids.nsw.gov.au, Get Up and Grow: Healthy Eating and Physical Activity for Early Childhood

Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents

Guide to the National Quality Standards 2011

Food Safety Standards for Australia 2001

Munch and Move Resource Manual, Birth to Five years, NSW Health, Munch and Move, National Healthy Eating Guidelines for Early Childhood Settings

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook; Guide to the National Quality Standard 2011, Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

Children's Health and Safety Policy

www.dec.nsw.gov.au; Education and Care Services National Regulations 2012;
Education and Care Services National Law 2011

7. RELEVANT

PROCEDURES

Infection Control Policy

1. OUTCOMES:

Educators and parents are aware of their rights and responsibilities in relation to controlling infectious diseases.

2. POLICY:

Educators and parents have a responsibility to ensure that all steps are taken to prevent the spread of infectious diseases.

3. RELEVANT LEGISLATION

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

4. CONTENT

Queanbeyan Family Day Care has a duty to provide and maintain a safe working environment for educators, parents, children and staff, and to ensure that the risk of infection is kept to a minimum thus preventing the spread of infectious diseases

Educators are at risk of contracting infectious diseases. Infection control practices such as the wearing of gloves and hand washing may assist in the prevention and spreading of infectious diseases.

Educators must ensure that the infectious disease policy covers all persons normally resident in the home of a family day care educator.

Immunisation may stop or assist in the prevention of workers contracting some of the infectious diseases or simply reduce the severity of the illness.

The definition of a "sick child" will be determined by the educator's willingness to care for a child with conditions such as ear infections, "runny noses" etc. The educator has a responsibility to ensure that illnesses are not spread to other children in care, to herself and to her own family

5. PERFORMANCE INDICATORS:

- The incidence of infectious diseases spreading through the Queanbeyan Family Day Care scheme

6. KEY RESOURCES:

Guide to the National Quality Standard 2011

www.immunise.health.gov.au

www.nhmrc.gov.au

www.ncirs.usyd.edu.au

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook

Guide to the National Quality Standard 2011, Staying Healthy in Childcare 5th Edition;

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Infection Control Policy

Education and Care Services National Regulations 2012
Education and Care Services National Law 2011

7. RELEVANT PROCEDURES

Health and Hygiene Policy

1. OUTCOMES:

Educators and parents are aware of their rights and responsibilities in relation to health and hygiene practices.

2. POLICY:

Educators must observe strict health and hygiene practices that have regard to current community standards and are in accordance with relevant government guidelines to minimise risks to children.

3. RELEVANT LEGISLATION

Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010
Work Health and Safety Act 2011
Road Transport Legislation Amendment Act 1999

4. CONTENT

Family Day Care promotes child health within the scheme by encouraging and assisting educators to adopt healthy and hygienic practices, to manage health concerns and emergencies in the most appropriate way. The health and hygiene of the environment at the educator's home for children in their care and for the educator's own family is paramount:

Hand Hygiene

Children are to be supervised and observed when washing their hands. A good role model will ensure that children develop hand washing as a good habit.

Nose Wiping

Hands are to be washed every time a child's nose is wiped. If it is not possible to wash hands, an alcohol based hand rub can be used.

It is not necessary to wear gloves when wiping a child's nose. If gloves are worn, then the hands must be washed after removing the gloves.

Nappy Change

A child's nappy/pull up is to be checked hourly and changed as required to ensure the child's comfort.

Educators must have an area set aside for changing nappies where educators can supervise other children in care.

Toileting

Educators must toilet children in such a way as to respect their privacy and allow the children independence in undertaking this process.

Health and Hygiene Policy

Bathing or Showering a Child

Queanbeyan Family Day Care does not actively encourage educators to bath children. Bathing of children is the responsibility of the parents.

Needlestick Injury

Educators must be vigilant and ensure that areas are surveyed for any foreign objects prior to allowing children outside, going on excursions or visiting parks and other community venues.

An Incident, Injury, Trauma and Illness Report Form must be completed and forwarded to the Co-ordination Unit as soon as possible after any incidence of needlestick injury.

Where an educator, or family member, requires medication to be administered by syringe, the syringe must be kept in a double locked container out of reach of children. After use, the syringe must be disposed of in a "Sharps" disposal unit.

5. PERFORMANCE INDICATORS:

- The incidence of infectious diseases spreading through the Queanbeyan Family Day Care scheme.

6. KEY RESOURCES:

Guide to the National Quality Standard 2011; 5th Edition Staying Health – preventing infectious diseases in early childhood education and care services

www.health.gov.au/nhmrc/

www.cancercouncil.com.au/sunsmart

www.sidsandkids.org

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011, Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

7. RELEVANT PROCEDURES

[Hand Hygiene – Safe Operating Procedure](#)

[Nappy Change and Soiled Pull-ups – Safe Operating Procedure](#)

[Toileting a Child – Safe Operating Procedure](#)

[Bathing or Showering a Child – Safe Operating Procedure](#)

Hand Hygiene – Safe Operating Procedure

Identify Related Hazards/Risks

The spread of germs due to children and adults not washing and drying hands correctly.

Controls for Hazards/Risks

Implement correct Hand Washing procedures (see Job Steps)

Educators must ensure that adequate, developmentally and age appropriate facilities are provided enabling safe and convenient access for children's hand washing.

Cloth towels may be used in the hand washing/drying process but must be used by one person (i.e. not shared) and hung up to dry between uses.

Washing Hands with Soap and Water

- Wet hands with running water
- Use liquid soap and spread over hands
- Lather soap and rub hands thoroughly, including the wrists, palms, between the fingers, around the thumbs and under the nails. Rub hands together for 20 seconds
- Rinse your hands thoroughly to remove all suds and germs. Thorough rinsing will help prevent dermatitis from suds
- Dry your hands with a paper towel.

Hand Rubs

Hand rubs are also known as alcohol-based hand rubs, antiseptic hand rubs, waterless hand cleaners, gels or hand sanitisers. They have been proven to increase hand hygiene in healthcare settings and it also makes sense to have them in education and care services. They can be a fast and effective way to remove germs that may have been picked up by touching contaminated surfaces. Hand rubs can be useful when assisting children with eating, when on excursions, in the playgrounds, or in other situations where soap and water are not always available.

It is important to remember that soap and water are the best option when hands are visibly dirty.

Hand rubs are safe to use as directed, but children may be at risk if they eat or drink the hand cleaner, or splash it into their eyes or mouth. Hand rubs should be kept well out of reach of children and only used with adult supervision.

Cleaning Hands with Hand Rub

Only use hand rub if hands are not visibly dirty, or when soap and water are not available:

- Apply the amount of hand rub recommended by the manufacturer to palms of dry hands
- Rub hands together, making sure you cover in between fingers, around thumbs and under nails
- Rub until hands are dry – this will take 5-15 seconds.

Babies need their hands washed as often and as thoroughly as older children.

If the baby can stand at a small hand basin, wash their hands the same way you wash your own hands. If the baby cannot stand at a hand basin, wash their hands with pre-moistened disposable wipes, making sure their hands have been rinsed to remove any soap, then air dry.

Hand Hygiene – Safe Operating Procedure

Antibacterial soap kills some (but not all) bacteria and does not kill viruses. There is no place for the routine use of antibacterial soap in education and care services.

Drying Hands with Cloth Towels

If cloth towels are used, they must be used by one person only and not shared. They must be hung up to dry between uses. Educators are encouraged to ensure that each child has his/her own hook or that each child has a particular colour to reduce the risk of cross contamination.

Cloth towels must be laundered daily.

Drying Hands with warm air dryers

Educators may use warm air dryers, but they are not recommended. Air dryers take longer to dry hands, can only serve one person at a time and are often not used for long enough to ensure dry hands.

Educators should always wash hands:

- Before handling food, including babies' bottles.
- Before eating
- Before giving medication
- Before putting on gloves
- After taking off gloves
- After changing a nappy
- After coming in from outside play
- After using the toilet
- After cleaning the nappy change area
- After helping children use the toilet
- After cleaning up blood, faeces or vomit
- After wiping a nose, either a child's or your own
- After handling garbage.

Children should always wash hands:

- On arrival at the educator's home
- Before eating and handling food
- After eating and handling food
- After touching nose secretions
- After using the toilet
- After having their nappy changed. Their hands will become contaminated while they are on the change mat
- After coming in from outside play
- After coming in contact with blood, faeces, vomit or body fluids.

Hand Hygiene – Safe Operating Procedure

Educators will:

- Provide children with regular supervision so that they develop hand washing as a habit of good hygiene
- Provide children with appropriate role modelling of hand washing techniques - children learn by watching and observing and will often imitate this behaviour.

Nappy Change and Soiled Pull-Ups – Safe Operating Procedure

Identify Related Hazards/Risks

- The spread of germs through incorrect nappy changing procedures
- The spread of germs/irritation through infrequent nappy changes
- A child falling from a change bench
- The spread of germs through incorrect storage and disposal of soiled nappies/pull-ups

Controls for Hazards/Risks

- Implement correct hand washing procedures
- Nappy changing is a social time for babies and toddlers and is an important routine. Health professionals discourage the use of nappy creams and powders. Only use creams and powders provided by the parent and clearly labelled with the child's name. Make sure powder is not inhaled by you or the baby
- A child is only to have a nappy change on a stable surface. A change mat is to be used on every occasion
- Under no circumstances is a child:
 - To be left unattended on a change bench
 - To be changed on a surface that has not been cleaned from a previous child's nappy/clothing change
- A child's nappy/pull-up is to be checked hourly and changed as required to ensure the child is comfortable.
- Soiled nappies/pull-ups must be stored in a secure and hygienic manner and disposed of as soon as practicable
- The practice of sending used disposable nappies/pull-ups home to parents, is deemed unhygienic and therefore not acceptable
- The use of disposable nappies/pull-ups is to be strongly encouraged. This reduces the risk of infections, because disposable nappies/pull-ups do not "leak" like cloth nappies and can be disposed of immediately
- When changing nappies, educators need to position themselves in such a way as to increase their ability to provide adequate supervision for all children (visually and audibly). Nappy change may occur in the children's play area (ensuring that the child's dignity and privacy is protected) or all children can be taken to another area of the home such as the laundry

Job Steps

- Wash your hands
- Place paper on the change mat on a stable surface
- Put a pair of disposable gloves on both hands (and put on a disposable apron if desired)
- Remove the child's nappy and any clothes with urine and/or faeces on them. The child's nappy should be placed into a plastic bag/nappy bin prior to disposal
- Clean the child's bottom, preferably using pre-moistened disposal wipes
- Remove the paper and put into plastic bag/nappy bin
- Remove your gloves and put them in the plastic bag/nappy bin before you touch the child's clean

Nappy Change and Soiled Pull-Ups – Safe Operating Procedure

clothes. Remove gloves by peeling them back from your wrists, turning them inside out. Do not let your skin touch the outer contaminated surface of the glove

- Place a clean nappy on the child and dress the child
- Take the child away from the change mat
- Wash and dry your hands and the child's hands
- At the completion of each nappy change, clean the change table with detergent and water paying particular attention to the mat
- Wash your hands.

Educators will implement the above procedure for all children, including their own.

Toileting a Child – Safe Operating Procedure

Identify Related Hazards/Risks

- Child abuse
- Risk of allegations of child abuse against educator
- Risk of infection to child and educator

Controls for Hazards/Risks

- Follow Child Protection Policy at all times
- Under no circumstances is a child to be left unsupervised when toileting
- Follow Universal Precautions at all times for infection control
- Toileting a child is to be undertaken by the primary educator
- Educators must ensure that adequate, developmentally and age appropriate facilities are provided for toileting, enabling safe and convenient access for children.
- It is better for the child to use the toilet than use a potty chair, which increases the risk of spreading diseases. In certain circumstances “potties” can be used. This is to be discussed with the parent and co-ordination unit staff members.

Job Steps

- Wash and dry your hands
- If assisting the child with toileting, put disposable gloves on both hands
- Wear a disposable apron (if you wish to protect your clothes from bodily fluids)
- Encourage and/or assist the child to pull up/down/remove clothing (e.g. trousers, skirt) as required
- Encourage and/or assist the child to climb onto the toilet using stool as required
- Encourage and/or assist the child to wipe their bottom using toilet paper
- Encourage and/or assist the child to flush the toilet
- Encourage and/or assist the child to pull up/down/put clothing back on
- Encourage and/or assist the child to wash and dry their hands
- Ensure that the child is in a safe area, clean away any spills or accidents on the floor
- Remove the gloves by peeling them back from your wrists
- Dispose of gloves and apron
- Wash and dry hands
- Return to the bathroom and place disposable gloves on your hands
- Clean the toilet well if required, using warm water and detergent. If you suspect the person has an infectious disease (e.g., diarrhoea or vomiting), use a disinfectant after cleaning it with detergent and warm water.
- Remove the gloves by peeling them back from the wrists
- Place the spray bottle out of reach of children
- Wash and dry hands.

Educators will implement the above procedure for all children, including their own.

When necessary, educators will place dirty clothes in a plastic bag for parents to take home

Bathing or Showering a Child – Safe Operating Procedure

Identify Related Hazards/Risks

- Child abuse
- Risk of allegations of child abuse against educator
- Risk of infection to child and educator

Controls for Hazards/Risks

- Follow Child Protection Policy at all times
- Under no circumstances is a child to be left unsupervised when showering
- Follow Universal Precautions at all times for infection control
- Toileting a child is to be undertaken by the primary educator
- Queanbeyan Family Day Care doesn't not actively encourage educators to bath children. Bathing of children is the responsibility of the parent.
- Where showering a child is required, this is to be undertaken by the primary educator. Educators must ensure supervision of other children whilst bathing or showering a child.

Job Steps

- Wash and dry your hands
- Gather clothes that the child will require in the bathroom or encourage and/or assist the child to gather their own belongings from their bag
- Ensure that the child is appropriately supervised
- If assisting the child with showering, place disposable gloves on your hands
- Wear a disposable apron (if you wish to protect your clothes from getting wet or from bodily fluids)
- Encourage and/or assist the child to remove clothing
- If possible use a hand held shower: turn on the taps in the shower to ensure an even flow of warm water and test the water temperature
- Encourage and/or assist the child to enter the shower cubicle
- Communicate with the child in a friendly manner
- Encourage and/or assist the child to shower themselves.
- Turn off the taps
- Assist the child to remove themselves from the shower
- Encourage and/or assist the child to dry themselves
- Encourage and/or assist the child to get dressed in clean clothing
- Remove the apron
- Remove the gloves by peeling them back from your wrists
- Dispose of gloves and apron
- Wash and dry your hands
- Encourage and/or assist the child to leave the bathroom

Nappy Change and Soiled Pull-Ups – Safe Operating Procedure

- Return to the bathroom and place disposable gloves on your hands
- Rinse the child's soiled clothing using the hand-held shower
- Remove excess water from the clothing
- Place child's rinsed soiled clothing in a plastic bag
- Clean the shower area well if required, using warm water and detergent. If you suspect the person has an infectious disease (e.g., diarrhoea or vomiting), use a disinfectant after cleaning it with detergent and warm water.
- Remove the gloves by peeling them back from your wrists
- Place the spray bottle out of reach of children
- Wash and dry your hands
- Where a shower is not the appropriate method of washing a child, and a bath is required, the above job steps are to be followed. Bathing is to occur only in extreme cases.
- In organising a bath for a child, the following steps are to be added to the above job steps:
 - Turn on the taps and fill the tub to 1/3 full with warm water
 - Test the water temperature and turn off the tap

Sick Children Policy

1. OUTCOMES:

Children will be excluded from childcare when “sick” or unwell this ensuring other children remain healthy and well.

2. POLICY:

Educators will discuss with parents what constitutes a “sick child” and exclude children when necessary from care.

3. RELEVANT LEGISLATION

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

4. OUTCOME

Children will not be accepted into care if they have an infectious disease, are vomiting, have diarrhoea/gastric, a temperature or fever, where they have been on a medication (such as panadol) in excess of 48 hours, or where they are deemed unable to participate in the day’s activities.

Where a child becomes ill whilst in care, parents will be contacted to collect the child.

Where a child leaves care due to an illness, the educator must complete an incident, accident, illness report form and submit to the Co-ordination Unit. Where medical attention, is sought in such a scenario, this is deemed a serious incident and the scheme must advise the Department of Education and Communities within a 24 hour period.

In some circumstances an educator may request a medical certificate stating that a child is well enough to return to care.

5. PERFORMANCE INDICATORS:

- Incidence of “sick children” attending care

6. KEY RESOURCES:

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

7. RELEVANT PROCEDURES

Sick Children – Procedure

Sick Children – Procedure

Sick Children

At the initial interview or during the course of placing a child with an educator, it is very important that discussion occur regarding the definition of a “sick child”. This will be determined by the educator’s willingness to care for a child with conditions such as ear infections, “runny noses” etc. The educator has a responsibility to ensure that illnesses are not spread to other children in care, to herself and to her own family.

Parents are encouraged to discuss any illnesses/injuries that have occurred overnight or prior to the child coming into care, with the educator. This also includes where a child has been administered medication overnight. This enables an informed decision to be made about the child’s ability to cope with the day’s program.

Educators may develop their own guidelines in relation to “sick children” however the following guidelines are to be enforced:

- Children with an infectious disease will not be accepted into care.
- Vomiting – Should a child begin vomiting, the parent will be contacted and required to collect the child immediately. The child is not to come back into care until it has been 24 hours since he/she last vomited. The child needs to have eaten 2 meals before returning to care.

Diarrhoea/Gastric/Unusual Stools

Where a child is suffering from diarrhoea or has bowel motions where the frequency, consistency or smell is abnormal for the particular child, the following is to occur:

- Children over 2 – exclude for 24 hours after loose motion
- Children under 2 – stool must have returned to normal and the child is on a reasonable diet.
- Follow Universal Precautions at all times for infection control

A child will not be accepted into care if an anti-diarrhoea medication is being administered.

Child taking Antibiotics

Where the NHMRC table does not recommend exclusion for a child with a medical condition, but where a child has been prescribed antibiotics, he or she should stay home for the first 24 hours after the course of antibiotics has commenced to ensure that they have time to take effect and there is no reaction to the medication.

Temperature/Fever

Fevers are common in children. A high fever does not necessarily mean a child has a serious illness.

The normal temperature for a child is up to 38 degrees celsius. If the temperature moves above 38 degrees celsius, educators are required to notify the parent and advise them of the current temperature. If the child is unhappy, showing signs of other symptoms that may indicate a serious infection, and unable to participate in the program, then the parent is to be contacted to collect the child. In the interim educators are to give clear fluids and if the parents give permission, paracetamol. Watch the child and monitor how they are feeling.

If the child is less than 3 months old and has a fever above 38 degrees, contact the child’s parent and ask them to take the child to a doctor.

In some cases, a child may have febrile convulsions, which are physical seizures caused by the fever.

Sick Child – Procedure

They usually last only a few seconds or minutes; however an ambulance is to be called if the convulsions last for more than 5 minutes, if the child does not wake up when the convulsions stop, or if they look very ill when the convulsions stop.

If a child has a fever, ensure they drink plenty of fluids and are not overdressed. Avoid cold-water sponging or cold baths that make the child shiver. If sponging or bathing makes the child feel more comfortable, use lukewarm water.

Management/Action Plans

Where a child suffers from asthma, anaphylaxis or any other serious illness, parents are to provide a copy of a management/action plan to their educator and the Co-ordination Unit.

Management/Action Plans need to be reviewed on a regular basis.

Educators are encouraged to have a copy of the 5th Edition Staying Healthy – preventing infectious diseases in early childhood education and care services. Further information about common illnesses can be found at www.nhmrc.gov.au.

The following information is provided as a guide to educators and parents in determining if a child is well enough to go into care:

Common Cold

While a common cold is infectious – it is only infectious if secretions are not managed appropriately. When deciding whether a child is to be excluded from care, it is important to take all factors into consideration, including:

- Severity of the illness
- Length of time the child has had the symptoms, e.g., cough, runny nose
- The child's ability to manage secretions such as nose wiping, hand washing, covering the mouth when coughing, sneezing etc.

Green Noses"

If a child in care has a green discharge from the nose, is lethargic, suffering from a fever, cough, and has other flu-like symptoms, then he/she should be excluded from care until well. The only way to determine that a green discharge is infectious, is for a doctor to diagnose the situation.

Children will not be accepted into care where they have been on a medication such as panadol for a period in excess of 48 hours.

Should a child become ill whilst in care, the educator will separate the ill child from the other children. If the child is not well enough to participate in activities, educators will contact their parent and send them home.

While waiting for the parent to arrive, keep the child away from the main group of children, if possible, although in a position where an educator is able to comfort and supervise them. After the child leaves, ensure that any bedding or toys used by the child, is cleaned.

Should urgent medical attention be required and the parent/emergency contact is unavailable, an ambulance will be called (the parent will be responsible for the cost of transportation).

Where a child requires regular medication, the medication will be administered as outlined by the parent on the "Medication Authorisation Form" and completed by the educator as each medication is administered.

Sick Child – Procedure

All educators must hold a current First Aid Certificate.

Where a child has suffered a serious illness or injury, the Co-ordination Unit may request a medical certificate stating that he/she is well enough to return to Family Day Care.

A CHILD WHO IS APPARENTLY SUFFERING FROM AN INFECTIOUS DISEASE WILL BE EXCLUDED FROM CHILDCARE. Where a child has been excluded from care due to an infectious disease, a doctor's certificate may be requested prior to the child returning to care.

An educator is to complete an incident, injury, trauma and illness form where any of the above occurs and this to be forwarded to the Co-ordination Unit as soon as possible. Where medical attention is sought, a "Family Day Care Australia Incident Report Form" is to be completed immediately and the Co-ordination Unit advised of the incident.

Immunisation Policy

1. OUTCOMES:

Children using child care with Queanbeyan Family Day Care will be fully immunised.

2. POLICY:

Parents registered with Queanbeyan Family Day Care are required to provide an up-to-date Immunisation History Record setting out the immunisation status of their child/ren. This information must be from Medicare and/or Centrelink.

3. RELEVANT LEGISLATION

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

4. CONTENT

New immunisation requirements came into force on 1 January 2016. Parents who do not fully immunise their children up to 19 years of age are no longer eligible for child care benefits and family assistance payments with exceptions for children recorded with medical contraindications or natural immunity for certain diseases and those on a recognised catch-up schedule.

5. PERFORMANCE INDICATORS:

- Number of unimmunised children enrolled with the scheme
- Number of families who understand/do not understand the Government's immunisation policies

6. RELEVANT PROCEDURES

[Immunisation – additional information](#)

Immunisation – Additional Information

Prior to children commencing with Queanbeyan Family Day Care, up to date documentation regarding the children's immunisation status must be provided to the scheme. If parents have objections to immunising their children, documentation to this effect must be provided to the Co-ordination Unit.

It is the parents' responsibility to advise the educator of the immunisation status of their child and likewise, educators should advise parents of the immunisations status of their child/ren.

Educators can refuse to take an unimmunised child into care.

See <http://www.health.nsw.gov.au/immunisation/Publications/nsw-immunisation-schedule.pdf> for information relating to the immunisation schedule for NSW.

The Childcare Benefit and the Childcare Rebate have been linked to the immunisation status of children in care. See [http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/\\$File/No-Jab-No-Pay.pdf](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/$File/No-Jab-No-Pay.pdf)

Administration of Medication Policy

1. OUTCOMES:

Children using child care with Queanbeyan Family Day Care will be administered medication with appropriate authorisation and supervision.

2. POLICY:

Parents registered with Queanbeyan Family Day Care are required to provide authorisation prior to children having medication administered to them.

Educators are required to seek permission from parents prior to administering medication to children.

3. RELEVANT LEGISLATION

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

4. CONTENT

Medication (including prescription, over-the-counter and homeopathic medications) can only be administered to a child at a service with the prior authorisation by a parent or an authorised nominee with the authority to consent to administration of medical attention to the child. This authorisation is to be given on the scheme's medication form.

In the case of an emergency, where it is not possible to obtain verbal consent from a parent or person named in the enrolment form, a registered medical practitioner or medical emergency service can be contacted.

Educators must keep all medications out of reach of children.

Medication may be administered to a child without an authorisation in the case of an anaphylaxis or asthma emergency. In this situation the parent of the child and/or emergency services must be notified as soon as possible by the Nominated Supervisor or Educator.

In some situations, a parent may give permission for a child to self-administer medication (the child must be over pre-school age). Where a child self-administers medication the child will be expected to complete the relevant information on the "Medication Form". The process and completion of the medication form is to be overseen by the educator.

5. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

Administration of Medication Policy

6. PERFORMANCE INDICATORS:

- Number of questions relating to the administration of medication

7. RELEVANT PROCEDURES

[Administration of medication – procedure](#)

Administration of Medication – Procedure

Medication (including prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without authorisation by a parent or an authorised nominee with the authority to consent to administration of medical attention to the child.

In the case of an emergency, where it is not possible to obtain verbal consent from a parent or person named in the enrolment form, a registered medical practitioner or medical emergency service can be contacted.

Medications must be administered:

- If the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered and before the expiry or use by date, or
- From its original container, bearing the original label and instructions and before the expiry or use by date.

The medication must be administered in accordance with instructions either attached to the medication, or any written or verbal instructions provided by a registered medical practitioner.

Educators must keep all medications out of reach of children. If medication needs to be refrigerated, it is to be kept in a child resistant container in the fridge. If the medication does not come in a child resistant container, it is to be placed in a locked container in the fridge e.g., computer disk box. Parents have a right to know about the educator's provision for storage of medication and the administration of the medication.

To ensure that medication is administered in accordance with doctor's instructions and parents' wishes, a "Medication Record" must be completed. This must be completed by the parent and include the following information:

- Name of the child
- Name of the medication to be administered
- The time and date the medication was last administered
- The time and date, or the circumstances under which, the medication should be next administered
- The dosage of the medication to be administered
- Parent's signature

On administering the medication to the child, the educator must complete the following information on the child's "Medication Record":

- The dosage that was administered
- The manner in which the medication was administered
- The time and date the medication was administered
- The name and signature of the person who administered the medication.

Medication forms are to be submitted to the Co-ordination unit upon completion or when a child leaves the educator's care.

Educators may also require specific instructions and/or training when required to use special equipment for the administration of medication.

Administration of Medication – Procedure

If on-going medication is prescribed by a registered medical practitioner it is acceptable for the parent to authorise administration of medication on a weekly basis. It is the parent's responsibility to notify the educator immediately if there is any change in medication.

Exemption from Authorisation Requirement – Anaphylaxis or Asthma Emergency

Medication may be administered to a child without an authorisation in the case of an anaphylaxis or asthma emergency. In this situation the parent of the child and/or emergency services must be notified as soon as possible by the Nominated Supervisor or Educator.

Self-Administer Medication

In some situations, a parent may give permission for a child to self-administer medication (the child must be over pre-school age). Where a child self-administers medication the child will be expected to complete the relevant information on the "Medication Form". The process and completion of the medication form is to be overseen by the educator.

Medical Management Plans Policy

1. OUTCOMES:

Children suffering from a serious medical condition such as asthma, anaphylaxis, diabetes will be treated according to their medical management plans.

2. POLICY:

Educators registered with Queanbeyan Family Day Care will have a current copy of a medical management plan where a child has a serious medical condition such as asthma, anaphylaxis, and diabetes.

3. RELEVANT LEGISLATION

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

4. CONTENT

All educators are required to have completed training by an appropriate health or first aid organisation in the management of asthma and anaphylaxis (including the administration of adrenaline (EpiPen or EpiPen JR). If an educator is to be responsible for the emergency administration of adrenaline (EpiPen or EpiPen Jr) to a child with anaphylaxis, this should be by prior written consent from the child's parent/guardian, and general practitioner.

Where a child suffers with severe asthma, anaphylaxis, diabetes or another serious illness, an individual management plan must be implemented by a qualified medical officer. This information must be provided to the educator and Co-ordination Unit.

It is the parent's responsibility to complete a Risk Minimisation Form and Communication Form in consultation with the educator. These forms ensure that all steps are taken to protect the child. A copy of these forms must be provided to the educator and Co-ordination Unit. The parent must keep copies of these forms so that if the child needs alternate care, the parent can provide this information to the alternate educator.

The parent must also advise the educator and Co-ordination Unit if there any changes to the plan and new documentation completed.

NB In the case of an asthma or anaphylaxis emergency, medication may be administered without authorisation by a parent. If this does occur, the parent and emergency service are to be notified as soon as practicable.

5. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

Medical Management Plans Policy

6. PERFORMANCE INDICATORS:

- Number of children who have medical management plans
- Number of medical management plans received by the Co-ordination Unit
- Number of parents who have completed Risk Minimisation and Communication Forms

7. RELEVANT PROCEDURES

[Medical Management Plans – procedure](#)

Medical Management Plans – Procedure

Asthma Management Plan

All educators are required to have undergone training by an appropriate health or first aid organisation in the management of asthma.

Where a child suffers with severe asthma, an individual asthma management plan must be implemented by a qualified medical officer. This information must be provided to the educator and Co-ordination Unit.

It is the parent's responsibility to complete a Risk Minimisation Form and Communication Form in consultation with the educator. These forms ensure that all steps are taken to protect the child. A copy of these forms must be provided to the educator and Co-ordination Unit. The parent must keep copies of these forms so that if the child needs alternate care, the parent can provide this information to the alternate educator.

The parent must also advise the educator and Co-ordination Unit if there any changes to the plan and new documentation completed.

NB In the case of an asthma emergency, medication may be administered without authorisation by a parent. If this does occur, the parent and emergency service are to be notified as soon as practicable.

Anaphylaxis Management Plan

All educators are required to have undergone training by an appropriate health or first aid organisation in the management of anaphylaxis and/or the administration of adrenaline (EpiPen or EpiPen Jr).

If an educator is to be responsible for the emergency administration of adrenaline (EpiPen or EpiPen Jr) to a child with anaphylaxis, this should be by prior written consent from the child's parent/guardian, and general practitioner, and under the following conditions:

- It is a requirement of and included in the child's Anaphylaxis Management Plan
- The child's Anaphylaxis Management Plan has been signed by a general practitioner
- The parent/guardian has provided the appropriate authorisation and consent and understands their responsibilities
- The parent/guardian understands and acknowledges any potential risk or side effects of the administration of adrenaline to their child
- The educator has been adequately trained by an appropriate organisation in the administration of adrenaline and use of the EpiPen and the safe disposal of contaminated material
- Educator feels they are confident and competent to administer the medication.

Where a child suffers with severe anaphylaxis, an individual management plan must be implemented by a qualified medical officer. This information must be provided to the educator and Co-ordination Unit.

It is the parent's responsibility to complete a Risk Minimisation Form and Communication Form in consultation with the educator. These forms ensure that all steps are taken to protect the child. A copy of these forms must be provided to the educator and Co-ordination Unit. The parent must keep copies of these forms so that if the child needs alternate care, the parent can provide this information to the alternate educator.

The parent must also advise the educator and Co-ordination Unit if there any changes to the plan and new documentation completed.

Medical Management Plans – Procedure

Where a child is considered to be at risk of an allergic reaction and there is no diagnosis and/or management plan, parents are required to complete a risk minimisation plan and communication plan in consultation with the educator. Copies of these forms must be distributed to the relevant people, as outlined in previous paragraphs.

NB In the case of an anaphylaxis emergency, medication may be administered without authorisation by a parent. If this does occur, the parent and emergency service are to be notified as soon as practicable.

Diabetes

Children and adolescents with diabetes are no more likely to be sick than other young people and can generally be expected to do everything their peers do. Because of their diabetes, they may, however, need:

- Special consideration when planning sport, excursions, camps and other activities
- Extra toilet provisions
- Extra consideration if unwell
- Some individual supervision
- To eat at additional times, especially when involved in physical activity
- Special provisions for privacy if testing for blood glucose levels and injecting insulin.

Where a child suffers with diabetes, an individual management plan must be implemented by a qualified medical officer. This information must be provided to the educator and Co-ordination Unit.

It is the parent's responsibility to complete a Risk Minimisation Form and Communication Form in consultation with the educator. These forms ensure that all steps are taken to protect the child. A copy of these forms must be provided to the educator and Co-ordination Unit. The parent must keep copies of these forms so that if the child needs alternate care, the parent can provide this information to the alternate educator.

The parent must also advise the educator and Co-ordination Unit if there any changes to the plan and new documentation completed.

Educators are to ensure that used syringes are disposed of in an appropriate and safe manner.

Rest and Sleep Policy

1. OUTCOMES:

Children will be provided with opportunities to have a rest and/or sleep whilst in care.

2. POLICY:

Educators must take reasonable steps to ensure that the needs for sleep and rest of children are met, having regard to the ages, development and individual needs of the children (this includes organisation of excursions and other outings).

Educators are required to check sleeping children on a regular basis and to ensure that this is documented. This information is to be accessible to parents and staff.

3. RELEVANT LEGISLATION

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

4. CONTENT

Educators are required to provide children with the opportunity to have a rest and/or sleep whilst in care. Sleep patterns need to be discussed with parents.

Educators are required to observe the Red Nose guidelines in relation to sleeping practices for infants.

5. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

www.healthdirect.gov.au/sudden-infant-death-syndrome-sids

www.rednose.com.au

6. PERFORMANCE INDICATORS:

- Number of concerns raised by parents in relation to sleeping arrangements

7. RELEVANT PROCEDURES

[Sleeping arrangements – procedure](#)

Sleeping Arrangement – Procedure

Educators must take reasonable steps to ensure that the needs for sleep and rest of children are met, having regard to the ages, development and individual needs of the children (this includes organisation of excursions and other outings).

Educators are required to check sleeping children on a regular basis and to ensure that this is documented. This information is to be accessible to parents and staff.

Children under 24 months of age: each child's face is to be checked visually to ensure they are breathing comfortably and that they are warm and settled.

Children over 24 months of age: each will be checked to see that they are resting comfortably and not disturbing others.

Sleep patterns need to be discussed by parents and educators prior to childcare arrangements commencing.

Cots used in Family Day Care must meet Australian Standards (AS/NZS 2172:2003 **Cots for household use** or AS/NZS 2195:2010 **Portable cots**).

Educators must:

- Provide an adequate number of cots, beds, stretchers, sleeping mats or other culturally appropriate forms of bedding for all children who sleep whilst in care;
- Provide waterproof covers where children sleep on an innerspring or foam mattress
- Ensure that if stak-a-beds become wet or soiled they are cleaned immediately and dried to stop the possible spread of infection
- The ages of children in care, the program of activities and hours of operation are to be taken into account when determining adequate sleeping facilities
- Ensure mattresses and other bedding are clean and comfortable
- Provide bed clothing which is appropriate to the climate
- Ensure all bed clothing is kept clean and in good repair
- Provide individual bed linen and blankets for each child
- Ensure children do not share the same bed at the same time
- Ensure bed linen used by one child is washed before it is used by another child
- Ensure that no child who is of or above 7 years of age sleeps in the same room as another child, other than a relative, of the opposite sex

Cots, beds, stretchers, mattresses and other bedding used by FDC children must be arranged so as:

- To be in an area that has natural light
- To allow easy exit of any child
- To allow easy access to any child
- To reduce the risk of cross infection between children
- Ensure that all children are readily accessible to the educator.

Family Day Care children are not to access the top bunk of any bunk beds.

Sleeping Arrangements – Procedure

Sleeping Practices for Infants

Educators are required to observe the following guidelines in relation to sleeping practices for infants:

- Sleep baby on the back from birth, not on the tummy or side
- Sleep baby with face uncovered (no doonas, pillows, lambs wool, bumpers or soft toys)
- Avoid exposing infants to tobacco smoke before birth and after
- Provide a safe sleeping environment (safe cot, safe mattress, safe bedding)

Please note, never sleep a child on a pillow, beanbag, couch or waterbed.

If a parent requests that an infant be put to sleep on the tummy or side, educators must tell parents putting infants to sleep on their tummy or side increases the risk of SIDS and that no baby should sleep in either position unless advised to do so in writing by a medical practitioner. SIDS – means the sudden and unexpected death of a baby from no known cause.

Cleaning Policy

1. OUTCOMES:

Educators are aware of their responsibilities in ensuring a clean, safe and hygienic environment for children in care

2. POLICY:

Educators must be aware of the appropriate way in which to clean toys, equipment, blood and body spills..

3. RELEVANT LEGISLATION

Education and Care Services National Regulations 2011

Education and Care Services National Law Act 2010

NSW Motor Traffic Regulations

Work Health and Safety Act 2011

Work Health and Safety Regulation 2011

4. CONTENT

Regular cleaning will minimise the germs that can survive on surfaces in a childcare setting. It is advisable to use warm water when cleaning because this makes it easier to remove dirt from a surface.

5. KEY RESOURCES

5th Edition Staying Health – preventing infectious diseases in early childhood education and care services

www.health.gov.au/nhmrc/

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

6. RELEVANT PROCEDURES

[Cleaning – procedure](#)

[General Cleaning – procedure](#)

[Body Fluid spills – Safe Operating Procedure](#)

[Cleaning Toys – Safe Operating Procedure](#)

[Cleaning Sandpits – Safe Operating Procedure](#)

[Maintaining the Nappy Change Mat and Area – Safe Operating Procedure](#)

[Cleaning High Chairs – Safe Operating Procedure](#)

Cleaning – Procedure

Regular cleaning will minimise the germs that can survive on surfaces in a childcare setting. It is advisable to use warm water when cleaning because this makes it easier to remove dirt from a surface.

Toys

Wash toys in hot water and detergent, rinse them well and dry them (many toys can be washed in the dishwasher). Toys may need to be washed at the end of each day, especially those in rooms with younger children. All toys including cloth toys and books, can be dried in sunlight.

Bathrooms

Wash tap handles, toilet seats, toilet handles and door knobs. Check the bathroom during the day and clean if visibly dirty.

Surfaces or door knobs that the children have frequent contact with (e.g., bench tops, taps, cots, tables)

Sand pit – cover, or enclose when not in use, check the sand daily and rake the sand regularly.

Dummies

Dummies must never be shared by children. When not in use, dummies should be stored in individual plastic containers. Each container should have the child's name on it.

Toothbrushes

Toothbrushes should never be shared by children. Toothbrushes should be labelled with the child's name and stored out of reach of children. Toothbrushes must be stored in an individual toothbrush holder. Toothbrushes are to be washed each day and allowed to air dry each day. Educators may choose to send the toothbrush home each day for the parent to wash and air dry. Bacteria will grow on wet toothbrushes.

Cots

If the child soils a crib or cot, educators should ensure that they use gloves, clean the child and wash the child's hands, prior to cleaning the crib or cot.

Children's Wading Pools

Children's wading pools require the same attention to cleanliness and disinfection as swimming pools. Wading pools that are not adequately chlorinated and maintained, provide a serious risk of disease transmission.

- Children with diarrhoea, upset stomachs, open sores or nasal infections should not be allowed to use the pool
- All children should go to the toilet before entering the pool
- All children should wear clean bathers or a change of underwear in the pool
- If a child passes a bowel motion while in the pool, remove all children from the pool immediately, empty the pool, clean it thoroughly and disinfect it.

General Cleaning – Safe Operating Procedure

Identify Related Hazards/Risks

The spread of germs.

Controls for Hazards/Risks

- Ensure all toys, equipment are cleaned and well maintained
- Ensure spills are cleaned up quickly and in the appropriate manner (see Job Steps)
- Regular cleaning will minimise the germs that can survive on surfaces in a childcare setting. It is advisable to use warm water when cleaning because this makes it easier to remove dirt from a surface. Cold water and a little extra “elbow grease” can also be used to effectively clean a surface.
- Disinfectants are only necessary if a surface cannot be properly cleaned with detergent and water, or if a surface is known to be contaminated with potentially infectious material. Disinfectants cannot kill germs if the surface is not clean, so always clean first, then disinfect.
- Mops should be dried as much as possible between uses to limit the growth of bacteria in the mop. Buckets and mops should be aired out overnight.

It is recommended that the following are cleaned on a daily basis:

- Bathrooms – wash tap handles, toilet seats, toilet handles and door knobs. Check the bathroom during the day and clean if visibly dirty
- Toys and objects put in the mouth
- Surfaces that the children have frequent contact with (e.g., bench tops, taps, cots, tables)
- Door knobs
- Floors

Job Steps

- Nappy change area – clean the nappy change area thoroughly with detergent and water after each nappy change. If faeces or urine spills onto the change table or mat, clean it with detergent and water, then dry.
- Clothing – it is recommended that children’s dress up clothes are washed once a week in hot water and detergent, plus when they are visibly dirty.
- Linen – wash linen in hot water. Treat soiled linen as you would a dirty nappy and wear gloves.
- Cots – if a child soils a crib or cot:
 - Put on gloves
 - Remove the bulk of the soiling or spill with absorbent paper towels
 - Remove the soiled linen
 - Thoroughly clean the cot or mattress using detergent and water
- Carpets, mats and curtains – should be vacuumed daily. Spot clean carpets, mats and curtains if they are visibly dirty.
- Dummies – never allow children to share dummies
- Toothbrushes – never allow children to share toothbrushes

Body Fluid Spills – Safe Operating Procedure

Identify Related Hazards/Risks

Infection from exposure to blood and body spills.

Controls for Hazards/Risks

- Ensure that all educators follow the procedure for cleaning up blood and body spills (see Job Steps)
- Prompt management of spots and spills, including removing the spilled substance and cleaning and disinfecting the area, reduces the potential risk to children and educator
- Prevention is better than cure. Strategies to prevent spills of body fluids include regularly toileting children, using disposable nappies rather than cloth nappies, excluding children with vomiting or diarrhoea
- If a spill does occur, it is important to avoid direct contact with body fluids. Healthy skin is an effective barrier against infectious body fluids, so make sure any cuts or abrasions on hands are covered with a waterproof dressing and wear gloves, if possible.

Jobs Steps:

Educators must:

- Ensure that each home is equipped with disposable gloves, paper towels or disposable cloths, detergent, disposable scraper and pan to scoop, bleach
- Ensure that no child or visitor has access to the area where bodily fluids have been spilled
- Assist the child who had the accident to clean up and change clothes as necessary
- Use protective apparel including gloves
- Administer first aid as required
- Confine and contain the spill – the size and type of spill will determine how to do this:

Blood – spot

1. Wear gloves
2. Wipe up blood immediately with a damp cloth, tissue or paper towel
3. Place in a plastic bag, seal the bag and put it in the rubbish bin
4. Clean area with warm water and detergent
5. Wash your hands with soap and water

Blood – small (up to size of the palm of your hand)

1. Wear gloves
2. Place paper towel over the spill and allow the blood to soak in
3. Carefully lift the paper towel, place it in a plastic bag, seal the bag and put it in the rubbish bin
4. Clean the area with warm water and detergent using a disposable cloth; place the cloth in the rubbish bin
5. Wipe the area with diluted bleach (1 part bleach to 10 parts water) and allow to dry
6. Wash your hands with soap and water

Body Fluid Spills – Safe Operating Procedure

Blood – large (more than the size of the palm of your hand)

1. Wear gloves
2. Cover the area with an absorbent clumping agent (e.g., kitty litter or sand) and allow the blood to soak in
3. Use a disposable scraper and pan to scoop up the absorbent material and any unabsorbed blood or body fluids
4. Place the clumping agent, the scraper and pan into the plastic bag, seal the bag and put it in the rubbish bin
5. Mop the area with warm water and detergent; wash the mop after use
6. Wipe the area with diluted bleach (1 part bleach to 10 parts water) and allow to dry
7. Wash your hands with soap and water

Faeces, vomit and urine

1. Wear gloves
2. Place paper towel over the spill and allow the spill to soak
3. Carefully lift the paper towel, place it in a plastic bag, seal the bag and put it in the rubbish bin
4. Clean the surface with warm water and detergent and allow to dry
5. If you know that the spill came from a person with an infectious disease, use a disinfectant on the surface after cleaning it with detergent and warm water
6. Wash hands thoroughly with soap and running water (preferably with warm water)

Cleaning Toys – Safe Operating Procedure

Identify Related Hazards/Risks

The spread of germs.

Controls for Hazards/Risks

- Ensure toys are well maintained and kept clean (see Job Steps)
- Washing toys effectively is very important to reduce spread of disease. Toys may need to be washed at the end of each day, especially those in rooms with younger children. Wash toys in warm water and detergent and rinse them well – many toys can be cleaned in a dishwasher. All toys, including cloth toys and books, can be dried in sunlight.

Job Steps

- Toys and books should be inspected for visible dirt. Books can be cleaned by wiping with a moist cloth with detergent on it, and allowing to dry.
- Remove toys for washing during the day. Have a “toys to wash” box and place toys in it during the day if you see a child sneeze on a toy, or if the toy has been used by a child who is unwell. Keep this box out of reach of the children
- Remove toys which have been placed in the mouth and put these into the “toys to wash” box
- If a child has a toy whilst they are being changed in the nappy change area, this should also be placed in the “toys to wash” box
- Items in the “toys to wash” box should be washed each day.

Cleaning Sand Pits – Safe Operating Procedure

Identify Related Hazards/Risks

The spread of germs.

Controls for Hazards/Risks

Ensure the sandpit is well maintained and kept clean (see Job Steps).

Job Steps

- Cover, or enclose, the sandpit when not in use to prevent access by animals and vermin and to prevent the collection of litter, when not in use.
- Inspect the sand daily for hazards, have litter removed and rake the sandpit over prior to children accessing the area.
- When a contamination occurs, place gloves on and remove the spillage using a spade, place into a plastic bag, seal plastic bag and dispose of appropriately. The remaining sand should be raked over at intervals during the day and left exposed to the sun. Where extensive contamination has occurred, such as through a large spill of body fluids, replace all the sand.
 - On completion, dispose of gloves, and wash hands
- Rake the sandpits often, check regularly and refill when necessary.

Adult and children must wash their hands with soap and water or a hand rub after playing in the sandpit.

Maintaining the Nappy Change Mat and Area – Safe Operating Procedure

Identify Related Hazards/Risks

The spread of germs through incorrect cleaning procedures.

Controls for Hazards/Risks

- Ensure that the nappy change area is cleaned and well maintained
- Covers on the nappy change mat must be smooth and in good condition, because germs can survive in cracks, holes, creases, pleats, folds or seams.

Job Steps

- After each nappy change and at the end of each day, wash the surface well with detergent and warm water, rubbing with paper towel or a cloth as you wash.
- Leave the surface to dry
- If faeces spill on the change surface, clean the surface with detergent and warm water and leave it to dry.
- If a child has diarrhoea (or an infectious disease), then use a disinfectant on the surface after cleaning it with detergent and warm water.

Cleaning High Chairs – Safe Operating Procedure

Identify Related Hazards/Risks

Risk of bacteria growth from remaining food scraps.

Controls for Hazards/Risks

- Educators are to use soap and warm water to wipe down highchairs
- Highchairs must be cleaned after each use

Job Steps:

- After the child has left the highchair remove the tray and any food containers or utensils. Place these aside for washing
- Wipe all food scraps from mat
- Take mat off chair and wipe all over the mat
- Wipe highchair under the mat area
- Place the mat back into the highchair
- Place straps over back of chair ready for re-use
- Place tray back onto highchair after washing
- If the high chair is adjustable, ensure highchair is in 'high' position to prevent climbing
- The high chair is to be washed each time it is used

On a regular basis:

- Take mats out of highchairs and wash
- Take straps off highchairs and soak in washing powder. These can be left overnight then hung out to dry the next day
- Take highchairs outside and scrub all over with detergent and hot water

Return highchairs, replace mats and place clean straps into position.

Food Safety, Preparation and Handling Food Policy

1. OUTCOME:

Stakeholders are aware of their rights and responsibilities in relation to practices for handling, preparing and storing food.

2. POLICY:

Educators must ensure that food and drinks provided to the child is healthy, is stored, prepared and served in a safe and hygienic. Educators must also provide a positive eating environment and encourage communication with parents about the provision of appropriate healthy food and drinks for children.

3. RELEVANT LEGISLATION:

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

4. CONTENT:

Queanbeyan Family Day Care recognises the importance of healthy eating to the growth and development of young children and is committed to supporting the healthy food and drink choices of children in their care.

5. KEY RESOURCES:

www.healthykids.nsw.gov.au

Get Up and Grow: Healthy Eating and Physical Activity for Early Childhood
Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents
Food Safety Standards for Australia 2001

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

6. PERFORMANCE INDICATORS

- No. of children who are provided with healthy food

7. RELATED PROCEDURES

[Food Preparation – Procedure](#)

[Preparing Food – Safe Operating Procedure](#)

[Heating Food – Safe Operating Procedure](#)

[Food Safety – Safe Operating Procedure](#)

[Storing and Heating Breast Milk – Safe Operating Procedure](#)

[Preparing Babies' Formula – Safe Operating Procedure](#)

[Storing, Heating and Serving Babies' Bottles – Safe Operating Procedure](#)

Food Preparation – Procedure

Educators must ensure that food provided to children has been stored, prepared and served in a safe and hygienic manner which promotes hygienic food practices.

Educators will:

- Ensure that the educator and children wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks
- Discourage children from handling other children's food and utensils
- Ensure they attend relevant training courses

Where an educator is handling food (even if this is only providing morning and afternoon tea), the educator must notify the Queanbeyan City Council Environmental Health Services (and complete a "Council Food Registration form").

Educators need to provide documentation to the scheme showing that they have notified the above organisation. The provision of food in family day care is deemed as "low risk".

Where educators are providing food and beverages to the children, the following must be followed:

- The food and beverage provided is nutritious and sufficient to meet the needs of the child
- The food and beverage provided is chosen having regard to the dietary requirements of individual children taking into account each child's growth and development needs, including any specific cultural, religious or health requirements
- A wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats and alternatives
- Plan healthy snacks to complement what is served at mealtimes and ensure snacks are substantial enough to meet the energy and nutrient needs of children
- Vary the meals and snacks to keep children interested and introduce a range of healthy food ideas
- Plan and display a weekly menu

Educators are required to have a designated area for food preparation and storage, and for preparation of bottles, which is safe and hygienic. Educators must also ensure that all food or bottle preparation and storage areas are separate from nappy change and toileting areas.

Preparing Food – Safe Operating Procedure

Identify Related Hazards/Risks

Contamination of foodstuffs.

Controls for Hazards/Risks

- Ensure food is prepared using hygienic methods to prevent the spread of bacteria (see Job Steps)
- Always wash hands before preparing food. There is no need to wear gloves when preparing food if your hands are clean

Job Steps:

- All educators to be aware of infection control procedures and always wash hands before and after food preparation.
- Clean the tables to be used in food preparation
- Use separate equipment for preparing raw and cooked fish
- Use separate chopping boards for raw meat, fish, chicken and vegetables
- Use disposable hand towels if possible. If fabric hand towels, aprons, tea towels and dishcloths are used these must be changed daily
- Once food preparation is complete, clean the bench top and other work surfaces

Heating Food – Safe Operating Procedure

Identify Related Hazards/Risks

Contamination of foodstuffs.

Controls for Hazards/Risks

- Ensure food is heated using hygienic methods to prevent the spread of bacteria (see Job Steps and Important Notes)
- Keep food hot (more than 60 degrees celsius or cold 5 degree celsius or less), otherwise, do not keep it all
- Always wash hands before handling and heating food

Job Steps:

- Ensure food is placed into a microwave safe container and is covered
- Place food in microwave and heat for 1 minute
- Stir food and heat for another minute
- Stir food again and test temperature using a temperature probe. Reheated food should reach 60 degree Celsius. However in childcare it is recommended that food is reheated until it reaches 70 degrees celsius and should stay at this temperature for 2 minutes. (The reason for this is that educators do not know if the prepared food has been cooked, stored and transported to the service correctly.)
- Stir food to cool it slightly before giving to the child. Check that the food has cooled before giving it to the child. Remove a small piece of food with a spoon to another place and test the temperature of the food with your hand. Throw this piece of food away and wash the spoon
- Throw out all leftovers. Tell parents what food their child left, but do not return the leftover food to the parents
- Wipe/wash child's hands and face

Important Notes

Bacteria grows in temperatures between 5 degrees Celsius and 60 degrees Celsius. Kitchen temperatures are within this range so it is not safe to leave food at room temperature for more than two hours.

- Prepare food quickly as close to service time as possible. This will minimise the risk of food poisoning
- Any foods prepared in advance must be refrigerated until cooked or served
- If food is cooked in advance then it should be held hot (above 60 degrees celsius until served or chilled to refrigeration temperature as quickly as possible, then held at 5 degrees celsius or less until it is reheated for use in a childcare setting

Food Safety – Safe Operating Procedure

Identify Related Hazards/Risks

Contamination of foodstuffs.

Controls for Hazards/Risks

- Ensure food is prepared using hygienic methods to prevent the spread of bacteria (see Job Steps)
- Food is an excellent place for germs to grow – in the right conditions, the number of bacteria in food can double every 30 minutes. Germs that do not grow in food can still be passed from person to person in food. Germs that are common on our skin and in the environment can cause food poisoning if they grow to large numbers in food
- The best ways to prevent diseases spreading through food are thorough hand hygiene, not sharing food, plates or utensils; preparing and storing food properly, and keeping food preparation areas clean
- Disinfectants or sanitisers are not routinely needed in food preparation areas if surfaces are thoroughly cleaned with warm, soapy water and allowed to dry
- Always wash hands before handling food. There is no need to wear gloves when preparing food if your hands are clean

Job Steps:

- All educators to be aware of infection control procedures and always wash hands before and after food preparation
- Check that all children have washed their hands before they eat or drink
- Before meals, clean tables that are to be used for the meal
- Use food tongs when handling food
- Do not allow children to share individual eating utensils
- Use a separate spoon for each baby you feed
- Teach children to turn away from food when they cough or sneeze, and then to wash their hands
- If you are interrupted while preparing food or spoon-feeding an infant, be sure to wash your hand again before you continue
- Use separate equipment for preparing raw and cooked food
- Use separate chopping boards for raw meat, fish, chicken and vegetables
- Use disposable hand towels if possible
- If fabric hand towels, aprons, tea towels and dishcloths are used these must be changed daily.
- Prepare food quickly as close to serving time as possible. This will minimise the risk of food poisoning
- Any foods prepared in advance must be refrigerated until cooked or served
- If food is cooked in advance then it should be held hot (above 60 degrees Celsius) until served or chilled to refrigeration temperature as quickly as possible, then held at 5°C or less until it is reheated for service
- Food may only be reheated once

Important Notes

- Do not use the raw meat cutting board for cutting up other foods
- Wash fruit and vegetables before cooking and/or serving
- Clean work surfaces before and after use
- Spills should be cleaned up as they occur
- Knives must be washed thoroughly
- High risk foods must be on the bench for as little time as possible and never more than 2 hours in total (this includes preparation, serving and eating time.). High risk foods include meat (lamb, beef and poultry products), fish, eggs (including mayonnaise and desserts based on eggs), cream and cooked rice and pasta

Storing and Heating Breast Milk – Safe Operating Procedure

Identify Related Hazards/Risks

- Contamination of foodstuffs
- Risk of burns

Controls for Hazards/Risks

- Ensure breast milk is stored and heated using hygienic methods to prevent the spread of bacteria
- Baby bottles must never be heated in the microwave. The temperature may become extremely hot, at temperatures high enough to cause burns or steam buildup that could explode—this is especially problematic for baby bottles, and is one of the reasons why baby bottles should never be heated in the microwave (microwaving can also break down the disease-fighting ability of breast milk)

Educators are to support mothers of babies up to 12 months old to provide expressed breast milk, or to visit the educator's home to feed their babies.

Storing Breast Milk

- Refrigerated for 3-5 days at 4 degrees or lower (4 degree Celsius is the typical temperature of a standard refrigerator), always store breast milk at the back of the refrigerator, not in the door
- Stored without refrigeration (if needed) for 6-8 hours if the room temperature is less than 26 degree Celsius

Rewarming breast milk

- Stand the bottle of breast milk in a container of hot water for no more than 10 minutes
- Before feeding the baby, check the temperature of the milk by letting a little drop onto the inside of your wrist – it should feel comfortably warm or even a little bit cool

Never microwave breast milk.

Preparing Babies' Formula – Safe Operating Procedure

Identify Related Hazards/Risks

- Contamination of foodstuffs
- Risk of burns

Controls for Hazards/Risks

- Ensure food is prepared using hygienic methods to prevent the spread of bacteria (see Job Steps)

Job Steps:

- It is the parents/ guardians' responsibility to label all bottles and bottle parts. This will prevent formula being given to the wrong child
- When preparing formula, always wash your hands and ensure work surfaces are clean
- Follow the manufacturer's instructions for the formula carefully
- Prepared formula should be stored in the back of the refrigerator where it is coldest
- Throw away any formula that is left over. Do not freeze or reheat leftover made-up formula

Storing, Heating and Serving Babies' Bottles – Safe Operating Procedure

Identify Related Hazards/Risks

- Contamination of foodstuffs
- Risk of burns

Controls for Hazards/Risks

- Ensure food is sorted, heated and served using hygienic methods to prevent the spread of bacteria (see Job Steps)
- Baby bottles must never be heated in the microwave. The temperature may become extremely hot, at temperatures high enough to cause burns or steam buildup that could explode – this is especially problematic for baby bottles, and is one of the reasons why baby bottles should never be heated in the microwave (microwaving can also break down the disease-fighting ability of breast milk)

Job Steps:

Children's Bottles and Formula

- It is the parents/ guardians' responsibility to label all bottles and bottle parts. This will prevent formula being given to the wrong child
- It is the parents/guardians responsibility to supply bottles, preferably already made up. The parents are responsible for preparing the bottles hygienically and according to instructions on the tin of formula
- Prepared formula should be stored at the back of the refrigerator where it is coldest
- Educators must dispose of unfinished, heated formula or breast milk

Heating Bottles – Breastmilk or Formula

(NB: Microwaves are not to be used to heat breastmilk or formula). Microwaves can cause hot spots in the milk and burn a baby's mouth.

- Gently heat bottles by placing them in a container of warm water. They cannot remain in the water for more than 10 minutes
- Test the temperature of bottle contents by placing a few drops on the inside of the wrist before feeding the child

Feeding the Child a Bottle

Offer the bottle to the child as per the families' requirements wherever practicable, preferably in a comfortable chair in a quiet and subdued area away from glare and harsh light

- Communicate and interact quietly with the child
- Encourage the older baby to hold their own bottle
- Pour any remaining milk down the sink
- Rinse out the bottle ready to be sent home for cleaning and sterilising
- Wash and dry your hands
- DO NOT GIVE BOTTLES TO CHILDREN IN THEIR COTS.

Healthy Eating, Access to Water and Physical Activity Policy

1. OUTCOME:

Children will be provided with healthy food and participate in physical activity whilst in care.

2. POLICY:

Educators will provide resources to parents which encourage healthy food is provided for children in care.

Educators will also incorporate physical activity into their program each week.

3. RELEVANT LEGISLATION:

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

4. CONTENT:

Queanbeyan Family Day Care recognises the importance of healthy eating to the growth and development of young children and is committed to supporting the healthy food and drink choices of children in their care.

The service is committed to implementing the healthy eating key messages outlined in Munch & Move and to supporting the National Healthy Eating Guidelines for Early Childhood Settings .

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

If an educator has any concerns about a child's diet he/she should speak to the parents and/or the Family Day Care Co-ordination Unit.

5. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

6. PERFORMANCE INDICATORS:

- Number of educators who incorporate healthy eating and physical activities in their daily routine

7. RELEVANT PROCEDURES:

[Healthy Eating – Procedure](#)

[Children Have Access to Safe Drinking Water and Beverages – Safe Operating Procedure](#)

[Cooking Activity with Children – Safe Operating Procedure](#)

Healthy Eating, Access to Water and Physical Activity Policy

[Feeding a Child – Safe Operating Procedure](#)

[Storing Children’s Lunchboxes – Safe Operating Procedure](#)

Healthy Eating – Procedure

Queanbeyan Family Day Care is committed to implementing the healthy eating key messages outlined in Munch & Move, the Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents and to supporting the National Healthy Eating Guidelines for Early Childhood Settings,

Further, Queanbeyan Family Day Care recognises the importance of supporting families in providing healthy food and drink to their children. It is acknowledged that the early childhood setting has an important role in supporting families in healthy eating.

Where food is supplied by the parent, educators will:

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

In addition, educators will:

- Ensure water is readily available for children to drink throughout the day
- Offer food and drink at regular and predictable intervals
- Be aware of children with food allergies, food intolerances and special dietary needs and consult with families to determine specific food related requirements and develop individual management plans
- Minimise the risk of choking through provision of appropriate foods and supervision
- Undertake regular professional development to maintain and enhance knowledge and skills related to early childhood nutrition, food safety and hygiene
- Provide a positive eating environment which reflects cultural and family values

Educators will:

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

Healthy Eating – Procedure

If an educator has any concerns about a child's diet he/she should speak to the parents and/or the Family Day Care Co-ordination Unit.

Children Have Access to Safe Drinking Water and Beverages – Safe Operating Procedure

Identify Related Hazards/Risks

Dehydration.

Controls for Hazards/ Risks

Ensure water is available at all times to children (see Job Steps).

Job Steps:

- Safe drinking water must be accessible to children at all times
- If other beverages are provided, it is the parents/guardians responsibility to label drink bottles with child's name
- Educators must ensure that they have drink bottles with them for the children at all times, when on excursions

Important Notes

- Educators must ensure that children have access to safe drinking water at all times
- Water is the best way to quench a thirst and it doesn't contain added sugar that is found in fruit juices, soft drinks, and other sweetened drinks. Reduced fat milk for children over two is a nutritious drink and a great source of calcium
- Water and /or beverages must be appropriate to the needs of each child and provided on a regular basis throughout the day

Cooking Activity with Children – Safe Operating Procedure

Identify Related Hazards/Risks

- Contamination of foodstuffs
- Allergic reaction

Controls for Hazards/Risks

- Ensure food is prepared using hygienic methods to prevent the spread of bacteria (see Job Steps and Important Notes)
- When undertaking any cooking activity with children, it is imperative that educators are aware of any allergy that children may have (particularly in relation to eggs, dairy products etc.)

Job Steps:

- Clean the food preparation area including cleaning the bench top and other work surfaces
- Wash and dry hands before and after handling food
- Wear disposable gloves
- Gather all equipment and ingredients required for the cooking activity
- Ensure all children wash and dry their hands
- Prepare food, with children assisting as much as possible
- Ensure children handle food in a hygienic manner
- Once food preparation is complete, clean the bench top and other work surfaces
- If cooking on the stove or in the oven is required ensure the task is completed with children watching from a safe distance
- Wash and dry hands after removing and discarding disposable gloves

If any leftovers remain

If there are any leftovers – it is recommended that they be covered, labelled with the date, refrigerate and use within 24 hours.

Feeding a Child – Safe Operating Procedure

Identify Related Hazards/Risks

- Risk of back injuries for the educator
- Risk of child choking

Controls for Hazards/Risks

- Ensure that you are seated at the same height as the child you are feeding so you do not injure your back
- Never leave a child unattended while they are feeding themselves or being fed

Job Steps

- Wash and dry your hands before feeding the child and encourage and/ or assist the child to wash and dry their hands before eating
- Ask the child to sit at the table or lift the child into the highchair
- Adjust the height of the highchair to the low chair position or turn the child's chair to face you
- Seat yourself in a comfortable chair alongside the child requiring assistance with feeding, facing the child's chair or highchair
- Check the temperature of the child's food. If safe, place the food container on the table or highchair tray
- Encourage and/ or assist the child to self-feed
- Communicate warmly with the child
- Encourage and/ or assist the child to wash their face and hands following eating
- Wash and dry your hands after feeding the child

Storing Children's Lunchboxes – Safe Operating Procedure

Identify Related Hazards/Risks

Contamination of foodstuffs.

Controls for Hazards/Risks

Ensure food is stored appropriately before use (see Job Steps).

Job Steps:

- Children's Lunchboxes
- Educators must ensure that all food is labelled. This will prevent food being given to the wrong child
- Where possible store children's lunchboxes in the refrigerator. Where this is not possible, foods that require refrigeration must be removed from the lunchbox, labelled by educators and stored in the refrigerator
- Educators must encourage children to remove and recycle or throw out food scraps from their lunchboxes throughout the day (unless requested to do otherwise by the parent)
- Where educators will be undertaking excursions and children are to bring their lunchboxes, educators are to encourage parents to pack a "cooler brick" with the lunchbox

Safety Audit Policy

1. OUTCOME

Children are cared for in a safe environment.

2. POLICY

Educators will undertake a safety audit of their home at least once a day prior to children coming into care. This information will be retained by the educator.

3. RELEVANT LEGISLATION

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

4. CONTENT:

A safety audit ensures that the environment is safe for children and that no dangerous items/substances have been left accessible to children. This also ensures that all equipment and furniture used in providing the service are safe, clean and in good repair. A copy of this safety audit must be kept by educators.

5. PERFORMANCE INDICATORS

- No. of educators who conduct a safety audit at least once a day

6. KEY RESOURCES

www.acecqa.gov.au
www.qprc.nsw.gov.au
www.education.gov.au/child-care-service-handbook-0
Guide to the National Quality Standard 2011
Staying Healthy in Childcare 5th Edition
www.humanservices.gov.au
www.kidsafe.com.au
www.dec.nsw.gov.au
Education and Care Services National Regulations 2012
Education and Care Services National Law 2011

7. RELATED PROCEDURES

Incident, Injury, Trauma, Illness Policy

1. OUTCOME:

Children will receive the appropriate treatment when they are involved in an incident, are injured, suffer a trauma and/or are become ill whilst in care.

2. POLICY

Educators and parents must be aware of actions to be taken in the case of incident, injury, trauma and/or illness.

3. DEFINITIONS

According to Workcover, a “serious incident” includes an incident where there has been a fatality, or where there has been a serious injury or illness.

According to the National Law and National Regulations, a “serious incident” includes the death of a child whilst attending a service, where urgent medical attention was required, where a child attended or should have attended a hospital, or where a child appears to be missing, or removed from the service, any complaint alleging a serious incident has occurred (see [Incident, Injury, Trauma, Illness – Procedure](#) for more detailed information).

‘Medical attention’ includes a visit to a registered medical practitioner or attendance at a hospital.

‘Emergency services’ may include ambulance, fire brigade, police and state emergency services.

An “emergency” is defined as an incident, situation or event where there is imminent or severe risk to the health, safety and wellbeing of any person present at a service.

A “critical incident” is defined as any intense or unusual event or experience which occurs in the course of conducting a Family Day Care service and causes an educator or staff member to experience unusually strong emotional reactions which have the potential to interfere with their ability to function at work either at the time, or at a later date.

4. RELEVANT LEGISLATION:

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

5. CONTENT:

Parents have a responsibility to ensure that educators and Co-ordination Unit staff are aware of any medical condition, including asthma, diabetes, or anaphylaxis relating to their child/ren.

If a child is involved in an incident, injury, trauma or becomes ill whilst in Family Day Care educators must follow certain steps (procedure - INCIDENT, INJURY, TRAUMA, ILLNESS) A full account of any emergency aid/medical treatment must be recorded in an Injury, Trauma and Illness Incident Report form or FDCA Incident Report form (depending on treatment provided) within 24 hours and provided to the Co-ordination Unit as soon as possible.

At all times the child’s condition will take priority.

Incident, Injury, Trauma, Illness Policy

Immediate medical aid and, if necessary, emergency medical treatment must be given to a Family Day Care child who requires it, either because of a serious incident, injury, trauma or illness.

A child placed in care within Queanbeyan Family Day Care must be covered by an authority signed by the child's parent, authorising the scheme and/or educator to seek emergency medical, dental, hospital and ambulance services where this may be considered necessary for the welfare of the child. A parent must also nominate an authorised nominee who can give permission for medical attention or administration of medication to a child.

Where the Co-ordination Unit has a concern regarding an educator's medical fitness, then the Unit may request that the educator obtain a medical certificate to ascertain the educator's ability to perform the inherent requirements of the position.

6. PERFORMANCE INDICATORS:

- Number of questions raised by parents and/or educators regarding the action to be taken where a child is injured, involved in an incident/accident, trauma or becomes ill whilst in care
- Number of incident reports relating to incident, injury, trauma or illness

7. KEY RESOURCES

www.acecqa.gov.au

www.gprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

8. RELEVANT PROCEDURES

[Incident, Injury, Trauma and Illness – Procedure](#)

Incident, Injury, Trauma, Illness – Procedure

Medical Conditions

Parents have a responsibility to ensure that educators and Co-ordination Unit staff are aware of any medical condition, including asthma, diabetes, or anaphylaxis relating to their child. This is to ensure that the appropriate action is taken in relation to:

- The management of medical conditions
- If a child has a specific health care need, allergy or medical condition, procedures are in place
- To ensure that parents provide a medical management plan
- The development of a risk minimisation plan in consultation with the child's parents
- The development of a communications plan for educators and parents
- Ensure that a child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition

Where a child has been diagnosed as at risk of anaphylaxis, a notice to this effect must be displayed at the educator's home (i.e., it is a nut free environment).

Incident, Injury, Trauma or Illness

If a CHILD is involved in an incident, injury, trauma or becomes ill whilst in Family Day Care:

- The educator will contact the parent (where applicable the child is returned as soon as practicable to the care of a parent of the child)
- The child is kept under adult supervision until the child recovers or the child's parents or some other responsible person takes charge of the child
- Where medication is required, the educator can administer the medication so long as the appropriate authorisation has been provided on the medical record. If authorisation has not been provided, it will be necessary to contact the parent to seek this permission verbally. Where it is not possible to contact the parent, the educator is to contact the authorised person who has permission to give consent to the administration of medication and/or seek medical assistance
- If the child requires urgent medical or dental treatment, immediate steps are taken to secure that attention
- If any hospital, dental treatment or ambulance services are obtained for a child, a parent of the child is notified as soon as possible of the incident, injury, trauma or illness and the treatment or services arranged for the child
- If any other matter concerning the child's health arises while the child is being provided with the service, a parent of the child is given notice of that matter

If the written authorisation nominates a preferred medical practitioner or dentist to treat the child, any medical or dental treatment of the child must, if practicable, be carried out by that medical practitioner or dentist.

Educators must notify the Queanbeyan Family Day Care Co-ordination Unit if Family Day Care children are involved in an incident. If the office is unattended and assistance is required, then educators can contact staff between the hours of 8.30am – 5.00pm Monday to Friday on the emergency mobile phone – 0417 204953.

Incident, Injury, Trauma, Illness – Procedure

A completed “Incident, Injury, Trauma and Illness Record” must be completed by the educator within 24 hours and a copy forwarded to the Family Day Care Co-ordination Unit as soon as possible.

If the incident requires medical/dental/hospital treatment, a child suffers a convulsion or an educator is advised of a notice of intent to claim from a third party, e.g., a parent, then a FDCA Incident Report is to be completed and forwarded to the Co-ordination Unit immediately. “Serious incidents” are to be notified to Workcover immediately (see section on Work Health and Safety)

At all times the child’s condition will take priority.

Where a child suffers a serious illness or condition, the Queanbeyan Family Day Care Co-ordination Unit may request a medical certificate prior to the child resuming in care.

According to the National Law and National Regulations, a “serious incident” includes the following:

- The death of a child whilst attending a service
- Where urgent medical attention was required
- The child attended or should have attended a hospital (eg broken limb)
- Where a child appears to be missing or cannot be accounted for
- Where a child has been removed or taken from the service premises by someone not authorised to do so
- Where a child is mistakenly locked in or out of a service
- Any emergency for which emergency services attended- this is not where emergency services attended as a precaution.
- Any complaint alleging that a serious incident has occurred or is occurring at an education and care service, or the National Law has been contravened

A serious injury, illness or trauma includes:

- Amputation
- Anaphylactic reaction requiring hospitalisation
- Broken bone/fractures
- Bronchiolitis
- Burns
- Diarrhoea requiring hospitalisation
- Epileptic seizures
- Head injuries
- Measles
- Meningococcal infection
- Sexual assault
- Witnessing violent or a frightening event

If a child is involved in an incident that causes death or dies in Family Day Care, the Co-ordination Unit and Workcover must be notified immediately.

Incident, Injury, Trauma, Illness – Procedure

Other incidents which occur at an educator's premises involving a visitor, volunteer, parent, staff member, student or a contractor are to be documented and reported as outlined in the section on Work Health and Safety.

Educators' Medical Concerns

Where the Co-ordination Unit has a concern regarding an educator's medical fitness, then the Unit may request that the educator obtain a medical certificate to ascertain the educator's ability to perform the inherent requirements of the position. Where an educator requires regular medication, a medical certificate is to be obtained confirming his or her ability to care for children.

Where an educator is unable to care for Family Day Care children, parents must contact the Co-ordination Unit to seek backup, if required.

Should an incident occur which involves an educator, Co-ordination Unit staff should be advised as soon as possible to ensure that suitable arrangements are made for the children in care.

Critical Incident

A critical incident is defined as any intense or unusual event or experience which occurs in the course of conducting a Family Day Care service and causes an educator or staff member to experience unusually strong emotional reactions which have the potential to interfere with their ability to function at work either at the time, or at a later date.

In a situation such as this, the educator or staff member must contact the Nominated Supervisor immediately and steps will be taken to assist the educator and/or staff member.

Emergency Aid / Medical Treatment

Immediate medical aid and, if necessary, emergency medical treatment must be given to a Family Day Care child who requires it, either because of a serious incident, injury, trauma or illness.

Queanbeyan Family Day Care has an emergency mobile phone 0417 204953 if educators have an emergency and are unable to contact staff in the office. This phone can be used within the normal operating hours of Monday to Friday, 830am – 5.00pm. Any emergencies outside of these hours should be conveyed to the staff member on call (0478 486 108).

A child placed in care within Queanbeyan Family Day Care must be covered by an authority signed by the child's parent, authorising the scheme and/or educator to seek emergency medical, dental, hospital and ambulance services where this may be considered necessary for the welfare of the child. A parent must also nominate an authorised nominee who can give permission for medical attention or administration of medication to a child.

All reasonable steps must be taken to provide immediate medical aid, if necessary to the child. Educators should act on their discretion in the application of first aid or resuscitation, and in the decision to contact the child's parents, authorised nominee (as detailed on the child's enrolment form), child's doctor, or an ambulance. The Co-ordination Unit will assist where possible.

A full account of any emergency aid/medical treatment must be recorded on Injury, Trauma and Illness Incident Report form or FDCA Incident Report form (depending on treatment provided) within 24 hours and provided to the Co-ordination Unit as soon as possible.

Educators are required to contact the Co-ordination Unit by phone when any of the above occur.

At all times the child's condition will take priority.

Supervision Policy

1. OUTCOME:

Children are to be supervised at all times whilst in care to prevent accident, incidents and trauma.

2. POLICY:

Educators will monitor children actively and diligently. This means knowing where children are at all times. Children of different ages and abilities will need different levels of supervision. In general, the younger children are, the more they may need an adult to be physically present and close by to support and help them.

Educators are not permitted to undertake “other duties” whilst Family Day Care children are in care. This requires that all activities undertaken whilst children are in care, are child oriented and children are included in the activity.

Educators will ensure that their homes meet all the relevant legislation in relation to safety, hygiene and wellbeing.

3. DEFINITIONS

According to ACECQA “adequate supervision” means that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation. It requires active involvement with children. It is not the intention of this requirement that educators ‘stand back and watch’. Adequate supervision means knowing where children are at all times and monitoring their activities actively and diligently. Effective supervision requires a balance of engagement and observation, and involves educators using a range of skills and strategies such as positioning, peripheral vision, noting changes in the volume and tone of children’s voices, and monitoring children’s arrival and departure.’

4. RELEVANT LEGISLATION

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

5. CONTENT:

Supervision is critical to the safety of children. At its most basic level, supervision helps to protect children from hazards or harm that may arise in their play and daily routines.

Educators are to take responsibility for the effective supervision at all times whilst children are in care. This includes responsibility for supervision indoors, outdoors, during nappy change, in vehicles and other transport and on outings and excursions, including playgroup.

Children must NEVER be left alone in a car. It is illegal to leave a child unattended in a vehicle.

Educators are also required to regularly supervise sleeping children. Educators must take reasonable steps to ensure that children’s needs for sleep and rest are met, having regard to each child’s age, development and needs. This includes regular monitoring of sleeping/resting children and documentation of this.

Supervision Policy

From time to time, an educator assistant may have responsibility for the supervision of children. Parents and Co-ordination Unit staff must be advised if Family Day Care children are to be cared for by an educator assistant prior to the care occurring.

Role of Educators' Family Members

Family members do not have a role in the care and/or supervision of children. Educators are responsible for the supervision of Family Day Care children at all times (except when an educator assistant is caring for the children – see 2. above), or in an emergency, where Co-ordination Unit staff may care for FDC children.

6. PERFORMANCE INDICATORS

- Number of incidents/accidents relating to lack of supervision

7. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

8. RELEVANT PROCEDURES

[Supervision – Procedure](#)

Supervision – Procedure

Supervision is critical to the safety of children. Educator-to-child ratios alone do not determine what is considered adequate supervision.

In a **Family Day Care** service, some children may be playing in different parts of the family day care residence and the educator will need to consider how these children will be supervised.

Educators effectively supervise children by actively watching and attending to their environment:

- Direct and constant monitoring by educators in close proximity to children
- Careful positioning to ensure that the maximum area can be observed
- Scanning or regularly looking around the area to observe all the children in the vicinity
- Listening closely to children near and far will help to supervise areas that may not be in the educator's direct line of sight
- Observing children's play and anticipating what may happen next will allow educators to assist children as difficulties arise and to intervene where there is potential danger to children
- Providing activities to ensure risk is minimised

Educators are also required to regularly supervise sleeping children. This means physically checking each children and listening to their breathing.

From time to time, an educator assistant may have responsibility for the supervision of children.

Role of Educators' Family Members

Educators are responsible for the supervision of Family Day Care children at all times (except when an educator assistant is caring for the children), or in an emergency, where Co-ordination Unit staff may care for FDC children.

Whilst support from an educator's family is crucial in the effective running of a Family Day Care business, particularly in helping to keep the home in a safe and hygienic condition, family members do not have a role in the care and/or supervision of children.

Emergency Procedures Policy

1. OUTCOME:

The child's wellbeing is paramount in all situations.

2. POLICY:

Educators will take all steps to ensure that the children in care remain safe, healthy and well.

3. RELEVANT LEGISLATION

Education and Care Services National Regulations 201
Education and Care Services National Law Act 2010,

4. CONTENT:

Emergencies and critical incidents can occur at any time, and therefore educators must be prepared for all situations and have a planned response to ensure the safety of all people involved.

Medical Aid/Medical Treatment

Educators must take all reasonable steps to provide immediate medical aid to a child who is injured or has been subjected to some sort of trauma and/or illness.

Emergency and Evacuation Procedures

Emergency and evacuation procedures may be necessary due to a bush fire, flood, gas leak or other event where it is necessary to leave the home immediately.

Educators are required to be familiar with emergency and evacuation procedures. These must be practiced every 3 months and a record of each practice kept and retained by the educator.

Lockdown Procedures

Lockdown procedures are designed to secure staff and children in the case of potential threats such as bad weather, toxic spills, livestock on the loose, dangerous persons.

Educators are required to be familiar with lockdown procedures. These must be practiced every 3 months and a record of each practice kept and retained by the educator.

5. PERFORMANCE INDICATORS:

- Number of incident/accident reports submitted to the Co-ordination Unit

6. KEY RESOURCES:

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0
Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Supervision Policy

Education and Care Services National Regulations 2012
Education and Care Services National Law 2011

7. RELATED PROCEDURES:

[Emergency and Evacuation – Procedure](#)

[Lockdown – Procedure](#)

[Medical Emergency Involving a Family Day Care Child – Procedure](#)

Emergency and Evacuation – Procedure

To ensure that educators and children are familiar with emergency and evacuation procedures, educators will:

- Display emergency and evacuation procedures using a floor plan of the FDC premises (marked with locations of exits, fire extinguisher/blanket, first aid kit, assembly area); and
- Display instructions for what must be done in the event of an emergency (e.g., where children might be at different times of the day {sleeping, eating}; how the children will be alerted {whistle bell, where this item is kept}; keys which may be needed to unlock doors, windows

These two documents must be displayed in a prominent position near each exit.

The procedures should be rehearsed every 3 months and a record of each rehearsal must be kept and retained by the educator.

Parents must be aware of the procedures and where they should go to collect their children in case of an emergency.

In all emergency situations, educators are to:

- Stay calm, and don't frighten children
- Ensure all children are safe and away from danger,
- Account for all children
- Carry out first aid if necessary
- Call for assistance 000, clearly stating house number, street address and suburb, including nearest cross street.
- Mention you are caring for children and if a child or other person is missing or injured, or sick
- Contact Queanbeyan Family Day Care if appropriate

Emergency Aid/Medical Treatment

Immediate medical aid and, if necessary, emergency medical treatment must be given to a Family Day Care child who requires it, either because of a serious incident, injury, trauma or illness.

Queanbeyan Family Day Care has an emergency mobile phone 0417 204953 if educators have an emergency and are unable to contact staff in the office. This phone can be used within the normal operating hours of Monday to Friday, 830am – 5.00pm. Staff members are called outside of these hours on 0478 486 108.

A child placed in care within Queanbeyan Family Day Care must be covered by an authority signed by the child's parent, authorising the scheme and/or educator to seek emergency medical, dental, hospital and ambulance services where this may be considered necessary for the welfare of the child. A parent must also nominate an authorised nominee who can give permission for medical attention or administration of medication to a child.

All reasonable steps must be taken to provide immediate medical aid, if necessary to the child. Educators should act on their discretion in the application of first aid or resuscitation, and in the decision to contact the child's parents, authorised nominee (as detailed on the child's enrolment form), child's doctor, or an ambulance. The Co-ordination Unit will assist where possible.

Emergency and Evacuation – Procedure

A full account of any emergency aid/medical treatment must be recorded on Injury, Trauma and Illness Incident Report form or FDCA Incident Report form (depending on treatment provided) within 24 hours and provided to the Co-ordination Unit as soon as possible.

Educators are required to contact the Co-ordination Unit by phone when any of the above occur.

Bush Fire

On days where the Fire Danger Rating is Very High, Severe, Extreme or Catastrophic, the educator will inform families that they are on alert. Depending on the rating, educators may deem it more appropriate to close the service.

Educators will monitor the situation during the day. If the fire is deemed a direct threat and/or advice has been received to leave the area, the educator will make the necessary arrangements to evacuate. Depending on the urgency of the situation, parents will be notified prior to evacuating or by the educator on arriving at another destination.

At all times, the welfare and safety of the children is paramount.

Fire

In the event of a fire in an educator's home, educators are to evacuate the home as quickly as possible. If the home contains smoke, tell children to crawl to the exits.

Flood

Where educators live in a flood zone, appropriate steps are to be taken in the event that a flood may affect the educator's home. Educators are to ensure that if flooding is anticipated that the service is closed and children are not

At all times the child's condition will take priority.

Lockdown – Procedure

Lockdown procedures are designed to secure staff and children in the case of potential threats such as bad weather, toxic spills, livestock on the loose, dangerous persons, or on the advice of emergency services.

It is important for educators to have an area where they will take the children during lockdown. This should be an area in the middle of the home where there are no windows or doors to the outside area.

Depending on the age of the children in care, educators may have a “code name” for when a lockdown is practised.

Educators are required to be familiar with lockdown procedures. These must be practiced every 3 months and a record of each practice kept and retained by the educator.

When a threat occurs the educator is to follow the following procedures:

- Educators are to ensure all children are accounted for
- Keep a mobile phone with you
- Move indoors as soon as a risk has been identified
- All doors and windows should be locked
- Close blinds and curtains and sit waiting for the residence to be deemed safe
- Proceed to a designated area in the residence and or venue (as indicated in the emergency plan and evacuation strategies)
- Ensure children move away from the doors and windows and sit low to the ground.
- Do not answer any knocks on the door

It is important to ensure that you have all contact information and a first aid kit with you.

Educators are also encouraged to have an emergency bag packed which should include the following:

- First aid kit
- A list of all the children’s details; including any allergy information, contact details for the parents and the family day care office
- Nappies, wipes, rubbish bags
- Spare clothes
- A torch
- Food; rice crackers etc.
- Books and other activities to keep the children occupied

Dealing with a Medical Emergency at an Educator's Home Involving a Family Day Care Child – Safe Operating Procedure

Identify Related Hazards/Risks

Child is hurt at the educator's home.

Controls for Hazards/Risks

- Apply first aid
- Seek medical assistance from the ambulance service (see Job Steps)

Job Steps:

- Assess the situation/child - checking for danger to self and others.
- In the event of a medical emergency, call ambulance dialling 000 (or 112 on a mobile phone) and give exact location:
 - Remain calm
 - State the address and telephone number
 - State nearest cross road
- Await arrival of ambulance, do not move the child or attempt to transport them to hospital
- Report the situation – to the parents, (or the nominated emergency contact if unable to contact the parent) and explain the situation that has occurred and what action is being taken. If unable to contact any of the above, contact the Co-ordination Unit (using the emergency mobile phone 0417 204 953 or the out of hours mobile phone 0478 486 108 if necessary)
- If it has not been possible to contact parents/emergency contacts, the Nominated Supervisor or nominee will contact relevant parents
- Continue to supervise the children and attempt to keep them calm
- As soon as practical after the medical emergency, the educator must complete an "Incident, Injury, Trauma and Illness" form detailing the situation. Where emergency services are called, this is considered a "serious incident" (under the National Regulations) and must be notified to the Co-ordination Unit immediately who will then advise the Early Childhood Education and Care Directorate within a 24 hour period

In the event of a death, in addition to the above:

- Educator/Nominated Supervisor must advise the Police Department and NSW Workcover.
- Educators are to ensure that the area is not disturbed until Police arrive.
- The Nominated Supervisor or nominee will notify the Department of Education and Communities.

If appropriate, the Nominated Supervisor will organise/ offer counselling to educators, staff, families and children.

Child Protection Policy

1. OUTCOME:

Educators and staff act to support the safety, welfare and wellbeing of children and young people that access council services by adhering to child protection legislation and guidelines.

2. POLICY:

Educators will ensure that children are cared for in a protective and healthy environment where the safety of the child is paramount. Educators must act in the best interests of the child and take all reasonable steps to ensure the child's safety. This includes responding to incidents or concerns that children are at risk of significant harm and meet relevant legislation obligations.

3. DEFINITIONS:

The definition of "Significant Harm"

A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of a family's consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person's safety, welfare and wellbeing.

Definition of Reportable Conduct

Under the Child Protection Legislation Amendment Act 2003 "reportable conduct" means:

- Any sexual offences of sexual misconduct, committed against, with or in the presence of a child (including a child pornography offence) or
- Any assault, ill-treatment or neglect of children, or
- Any behaviour that causes psychological harm to a child whether or not, in any case with the consent of the child.

Definition of Child-Related Work

Child-related work is defined as work in a specific, child-related role or face-to-face contact with children in a child-related sector contact.

Definition of "Visitors"

- Any person who visits an educator's home for more than five minutes;
- Children of high school age, or older;
- Relatives/friends (of the educator and/child) who may visit;
- Contractors, or workmen, even if they only visit your backyard;
- Family Day Care staff; and
- Any person who visits the home and has contact with Family Day Care children.

Child Protection Policy

4. RELEVANT LEGISLATION:

Education and Care Services National Regulations 2011
Education and Care Services National Law 2010
The Ombudsman Act 1974
The Child Protection (Working with Children) Act 2012
The Commission for Children and Young People Act 1998 (NSW)
The Children and Young Persons (Care and Protection) Act 1998
The New South Wales Mandatory Reporters Guide: The structured-decision-making system (December 18 2009).

5. CONTENT:

Using relevant legislation, educators will ensure that children are provided with a safe, healthy and protective environment. These guidelines outline policies and procedures in relation to this requirement.

The Children and Young Persons (Care and Protection) Act 1998 places a duty of mandatory reporting on educators registered with Queanbeyan Family Day Care. This means that educators are mandated to report in regard to children under the age of 16 years who are at risk of significant harm, whilst there is a discretion as to whether mandatory reports report in regarding to young people (16 and 17 year olds) who are at risk of significant harm.

Ombudsman Act 1974 – this Act requires Queanbeyan City Council staff to report instances of “reportable conduct” to the Ombudsman’s Office.

Child Protection (Working with Children) Act 2012 – A Working With Children Check is a prerequisite for anyone in paid and unpaid child-related work.

Commission for Children and Young People Act (NSW) 1998 – this Act requires any person selected for child related employment (including educators and other adults in the home) to undergo Working with Children background checks. This Act requires also Queanbeyan Family Day Care to notify the Commission when an allegation of reportable conduct or an act of violence is committed.

The Office of the Children’s Guardian was established under the Children and Young Persons (Care and Protection) Act 1998 to promote the interests and rights of children and young people living in out-of-home care.

Mandatory Reporting

Educators will ensure that children (or young people) who are at risk of significant harm, are reported to the Community Services Helpline on 13 36 27.

NB: A person who has a mandated responsibility has that responsibility personally. The responsibility for making a judgment and acting upon it rests with the person who has perceived a risk of significant harm.

Child Protection Training

It is mandatory for new educators to undertake training in “Child Protection” within six months of registration with the scheme.

Child Protection Policy

Educators are required to undertake Child Protection training on a regular basis to ensure educators are aware of their responsibilities as a mandatory reporter.

Educator Assistants are also required to keep up to date with child protection legislation and undertake training on a regular basis.

Visitors

Educators have a right to have people visit their home. Visitors to the educator's home must complete the Visitors' Book.

Visitors' Book

A Visitors' Book is required for child protection purposes. Visitors to the educator's home are to complete their relevant details in a visitors' book kept by educators. See definition of "visitors" above.

6. PERFORMANCE INDICATORS:

- The number of reports to the Child Protection Helpline
- The number of reports to the NSW Ombudsman's Office
- The number of reports to the Commission for Children and Young People

7. KEY RESOURCES:

www.nswombudsman.nsw.gov.au

www.kidsguardian.nsw.gov.au

www.community.nsw.gov.au/kts/guidelines/reporting/index.htm

www.community.nsw.gov.au/kts/guidelines/documents/mandatory_reporter_guide.pdf

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

8. RELATED PROCEDURES

[Child Protection – Procedure](#)

Child Protection – Procedure

Using relevant legislation, educators will ensure that children are provided with a safe, healthy and protective environment. These guidelines outline policies and procedures in relation to this requirement.

The Children and Young Persons (Care and Protection) Act 1998 places a duty of mandatory reporting on educators registered with Queanbeyan Family Day Care. This means that educators are mandated to report in regard to children under the age of 16 years who are at risk of significant harm, whilst there is a discretion as to whether mandatory reports report in regarding to young people (16 and 17 year olds) who are at risk of significant harm.

A **NSW Online Mandatory Reporter Guide** to assist to determine whether concerns about a child or young person reaches the threshold of "risk of significant harm" has been developed, and is available at www.community.nsw.gov.au

The guide consists of a number of decision trees including:

- Physical Abuse
- Neglect - Supervision; Shelter/Environment; Food; Hygiene/Clothing; Medical Care; Mental Health Care; Education - Not Enrolled; Education - Habitual Absence
- Sexual Abuse – Child; Young Person; Problematic Sexual Behaviour Toward Others
- Psychological Harm
- Danger to Self or Others
- Relinquishing Care
- Carer Concern – Substance Abuse; Mental Health; Domestic Violence
- Unborn Child

Educators who have reasonable grounds to suspect a child or young person is at risk of significant harm and has current concerns about the safety, welfare or wellbeing of the child or young person should make a report to the Child Protection Helpline on 132111.

Where concerns of harm do not meet the significant harm threshold, the Guide will indicate whether consultation with a Child Wellbeing Unit or another professional is appropriate. The consent of the family should be sought before making referrals.

The definition of "Significant Harm"

A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of a family's consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person's safety, welfare and wellbeing.

Child Wellbeing Units

These units will help agencies identify "at risk" children and respond to the needs of children at the local level, resulting in more families receiving earlier support.

The units will:

- Document concerns for the safety, welfare, and wellbeing of a child or young person where a level of risk is identified

Child Protection – Procedure

- Provide advice about when it is appropriate to report suspected risk of significant harm concerns to the Community Services Child Protection Helpline
- Provide advice and assistance about using the Mandatory Reporter Guide
- Provide advice about the use of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 to share information or coordinate services between prescribed bodies
- Share information relevant to the safety, welfare, and wellbeing of children and young people with other agencies, including Family and Community Services
- Help identify how you may respond and what support services may be available for the child or young person
- Give feedback about decisions and actions taken by the CWU – including when a report is made to the Child Protection Helpline

There are a number of Acts which impact on Queanbeyan Family Day Care staff and educators in relation to obligations surrounding reporting of suspected child abuse.

Procedure

All matters relating to child protection issues will be dealt with confidentially and expeditiously.

Where a staff member or educator has concerns regarding a child, the following steps will be taken:

- Document any observations immediately, with the date and time (this record must be factual and not based on opinions or judgements);
- Access advice via the Making a Child Protection Report web pages or the NSW Mandatory Reporter Guide
- Depending on the advice received above, report the matter to the Mandatory Reporters Helpline on 132 111

Where a child discloses to a staff member or educator, the following steps will be taken:

- The staff member or educator must listen carefully to what is being said (under no circumstances should the child be interrogated);
- Document the information immediately, with the date and time (this record must be factual and not based on opinions or judgements);
- Access advice via the Making a Child Protection Report web pages or the NSW Mandatory Reporter Guide
- Depending on the advice received above, report the matter to the Child Protection Helpline on 132 111

Where a parent discloses information to a staff member or educator, the following steps will be taken:

- Advise the parent that the content of the discussion may be referred to the relevant authority;
- Document the information immediately, with the date and time (this record must be factual and not based on opinions or judgements);
- Access advice via the Making a Child Protection Report web pages or the NSW Mandatory Reporter Guide
- Depending on the advice received above, report the matter to the Child Protection Helpline on 132 111.

Child Protection – Procedure

IN ALL OF THE ABOVE SCENARIOS, IF THERE IS ANY UNCERTAINTY OR SUPPORT IS REQUIRED, DISCUSS THE CONCERN WITH THE NOMINATED SUPERVISOR. IF STILL IN DOUBT, CONTACT THE COMMUNITY SERVICES HELPLINE AND DISCUSS THE MATTER.

NB: A person who has a mandated responsibility has that responsibility personally. The responsibility for making a judgment and acting upon it rests with the person who has perceived a risk of harm.

Where an educator, or a member of the educator's family, is implicated in a situation of a child being at risk of harm, the following procedures will be followed:

1. The Child Development Officer and Nominated Supervisor will meet with the educator to discuss the incident. In some cases, it may be appropriate to speak to the member of the educator's family who has been implicated in the situation.
2. A report regarding the incident will be written and a copy forwarded to the Service Manager Community and Education and/or the Portfolio General Manager Community Choice
3. Where a letter of warning is the appropriate course of action, the educator will be advised verbally and in writing. This letter will also set out certain conditions which will apply for the educator's continued registration with Queanbeyan Family Day Care;
4. Where an educator's action may have put the welfare of a child at risk, the Nominated Supervisor (in consultation with the Service Manager Community and Education) may make a decision to suspend the educator pending further investigations;
5. When an educator is suspended he/she will be advised verbally and in writing. This letter will indicate that the results of the investigation will determine what further action is to be taken; and
6. In a situation where the welfare of the child is seriously jeopardised, automatic de-registration may occur. This course of action will be recommended by the Nominated Supervisor to the Portfolio General Manager, Community Choice, who, after being appraised of the matter, will make a decision regarding the educator's future registration with Queanbeyan Family Day Care. If the matter warrants automatic de-registration, the Portfolio General Manager, Community Choice can exercise his/her authority and the educator's registration will be suspended pending an investigation of the allegation.

For the period of the suspension, parents of children in care with the educator will be provided with backup care. In all cases, the child's welfare is of paramount concern.

Ombudsman Act 1974 – this Act requires Queanbeyan City Council staff to report instances of "reportable conduct" to the Ombudsman's Office.

Under the Child Protection Legislation Amendment Act 2003 "reportable conduct" means:

- a) Any sexual offences of sexual misconduct, committed against, with or in the presence of a child (including a child pornography offence) or
- b) Any assault, ill-treatment or neglect of children, or
- c) Any behaviour that causes psychological harm to a child whether or not, in any case with the consent of the child.

Child Protection (Working with Children) Act 2012 – A Working With Children Check is a prerequisite for anyone in paid and unpaid child-related work. Child-related work is defined as work in a specific, child-related role or face-to-face contact with children in a child-related sector contact.

The object of this Act is to protect children:

- By not permitting certain persons to engage in child-related work

Child Protection – Procedure

- By requiring persons engaged in child-related work to have Working with Children Check clearances

Child Protection (Working With Children) Amendment Regulation 2013 – is an amendment to the above Act.

Commission for Children and Young People Act (NSW) 1998 – this Act requires any person selected for child related employment (including educators and other adults in the home) to undergo Working with Children background checks. This Act requires also Queanbeyan Family Day Care to notify the Commission when an allegation of reportable conduct or an act of violence is committed.

The Office of the Children’s Guardian was established under the Children and Young Persons (Care and Protection) Act 1998 to promote the interests and rights of children and young people living in out-of-home care. In 2013 legislative changes expanded the role of the Office to be an independent government agency that works to protect children by promoting and regulating quality, child safe organisations and services.

The Office reports to the NSW Minister for Family and Community Services and to Parliament.

Under legislation, the Office of the Children’s Guardian:

- Accredits and monitors the designated agencies that arrange statutory out of home care (OOHC) Registers and monitors agencies that provide, arrange or supervise voluntary out of home care (VOOHC)
- Accredits non government adoption services providers
- Authorises the employment of children under the age of 15, and child models under the age of 16, in the entertainment sector
- Administers the Working With Children Check and encourages organisations to be safe for children
- Administers the Child Sex Offender Counsellor Accreditation Scheme (CSOCAS) – a voluntary accreditation scheme for persons working with those who have committed sexual offences against children

Mandatory Reporting

Educators will ensure that children (or young people) who are at risk of significant harm, are reported to the Community Services Helpline on 132 111.

NB: A person who has a mandated responsibility has that responsibility personally. The responsibility for making a judgment and acting upon it rests with the person who has perceived a risk of significant harm.

Child Protection Training

It is mandatory for new educators to undertake training in “Child Protection” within six months of registration with the scheme.

Educators are required to undertake Child Protection training on a regular basis to ensure educators are aware of their responsibilities as a mandatory reporter.

Educator Assistants are also required to keep up to date with child protection legislation and undertake training on a regular basis.

Visitors

Emergency and Evacuation – Procedure

Educators have a right to have people visit their home. However this needs to be balanced with the educator's responsibility to provide a stimulating, safe, healthy, protected and supervised environment for

children in care. Educators must also understand that they are being paid whilst visitors are in the home and that the quality of care must not be jeopardised.

"Visitors" are defined as:

- Any person who visits an educator's home for more than five minutes
- Children of high school age, or older
- Relatives/friends (of the educator and/child) who may visit
- Contractors, or workmen, even if they only visit your backyard
- Family Day Care staff
- Any person who visits the home and has contact with Family Day Care children.

When educators have visitors in their home, educators must ensure that:

- Visitors to the home are fit and proper people
- Visitors do not stay for extended lengths of time
- Children are not left alone with visitors and are appropriately supervised by the educator at all times
- Children's right to privacy is protected (e.g., toileting, nappy changing, confidentiality)
- The daily routine and program is adhered to.

Visitors to the educator's home must also complete the Visitors' Book.

Visitors' Book

Educators will ensure that children are cared for in a safe, healthy and protected environment at all times. One way in which this occurs is for educators to maintain a visitors' book.

A Visitors' Book is required for child protection purposes. Visitors to the educator's home are to complete their relevant details in a visitors' book kept by educators. See definition of "visitors" above.

The information required to be noted in the visitors' book:

- Date
- Name of person visiting
- If applicable, company the person is from, or purpose of visit
- Time of arrival
- Time of departure
- Signature of visitor

Protective Behaviours

To feel totally safe at all times is the right of all children irrespective of the child's background, race or religion.

Emergency and Evacuation – Procedure

The 'Protective Behaviour' program was originally implemented by the NSW Police Service as an anti-victimisation program. Protective Behaviours is basically a preventative and adaptable living skills program designed to enable people of any age to develop workable strategies to better help them deal with problems or difficult situations.

Providing all children with a safe, secure and caring environment is the direct responsibility of parents, the school system and the community as a whole. Being safe is not just about teaching your kids self defence; it is more about teaching them through knowledge, examples and preventative measures.

The best way of keeping children safe, is to implement and maintain a 'Protective Behaviour' which gives all children and the community safety measures and procedures which may result in saving their lives or the lives of other children.

Why is Protective Behaviour Important?

- To provide protection for children because it is not possible to supervise them 24 hours a day
- Over 85% of children are abused by someone who is known to and trusted by the child
- To create an environment where both children and adults can freely discuss unpleasant or problem situations

Protective Childcare Practices

Educators and staff will interact with children in ways which are open, transparent and acceptable to families and which meet community standards.

Educators will through communication, procedures and documentation act to protect themselves, other household members and visitors from any allegations which may arise in relation to inappropriate behaviours towards children.

It is important that educators work to earn parent's trust, through transparency and clearly set out routines. Family Day Care educators, as unsupervised childcare provides, are more vulnerable than centre-based workers to an allegation of inappropriate behaviour. In both the management of behaviour and the carrying out of routines such as toileting, changing and bathing, educators need to ensure that their procedures are open to scrutiny, and minimise the risk to themselves, other household members, or visitors to the premises.

To ensure that children are protected from risk of harm, and to ensure that staff, educators, household members and visitors are protected from serious allegation:

- Educators and staff are to engage only in practices that are respectful of and provide security for children and in no way degrade, endanger, exploit, intimidate, or harm the children psychologically or physically
- Educators should ensure families have ready access to their child, and families are consulted on the experiences planned for children, and the persons with whom they come in contact
- Educators should carry out all change and/or bathing routines personally, and carry out such routines in areas which are readily accessible to others in the care environment
- Educators should keep parents informed of the procedures for toileting children and should also respect the child's need for privacy
- Children should not be withdrawn or taken into rooms that can be locked
- Educators must not leave children alone with visitors

Child Protection – Procedure

- Educators should ensure that children are not left alone with household members (unless this person is a registered Educator Assistant) for any length of time, but are appropriately supervised
- Educators should be aware of their own levels of tolerance and stress factors. Educators may from time to time need to acknowledge that some children may be more difficult to relate to than others. Educators should discuss this honestly with staff to develop strategies to assist them
- Where there is any threat to the educator’s safety or wellbeing, an educator should avoid placing herself at risk
- Educators will ensure that other household members are informed of this policy and of their roles and responsibilities in relation to the children in care

Sun Protection Policy

1. OUTCOME:

Children are protected from the harmful effects of ultraviolet (UV) radiation from the sun.

2. POLICY

Educators will follow sun safe procedures.

Educators must provide shade in areas where the children will play. Children and educators will wear hats and clothing that protects their face, neck and ears and ensure that sunscreen is applied as applicable.

3. RELEVANT LEGISLATION:

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

4. CONTENT:

Shade – outdoor activities will be planned to occur in shaded areas.

Hats – educators and children are required to wear sun-safe hats that protect the face, neck and ears.

Clothing – educators and children are required to wear clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible.

Sunscreen – educators and children are required to apply at least SPPF30+ broad spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours.

5. PERFORMANCE INDICATORS

- Incidence of sunburn to children

6. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

7. RELATED PROCEDURES

[Sun Protection – Procedure](#)

Sun Protection – Procedure

Queanbeyan Family Day Care's sun protection policy has been developed to protect all children, staff and educators from the harmful effects of ultraviolet (UV) radiation from the sun.

Australia has the highest rate of skin cancer in the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. Family Day Care plays a major role in minimising a child's UV exposure, as children attend during times when UV radiation levels are highest.

All adults and children will use a combination of sun protection measures whenever UV Index levels reach 3 and above. This will include:

- October – March: Minimise outdoor activity between 11am and 3pm (daylight saving time). Sun protection practices are required at all times when outside
- April- September: Outdoor activity can be planned at anytime at any time of the day. Sun protection practices are required between 10am-2pm except in June and July when the UV Index is mostly below 3 (in NSW)

All sun protection practices should be considered when planning excursions and events.

Vitamin D

The sun's ultraviolet (UV) radiation is both the major cause of skin cancer and the best source of vitamin D. In Australia, we need to balance the risk of skin cancer from too much sun exposure with maintaining adequate vitamin D levels. Sensible sun protection does not put people at risk of vitamin D deficiency.

Vitamin D forms in the skin when it is exposed to UV from sunlight. It can also be obtained from some foods. We need vitamin D to maintain good health and to keep bones and muscles strong and healthy.

The best source of vitamin D is UV-B radiation from the sun. UV radiation levels vary depending on location, time of year, time of day, cloud coverage and the environment.

For most people, adequate vitamin D levels are reached through regular daily activity and incidental exposure to the sun. During summer, the majority of people can maintain adequate vitamin D levels from a few minutes of exposure to sunlight on their face, arms and hands or the equivalent area of skin on either side of the peak UV periods (the middle of the day when UV levels are most intense) on most days of the week.

In winter in the southern parts of Australia, where UV radiation levels are less intense, people may need about two to three hours of sunlight to the face, arms and hands, or equivalent area of skin, spread over a week to maintain adequate vitamin D levels. In winter in northern parts of Australia, people will continue to maintain adequate vitamin D levels going about their day-to-day activities, so it is not necessary to deliberately seek UV radiation exposure.

Shade

All outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.

Educators are to provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted to monitor existing shade structures

Sun Protection – Procedure

Hats

Staff, educators and children are required to wear sun-safe hats that protect their face, neck and ears. Sun-safe hats include:

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

Please note that baseball caps and visors are not sun-safe hats.

Children without a sun-safe hat are required to play in an area protected from the sun (e.g. under shade, veranda or indoors) or will be provided with a spare hat.

Clothing

Educators and children are required to wear sun-safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. This includes wearing:

- Loose fitting shirts and dresses with sleeves and collars or covered necklines
- Longer styles skirts and shorts

Please note that midriff, crop and singlet tops are not sun-safe clothing.

Sunscreen

Educators and children are required to apply at least SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the expiry date is monitored.

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

Role Modelling

Staff and educators are required to act as role models and demonstrate sun-safe behaviour by:

- Wearing a sun-safe hat, clothing and sunscreen, and using shade
- Wearing sunglasses (optional) that comply with the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4)
- Encouraging families and visitors to role model positive sun-safe behaviour when at the service.

It is the responsibility of parents to provide SPF 30+ sunscreen, hats, caps and protective clothing for their child.

If parents choose not to provide sunscreen because their child is allergic to it, written confirmation must be provided to the educator. In certain instances children may be exempt from wearing sunscreen. A letter from the parent is required stating the reasons.

Tobacco, Illicit Drugs and Alcohol Policy

1. OUTCOME

Children will be provided with an environment that is hygienic and safe.

2. POLICY

Queanbeyan Family Day Care is committed to providing a safe, healthy and hygienic environment for children in care. To ensure this, an educator is to provide an environment that is free from the use of tobacco, illicit drugs and alcohol.

Children must not be subjected to smoke inhalation whilst in care in the home, in the car or during other activities. This smoke free policy will affect others living in the home and visitors to the home.

3. RELEVANT LEGISLATION

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

4. CONTENT:

Educators who require prescription medication must discuss this with the Nominated Supervisor.

Educators must not consume, or be under the influence of drugs or alcohol, whilst caring for children.

Drinking of alcohol and/or taking recreational or illegal drugs/substances by educators or any other person at any venue where family day care children are present, is prohibited.

5. PERFORMANCE INDICATORS

- No. of incidents where educators are found to be using tobacco, illicit or drugs whilst children are in care

6. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

7. RELATED PROCEDURES

[Tobacco, Illicit Drugs and Alcohol – Procedure](#)

Tobacco, Illicit Drugs and Alcohol – Procedure

Queanbeyan Family Day Care is committed to providing a safe, healthy and hygienic environment for children in care. To ensure this, an educator is to provide an environment that is free from the use of tobacco, illicit drugs and alcohol.

To ensure this, the following guidelines apply:

- Educators who require prescription medication, must obtain a medical certificate confirming his or her capacity to care for the children is not impaired by the use of the medication (this will be requested at the discretion of the Nominated Supervisor)
- Educators must not be under the influence of alcohol or any drugs whilst family day care children are in care
- Educators must not consume any alcohol or unlawful substance whilst family day care children are in care

Research indicates that the risk to passive smokers is considerable. In the interest of the health of children, particularly those who suffer from lung sensitive conditions, it is necessary that children are not exposed to this risk. Educators should also be aware of the possible legal implications of not providing a smoke free environment.

Children must not be subjected to smoke inhalation whilst in care in the home, in the car or during other activities. This smoke free policy will affect others living in the home and visitors to the home.

Where educators and/or family members smoke outside of Family Day Care hours, the home must be well ventilated particularly prior to children coming into care.

There is much documentation supporting the risks associated with the consumption of alcohol and other drugs when operating in precise situations. Judgements are impaired and the risk of accidents occurring are increased in these situations. Furthermore, the consequences of modelling undesirable behaviour to children must be avoided.

Animals/Pets/Birds Policy

1. OUTCOME:

Animals/pets/birds kept in a sound condition can be educational for children. They can also promote a sense of caring and responsibility. However, this needs to be balanced with the safety and welfare of children in care.

2. POLICY

Educators are required to take the appropriate steps if they have animals/pets/birds in their home, which ensures the safety and welfare of children in care.

3. RELEVANT LEGISLATION

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

4. CONTENT

In some cases, it may be necessary to permanently separate animals/pets/birds from children in care. This will be at the Nominated Supervisor's discretion.

Restricted and Dangerous Dogs

In NSW, there are guidelines in relation to "restricted and dangerous dogs". "Restricted dogs", including offspring, are American Pitbull Terrier or Pitbull Terrier, Japanese tosa, Dogo Argentino (Argentinean fighting dog), Fila Brasileiro (Brazilian fighting dog), and any dog declared by a council under division 6 of the Act to be a restricted dog.

"Dangerous dogs" in NSW are dogs that are the subject of a declaration under the Act by a Council or a court that the dog is considered dangerous. Prospective educators with any of the above dogs, will not be registered as an educator with Queanbeyan Family Day Care.

No animal is permitted to travel in a motor vehicle with Family Day Care children unless the animal is restrained in the car by a fixed barrier or harness or in a cage

5. PERFORMANCE INDICATORS

- No. of educators who have animals on their premises

6. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

Animals/Pets/Birds Policy

7. RELATED PROCEDURES

[Animals/pets/birds – Procedure](#)

Animals/Pets/Birds – Procedure

Animals/pets/birds kept in a sound condition can be educational for children. They can also promote a sense of caring and responsibility.

However, this needs to be balanced with the safety and welfare of children in care. In some cases, it may be necessary to permanently separate animals/pets/birds from children in care. This will be at the Nominated Supervisor's discretion.

All people who come into contact with any species of animal should be aware of the risks of transmission of disease from both ill and clinically normal animals to humans.

Obtaining an accurate veterinary diagnosis when animals are ill, practising proper personal hygiene, completing regular intestinal de-worming of pets, and using vaccination when available, will help lessen the chance of contracting these diseases.

Fortunately the occurrence of transmission of diseases is uncommon and generally is prevented by taking a number of precautions including:

- Practising good personal hygiene
- Providing prompt and effective first aid treatment to cuts and scratches
- Using personal protective equipment e.g. overalls, gloves, boots, goggles, aprons
- Cleaning and disinfecting work spaces and equipment
- Vaccinating pets and livestock
- Worming pets
- Controlling rodents
- Isolating and treating sick animals

Further information in relation to illnesses which can be transmitted from animals to humans, can be found in the scheme's Safety Regulations.

Queanbeyan Palerang Regional Council recommends that pets are desexed, and that dogs and cats are microchipped.

Educators who have a pet must notify the Queanbeyan Family Day Care Co-ordination Unit and parents. Educators who plan to acquire a pet, must also advise the Co-ordination Unit and parents.

Prospective educators who have pets, will be required to advise the Co-ordination Unit on their Application to become an educator.

Educators who have pets must comply with the following guidelines:

- Complete a risk assessment for each pet that enters or is kept on the premises
- Any animal (including livestock) or domesticated bird that enters or is kept on the premises is in a clean and healthy condition and does not constitute a safety or health risk in any way (e.g., allergic reaction, infection, or have a detrimental effect on the well being of children in care)
- Any domestic pet or farm animal or other potentially dangerous animal kept at the educator's home is kept in an area separate to and apart from the areas used by the children, unless involved in a specific activity that is directly supervised by the educator, e.g., brushing or bathing the dog, providing food or water for birds or chickens Where practicable (at the Nominated Supervisor's discretion), pets are to be separated from children in care, by a "finger proof" barrier

Animals/Pets/Birds Policy

- Any pet which is kept inside the home must be kept inaccessible to children in care at any time. This means that the pet must be kept in an area separated from the children and at no time, should the pet be allowed into an area where children eat, sleep, play or are toileted
- Children and pets within the home, are not permitted to share the same space at the same time
- Animal bedding, toys, litter tray, food, feeding container or water used or consumed by animals must not be accessible to a child in care
- Animals must be kept separate from children whilst children are eating, sleeping, playing or being toileted
- Animals must not have access to bedding used by the children, toys or play equipment used by the children in care
- Animals must not be allowed access to a food preparation area (benches, tables or sink areas where food is prepared)
- Yards must be kept free from excrement and checked on a daily basis for bones and/or holes dug by animals prior to children having access to the area

No animal is permitted to travel in a motor vehicle with Family Day Care children unless the animal is restrained in the car by a fixed barrier or harness or in a cage.

Hazardous Plants Policy

1. OUTCOME

Children are protected from hazardous plants.

2. POLICY

Educators will ensure that they do not have hazardous plants in their gardens that are accessible to children.

3. RELEVANT LEGISLATION

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

4. CONTENT

Some varieties of indoor/outdoor plants may be hazardous to children. Their toxicity varies – some cause nausea and irritation, while others can kill. These plants affect health by three methods – through direct contact, airborne ingestion, or by swallowing. They may cause allergic reactions, illness and poisoning (see the scheme's Safety Regulations for more information).

If poisoning is suspected, immediately seek medical advice. The Poisons Information Centre can be contacted on 13 11 26 from anywhere in Australia – 24 hours a day.

5. PERFORMANCE INDICATORS

- Number of children who are injured by a hazardous plants

6. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

7. RELATED PROCEDURES

[Hazardous plants – Procedure](#)

Hazardous Plants – Procedure

Gardens are generally safe and interesting places, and children often love spending time in them, but gardens aren't always designed with children in mind.

Supervising children is the best way to avoid danger in the garden or anywhere else.

Some varieties of indoor/outdoor plants may be hazardous to children. Their toxicity varies – some cause nausea and irritation, while others can kill. These plants affect health by three methods – through direct contact, airborne ingestion, or by swallowing. They may cause allergic reactions, illness and poisoning. If you are unsure about any plants, your local nursery may be able to assist you.

If poisoning is suspected, immediately seek medical advice. The Poisons Information Centre can be contacted on 13 11 26 from anywhere in Australia – 24 hours a day.

Any vegetation at the educator's home that can lead to injury or severe discomfort (e.g. because of sharp prickles or prominent thorns) must be identified and provision made to ensure that the vegetation is not accessible to children. Similarly, shrubs, trees, etc. with coloured berries must be made inaccessible to children.

Further information at http://raisingchildren.net.au/articles/dangerous_plants_checklist.html

Transportation of Children Policy

1. OUTCOME:

All children have a right to be transported in a safe manner. Whenever children are passengers in a vehicle they must be seated in the most appropriate child restraint for their age and size.

2. POLICY

Educators have a responsibility to ensure that if children are transported in a vehicle, this is done so in accordance with state laws.

3. RELEVANT LEGISLATION

Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010
Road Transport Legislation Amendment Act 1999
Road Transport (Safety and Traffic Management) Act 1999
Road Transport (General) Act 1999
Road Transport (Driver Licensing) Act 1998

4. CONTENT

Educators who transport family day care children in a vehicle must:

- Transport children ensuring that each child is in the most appropriate child restraint for their age and size
- Ensure that the car is registered and insured
- Ensure that the car has been checked by a registered fitter in the last 12 months (and that documentation has been provided to the Co-ordination Unit to this effect)
- Ensure that the car is maintained in good repair and condition

5. PERFORMANCE INDICATORS

- No. of educators who undertake annual car checks

6. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

Transportation of Children Policy

7. RELATED PROCEDURES

[Transportation – Procedure](#)

Transportation – Procedure

All children have a right to be transported in a safe manner. Whenever children are passengers in a vehicle they should be seated in the most appropriate child restraint for their age and size. If educators are driving, educators are responsible for all children in the car

To provide the best protection for a child in a motor vehicle, there are a number of simple principles that must be followed:

- Use a restraint which has been approved to the Australian Standards
- Place children in an appropriate child restraint for every single journey
- Second hand restraints should not be used. Educators must be aware of the history of the restraint and be sure that the restraint has all the appropriate fittings. Any restraint that is more than 10 years old MUST not be used
- Children are safest when travelling in the rear of the vehicle
- Do not move children to the next restraint before they are ready
- Child restraints must always be used exactly as stated by the manufacturer, otherwise they are unlikely to function correctly in an accident
- It is illegal for a child to be held in the arms of an adult in a vehicle and/or to place a seat belt around an adult and a child together

The Road Amendment (Isabelle Broadhead Child Restraint Measures) Rules 2010 means that all children aged up to seven will be required to travel in an approved child restraint to ensure they are protected. These include:

- Children younger than six months must be secured in rearward facing restraints
- Children between six months and four years must be secured in either a rear or forward facing restraint
- Children between four and seven years must be secured in forward facing child restraint or booster seat
- Children between four and less than seven years cannot travel in the front seat of a vehicle with two or more rows, unless all other back seats are occupied by younger children

If educators are unsure about the installation of a child restraint they should phone the RTA on 13 22 13 or contact a registered fitter.

Educators must ensure that any motor vehicle used to transport children (other than a motor vehicle with seating for more than 9 persons) is fitted with child restraints approved by the Road and Traffic Authority.

In NSW, it is illegal to use a rear facing child restraint in a front passenger seat if there is an airbag for the passenger.

All educators transporting children in their motor vehicles are required to have the restraints, fittings and anchorage points checked by Kidsafe or a registered fitter. A certificate to this effect will be required at the time of annual risk assessment.

In the case of newly registered educators, they will be required to have their restraints, fittings and anchorage points checked and a certificate certifying that these items are fitted correctly, prior to registration with Queanbeyan Family Day Care.

Transportation of Children Policy

Educators may use taxis provided that appropriate child restraints are fitted.

Children must NEVER be left alone in a car. They are in danger of:

- Heat stress and dehydration - parked cars can heat up very quickly, even with windows wound down slightly
- Burns from hot seatbelt buckles and vinyl fittings
- Playing with car controls - such as hand brakes, gear levers, cigarette lighters, power windows and the ignition
- Car thieves

It is illegal to leave a child unattended in a vehicle

Water Safety Policy

1. OUTCOME

Children will be cared for in a safe and healthy environment.

2. POLICY

Educators will ensure that children are not exposed to any hazard relating to water.

3. RELEVANT LEGISLATION

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

4. CONTENT

Educators must complete a risk assessment when children undertake an excursion/regular outing to a venue where there is a water hazard.

Ponds, water containers, dog bowls and other items which could retain water, must be inaccessible to a child.

Hot water at an educator's residence must be temperature controlled or the hot water tap made inoperable to children.

5. KEY RESOURCES

www.acecqa.gov.au

www.gprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

6. PERFORMANCE INDICATORS

- No. of educators who take children on excursions/outings to areas where there is water

7. RELATED PROCEDURES

[Water Hazards – Procedure](#)

Water Hazards – Procedure

Queanbeyan Family Day Care acknowledges the importance of safe practices around water. Water hazards and pools are a high risk to children's safety. Supervision of the children is paramount.

Water areas are popular with the public, particularly in hot weather, making it difficult to maintain close supervision of children in the crowd; therefore strict procedures have been set to ensure the safety of the children in Queanbeyan Family Day Care.

- No family day care child will participate in an excursion/outing where a water hazard is located unless a risk assessment has been completed prior to parental permission being obtained
- Educators are not permitted to take family day care children on an excursion/outing to a place where is a significant drop to water, e.g., river bank, Lake Burley Griffin
- No family day care child is to swim in a pool at the educator's home at any time while the service is being provided
- Educators are not to take family day care children to a public swimming pool or other person's pool for any reason

Waters Containers

- Water troughs, containers and dog bowls must be inaccessible to a child
- Water play activities will be supervised at all times. If a small wading pool is being used, the educator will stand immediately beside it
- All water holding containers must be stored to ensure they cannot refill with water
- Buckets used for cleaning will be emptied immediately,
- Any water hazards in the children's play area, i.e. ponds or fountains that could constitute a drowning hazard are securely covered or made inaccessible to children
- Wading pools, sprinklers, soaker hoses may be used if children are constantly in the sight of the educator at all times. On the completion of play with wading pools etc. they must be emptied and put away each time

Hot Water

Burns and scalds from hot water are the most common type of injury to young children with most of these injuries occurring in the bathroom. Therefore hot water should be controlled to a maximum of 50 degrees celsius in the bathroom or where children's hand washing is occurring.

Delivery and Collection of Children Policy

1. OUTCOME

Educators and parents are aware of their rights and responsibilities in relation to the arrival and departure of children.

2. POLICY

The safety and security of children is of paramount importance in the transfer of care responsibility from one responsible adult to another.

3. RELEVANT LEGISLATION

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

4. CONTENT

Handover of children can be a distracting time of the day and educators must minimise any risk factors at this time.

5. KEY RESOURCES

www.acecqa.gov.au
www.gprc.nsw.gov.au
www.education.gov.au/child-care-service-handbook-0
Guide to the National Quality Standard 2011
Staying Healthy in Childcare 5th Edition
www.humanservices.gov.au
www.kidsafe.com.au
www.dec.nsw.gov.au
Education and Care Services National Regulations 2012
Education and Care Services National Law 2011

6. PERFORMANCE INDICATORS

- No. of incidents which occur at delivery and collection times

7. RELATED PROCEDURES

[Arrival and Departure of Children – Procedure](#)
[When a parent/guardian does not come to collect a child – Safe Operating Procedure](#)
[When an unknown person comes to collect a child – Safe Operating Procedure](#)
[Collection of a child by drug/alcohol affected person – Safe Operating Procedure](#)
[When a person with a court order against them comes to collect a child – Safe Operating Procedure](#)

Arrival and Departure of Children – Procedure

To ensure that children are handed over in a safe and secure manner, educators must be ready for the arrival of children into care. The authorised educator must receive the child into care and the parent must note the time on the attendance record/timesheet and initial the time of arrival. Once the attendance record is initialled by the parent on arrival, the child becomes the responsibility of the educator.

Where arrival and departure of children may occur at a venue other than the educator's home, consideration must be given to a place which is safe and secure. Educators must have attendance records available for the parent/guardian to sign.

When a child departs from the educator's home, the educator must ensure the person who receives the child is the child's parent or a person who is authorised in writing by the child's parent to receive the child. On leaving care the parent notes the time on the attendance record/timesheet and initials the time of departure. Once the attendance record has been initialled by the parent on departure, the child becomes the responsibility of the parent.

In the case of school aged children who arrive or leave the educator's home unaccompanied by a parent, the arrival and/or departure shall be in accordance with procedures agreed to by the child's parent. The arrival and/or departure times will be initialled by the educator.

In a situation where a school aged child walks/catches a bus to/from school, written parental permission is required. Where a child does not arrive at the educator's home at the agreed time, the educator should contact the child's parents. If this is not possible, the emergency contact should be called. The Co-ordination Unit should also be contacted as they may be able to assist. Where a child has been missing for more than an hour, the Police should be contacted. An Incident, Injury, Trauma and Illness Record must be completed and forwarded to the Co-ordination Unit as soon as possible.

Contracted hours must be adhered to. As a courtesy, where parents may be late delivering or collecting children from care, they must contact the educator to advise him/her. Educators often have family commitments at the beginning and end of the day, and expect children to arrive and be collected at the agreed hours.

As a general rule, if parents are late, educators will wait 15 minutes. If they have other commitments which necessitate leaving their home, they will do this. In this case, it is the parent's responsibility to organise drop-off or collection of their children when the educator returns to his/her home.

The safety and security of children is of paramount importance in collection of children from an educator's home.

It is the parent's responsibility to ensure that the educator is aware of who is responsible for the collection of children from an educator's home. If this arrangement changes, the parent must keep the educator informed of any changes by completing a new "Enrolment for Childcare" form.

If the educator is notified verbally of a change in the person nominated to collect the child written confirmation must be provided by the parent as soon as possible.

When a Parent/Guardian Does Not Come to Collect a Child – Safe Operating Procedure

Identify Related Hazards/Risks

Child not collected and experiences emotional distress.

Controls for Hazards/Risks

Ensure parents are aware of policy and keep the educator informed if they are unable to collect the child on time

Children are to be collected by the authorised person nominated on the enrolment form. This documentation must be kept up to date to ensure that any changes to collection arrangements are current.

Job Steps:

If the parent or authorised person nominated on the enrolment form does not arrive to collect a child from the educator within a reasonable period of the normal collection time, educators must:

- Attempt to contact the parent/guardian
- Attempt to contact emergency contacts as specified on the enrolment form
- If unable to contact any of the above, contact the police to see if they can locate the parent/s
- If during working hours, contact the Nominated Supervisor for help and support
- If outside of normal working hours, contact the on call staff member on the on call mobile phone 0478 486 108

If the parents are not able to be contacted, then the educator is to contact the Child Protection Helpline on 132 111 to advise them of this situation. Staff from the Helpline will then determine the appropriate course of action to be taken.

As soon as practical after this situation, the educator must complete an “Incident, Injury, Trauma and Illness” form detailing the situation. Where a parent fails to collect a child, this is considered a “serious incident” (under the National Regulations) and must be notified to the Co-ordination Unit immediately who will then advise the Early Childhood Education and Care Directorate within a 24 hour period.

When an Unknown Person Comes to Collect a Child – Safe Operating Procedure

Identify Related Hazards/Risks

Child taken from the educator by unknown person.

Controls for Hazards/Risks

- Ensure parents are aware of policy and to keep the educator informed if they are unable to collect the child on time
- Children are to be collected by the authorised person nominated on the enrolment form. This documentation must be kept up to date to ensure that any changes to collection arrangements are current
- The family must notify the educator if another person is to collect the child

Job Steps:

Any permanent change in the person nominated to collect the child must be notified in writing on the enrolment form to the educator and scheme.

If notification is made verbally by the family of a change in the person nominated to collect the child, a written record must be kept and written confirmation provided by the family as soon as possible.

In instances where someone unknown to the educator arrives to collect a child and the required notification has been given, the person will be required to provide identification – preferably a drivers licence.

If a person not so nominated attempts to collect a child, educators must:

- Attempt to contact the family
- Attempt to contact emergency contacts as specified on the enrolment form
- Contact the police if necessary
- If during working hours, contact the Nominated Supervisor for help and support
- If outside of normal working hours, contact the on call staff member on the on call mobile phone 0478 486 108
- Take all reasonable precautions to ensure the safety of the other children in care

However, under no circumstances should the educator place themselves or other children at risk.

Collection of a Child by Drug/Alcohol Affected Person – Safe Operating Procedure

Identify Related Hazards/Risks

Child's safety and wellbeing is at risk.

Controls of Hazards/Risks

Ensure parents are aware of policy and that a responsible person collects the child/ren.

Job Steps

If an educator believes a child to be at risk e.g., parent driving a vehicle while under the influence of alcohol or mind-altering drugs, the following steps should be taken:

- Tell the parent that you have concerns about the child's safety
- Offer to ring a taxi or other person to drive the family home

If the parent does not accept these offers tell the parent that you have a duty of care in relation to the child's safety and you must report this incident. If during working hours, ask the parent to wait until you have contacted the Nominated Supervisor. If outside of office hours, contact the on call staff member on mobile phone 0478 486 108.

Write down the vehicle registration number, contact the Police straight away.

When a Person with a Court Order Against them Comes to Collect a Child – Safe Operating Procedure

Identify Related Hazards/Risks

Child taken from the educator's home by a person with a court order against them.

Controls for Hazards/Risks

- Ensure parents are aware that a person with a court order (that specifies the person cannot have access to the child) cannot collect the child from the educator's home
- Educators must not place themselves or anyone in their home at risk (see Job Steps)
- Children are to be collected by the authorised person nominated on the enrolment form. The family must notify the educator if another person is to collect the child

Note: A Parenting Plan is an agreement that separated parents make about how their children will be cared for and supported. **A parenting plan is not a legally enforceable agreement. It is different from a parenting order, which is made by a court and is legally enforceable.**

Job Steps:

- If there is a parenting order or any other court order taken out against a person, there are conditions regarding the person named on the order. In some circumstances the order may cover the location of an educator's home. It is the responsibility of the family to provide a copy of the court order or any variations to an existing court order to the Nominated Supervisor and educator
- The Nominated Supervisor is to ensure that a copy of any such existing court order is attached to the child's file
- If copies of court orders are not provided as required, care may be discontinued at the Nominated Supervisor's discretion. This is to safeguard the safety and wellbeing of all children in care
- If a person named on a court order arrives at an educator's home, the educator should then phone the police and the custodial person as soon as possible
- If an unauthorised person arrives at an educator's home to remove a child, the educator must:
 - Be polite, firm and clear and remember the primary duty of care is to children in care
 - Clarify the legal position with the unauthorised person
 - If they refuse to leave and/or become abusive, ask them again to leave and explain that it may be necessary to call the police to remove them if they are making a scene, upsetting children or harassing you. It may be necessary to point out that they can be charged with trespass
 - Ask the person politely to leave
 - If they do not leave, call the police
- An "Incident, Injury, trauma and Illness Record" form must be completed following any incident related to Court Orders. This must be forwarded to the Nominated Supervisor as soon as possible following the incident

Regular Outings and Excursions Policy

1. OUTCOME:

Educators and parents are aware of their rights and responsibilities in relation to regular outings and excursions.

Children in care within the scheme are able to explore the wider community.

2. POLICY:

The educator will ensure that when children participate in regular outings and/or excursions, all necessary steps have been taken to ensure the safety and well being of the child. Educators undertake outings and/or excursions at their own risk.

Excursions/outings must be child focused.

3. RELEVANT LEGISLATION:

Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010
Road Transport (Safety and Traffic Management) Act 1999
Road Transport (General) Act 1999
Road Transport (Driver Licensing) ACT 1998

4. CONTENT:

Excursions and outings are an essential part of any childcare program. They provide the opportunity to expand a child's experience, explore different environments and learn new activities. Children have a right to proper supervision and care for the full duration of the excursion/outing.

Regular Outings

A regular outing means a walk, drive or trip to and from a destination. This includes a place where the educator regularly visits as part of the educational program, and where the elements of the risk assessment are the same on each outing.

A regular outing is defined as an outing which is undertaken at least once a month to a particular destination which is in the local area of where educators reside. Regular outings must be planned and can be predicted to occur at the same time, same day, same place at least once a month.

Regular outings are to be outlined on a Regular Outings permission form and the frequency of the outing must be included on the form. The Regular Outings permission form is to be completed, signed and dated by the parent and educator and updated as changes occur.

Excursions

Excursions are outings which fall outside the above definition of "regular outings".

Excursions require an "Excursion Permission" form to be completed, and received by the Co-ordination Unit prior to the excursion occurring.

Regular Outings and Excursions Policy

Risk Assessment

Educators undertaking excursions/outings do so at their own risk. When an educator leaves her own environment and takes children on an excursion/outing, the probability of accidents occurring, increases significantly. This is due to factors often outside of anyone's control.

A risk assessment must be carried out for an excursion before parental authorisation is sought.

The risk assessment must identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child being taken on the excursion, and detail strategies for minimising and managing those risks (see risk assessment form). Given the risk/s posed, an educator will be able to determine whether additional responsible adults will be required to provide supervision and whether any specialised skills are required to ensure children's safety.

5. KEY RESOURCES:

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

6. PERFORMANCE INDICATORS:

- No. of excursions/regular outing forms completed correctly
- No. of forms submitted with risk assessments completed

7. RELATED PROCEDURES

Excursions and Regular Outings – Procedure

Excursions and Regular Outings – Procedure

Family day care is a home based childcare option and therefore it is expected that the majority of the time that a child is in care will be spent in the home chosen by the parent.

Excursions/outings are to be child oriented and primarily focused on the interests of the children.

Getting to know children and their interests well, and thinking about how the learning outcomes of the excursion/outing will meet or extend these interests, will help to ensure that the excursion is child focused.

PLEASE NOTE: Excursions/outings to major shopping centres will not be acceptable, unless it can be shown that the excursion is child focused.

Parents have a right to control when and where their children go during the course of any day. To ensure that this occurs, educators must seek parental permission for all excursions/outings which are undertaken. If the parent deems the excursion/outing unsuitable for their child/ren to attend, the parent may contact the Co-ordination Unit to seek backup care. payment will be made to the backup educator.

For Queanbeyan Family Day Care purposes, there are two types of excursions/outings.

Regular Outings

A regular outing means a walk, drive or trip to and from a destination. This includes a place where the educator regularly visits as part of the educational program, and where the elements of the risk assessment are the same on each outing.

A regular outing is defined as an outing which is undertaken at least once a month to a particular destination which is in the local area of where educators reside. Regular outings must be planned and can be predicted to occur at the same time, same day, same place at least once a month.

Regular outings are to be outlined on a Regular Outings permission form and the frequency of the outing must be included on the form. The Regular Outings permission form is to be completed, signed and dated by the parent and educator and updated as changes occur.

Once completed the Regular Outings permission form is to be forwarded to the Co-ordination Unit. Copies of the form will be placed on the child's file and a copy placed into the educator's visit report folder. Two copies will be returned to the educator – original for the educator and a copy for the parent. Educators must display their Regular Outings routine for the information of parents.

Regular outings can include outings such as:

- Trips to school and preschool with older children
- A walk around the local neighbourhood
- Trips to playgroup, either walking, by car or bus
- Play sessions at other educators' homes
- Trips to after school activities (e.g. a sports ground)

Educators and parents must:

- Discuss excursions with parents/guardians at the time of the initial interview
- Complete and sign a "Regular Outings" permission" form

Excursions and Regular Outings – Procedure

Educators must

- Seek parental permission for regular outings at least once every 12 months
- Update the Regular Outings permission form as changes occur;
- Ensure that all specific locations are included on the form e.g., Queanbeyan Library (general terms such as “Queanbeyan businesses” will not be accepted unless they are located within the one building, such as Riverside Plaza)
- Forward a copy of the Regular Outings permission form to the Co-ordination Unit so that copies can be placed on the child’s file and the educator visit reports
- Display a copy of the Routine Outings form for the information of parents
- Ensure a risk assessment has not been conducted for the outing. If the venue has not been visited previously, then a risk assessment must be carried out before permission is sought from the parents
- Once the initial risk assessment has been conducted, a further risk assessment is required every 12 months unless the circumstances of the outing have been changed
- If the circumstances of the outing have changed, the outing needs to be re-assessed using the risk assessment form
- A copy of the risk assessment must be forwarded to the Co-ordination Unit prior to undertaking a regular outing

It is important that educators note all outings which may occur during the month. If the venue is not noted on the Regular Outings permission form, the educator will not be permitted to undertake this excursion. An Excursion Permission form will be required and must be forwarded to the Co-ordination Unit prior to the excursion occurring.

If an educator decides to undertake a regular outing which occurs on a fortnightly or monthly basis, the educator must advise the parents and Co-ordination Unit prior to the excursion occurring. This information must include the proposed time frame and venue/s that will be visited. Where a regular outing is listed to occur on a particular day and time and the outing is re-scheduled for a different day or time, the Co-ordination is to be advised.

Parents should be advised at the beginning of each day, if the educator plans to undertake a regular outing.

Excursions

Excursions are outings which fall outside the above definition of “regular outings”.

In undertaking an excursion, parents may incur a fee (such as an entrance admission). In this situation, parents have the right to say “no” and can request backup care.

Excursions require an “Excursion Permission” form to be completed, and received by the Co-ordination Unit prior to the excursion occurring. Forms can be:

- Hand delivered to a Co-ordination Unit staff member
- Faxed/scanned and emailed to the office (if this is done, educators must phone the office to make sure that the form has been received)
- Placed in the “timesheet” mail box (if this is done, educators must phone the office to make sure that the form has been received)

Excursions and Regular Outings – Procedure

All Excursion Permission forms will be monitored by scheme staff to ensure that the excursion meets regulatory requirements and the conditions outlined on the form. If the excursion does not meet the necessary guidelines, educators will be advised and disciplinary procedures may be initiated.

Educators and parents must discuss excursions at the time of initial interview.

Educators must

- Conduct a written risk assessment prior to seeking parental authorisation for the excursion;
- The risk assessment must be completed and submitted to the Co-ordination Unit prior to undertaking the excursion
- Ensure that parents complete the Excursion Permission form prior to the excursion occurring

Backup Care

In the case of backup, educators are required to complete relevant excursion/outing permission forms and submit them to the Co-ordination Unit in line with the above requirements.

Exceptional Circumstances

It is acknowledged that from time to time, an educator may experience exceptional circumstances where the relevant paperwork has not been completed, i.e., in an emergency. Should this occur, educators are to contact the Nominated Supervisor who will assess each individual scenario at the time.

Other Activities

Any other activities which may be organised by Queanbeyan Family Day Care staff and may involve visits to various locations will be considered an excursions and will require parental permission prior to the excursion occurring. Co-ordination Unit staff will undertake a risk assessment of the venue prior to the event.

The Nominated Supervisor will undertake to provide all necessary information to parents and educators regarding such activities and will ensure that the appropriate adult to children ratios are applied.

Excursions which fall outside the above definitions need to be discussed with the Nominated Supervisor. In some cases, it may be necessary to seek advice from the insurance company in relation to risk management of such an excursion and additional information may need to be forwarded to the insurance company prior to a decision being made regarding the excursion.

Excursion/Outing Planning

Prior to undertaking excursions/outing, educators must consider the following questions.

Is the excursion/outing child oriented or more suited for adult interests? (If the excursion/outing is deemed to be more related to adult interests, educators must then identify how it can be made child focused. If this is not possible, then the excursion/outing is not to be undertaken)

- Does the excursion/outing provide a learning experience for the child/ren?
- What are the ages of the child/ren who will be participating in the excursion/outing?
- Will the child/ren require a sleep or rest time during the excursion/outing?
- Will the child/ren require morning tea, lunch or afternoon tea during the excursion / outing?
- How much time will the child/ren spend in a car (more than ½ hour)?
- How does the excursion/outing meet the needs/interests of the child/ren in care?

Excursions and Regular Outings – Procedure

- How many excursions/outings will the child/ren participate in during any week?

Co-ordination Unit staff will actively oversee the “appropriateness” of all excursions/outings. The safety of the children undertaking the excursion/outing will be paramount in considering the suitability of an excursion or outing. The above questions will also be taken into account. Should the Co-ordination Unit deem an excursion/outing to be unsuitable, then the educator will not be able to undertake that excursion/outing.

Risk Assessment

Educators undertaking excursions/outings do so at their own risk. When an educator leaves her own environment and takes children on an excursion/outing, the probability of accidents occurring, increases significantly. This is due to factors often outside of anyone’s control.

A risk assessment must be carried out for an excursion before parental authorisation is sought. The risk assessment must identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child being taken on the excursion, and detail strategies for minimising and managing those risks (see risk assessment form). Given the risk/s posed, an educator will be able to determine whether additional responsible adults will be required to provide supervision and whether any specialised skills are required to ensure children’s safety

A visit to the proposed excursion destination will assist in conducting a risk assessment. During a site visit information can be gathered about the availability of toilets, hand washing, any water hazards, drinking and shade facilities at the destination and details can be checked such as mobile phone coverage and access for emergency services.

For regular outings, a risk assessment must be completed prior to the first visit to the venue and then every 12 months. Where changes are made to the venue, these must be noted on the risk assessment, as they occur.

For excursions, a risk assessment is to be conducted prior to seeking parental permission for the excursion. The risk assessment must be forwarded to the Co-ordination Unit with the excursion permission.

In addition, educators must have:

- Contact information for parents
- Parents’ consent for all children going on an outing / excursion
- Emergency phone numbers, including emergency services
- A first aid kit
- A mobile phone
- Medication and children’s management plans
- Planned the excursion travel, routes and locations that are safest, and check the location of safety hazards
- Planned to take the most direct route
- Taken into consideration the possibility of walking rather than using vehicles

Passenger Safety

Educators must:

Excursions and Regular Outings – Procedure

- Ensure all vehicles have child restraints and/or seatbelts and are professionally installed or checked by an authorised restraint fitter
- Always buckle up children's seatbelts. Ensure children remain occupied when travelling in vehicles to prevent children unbuckling their seatbelt, e.g., sing songs, play simple games and talk about the journey
- Ensure as far as practicable child passengers enter and exit the car by the "safety door" which is the rear, left hand side door of the car
- Ensure there are no loose or sharp objects inside the car that could cause injury if an accident occurs
- Ensure that children do not eat or drink when travelling in vehicles.

Pedestrian Safety

The NSW Roads and Traffic authority recommends when walking with children up to age 8 years in a traffic environment (e.g. roads, pedestrian crossings, bicycle tracks, footpaths, driveways, and carparks) all children hold an adult's hand. If an adult's hand is not available, children should hold onto a pram, stroller, wheelchair, and should be kept in sight of an adult. It is unacceptable for children to walk behind an educator.

Educators must conduct a written risk assessment of the excursion and traffic environment for a planned excursion and use strategies such as choosing the safest route, choosing locations with minimal or no traffic.

Educators should promote awareness in children of road safety and play safety by using a walking commentary about all things you are doing to keep safe while on excursions/outings and when out walking.

Bicycle Safety

It is compulsory to wear an approved helmet when riding bicycles in public areas. This applies to all cyclists, regardless of age, including children on bicycles with training wheels and any child being carried as a passenger on a bike or in a trailer.

Safe Play

Educators must choose a safe place for children to play when on excursions/outings. Playgrounds should be fenced, away from traffic hazards, and the play equipment must be safe and age appropriate. Educators must also be aware of stray animals, particularly dogs and prevent the children from playing or going near them.

The area should also have sufficient shade and children must be protected from sun exposure with appropriate clothing, hats, sunscreen, sunglasses and drinking water.

Supervision

Educators must ensure that:

- Children are supervised at all times
- They are alert to children's whereabouts, activities and safety
- Children are never left alone in motor vehicles, or standing alone by the side of
- The road or road crossings
- They are aware of unfamiliar people

Excursions and Regular Outings – Procedure

Emergency Precautions

Educators must be aware of the extra precautions that might be needed for children with a disability or medical problems.

The educator must:

- Conduct all excursions/outings in a safe manner
- Ensure that any vehicles used to transport children on excursions/outings are fitted with suitable child restraints within the meaning of Regulation 110F of the Motor Traffic Regulations (see section on “Transportation”).

Play Equipment, Toys, and Resources Policy

1. OUTCOME

Children will have access to safe play equipment, toys and resources which are maintained in good repair.

2. POLICY

Educators will ensure that all play equipment, toys and resources used by children meet Australian Standards (where applicable), are kept clean and in good repair.

Some equipment (such as car restraints, boosters) have expiry dates and these items should not be used beyond their recommended manufacturer expiration date.

3. RELEVANT LEGISLATION

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

4. CONTENT

Play Equipment (see Safety Regulations for more detailed information)

Family Day Care children are not permitted to play on swings or equipment where a child could fall more than 1 metre, unless softfall is provided which complies with the requirements of Australian and New Zealand Standard AS/NZS 4422:1996 Playground surfacing – Specifications, requirements and test method.

Equipment where a child could fall more than 50cm and less than 1m is to have softfall, grass, and/or immovable mats underneath and around the piece of equipment. (Please note: materials such as bricks, stones, concrete, pavers, bituminous materials and timber are not considered appropriate undersurfacing).

IN ALL CIRCUMSTANCES whilst children are playing on any equipment, family day care children must be directly supervised by the educator at all times.

Toys and Equipment

Toys, play equipment and equipment such as cots, strollers, car seats, booster seats used by educators must meet Australian Standards, be safe, clean and in good repair.

5. PERFORMANCE INDICATORS:

- Number of incidents where toys/equipment/resources are not maintained in a safe condition.

6. KEY RESOURCES

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition;

www.humanservices.gov.au

Play Equipment, Toys, Resources Policy

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012;
Education and Care Services National Law 2011

7. RELATED PROCEDURES

[Play Equipment \(including toys and resources\) – Procedure](#)

Play Equipment (including Toys and Resources) – Procedure

(see Safety Regulations for more detailed information)

Family Day Care children are not permitted to play on swings or equipment where a child could fall more than 1 metre, unless softfall is provided which complies with the requirements of Australian and New Zealand Standard AS/NZS 4422:1996 Playground surfacing – Specifications, requirements and test method.

Equipment where a child could fall more than 50cm and less than 1m is to have softfall, grass, and/or immovable mats underneath and around the piece of equipment. (Please note: materials such as bricks, stones, concrete, pavers, bituminous materials and timber are not considered appropriate undersurfacing).

IN ALL CIRCUMSTANCES whilst children are playing on any equipment, FDC children must be directly supervised by the educator at all times.

Toys and Equipment

Toys, play equipment and equipment such as cots, strollers, car seats, booster seats used by educators must be safe, clean and in good repair. The items must be checked regularly to ensure:

- A child cannot be trapped, pinched or crushed
- There are no sharp/rough edges, projections or rust
- There are no breakages

Educators are required to ensure that Family Day Care children:

- Have independent access to books and equipment suitable to the child's development and needs
- Have toys/play equipment which are adequate and sufficient to meet the individual interests and capabilities of each child (taking into account the age of the child, and the number of children)

(The relevant standards for cots used in Family Day Care - Australian Standards (AS/NZS 2172:2003 Cots for household use or AS/NZS 2195:2010 Portable cots

Given the growing concern about the dangers associated with the use of baby walkers, change tables and high chairs, If educators choose to use this equipment, strict supervision must be observed at all times whilst children are using the equipment.

Work Health and Safety Policy

1. OUTCOME:

Educators and parents are aware of their rights and responsibilities in relation to work health and safety.

2. POLICY:

Educators registered with Queanbeyan Family Day Care must comply with the Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2011.

3. RELEVANT LEGISLATION:

Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010
Work Health and Safety Act 2011
Work Health and Safety Regulation 2011
The Children and Young Persons (Care and Protection) Act 1998

4. CONTENT:

Educators' homes are considered to be a "workplace" when FDC children are in care. Educators have responsibilities under Work Health and Safety legislation.

In addition, educators must ensure the health and safety of people visiting or working at their home (workplace) and provide safe access and egress to the same.

Notification to Workcover (13 10 50)

Under work health and safety (WHS) laws, incidents such as fatalities, serious injuries and illnesses and dangerous incidents must be notified to WorkCover immediately and incident records must be kept for five years.

It is educator's responsibility to ensure that WorkCover is notified immediately. If a notification is made by phone, it is recommended that it be followed up in writing within 48 hours.

Serious Incident

A serious incident is an incident where a child requires medical attention (i.e., dental, doctor, hospital attendance or ambulance). The information relating to such an incident must be documented on an incident, injury, trauma and illness record within immediately. Educators must ensure this information is provided to the Co-ordination Unit so that the Department of Education and Communities can be advised within 24 hours of being advised about the incident.

5. PERFORMANCE INDICATORS

- Number of incidents where reports are made to Workcover
- Number of serious incident reports
- Number. of incident, injury, trauma and illness reports completed

Work Health Safety Policy

6. KEY RESOURCES:

WorkCover NSW

Department of Education and Communities

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition

www.humanservices.gov.au

www.kidsafe.com.au

www.dec.nsw.gov.au

Education and Care Services National Regulations 2012

Education and Care Services National Law 2011

7. RELATED PROCEDURES

Serious incident – Procedure

Manual Handling Policy

1. OUTCOME:

Educators are aware of their rights and responsibilities in relation to manual handling.

2. POLICY:

Educators must be aware of the correct techniques to be used in manual handling.

3. RELEVANT LEGISLATION:

Education and Care Services National Regulations 2011
Education and Care Services National Law 2010
Work Health and Safety Act 2011, Work Health and Safety Regulation 2011

4. CONTENT

Manual handling means lifting, lowering, pushing, pulling, carrying, moving, holding or restraining any object, animal or person. When providing childcare, all care should be taken when educators are required to do any of the above.

Correct lifting techniques protect the child and educator

5. PERFORMANCE INDICATORS:

- The number of incident reports relating to manual handling practices
- The number of injuries as a result of incorrect manual handling practices

6. KEY RESOURCES:

Management OHS in Children's Services, Tarrant, S, 2002

www.health.gov.au/nhmrc

www.acecqa.gov.au

www.qprc.nsw.gov.au

www.education.gov.au/child-care-service-handbook-0

Guide to the National Quality Standard 2011

Staying Healthy in Childcare 5th Edition;

www.humanservices.gov.au

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Education and Care Services National Regulations 2012;

Education and Care Services National Law 2011

7. RELATED PROCEDURES