Policy Area 2 – Health & Safety

Policy Number	Policy Name	Version	Review Due
P-2.1	Hygiene and Cleaning Policy	5	Oct 2025
P-2.2	Food Handling and Storage	3	Sep 2023
P-2.3	Nutrition and Dietary Requirements	4	Jul 2026
P-2.4	Hazardous Materials	3	Sep 2023
P-2.5	Transportation of Children	6	Mar 2026
P-2.6	Excursion	4	Aug 2026
P-2.7	Water Safety	4	Jan 2026
P-2.8	Management of Animals	3	May 2023
P-2.9	Sun Protection	5	Oct 2026
P-2.10	Emergency Procedures	7	Aug 2026
P-2.11	Administration of First Aid	4	Jan 2026
P-2.12	Personal Protective Equipment	3	Aug 2023
P-2.13	Incident, Injury, Trauma and Illness	6	Oct 2026
P-2.14	Death of a Child or Staff Member	3	May 2023
P-2.15	Control of Infectious Diseases	5	May 2026
P-2.16	Immunisation	4	Mar 2023
P-2.17	Head Lice Policy	1	Sep 2023
P-2.18	Road Safety	1	Oct 2025
P-2.19	Dealing with Medical Conditions	7	May 2025
P-2.20	Administration of Medication	4	Jun 2026
P-2.21	HIV, AIDS, Hepatitis B and C	3	Aug 2023
P-2.22	Child Protection	5	Aug 2026
P-2.23	Providing a Child-Safe Environment	4	Oct 2025
P-2.24	Manual Handling	3	Aug 2023
P-2.25	Work, Health and Safety	3	Aug 2023
P-2.26	Risk Management	3	Aug 2023
P-2.27	Supervision	3	Aug 2023
P-2.28	Delivery and Collection of Children	5	Jun 2025
P-2.29	Absent and Missing Children	4	Aug 2023
P-2.30	Sleep and Rest	2	Sep 2026
P-2.31	Cyber Safety	New	Jan 2026
P-2.32	Safe Arrival of Children	New	Oct 2026

P-2.1 Hygiene and Cleaning Policy

POLICY STATEMENT
We aim to provide a safe and hygienic environment that will promote the health of all children, staff and parents. All people in DEBASCA will follow preventative measures for infection control. Staff will ensure that they maintain and model appropriate hygiene practices.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Children Services Act, 1996 (part 4)	
National Quality Standard	2.1 Health 2.2 Safety
National Regulations	77 Health, hygiene and safe food practices 106 Laundry and hygiene facilities 109 Toilet and hygiene facilities
NHMRC – Australian Government	Staying Healthy in Child Care - Preventing infectious diseases in Child Care
Food Safety Standards	3.2.2 Food Safety Practices & General Requirements – Division 5-Cleaning Sanitising and Maintenance
ACECQA – NQS Information Sheet	Toileting and Nappy Changing Principles and Practices

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
NQS	National Quality Standard
NHMRC	National Health and Medical Research Council

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Facilities and Equipment

1.1 All toilet facilities will have access to a basin or sink with running water.
1.2 All toilet facilities will have soap and paper towel for washing and drying hands.
1.3 Women and girls will have access to proper feminine hygiene disposal units.
1.4 A dedicated hand wash only sink is available with soap and paper towel in the kitchen area.
1.5 Hot and cold running water will be available in the kitchen area.
1.6 Centre toilets will be cleaned and disinfected daily, and whenever else it is required. This will be done by contracted cleaners arranged by the centre.
1.7 School toilets will be cleaned and maintained by the school cleaners during term time.
1.8 During vacation care the school toilets will be cleaned and maintained by contracted cleaners arranged by the centre.
1.9 Kitchen basins and kitchen benches will be cleaned and sanitised daily.
1.10 Activity tables will be cleaned once a day. They will be left tidy after each craft and cooking activity.
1.11 Food serving surfaces will be cleaned and sanitised before and after serving food.
1.12 All contaminated surfaces will be disinfected.
1.13 Toys which are highly handled, e.g.: blocks, cooking toys, Lego etc will be cleaned and disinfected regularly.
1.14 Material items such as dress ups, cushion covers, blankets and sheets will be laundered once a term.
1.15 Tea towels, towels, cooking aprons, and art smocks, and any other linen will be laundered after each use.

P-2.1 Hygiene and Cleaning Policy

1.16 All cups, plates and utensils will be washed in a commercial dishwasher.
1.17 All rubbish bins will be emptied daily, including recycling bins.
1.18 Rubbish bins containing food scraps will either be emptied regularly or will have a lid on to prevent attracting pests such as cockroaches.
1.19 Bin lids & sides will be wiped down and sanitised daily.
1.20 Where possible, washed kitchen equipment will be allowed to air dry. If tea towels are used, they will be used once a day only.
1.21 Staff will maintain a daily/weekly and term cleaning checklist. Items on the checklist will be signed off once completed. Checklists are completed on the iPads online using iAuditor app.
1.22 The centre will use minimal toxic cleaning products, where possible.
1.23 Personal protective equipment, such as gloves, protective eyewear and masks will be provided to staff. Single use items will disposed of after use. Reusable items will be washed after use.
1.24 All carpets will be vacuumed, all vinyl floors will be swept/vacuumed and mopped, and all tile floors will be swept and mopped daily.

2 Staff

2.1 Staff completing the daily WHS checklists will monitor the availability of soap and paper towel to ensure they are replenished where needed.
2.2 School children's toilets will be checked by daily before every session to ensure they are clean. Any concerns will be reported to the school cleaner/office/principal/GA (General Assistant).
2.3 Staff should maintain and model appropriate hygienic behaviour and encourage the children to adopt good hygiene practices.
2.4 Staff will be trained in proper hygiene practices on a regular basis, either individually or as a group.
2.5 All staff will wear disposable gloves when in contact with blood, open sores or other bodily substances, clothes contaminated with bodily fluids or cleaning up a contaminated area. Any soiled items will be washed/sanitised after use or disposed of safely in our first aid rubbish bins provided.
2.6 Staff must wash hands with soap and water after removing the gloves, or use sanitiser when water is not available.
2.7 Used gloves will be disposed of in a safe and hygienic manner to avoid cross contamination.
2.8 Disposable gloves will be available in the kitchen and at each first aid box location. WHS staff will monitor availability of gloves and PPE for our staff.

3 Children and Families

3.1 Health and hygiene practices will be highlighted to parents and children through conversation, announcements, and also through information sheets and/or posters.
3.2 Children should not share hats.
3.3 Children will be reminded not to share drinks, utensils or use items that have been dropped on the floor.

4 Hand Washing

4.1 The best way to prevent the transmission of disease is through effective hand hygiene, which removes both dirt and germs from the hands. This can be done with soap and running water, or by using a hand sanitiser. At all times, soap and running water is preferred and sanitiser should be used in emergency situations, e.g.: when soap and water is not available.
4.2 Educators will wash their hands thoroughly with soap and water:
- 4.2.1 before handling, preparing and eating of food
- 4.2.2 prior to and after giving First Aid;
- 4.2.3 after toileting, handling of animals or other activities which could lead to the spread of infection
- 4.2.4 after contact with/cleaning of body fluids(blood, mucus, vomit, urine, faeces etc).

4.3 Proper hand washing technique as advised by the NHMRC will be followed.
4.4 Educators will actively remind children to wash their hands and provide structured times throughout the routine for hand washing. Children will be encouraged to wash their hands (or use hand sanitiser) before preparing or eating food, and after all contaminating tasks such as toileting, cleaning, wiping a nose and handling an animal or other times deemed necessary by staff.
4.5 Noticeable signs/posters will be placed around the service to alert children, families and staff to the need for effective hand hygiene.

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.1	Oct 2022	5	4	Management Committee	Oct 2025

P-2.1 Hygiene and Cleaning Policy

5 Hand Sanitiser

5.1 Hand sanitisers do not replace soap and running water however, they are effective in certain situations, such as when soap and running water are not available. In instances when water is not readily available or difficult to get to, children and staff will use hand sanitiser.

5.2 Hand sanitising dispensers will be made available in the centre for families to use in areas where water is not readily available.

6 Children Soiling Themselves – Toileting

6.1 DEBASCA will have spare clothes available, where possible, for children who need to change their clothes after their own clothes become overly wet by water, have a toileting accident, and/or spilt food/craft. If spare clothes are not available, parents will be called to provide.

6.2 Staff will let the child's parents know if spare clothes have been issued, and ask they wash and bring back the clothes.

6.3 To promote privacy, dignity and hygiene, children are to change their clothes by themselves, e.g., in the school or Centre toilets. If assistance is needed, two educators will wait outside the cubicle, and guide verbally, where possible. If a child is unable to clean and change themselves adequately, and/or a shower is needed, parents will be called. This is in the interests of personal hygiene and comfort for the child.

6.4 For child protection and hygiene reasons, educators will not assist a child in wiping/changing if they have soiled themselves. Every attempt will be made to make the child as comfortable as possible, however parents may need to be called if the child is heavily soiled and needs to be changed and cannot do this themselves adequately.

6.5 If a child is suspected to be unwell, parents will be called to collect the child in line with the Infectious Diseases policy.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted Policies	Nov 2012
	1	Added the use of hand sanitiser as an option for hand washing procedure.	Dec 2013
	2	Reformatted Policy number: D-1 to P-2.1	Aug 2016
	3	Updated to latest National Quality Standard	Apr 2018
	4	Minor edits made	March 2019
	5	• Added ACECQA – NQS Information Sheet to Associated Documents • Minor re-wording 1.1, 1.4, 1.6. 1.13, 1.15, 1.18, 1.24, 1.26. • Added 1.7, 1.8, 1.20, 2.8 • Added Clause 6 • Removed 1.17, 1.19, 1.22.	October 2022

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.1	Oct 2022	5	4	Management Committee	Oct 2025

P-2.2 Food Handling and Storage

POLICY STATEMENT
We aim to handle, prepare, serve and store food in a safe and hygienic manner, following guidelines from recognised authorities. We aim to minimise contamination and risk.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Food Safety Act 2013	
Australia New Zealand Food Safety Code	Standard 3.2.2
NSW Govt Food Authority	Australia New Zealand Food Standards Code (FSANZ) *Food Act 2003* (NSW) Food Regulation 2015
National Regulations	77
NQS	2.1, 2.2
Ryde City Council / Environmental Health Australia	Online Food Safety Course – Sept 2020

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 General

1.1 Staff in charge of preparing and/or serving food will undertake appropriate professional development that includes how to prepare, serve and store food safely and hygienically.

1.2 Staff will discuss and encourage hygiene and safe food handling and storage practices with children through cooking activities and when the need arises.

1.3 When perishable food is received at the service, staff will check the temperature (infrared thermometer) is either below 5°C or above 60°C and record it on the Food Received checklist.

1.4 The service will undergo an annual external expert audit of its food handling and hygiene practices (e.g.: local council audit) and will implement any recommendations made.

1.5 Children will be reminded to sit whilst eating/drinking to avoid choking accidents.

1.6 Children will not share food, plates, cups or utensils.

1.7 Children will be encouraged to follow good food handling practices through signage and reminders.

P-2.2 Food Handling and Storage

2 Food handling, preparation and serving

2.1 Staff and children will wash their hands effectively before handling, preparing, serving or eating food.

2.2 Staff will not be required to wear disposable gloves when preparing food, provided they are washing their hands frequently and effectively during the food preparation process. They will ensure they wash their hands after any possible contamination, e.g.: touching their face, hair.

2.3 Staff will be required to wear blue disposable gloves when preparing food if their hands have broken skin, any cuts/wounds covered with band aids, long nails or dermatitis.

2.4 Staff will wear a clean apron or clean clothes whilst handling or preparing food.

2.5 Staff will prevent physical contamination of the food from their hair (eg: tie back), from loose jewellery, fingernails, etc.

2.6 Staff with cuts or open wounds will cover their wounds with blue band aids, where appropriate.

2.7 Staff will not smoke in food preparation areas.

2.8 Staff will role model appropriate hygiene practices when handling food and use safe food preparation throughout cooking activities, and the services routine eg serving food.

2.9 Food Handling Exclusion - Staff and children who are sick (eg coughing, sneezing, diarrohea) will not prepare food.

2.10 Food scraps will be put straight into a lidded bin, or a bin that is regularly emptied throughout the day.

2.11 Staff and children will minimize contact with ready to eat food by wearing blue disposable gloves or using tongs whilst serving cooked or ready to eat food.

2.12 Staff serving food will know how to minimize & prevent cross contamination of foods, and know how to check the temperature of the food, so it's safe. Probe thermometer checks the inside temperature of the food, whilst an infrared thermometer checks the surface temperature of the food.

2.13 Surfaces will be cleaned (remove dirt) and sanitised (removal bacteria) before and after food preparation.

2.14 Drinking, eating and serving utensils are washed thoroughly between uses. Any plates/bowls with cracks or rough surfaces will disposed of as they can cause contamination.

2.15 Food preparation areas will have access to running water.

2.16 Equipment such as cutting boards will be maintained in good condition with no crevices or cracks.

2.17 Separate equipment, e.g.: chopping boards, will be used to prepare raw and cooked foods.

2.18 Different coloured chopping boards will be used for different types of food.

2.19 All fruit and vegetables will be washed thoroughly before use, regardless of whether they are eaten with/without the skin.

2.20 Prepackaged foods need to be used before their 'use by date', and checked for quality before using after the 'best before' date.

2.21 During food preparation, staff will note how long perishable food has been out of the safe zone (between 5°C and 60°C).

P-2.2 Food Handling and Storage

2.22 Meat, fish and poultry will be thawed in the refrigerator or microwave. If using the microwave, it will be for small items only. Food will never be thawed at room temperature. (e.g.: on the bench top).

2.23 Meat and poultry defrosted in the microwave should be cooked immediately.

2.24 Thawed food will not be refrozen.

2.25 Food will be reheated once only.

2.26 Food will be reheated quickly to at least 70°C.

2.27 Hot food will be maintained at least 60°C.

3 Storage

3.1 Hot food should be cooled quickly, before promptly storing it into the fridge.

3.2 Food stuffs will be stored separately from chemicals and in sealed packaging or containers to avoid spoiling and contamination by insects and/or vermin, or chemicals.

3.3 Food grade plastic wrap & containers will be used for safe storage of food.

3.4 Perishable food, including during transportation, will be kept below 5°C and above 60°C.

3.5 The 4 hour/2 hour rule is designed for ready to eat high risk foods that have been held outside of temperature control, at temperatures between 5°C and 60°C. If the food has been held at temperatures between 5°C and 60°C for a total of:

- less than 2 hours - the food needs to be used immediately or be refrigerated immediately.
- longer than 2 hours, but less than 4 hours - the food must be used immediately.
- a total of 4 hours or longer - the food must be thrown out.

3.6 There will be sufficient refrigerator space for storing all perishable food.

3.7 The refrigerator and freezer will contain a thermometer and temperatures will be recorded daily.

3.8 The interior refrigerator temperature will be maintained at 5°C or lower.

3.9 The interior freezer temperature will be maintained at -15°C or lower.

3.10 All food in the refrigerator & freezer will be kept covered or sealed in containers.

3.11 Food stored in the freezer will have the date stored on it.

3.12 Raw meat or poultry will be stored at the bottom of the refrigerator or in a sealed section of the refrigerator.

3.13 Large amounts of food will be divided into smaller, flat containers before refrigerating or freezing.

3.14 Non-perishable foods will be stored in a sealed container in a dry place.

P-2.2 Food Handling and Storage

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-2 to P-2.2	Aug 2016
	2	Minor edits; inclusion of 2/4 hour rule; updated to revised NQS	Aug 2018
	3	Added more details from the Ryde Council/Environmental Health Australia online course.	Sept 2020

P-2.3 Nutrition, Food and Beverages, Dietary Requirements

POLICY STATEMENT
We aim to provide a variety of quality nutritious food at DEBASCA consistent with the *Dietary Guidelines for Children and Adolescents in Australia*. We are committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. We will encourage the development of good eating habits through the modelling and reinforcing of healthy eating and nutrition practices by Educators. Parents will be encouraged to share family and multicultural values and ideas to enrich the variety and enjoyment of food by the children. As part of our commitment to children's health, safety and wellbeing, we role-model safety and hygiene practices, as well as supporting healthy food and beverage choices according to each child's needs. In respect to dietary requirements and medical conditions related to food, parents are to inform DEBASCA of any food allergies their child may have and discuss alternative foods that can be eaten by their child.

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to nutrition, food and beverages, and dietary requirements.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Regulation 77	Health, hygiene and safe food practices
Regulation 78	Food and beverages
Regulation 79	Service providing food and beverages
Regulation 80	Weekly menu
Regulation 90	Medical conditions policy
Regulation 91	Medical conditions policy to be provided to parents
Regulation 160	Child enrolment records to be kept by approved provider
Regulation 162	Health information to be kept in enrolment record
Regulation 168	Education and care service must have policies
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedure to be kept available
Regulation 172	Notification of change to policies or procedures

ASSOCIATED DOCUMENTS	
National Quality Standards	2.1 Health – Each child's health and physical activity is supported and promoted 2.2 Safety 2.1.3 Healthy lifestyle – Healthy eating and physical activity are promoted and appropriate for each child
Australian Dietary Guidelines for Children and Adolescents	
National Food Standards Code (FSANZ)	
Food Act 2003 (NSW)	
Food Regulation 2010 (NSW)	
NSW Food Authority	
NRG@OOSH Physical Activity Project (Network of Community Activities)	
Australian Government Food Safety – Eat for Health website: eatforhealth.gov.au	
Eat Smart Play Smart (Third Edition) A Manual for Out of School Hours Care – Heart Foundation	
ACECQA policy guide https://www.acecqa.gov.au/sites/default/files/2021-08/NutritionFoodBeveragesDietaryRequireGuidelines.pdf	

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.3	Jul 2023	4	3	Management Committee	Jul 2026

P-2.3 Nutrition, Food and Beverages, Dietary Requirements

DEFINITIONS		
DEBASCA	Denistone East Before and After School Care Association	
ACECQA – Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.	
Dietary requirements	Food and beverages provided by a service must have regard to individual children's dietary requirements, meaning: • each child's growth and development needs • any specific cultural, religious or health requirements. (Reg 79)	
Food Safety	Safe practices for handling, preparing and storing food to minimise risks to children. (Reg 77)	
Risk Minimisation Plan	Developed in consultation with families of children with a specific health care need, allergy, or relevant medical condition to list practices & procedures to minimise the risks to the children.	
Related Service Policies	Administration of First Aid Enrolment and Orientation Dealing with Medication Conditions Incident, Injury, Trauma and Illness	Control of Infectious Diseases Providing a Child-Safe Environment Excursion Governance and Management of the Service

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will receive induction and be appropriately trained.

IMPLEMENTATION

1. Our Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.
2. All food prepared by the Service will endeavour to be consistent with the Australian Dietary Guidelines and the Eat Smart Play Smart manual.
3. Food will be served at various times throughout the day to cater for all children's nutritional needs.
4. Mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. This assists in creating a positive and enjoyable eating environment.
5. Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas will comply with Food Standards Australia and New Zealand (FSANZ) and with the Annual Ryde Council Food Premises Assessments.
6. All staff involved in the stages of food handling have the skills and knowledge to ensure food safety is a priority.
7. Child enrolment records must include any special considerations for the child, such as cultural or religious dietary restrictions, as well as any health related dietary restrictions (regulations 160 and 162).

PROCEDURE

8. Nutrition

8.1. A menu will be developed under the guidance of the principles set out in the Australian Dietary Guidelines for Children and Adolescents and Play Smart Eat Smart manual, and be on display for families and children. The menu will be an accurate representation of food and drink that is being served.
8.2. The menu will be nutritious and varied, according to current dietary recommendations.
8.3. The majority of food will be from the five food groups (dairy, protein, grains, cereals, fruit and vegetables, meats, legumes) with sweets and treats available only occasionally.
8.4. Wherever possible, fresh local produce will be used.
8.5. Wherever possible, meal times are seen as a social event where children and adults can relax, talk about their day and experience a variety of foods. Educators will demonstrate good healthy and hygienic eating habits while with the children, where it does not compromise their supervision.
8.6. Education of healthy eating habits will be developed through ongoing examples, specific activities, notices, posters and information flyers to parents.
8.7. Educators regularly preparing food or contributing to menu planning will receive professional development on

nutrition and food safety practices.

8.8. Children's cooking activities will be encouraged to develop life skills. At all times, safe and hygienic practices will be followed.

9. Food and Beverages

9.1. During term time, food will be provided for breakfast and afternoon tea.

9.2. During vacation care, food will be provided for breakfast and afternoon tea. Food may also be provided for morning tea and lunch, if stated on the program.

9.3. Fresh drinking water will be available at all times for children and Educators in both the indoor and outdoor environments.

9.4. Families will be provided information for suggested nutritious lunch box foods to provide their children, with their vacation care booking information.

9.5. All food will be prepared, stored and served in a hygienic manner. (See *Food Handling and Storage Policy*)

9.6. Where children are involved in food preparation, this should always be supervised, and hygienic conditions maintained (Refer to *Food Handling and Storage Policy*).

9.7. Children will be encouraged to sit whilst eating.

9.8. Children will be encouraged to get water themselves when required. They will be required to bring a water bottle each day.

9.9. Children and parents are encouraged to contribute ideas to the menu. Parents will be encouraged to share family and multicultural values, ideas and recipes.

9.10. Cultural and/ or religious practices will be respected, acknowledged, and incorporated into our menu.

9.11. The denial of food will never be used as a punishment or to be used as a reward or bribe.

9.12. We encourage children to try new foods but do not force them to eat.

10. Dietary Requirements

10.1. Parents should indicate upon enrolment any food allergies, intolerances, cultural/religious requirements or restrictions their child may have. (See *Allergies and Anaphylaxis Policy*)

10.2. Children's individual needs such as allergies and dietary restrictions will be addressed in the menus. Staff will keep a list of all children's allergies or food restrictions along with a photo of the child near the food preparation area and office to ensure all staff adhere.

10.3. For each meal/snack we prepare, there will be dietary requirement alternatives and/or allergen safe options available to cater for the children in attendance that session of care.

11. The Approved Provider/Nominated Supervisor will:

11.1. Ensure enrolment forms include information relating to child's food preferences, allergies, intolerances, cultural or religious considerations or medical condition which involve food or food practices.

11.2. Consult with families on enrolment to develop individual management plans, including completing Risk Minimisation Plans for children with medical conditions involving food allergies/requirements as per *Medical Conditions Policy*

11.3. ensure children's individual dietary requirements as per enrolment information or medical condition plans are communicated to all staff and food handlers

11.4. ensure any changes to children's individual dietary requirements are recorded and communicated to all staff and food handlers

11.5. appoint a Food Safety Supervisor to oversee food handlers

11.6. ensure the Food Safety Supervisor (FSS) and all staff food handlers complete Food Handler Basics Training (NSW Food Authority) and the Food Safety Supervisor course by an approved training provider

11.7. keep an up-to-date *Food Safety Certificate Register* to provide evidence of safe food handling training for all food handlers

11.8. keep records relating to receiving, storage, processing, displaying and transportation of food. These records must be kept for a period of 3 months

11.9. ensure the weekly menu is displayed in an accessible and prominent area for parents to view

11.10. ensure the weekly menu is accurate and describes the food and beverages provided each day of the week

11.11. ensure the service menu is reviewed on a regular basis. Amendments made to the service menu will be recorded.

11.12. encourage and provide opportunities for staff and educators to undertake regular professional

P-2.3 Nutrition, Food and Beverages, Dietary Requirements

development to maintain and enhance their knowledge about early childhood nutrition and food safety practices

12. Educators/Food Handlers will:

12.1. be aware of children with food allergies, food intolerances, and special dietary requirements and consult with families and management to ensure individual management plans are developed and implemented, including completing Risk Minimisation Plans for children with medical conditions involving food as per *Medical Conditions Policy*
12.2. ensure all children encouraged to remain seated while eating and drinking
12.3. ensure all children are always supervised children whilst eating and drinking
12.4. participate in regular professional development to maintain and enhance knowledge about early childhood nutrition and food safety practices
12.5. participate in safe food handling training on a regular basis, as required
12.6. keep records relating to the safe handling of food, where required
12.7. consult with children, families, educators and dietitians regarding the review of the service menu
12.8. follow the guidelines for serving different types of food and the serving sizes in the guidelines
12.9. ensure age and developmentally appropriately utensils and furniture are provided for each child
12.10. talk to families about their child's food intake, where required, and voice any concerns about their child's eating

13. Cooking with Children

13.1. Cooking experiences are a valuable experience for children developing life skills
13.2. Educators will look for recipes with minimal or no allergens
13.3. Educators will ensure the allergens and dietary requirements for the children attending that session are checked and catered for in the recipe.
13.4. Safety during the cooking activity is important as children learn new skills, considering their age and experience hence educators will be required read through the '*Cooking Activity*' risk assessment and plan accordingly
13.5. All cooking activities will be supervised

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-3 to P-2.3	Aug 2016
	2	Updated according to latest revised Quality Standards	Apr 2018
	3	No change	Aug 2020
	4	Policy name add – Food and Beverages Minor rewording Policy Statement, added last sentence. Added Background Added Legislative Requirements section Added Regulations 91, 160, 162, 168, 170, 171, 172 Associated Documents added NQS 2.1.3, NSW Food Authority, Eat for Health website: eatforhealth.gov.au, ACECQA policy guidelines Definitions added: ACECQA, Dietary Requirements, Food Safety, Risk Minimisation Plan Added Related Policies Added Implementation Minor rewording: 8.1, 8.5, 9.1, 9.2, 9.3, 9.6, 9.9, 9.10, 9.11 Added: 9.12, 10.3, 11, 12, 13	Aug 2023

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P-2.3	Jul 2023	4	3	Management Committee	Jul 2026

P-2.4 Hazardous Materials

POLICY STATEMENT
We aim to provide an environment that is safe with minimal risk to the health and wellbeing of children, staff and parents. We will endeavour to ensure that all activities at DEBASCA are not potentially hazardous and that all hazardous materials will be stored appropriately.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Education and Care Services National Law Act 2010	Section 85 Incident, injury, trauma and illness policies and procedures Section 97 Emergency and evacuation procedure Section 106 Laundry and hygiene facilities
The NSW Work Health and Safety Act 2011 www.workcover.nsw.gov.au/ newlegislation2012/Pages/default.aspx Storage and Handling of Dangerous Goods: Guidance www.workcover.nsw.gov.au/formspublications/ publications/Documents/storage-handlingdangerous-goods-1354.pdf Approved First Aid Qualifications www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications	
National Quality Standard	2.2 Safety 3.1 Design
City of Ryde	Environment and Waste: A-to-Z-Guide-of-Waste-and-Recycling

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
MSDS	Material Safety Data Sheets
WH&S	Workplace Health and Safety
PPE	Personal Protective Equipment

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Hazardous equipment, chemicals and other activities which are likely to cause potential danger to children, staff or others in DEBASCA will not be used or undertaken while the service is in operation.

2 Should any pests or vermin be identified then action should be taken to deal with the problem by initially using non-chemical methods such as physical removal, maintaining a clean environment, and use of any non-chemical products.

3 Low irritant, environmentally-friendly sprays are to be used minimally and only with adequate ventilation, and not in the presence of the children.

4 For serious or ongoing pest issues, staff will notify the school committee and the school for further action, e.g. use of commercial pest control services.

5 Aerosol cans such as spray paints used for specific activities will only be used outside in a well-ventilated area – double check the safe handling on MSDS. Children should be well supervised and not left alone with the cans.

6 Staff should always read the label & MSDS before use of any cleaning material, sprays or chemicals and be aware of appropriate first aid measures.

7 All staff will be made aware during orientation to DEBASCA, of any potentially dangerous products, and where these are stored.

P-2.4 Hazardous Materials

8 All potentially dangerous products such as cleaning materials, disinfectants, flammable, poisonous and other dangerous substances, tools and medications will be stored in appropriate containers, clearly labelled and stored in the designated secured area which is inaccessible to the children.

9 Staff are responsible for ensuring that these areas remain secure and do not inadvertently provide access to these items.

10 Cleaning and hazardous products should not be stored close to food or where storage of these products might contaminate food or kitchen items used in food preparation or serving.

11 A chemical/hazardous substances register will be maintained for all items used in the form of MSDS. All staff will be made aware of where the MSDS' are stored and senior staff trained in dealing with chemical spills and mishaps.

12 Staff will ensure that when new products are purchased, the appropriate MSDS is sourced and kept in the register.

13 As part of planning activities for the children, staff will let WHS team know if chemicals etc will be used. After resourcing and reading the MSDS & consulting with WHS team, the educator will do a risk assessment to ensure the chemical can be used safely. Eg do outdoors, use of PPE. If deemed too hazardous, the educator will find an alternative or choose another activity.

14 Staff will complete a WH&S checklist every morning and afternoon, rectifying any minor issues along the way. Any areas of concern will be reported to the educator in charge that session or to Director.

15 Broken glass where possible will not be handled directly but will be picked up using PPE eg: gloves or using tongs, a vacuum cleaner for indoor areas, or swept up.

16 Unusable or broken glass bottles will be disposed of directly into the large yellow lid recycling bin, which is emptied by the council pick up service.

17 Broken window glass, drinking glasses or mirrors should be wrapped in newspaper and placed in red lid general waste bin, provided they are small enough to fit properly.

18 Unbroken glass containers, e.g.: glass jars, will be disposed of into the large recycling bin, which is emptied by the council pick up service.

19 Sharps, including needles & splinter probes, will not be handled directly and will be disposed of in a sharps container.

20 Small dead animals, e.g. birds, will not be handled directly. Where possible, the school general assistant will be notified to dispose of the animals. If the general assistant cannot be contacted, staff will dispose of the animal using personal protective equipment. Children will be kept away from the animal.

21 Management will ensure there are emergency procedures and practices for accidental spills, contamination and corresponding first aid plans for all dangerous goods handled and stored in the Service.

22 Staff check the MSDS and will seek medical advice if needed by contacting the Poisons Information Line – 13 11 26 or by calling 000.

P-2.4 Hazardous Materials

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-4 to P-2.4	Aug 2016
	2	Revised to latest Quality Standards Added to Clause 18: *If the general assistant cannot be contacted, staff will dispose of the animal using personal protective equipment.*	Apr 2018
	3	Added City of Ryde Recycling PPE definition Added broken glass disposal & activity planning using chemicals, MSDS, and risk assessments.	Sept 2020

P-2.5 Safe Transportation of Children

POLICY STATEMENT
DEBASCA is committed to ensuring the safe transportation of children by our service. While DEBASCA does **not** provide **regular transport** as part of its service provision, we do provide transportation as part of excursions during the school holidays (vacation care program). We ensure all educators and staff are trained and regularly re-trained to implement the policies and procedures relating to safe transportation. Our service will adhere to relevant legislation to provide adequate supervision of children at all times including maintaining correct educator to child ratios; completing risk assessments prior to using transport; maintaining accurate attendance records and authorisation records; using appropriate child restraints where required; and following First Aid and medical management plans where required, for children under our care.

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to the safe transportation of children.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 165	Offence to inadequately supervise children
Section 167	Offence related to protection of children from harm and hazards
Regulation 24	Application for service approval—centre-based service
Regulation 89	First aid kits
Regulation 99	Children leaving the education and care service premises
Regulation 100	Risk assessment must be conducted before excursion
Regulation 101	Conduct of risk assessment for excursion
Regulation 102	Authorisation for excursions
Regulation 102B	Transport risk assessment must be conducted before service transports child
Regulation 102C	Conduct of risk assessment for transporting of children by the education and care service
Regulation 102D	Authorisation for service to transport children
Regulation 102E	Children embarking a means of transport – centre-based services
Regulation 102F	Children disembarking a means of transport – centre-based service
Regulation 122	Educators must be working directly with children to be included in ratios
Regulation 123	Educator to child ratios – centre-based services
Regulation 136	First aid qualifications
Regulation 158	Children's attendance record to be kept by approved provider
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 175	Prescribed information to be notified to the Regulatory Authority
Regulation 177	Prescribed enrolment and other documents to be kept by the approved provider

ASSOCIATED DOCUMENTS	
National Quality Standard	2.2 Safety 2.2.1 Supervision 2.2.2 Incident and Emergency Management
ACECQA Information Fact Sheets: • Safe Transportation of Children: Infosheet-SafeTransportationOfChildren.pdf (acecqa.gov.au) • Minimising the Risk of Children Left in Vehicles: InfoSheet_MinimisingTheRiskOfChildrenBeingLeftBehindInVehicles_0.pdf (acecqa.gov.au) • Guidance for Adequate Supervision During Transportation:	

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.5	Mar 2023	6	5	Management Committee	Mar 2026

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InfoSheet_GuidanceForAdequateSupervisionDuringTransportation_0.pdf (acecqa.gov.au)

- Safe Transportation of Children Safety Checklist and regular transportation record form: Safe transportation of Children Safety Checklist and regular transportation record form_0.docx (live.com)
- Changes to Regular Transportation of Children commencing 1 March 2023: Info_Fact_Sheet_ChangesToRegularTransportationOfChildren_Mauj rch2023 (3).pdf (acecqa.gov.au)

Other:

- Kids and Traffic http://www.kidsandtraffic.mq.edu.au/
- Safety Town https://www.safetytown.com.au/parents/
- DEBASCA Safe Transportation of Children Checklist
- DEBASCA Transportation Attendance Record

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
RPIC	Responsible Person in Charge
NQS	National Quality Standard
Excursion	An outing organised by an education and care service
Regular outing	in relation to an education and care service, means a walk, drive or trip to and from a destination (a) that the service visits regularly as part of its educational program; and (b) where the circumstances relevant to the risk assessment are *substantially* the same on each outing
Regular transportation	in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are the same for each occasion on which the child is transported. **Note: DEBASCA does not provide regular transport as part of its service provision.**
Transportation (that is part of the education and care service)	Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to, children applied in scenarios where services are transporting children, or have arranged for the transportation of children, including between an education and care service premises and another location, for example their home, school or a place of excursion.
Transition	In relation to the day-to-day process of moving between the service and a range of different education and care settings or from the education and care setting to a school setting.
Written authorisation	authorisation given by a parent or other person named in the child's enrolment record as having authority to authorise the child being transported by the service or on transportation arranged by the service. If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12-month period. The authorisation must state: a) the child's name; and b) the reason the child is to be transported; and c) if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outings; and d) if the authorisation is not for a regular transportation, the date the child is to be transported; and e) a description of the proposed pick-up location and destination; and f) the means of transport; and g) the period of time during which the child is to be transported; and h) the anticipated number of children likely to be transported; and i) the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation; and j) any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and k) that a risk assessment has been prepared and is available at the education and care service; and

P-2.5 Safe Transportation of Children

	l) that written policies and procedures for transporting children are available at the education and care service.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

IMPLEMENTATION

1. The safety of children enrolled at our service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury.
2. Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including on transportation. Educator to child ratios are adhered to in addition to ensuring the maximum numbers on the service approval are not breached at any time. Adequate supervision is therefore not static as it is dependent upon a range of considerations documented in risk assessments.
3. The service will ensure that any child being educated and cared for by the service is not taken outside the education and care service premises on an excursion unless written authorisation has been provided by the parent or authorized person.
4. Where transportation of children is required, the service will only utilise chartered transport services (e.g., bus company). Children will not use public transport and they will not be transported in educators' cars.

PROCEDURE

5. **Transport specific risk assessment**
   - 5.1. As per the Education and Care Services National Law, our service will '*ensure that every reasonable precaution is taken to protect children…from harm and from any hazard likely to cause injury*' (Section 167).
   - 5.2. Our Service will conduct comprehensive transport specific risk assessments to minimise and manage all potential risks for transporting children before authorisation is sought to transport a child. [Reg. 102B, 102D(4)].
   - 5.3. Each time our service transports, or arranges, the transport of children as part of an excursion, a new risk assessment will be conducted. This risk assessment will form part of the Excursion risk assessment. All risk assessments will be regularly assessed and evaluated to facilitate continuous improvement in our service.
   - 5.4. Risk assessments are carried out prior to seeking authorisation for transporting children.
   - 5.5. Risk assessments for 'regular transportation' are evaluated regularly or whenever a change of circumstances warrants a new assessment- e.g., route change of vehicle due to roadworks, additional pick-up points, or new provider of transport, to ensure potential risks are identified and managed. Note: DEBASCA does not provide regular transport as part of its service provision. The service only utilises transport for excursions.
   - 5.6. Risk assessments for 'regular transportation' are reviewed at least annually. (Not applicable for DEBASCA, as we do not provide regular transportation as part of service provision).
   - 5.7. Details of the safest route for travel, type of vehicle and required restraints are included in the risk assessment.
   - 5.8. Our risk assessment process will:
     - 5.8.1. identify any hazards or potential hazards that transporting the child may pose to the safety, health and wellbeing of the child
     - 5.8.2. assess the risk of harm or potential harm using a risk matrix
     - 5.8.3. specify how the identified risks will be managed by eliminating or minimising the impact using control measures
     - 5.8.4. evaluate the current risk or potential harm by implementing control measures
     - 5.8.5. review and monitor the risk or potential harm to ensure it continues to be managed as a low risk
   - 5.9. Our risk assessment will consider:
     - 5.9.1. the proposed route and duration of the transportation; and
     - 5.9.2. the proposed pick-up location and destination; and
     - 5.9.3. the means of transport; and
     - 5.9.4. any requirements for seatbelts or safety restraints (as per the law of our jurisdiction); and
     - 5.9.5. any water hazards; and

5.9.6. the number of adults and children involved in the transportation; and
5.9.7. given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialized skills are required; and
5.9.8. whether any items should be readily available during transportation (e.g., mobile phone, list of emergency contact numbers) and;
5.9.9. the process for entering and exiting-
5.9.9.1. the education and care service premises; and
5.9.9.2. the pick-up location or destination (as required); and
5.9.10. procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.
5.10. Additional considerations may include:
5.10.1. the age, ability, needs and skills of children being transported (non-ambulant, neurodiverse, sensory sensitivities)
5.10.2. the experience of the educators involved in transportation and their capacity for supervising children
5.10.3. movement of children between the vehicle and venues
5.10.4. traffic conditions
5.10.5. extreme weather conditions or natural disasters
5.10.6. environmental hazards such as temperature extremes, smoke and/or air quality
5.10.7. communication to/from the vehicle- mobile phone reception
5.10.8. health needs of all children and adults
5.10.9. first aid provision and management of illness, injuries and emergencies
5.10.10. child safe practices.

6. **The Approved Provider/Nominated Supervisor will notify the Regulatory Authority:**
6.1. If the Service will offer or arrange transportation as part of the service approval application
6.2. within seven (7) days if there is a change to the regular transportation provided or arranged by the service, including if the regular transportation is no longer provided.

7. **Designated Roles**
7.1. a **Designated Driver** is nominated as the person who will be responsible for driving the vehicle. DEBASCA will only ever use chartered buses for transportation, hence the Designated Driver will be one that is provided through the chartered bus company.
7.2. a **Designated Educator** is nominated as the person who will be responsible for accounting for each child before, during and after transportation and ensuring relevant records are completed.

8. **The Approved Provider/Nominated Supervisor will ensure:**
8.1. **Staff Training and Communication**:
8.1.1. all staff and volunteers on the excursion are made aware of the *Safe Transportation Policy* and procedures for supervising and assisting children while travelling on transport or travelling by foot (e.g.: regular outing and/or transitions)
8.1.2. a copy of any training undertaken by staff related to practical training of safe transportation is kept at the Service
8.1.3. roles and responsibilities are clearly communicated with educators
8.1.4. messages from families regarding attendance changes are communicated to the designated educator/educators.
8.1.5. parents/guardians complete a written authorisation for transportation of their child and a copy of this is filed in the child's enrolment record

8.2. **First Aid Provisions**
8.2.1. compliance with first aid requirements of Regulation 136 are met at all times
8.2.2. the *Administration of First Aid Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
8.2.3. an easily recognised and suitably equipped first aid kit is easily accessible during transportation
8.2.4. educators carry medication, health plans and risk assessments for individual children.

8.2.5. educators are aware of emergency procedures in case of an incident, injury or illness of a child.
8.2.6. at least one staff member accompanying children during transportation holds:
8.2.6.1. an approved first aid qualification and
8.2.6.2. a current approved anaphylaxis management training qualification and
8.2.6.3. an approved emergency asthma management training qualification.

8.3. **Procedures and Other Provisions**
8.3.1. the *Safe Transportation of Children Checklist* is completed each time children are transported by vehicle.
8.3.2. A *Transportation Attendance Record* is provided to the designated educator prior to leaving the service to record:
8.3.2.1. children's attendance on the vehicle
8.3.2.2. how children are accounted for as they embark and disembark on the vehicle
8.3.2.3. a final check of the vehicle, including the interior, to ensure no child is left on the vehicle
8.3.3. the *Transportation Attendance Record* is completed to record how each child was accounted for as they embark or disembark from the vehicle during transportation
8.3.4. under no circumstances will the driver and/or educators supervising children be allowed to continue duties if suspected to be under the influence of alcohol or drugs
8.3.5. educator to child ratio requirements are maintained at all times, including when children are being transported as part of the service activity
8.3.6. the number of passengers booked on the bus does not exceed the legal requirement.
8.3.7. only engage the services of a chartered bus company which provides buses with seat belts installed for all passengers in accordance with current Australian Safety Standards- (AS/NZS 1754)
8.3.8. staff are aware of appropriate procedures to be followed in the event of a vehicle crash involving staff and children from the service (see below – clause 16)
8.3.9. in the event of any mechanical or other breakdown, children will be kept safe, comfortable and occupied with suitable activities and every effort will be made to notify parents/carers of delays returning to the Service if applicable
8.3.10. procedures of what to do in case of a missing or unaccounted child are clearly communicated with all educators regularly, including implementation of the steps detailed in the transport and excursion risk assessments
8.3.11. a working mobile phone to communicate with the service, parents/carers is provided in case of emergency.
8.3.12. a list of emergency contact numbers for the children and staff being transported is provided.
8.3.13. every effort will be made to notify parents/carers of delays returning to the Service if applicable.
8.3.14. Working with Children Checks are made for any person transporting children. Working with Children Checks are recorded in staff records.
8.3.15. any allegation of misconduct of the educator or staff member will be reported immediately as per the Reportable Conduct Scheme detailed in our Child Protection Policy, Child Safe Policy, Reportable Conduct Policy and Code of Conduct Policy
8.3.16. effective and adequate supervision is provided when children are being transported. Consideration must include:
8.3.16.1. the number, age and ability of children
8.3.16.2. visibility and accessibility
8.3.16.3. physical positioning of educators
8.3.16.4. risks related to the mode of transportation (including travel on foot)
8.3.16.5. risks in the environment, location and while travelling
8.3.16.6. the experience, knowledge and skill of each educator.

9. **The Designated Educator (Educator in Charge) will ensure:**
9.1. they adhere to the *Safe Transportation Policy* and participate in practical training relating to the safe transportation of children
9.2. they are aware of their roles and responsibilities while providing transportation for children
9.3. they have read the Risk Assessment prior to running the excursion and are aware of the risks and risk minimization strategies in place
9.4. they complete the *Safe Transportation of Children Checklist* each time transport is provided to children, including the *Transportation Attendance Record* each time transportation is provided to children.

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9.5. the *Transportation Attendance Record* is completed to record:
  9.5.1. accounting for each child as they embark and disembark from the vehicle during transportation, and how each child was accounted for
  9.5.2. that once all children have exited the vehicle, a final sweep of the vehicle is conducted by a secondary educator (delegated by the designated educator/nominated supervisor), including the interior of the vehicle, to ensure there are no children or belongings left behind
9.6. a working, fully charged mobile phone is taken in case of an emergency
9.7. children are organised into pre-determined groups (Excursion Groups) of no more than 8 children for each educator, and a list of the grouped children (Group Lists) will be made available to each educator prior to the excursion
9.8. that they are satisfied that the driver is in a fit and proper state to drive
9.9. every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
9.10. effective and adequate supervision is provided when transporting children
9.11. educator to child ratio requirements are maintained at all times, including when children are being transported as part of the service activity
9.12. children are never left unattended in the vehicle
9.13. they adhere to the road rules and regulations mandated by law within NSW
9.14. children remain seated and do not behave in a dangerous or inappropriate manner and if so, that this is reported to the Nominated Supervisor upon return to the service
9.15. where provided, children wear approved seatbelts/restraints where provided whilst the vehicle is in motion
9.16. liaise with the bus driver to ensure the vehicle is parked in a secure and safe location for children to access
9.17. the *Administration of First Aid Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
9.18. a fully equipped first aid kit is easily accessible.
9.19. the *Missing Child Procedure* is followed in the event a child is deemed missing or unaccounted for
9.20. medication, health plans and risk assessments for individual children are available during transportation.
9.21. a list of emergency contact numbers for the children and staff being transported is taken on excursions.
9.22. emergency contact information is taken on excursions.
9.23. children will be instructed on processes for entering and exiting the transportation vehicle, as well as safety rules to ensure a clear understanding of appropriate and inappropriate behaviour on transport and roads.

10. **Procedure for embarking transport:**
10.1. the vehicle will be parked in a safe location where children are not required to cross any roads. If this is unavoidable, educators will follow a dedicated procedure for crossing the road and the safest route available to the vehicle will be taken.
10.2. children will be assembled in their Excursions Groups at a predetermined location prior to boarding.
10.3. a check of the children's attendance record will be made by the designated educator and a roll call will be carried out to ensure all children are in attendance.
10.4. once roll call has been completed, the designated educator will delegate a secondary educator to stand at the entry of the bus and count each child as they enter the bus. This secondary educator will confirm the final count of children entering the bus with the delegated educator. This secondary educator will stand at the entry of the bus to ensure no unaccounted child embarks/disembarks the vehicle after roll call and count has been completed.
10.5. when entering the bus, an educator will always enter the bus first, with their Excursion Group following.
10.6. educators will position themselves amongst the children, providing continuous supervision during transportation
10.7. children are to remain seated and secured in seat belts until the bus has completely stopped
10.8. if an educator suspects the driver is under the influence of drugs/alcohol/unfit to drive, the children and staff will not board the bus or if already on the bus, will ask the driver to pull over. Once safely off the bus, the designated educator (educator in charge) will call the Police and Nominated Supervisor so a report can be made.
10.9. children will be required to remain seated when travelling in vehicles and not behave in a dangerous or distracting manner. If a child is behaving dangerously in a vehicle, the driver of the vehicle has the right to stop in a safe place until the child/ren comply with instructions. Parents will be notified if their child continues to be challenging or behaving in a dangerous manner and may not be allowed to attend future excursions, should this behaviour be deemed a safety risk.

11. **Procedure for disembarking transport**

11.1. Children are to remain seated with seat belts on until the vehicle has completely stopped.
11.2. Once the bus has stopped, the designated educator will give instructions to the children on how to safely disembark the bus and where to assemble once off the bus.
11.3. The designated educator will delegate a secondary educator to stand at the exit of the bus and count each child as they exit the bus. This secondary educator will confirm the final count of children exiting the bus with the delegated educator. This secondary educator will stand at the exit of the bus to ensure no re-embarks the vehicle after the head count has been completed.
11.4. The designated educator will also delegate a secondary educator to do a final sweep of the vehicle, including the interior, to ensure there are no children or belongings have been left behind.
11.5. Once everyone has disembarked the vehicle, the group will assemble in the pre-determined location, in their Excursions Groups with their educators.
11.6. A roll call will be carried out by the designated educator to ensure all children are in attendance.
11.7. Educators will record the time when roll calls are conducted.

12. **Chartered Transportation Company and Safe Maintenance of Transport Vehicle**
12.1. DEBASCA will only ever provide transportation on excursions through a chartered bus company. The service will require the chartered bus company to ensure:
12.1.1. the driver's licence is current, and they are licenced to carry the required number of passengers for the purpose
12.1.2. the driver adheres to the road rules and regulations mandated by law within NSW
12.1.3. the driver has a Working with Children Check which has been verified by the service
12.1.4. the vehicle is parked in a secure and safe location for children to access
12.1.5. the number of passengers does not exceed the legal requirement
12.1.6. a working mobile phone is taken in case of an emergency
12.1.7. the driver is in a fit and proper state to drive
12.1.8. there are sufficient seat belts installed for all passengers in accordance with current Australian Safety Standards- (AS/NZS 1754)
12.1.9. the vehicle has enough fuel to transport the children
12.1.10. the vehicle is registered, roadworthy and insured (general legal requirements and best practice standards are adhered to)
12.1.11. in the event of any mechanical or other breakdown, the company will be expected to provide a replacement vehicle as soon as possible
12.1.12. under no circumstances will the driver of the bus use a handheld mobile phone whilst driving. If an educator witness' this occurring, a report will be made to the bus company, Police and the Nominated Supervisor.

13. **In the case of a vehicle breakdown the designated educator (educator in charge) will:**
13.1. Contact DEBASCA to inform the RPIC/Nominated Supervisor.
13.2. Discuss suitable transport alternatives with the RPIC/Nominated Supervisor and the transport company to organise for this to be undertaken.
13.3. Ensure that the children are kept safe and comfortable at all times.
13.4. Inform parents of the breakdown, and of any possible delay.
13.5. Inform the Regulatory Authority within 24 hours, if emergency services had to be called, or for any other necessary reason.

14. **In the case of a vehicle accident the designated educator (educator in charge) will:**
14.1. Check to see if any children or educators are hurt and conduct first aid, where possible.
14.2. Call for emergency services, as necessary.
14.3. Comfort and calm the children.
14.4. Ensure that the children are safe and comfortable at all times.
14.5. Inform the Nominated Supervisor so that they can contact the transport company to organise alternative transport, where possible.
14.6. A mobile phone will be carried at all times, in case of accident or emergency, and children and educators should stay with the vehicle until assistance arrives.
14.7. The Nominated Supervisor will contact parents/Regulatory Authority/Approved Provider.

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14.8. Complete an accident report on return to the centre.
14.9. Inform the Regulatory Authority within 24hours of the incident.

15. **Travel by foot** – when travelling by foot the following procedure will be taken:
    15.1. An *Attendance Record* is provided to the designated educator prior to leaving the service to record:
        15.1.1.1. children's attendance on the excursion
        15.1.1.2. how children are accounted for as they arrive and leave the venue
        15.1.1.3. a final check of the venue, to ensure no child is left at the venue.
    15.2. Educator to child ratio requirements are maintained at all times, including when children are being walked to the venue.
    15.3. Educators will ensure that the safest route is taken.
    15.4. Establish an all-weather meeting place.
    15.5. Educators and children will undertake extreme care crossing all roads.
    15.6. Educators will ensure children cross the road at the crossing or lights where available and obey the road rules.
    15.7. When waiting to cross the road at a zebra crossing or at the lights, children will be kept at a safe distance from the curb.
    15.8. When crossing roads, an educator will remain at the end of the line to ensure all children have crossed over safely.
    15.9. When walking through public areas, children will be kept in two lines. Where possible, one educator will remain at the front of the line and one educator at the back of the line. Educators are to remain vigilant to ensure that no child runs ahead or lags behind, or acts in an unsafe manner.
    15.10. Where possible, children will walk on pavements.
    15.11. Children should be made aware of all safety rules before travelling by foot.
    15.12. Any child behaving in an unsafe manner will be given a warning and their parents will be informed of the incident. Repeated unsafe behavior may result in the child being excluded from excursions.
    15.13. Educators will ensure that these rules are enforced.

16. **Families are required to:**
    16.1. Be aware of the service's *Safe Transportation Policy*
    16.2. Notify the Service if their child is going to be absent on a particular day and not require transport so that the so that the *Transportation Attendance Record* can be accurately updated
    16.3. Ensure written permission for transportation of their child is provided by either the parent or authorised nominee named in the child's enrolment record, prior to the child's attendance
    16.4. Provide the service with up to date contact details and emergency contact details and phone numbers at all times

P-2.5 Safe Transportation of Children

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	**2** Removed and replaced with current clause **4-8** Removed and added under different sections **4 and 5** Added **6** Added **Section 17** Added **Section 18** Added	June 2015
	2	Reformatted Policy number: D-5 to P-2.5	Aug 2016
	3	Minor edits; Revised to latest Quality Standards	Apr 2018
	4	Added 15.15	Oct 2018
	5	Minor re-word policy of policy statement Additions to Associated Documents Added 'Regular outing', 'Regular transportation' and 'Written authorisation' to Definitions Removed clause 1-5 from previous policy Clauses 6-14 re-worded from previous policy into current policy Added 1-15 to current policy	Oct 2020
	6	Policy re-named from 'Transportation' policy to 'Safe Transportation of Children' policy Re-wording of Policy Statement Added 'Background' Split 'Associated Documents' into 'Legislative Requirements' and 'Associated Documents' to have them distinguished from one another, Updated legislative requirements with relevant legislation. Added ACECQA information Fact Sheets into Associated Documents. Added 'Excursion', 'Transportation' and 'Transition' under Definitions. Re-named 'Procedure' to 'Implementation' (1-4) Re-wording clause 4 Re-numbering clause 5 onwards Re-wording 5.3 Added 5.10 Added clause 6-7 Re-configuring clause 11 from previous policy version, into clause 8 under sub-headings for ease of reading Added 8.1.1, 8.1.2, 8.1.3, 8.1.4 Added 8.2.2 Added 8.3.1-8.3.4 Re-wording 8.3.6 Added 8.3.7 Added 8.3.10 Minor re-wording 8.3.15 and 9.3.16 Added clause 9 Re-wording and updated clause 10 Re-wording and updated clause 11 Added 12.1 Added 12.1.7-12.1.11 Removed 12.7 from previous policy version Minor re-wording 13.2, 13.3, 13.5 Minor re-wording 14.4, 14.5, 15.9, 16.2, 16.4	March 2023

P-2.6 Excursion

POLICY STATEMENT
We believe that excursions are an essential part of the program as they provide an opportunity to expand a child's experiences, explore different environments and learn new activities. While on excursions, children have the right to be safe. We will endeavour to ensure all reasonable safety measures are taken. Excursions/incursions enhance children's learning by providing them the opportunity to participate in curriculum planned activities and experiences to extend on their skills and knowledge in the current interest topic. Our service recognises that excursions provide opportunities for children to explore the wider community as a group and extend on the educational program provided. We will ensure that all excursions and incursions undertaken by the service are planned and conducted in a safe manner, maintaining children's health, safety and wellbeing at all times in accordance with Education and Care National Regulations. We believe excursions/incursions provide the children with the opportunity to expand and enhance their skills and knowledge gaining insight into their local and the wider community.

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to the safe management of excursions.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Sec 51(4A)	Conditions of service approval- ensure number of children educated and cared for by the service at any one time does not exceed the maximum number of children specified in the service approval
Sec 165	Offence to inadequately supervise children
Sec.167	Offence relating to protection of children from harm and hazards
Reg 4 (1)	Definition regular outing
Reg 89	First Aid Kits
Reg 90	Medical conditions policy
Reg 97	Emergency and evacuation procedures
Reg 98	Telephone or other communication equipment
Reg 99	Children leaving the education and care service premises
Reg 100	Risk assessment must be conducted before excursion
Reg 101	Conduct of risk assessment for excursion
Reg 102	Authorisation for excursions
Reg 102B	Transport risk assessment must be conducted before service transports child
Reg 102C	Conduct of risk assessment for transporting of children by the education and care service
Reg 123	Educator to child ratios – centre-based services
Reg 136	First aid qualifications
Reg 151	Record of educators working directly with children
Reg 158	Children's attendance record to be kept by approved provider
Reg 160	Child enrolment records to be kept by approved provider and family day care educator
Reg 170	Policies and procedures to be followed

ASSOCIATED DOCUMENTS	
National Quality Standard	2.2 Safety 2.2.1 Supervision 2.2.2 Incident and Emergency Management
ACECQA Information Fact Sheets: • Excursions Policy guidelines: https://www.acecqa.gov.au/sites/default/files/2021-08/ExcursionsPolicyGuidelines.pdf	

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P-2.6 Excursion

• Kids and Traffic Early Childhood Road Safety Education Program (NSW) Transporting Children Safely • NSW Government Centre for Road Safety. (2017) • Regulation 1 10F of the Motor Traffic Regulations 1935	
Related Policies: Transportation Policy Acceptance and Refusal of Authorisations Policy Administration of Medication Policy Administration of First Aid Policy Child Safe Environment Policy Code of Conduct Policy Delivery of Children to, and Collection from and Education and Care Service Premises Educational Program Policy Emergency Evacuation Policy	Incident, Incident, Trauma and Illness Policy Interaction with Children, Family and Staff Policy Medical Conditions Policy Privacy and Confidentiality Policy Respect for Children Policy Safe Transportation Policy Sun Safety Policy Supervision Policy Water Safety Policy

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Excursion	means an outing organised by an education and care service or family day care educator but does not include an outing organsied by an education and care service provided on a school site if- 1. a child or children leave the education and care service premises in the company of an educator and 2. (b) the child or children do not leave the school site.
Regular outing	in relation to an education and care service, means a walk, drive or trip to and from a destination (a) that the service visits regularly as part of its educational program; and (b) where the circumstances relevant to the risk assessment are *substantially* the same on each.
Incursion	means an activity organised by our service, whereby an outside body is employed or engaged to visit the service to run an educational program and to promote culture and diversity. This could include a visit from the Rural Fire Service, an Aboriginal Cultural awareness group, science or reptile show or a musical or drama performance. Some incursions may be offered free of charge whilst others may incur a participation cost.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

IMPLEMENTATION

1. Excursions and incursions will be conducted with the children's safety and wellbeing in mind at all times. We will regularly schedule incursions and visitors to our service. However, if we feel an excursion will benefit the children and offer a valuable experience, we will adhere to the National Regulations and Service policies and procedures to plan and manage an experience that is enjoyable for children.
2. This policy relates to excursions that may be a 'regular outing' or a one-off excursion for a particular purpose and incursions, where visiting performers, groups or community services may visit our service.

PROCEDURE

Considerations for Excursions and Incursions

3. All excursions/incursions will be planned in advance taking into consideration:
   3.1. The children's ages, capabilities and interests.
   3.2. Ways to maximise the children's developmental experiences and safety.
   3.3. Suitability of the venue and access including wheelchairs if required.

3.4. Access to food, drink and toilets and washing facilities
3.5. Weather conditions which could make the venue unsuitable. When planning an excursion alternative arrangements may be made in case of adverse weather conditions, e.g. staff will consider wet weather, as well as extreme cold or hot weather conditions when making plans for excursions and the final decision whether to continue with the excursion.
3.6. The specific clothing and equipment needs of the children.
3.7. Risk assessment assessing safety and wellbeing of children whilst participating in an incursion/excursion
3.8. time away from the OSHC service
3.9. accessibility for all children
3.10. transportation
3.11. cost
3.12. teaching children safety procedures and responsibilities whilst on an excursion
3.13. communication with parents and families
3.14. Risk Assessment documentation provided by the excursion venue

Excursion/Incursion Risk Assessment

4. Before any excursion, staff will obtain a risk assessment from the excursion venue (if available) and/or will conduct their own risk assessment of the proposed excursion site.
5. The Approved Provider or Nominated Supervisor must conduct a risk assessment which reflects regulation 101 before an authorisation is scheduled under regulation 102 to determine the safety and appropriateness of the excursion/incursion. If the excursion involves transporting children, the risk assessment must adhere to all components of 101, 102, 102B, 102C.
6. The risk assessment for an excursion will:
   6.1. identify and assess risks that the excursion may pose to the safety, health or wellbeing of any child being taken on the excursion; and
   6.2. specify how the identified risks will be managed and minimised.
7. The risk assessment will also consider:
   7.1. the proposed route and destination for the excursion; and
   7.2. any water hazards; and
   7.3. any risks associated with water-based activities; and
   7.4. the transport to and from the proposed destination for the excursion; and
   7.5. the number of adults and children involved in the excursion; and
   7.6. the risks posed by the excursion, consider the ratio of adults to children involved in the excursion
   7.7. the proposed activities; and
   7.8. the proposed duration of the excursion; and
   7.9. the items that should be taken on the excursion (Example: A mobile phone and a list of emergency contact numbers for children on the excursion, asthma first aid kit and Epipen)
   7.10. any requirements for seatbelts or safety restraints under a law for our state/territory jurisdiction
   7.11. the process for entering and exiting the education and care service premises and the pick-up location or destination (as required)
   7.12. procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking
   7.13. the planned activities
   7.14. consider strategies to ensure supervision is consistent at all times during the excursion- transitions, toileting, departure from the service and conclusion of the excursion

8. **The Approved Provider/Nominated Supervisor will ensure:**
   8.1. an *Excursion/Incursion Risk Assessment* is developed prior to any excursion or incursion
   8.2. a responsible person is appointed to oversee the excursion/incursion
   8.3. families are notified about the excursion and written authorisation must be provided by a parent or other person named in the child's enrolment record
   8.4. families are notified about any incursion and if permission is required for participation, parent or carer consent will be sought for their child to participate
   8.5. families have a right to view the risk assessment prior to the excursion/incursion upon request in which the service must comply with ensuring all information is available
   8.6. if the excursion is a *regular excursion* or *'regular outing'* a risk assessment authorisation is only required to be

carried out once in a 12-month period however must be regularly reviewed. If circumstances around the excursion change, a new risk assessment is required.

9. **Parent/Families Authorisation**
   9.1. DEBASCA will ensure that a child being educated and cared for by the service is not taken outside the education and care service premises on an excursion unless written authorisation has been provided.
   9.2. The authorisation must be given by a parent or other person named in the child's enrolment record as having authority to authorise the taking of the child outside the education and care service premises by an educator and must state –
      9.2.1. the child's name; and
      9.2.2. the reason the child is to be taken outside the premises; and
      9.2.3. the date the child is to be taken on the excursion (unless the authorisation is for a regular outing); and
      9.2.4. a description of the proposed destination for the excursion; and
      9.2.5. the method of transport to be used for the excursion; and
      9.2.6. the proposed activities to be undertaken by the child during the excursion; and
      9.2.7. the period the child will be away from the premises; and
      9.2.8. the anticipated number of children likely to be attending the excursion; and
      9.2.9. the anticipated ratio of educators attending the excursion to the anticipated number of children attending the excursion; and
      9.2.10. the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion; and
      9.2.11. that a risk assessment has been prepared and is available at the service.
   9.2 If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period.

10. **The Approved Provider/Nominated Supervisor must ensure:**
   10.1. that a child is not taken outside the OSHC Service premises on an excursion unless written authorisation has been provided
   10.2. the authorisation must be given by a parent or other authorised person named in the child's enrolment record as having authority to authorise transportation of a child
   10.3. the authorisation form must state:
      10.3.1. the child's name
      10.3.2. the reason the child is to be taken outside the premises/transported
      10.3.3. the reason the child is to be transported (if transportation is included in the excursion)
      10.3.4. if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outing
      10.3.5. the date the child is to be taken on the excursion and transported (unless the authorisation is for a regular outing)
      10.3.6. a description of the proposed pick-up location destination for the excursion
         10.3.6.1. the method of transport to be used for the excursion
         10.3.6.2. the proposed activities to be undertaken by the child during the excursion
         10.3.6.3. the period the child will be away from the premises
         10.3.6.4. the period of time during which the child is to be transported
         10.3.6.5. the anticipated number of children likely to be attending the excursion
         10.3.6.6. the anticipated educator to child ratio attending the excursion to the anticipated number of children attending the excursion
         10.3.6.7. the anticipated number of staff members and any other adults who will accompany and supervise the children on the excursion
         10.3.6.8. any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported
         10.3.6.9. that a risk assessment has been prepared and is available at the Service
         10.3.6.10. that written policies and procedures for transporting children are available at the Service
      10.3.7. if the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period
      10.3.8. parental authorisation may be required for incursions if identified in the risk assessment or if a cost is required
      10.3.9. authorisations must be kept securely in the child's enrolment records.

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11. **Staffing Arrangements**
    11.1. The following staff/child ratios will be met at all times:
        11.1.1. There will be a maximum of 8 children to 1 staff member for excursions.
        11.1.2. There will be a maximum of 5 children to 1 staff member for swimming.
    11.2. Parents may be invited to assist but will not be considered as part of the ratio.

12. **The Approved Provider/Nominated Supervisor will ensure that:**
    12.1. adequate supervision is provided for children and the educator to child ratio for school age care is always maintained as per National Regulations
    12.2. consideration will be given to:
        12.2.1. the number, age and ability of children
        12.2.2. the number and physical positioning of educators
        12.2.3. each child's current activity
        12.2.4. risks related to the mode of transport (for example: walking)
        12.2.5. visibility and accessibility
        12.2.6. the experience and skill of each educator
    12.3. additional educators/staff are engaged to provide care and support to children with additional needs
    12.4. educators are aware of their responsibility to provide supervision to other responsible adults or volunteers assisting on the excursion
    12.5. educators are aware the procedures to follow in the event of an emergency
    12.6. at least one educator or the nominated supervisor must hold current First Aid qualification, approved emergency Asthma management and approved anaphylaxis management training

13. **Parent and Volunteer Participation**
    13.1. The Approved Provider/Nominated Supervisor will ensure parents and volunteers:
        13.1.1. are encouraged/invited to participate in excursions where possible
        13.1.2. cannot be counted as part of the educator to child ratio
        13.1.3. cannot be left alone with a child/children and must be supervised by an educator at all times
        13.1.4. are briefed prior to participating on an excursion about the risk assessment, emergency procedures, supervision, photograph policy for privacy and confidentiality and use of mobile phone
        13.1.5. are aware that smoking is not permitted
        13.1.6. are aware of need to wear appropriate clothing and footwear
        13.1.7. Working with Children Checks/Clearances are verified for parent and volunteers prior to participating in excursions

14. **Items to be Taken on an Excursion**
    14.1. The Approved Provider/Nominated Supervisor must ensure that the following items are taken on all excursions, as per the risk assessment:
        14.1.1. appropriate number of suitably equipped first aid kits
        14.1.2. fully charged and operating mobile phone
        14.1.3. emergency contact information details for all children participating on the excursion
        14.1.4. medication for children requiring medical and relevant medical management plans
        14.1.5. items required for excursion circumstances- such as sunscreen, hats, other equipment
        14.1.6. child attendance record

15. **Transportation**
    15.1. Excursions involving transportation must adhere to the *Safe Transportation of Children Policy* including ensuring a risk assessment has been completed prior to children being transported by the service and authorisation for the service to transport children as part of the excursion. It is a requirement of the National Regulation that the means of transport is stated on the risk assessment record and parent authorisation record. Information must be included in the risk assessment about the process for embarking and disembarking the means of transport, including how each child is to be accounted for.
    15.2. All staff, relief staff, volunteers and parents on the excursion will be made aware of the transport policy and procedures for supervising and assisting children while travelling on public or private transport or on walking excursions.

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15.3. In the case of a road accident, staff will keep calm and check on the welfare of all children, reassure all children and follow, if possible, bus evacuation procedures (See *Transportation of Children Policy*)
15.4. If possible, staff will contact emergency services and wait for assistance.
15.5. Where necessary, staff will contact the centre/parents if children are hurt and/or will be delayed.
15.6. The *means of transport* may mean:
15.6.1. Walking
15.6.1.1. Educators must ensure children and adults use the safest footpaths and safe crossings where possible, such as pedestrian crossings and traffic lights
15.6.1.2. Educators will ensure all children and adults obey road rules
15.6.1.3. Educators will ensure children follow the 'stop, look, listen and think' process when walking near roads
15.6.1.4. Educators will remain vigilant that no child runs ahead or lags behind the group
15.6.2. Bus
15.6.2.1. the Nominated Supervisor must ensure that the seating capacity as displayed on the compliance registration is not exceeded. All children must sit on seats, preferably with, or close to an adult. Any requirements for seat belts or safety restraints under law must be followed depending on the vehicle used. If the bus has seat belts, they must be worn at all times.

16. **National Child Restraint Laws for Vehicles**
16.1. Regulation 1 10F of the Motor Traffic Regulations 1935 provides that a person who drives, or travels as a passenger in, a motor vehicle fitted with seat belts commits an offence if the person does not wear a seat belt.

17. **Insurance**
17.1. Management must review their insurance policy prior to the excursion/incursion to ensure liability is protected by the service. A copy of the insurance policy should be kept within the service's vehicle at all times.

18. **Checking for Children's Safety**
18.1. Educators will ensure:
18.1.1. children's attendance records are taken on excursions
18.1.2. all children are accounted for when embarking/disembarking the bus
18.1.3. children's names are marked off as they enter and leave the vehicle including time and date
18.1.4. a thorough check is made of the vehicle to ensure no child is left in the vehicle (a second person should repeat this check for safety)
18.1.5. the vehicle is parked to avoid other vehicles, driveways or car parks
18.1.6. the vehicle is parked as close as possible to the service premises or visiting venue
18.1.7. children only disembark the vehicle when it is safe to do so
18.1.8. regular head counts are conducted throughout the excursion
18.1.9. bathrooms and toilets are checked for any potential hazard before children enter, and children are escorted to the bathrooms and supervised

19. **Supervision**
19.1. Supervision is of utmost importance and must be maintained at all times. Children will be at all times in the care of a responsible adult.
19.2. A delegated supervisor will be appointed and have overall responsibility for the excursion.
19.3. It is the responsibility of the supervisor to check that staff are maintaining regular head counts and take the roll at appropriate times.
19.4. Bush walking excursions will only be undertaken in well-known areas. Children and staff must remain on defined paths and be instructed in bush safety including what to do in case of a fire or if separated from the group.
19.5. Swimming excursions will only be undertaken in a well-supervised municipal pool or water park. A special permission form is required for children who wish to swim on the excursion. Dams, rivers and beaches are to be avoided for swimming purposes because of the dangers that they present.

20. **While On Excursion**
20.1. No changes to the excursion itinerary will be made unless it is in the best interest of the children's safety and well-being.
20.2. The centre's emergency, accident, illness and medication, and sun protection policies will be implemented on

excursions as required.

20.3. Prior to the excursion, each educator will ensure they:
- 20.3.1. attend the pre-excursion briefing which will outline schedule for the day, risk assessment considerations, and other important reminders.
- 20.3.2. have their mobile phone charged and on loud, with DEBASCA's phone numbers saved.
- 20.3.3. wear the DEBASCA work shirt, appropriate clothing, hat and closed toe shoes.
- 20.3.4. double-check each child's bag to ensure they have enough food and drink. If the child does not have adequate food and drink, it will be provided by the centre and a fee will be charged to the parent's account.
- 20.3.5. bring their own morning tea, lunch, plenty of water, to enable optimal supervision – except where lunch is provided by the venue.
- 20.3.6. instruct all children on expected standards of behavior for excursions and what to do if they are separated from the group.

20.4. Staff will be provided with:
- 20.4.1. a list of phone numbers of all the staff members and
- 20.4.2. a list of the names of the children in their group.
- 20.4.3. a first aid kit containing a pen and incident/injury/trauma reports.
- 20.4.4. any medication required for children in their group.

20.5. The staff member in charge will have the following information and equipment:
- 20.5.1. A list of all children on the excursion, with relevant personal details and parent contact numbers. A list of children on excursions will also be kept at the centre.
- 20.5.2. A list for all staff outlining children in their group, itinerary for excursion and phone numbers of other staff, DEBASCA mobile number and emergency contact numbers.
- 20.5.3. A fully stocked portable first aid kit, including asthma first aid kit and Epipen, and where water play is involved, SPF 30+ broad-spectrum water resistant suncreen.
- 20.5.4. Spare drinking water.

20.6. Whilst on excursion, each educator will ensure they:
- 20.6.1. do head counts frequently & will buddy up the children for the day.
- 20.6.2. the first staff member to arrive at the bus must count the children as they enter the bus, then check with the supervisor in charge that the correct number has entered.

20.7. On arrival at excursions staff will:
- 20.7.1. Ask the children to be quiet and give clear instructions.
- 20.7.2. Make sure they are clearly visible to the children in their group when they get off the bus – staying as far away from the road as possible if waiting on a footpath.
- 20.7.3. The last supervisor to leave the bus will check both on and under the seats to check for drink-bottles, hats, bags etc. left on the bus.
- 20.7.4. When in public and crowded places, make sure their group is walking in two straight lines with one group after another.
- 20.7.5. Ensure children keep their hands off anything from souvenir shops and do not use money on excursions (unless it is specified for the excursion, e.g. Years 5/6)

21. **Lost Child During an Excursion**

21.1. In the event of a child being unaccounted for during an excursion, educators will immediately:
- 21.1.1. inform another educator and provide supervision for groups
- 21.1.2. conduct a head count
- 21.1.3. ask children/parent helpers/other educators if they have seen the missing child
- 21.1.4. check with the activity coordinator if they aware of the missing child's location
- 21.1.5. search the premises
- 21.1.6. check organised meeting points (use mobile phone to contact other educators)
- 21.1.7. alert the venue management and request that an announcement is made
- 21.1.8. if the child is still unaccounted for after checking as above, the nominated supervisor or excursion coordinator will contact the Police on 000 and report the incident
- 21.1.9. the nominated supervisor will contact parents/guardian
- 21.1.10. educators will reassure other children and provide supervision
- 21.1.11. the Approved Provider/Nominated Supervisor must make a notification to the Regulatory Authority within 24 hours of a serious incident

P-2.6 Excursion

22. **DEBASCA Vacation Care Excursion Hat & T-shirt**
    22.1. All children must wear their DEBASCA Excursion T-shirt and their Excursion Hat for all excursions. This is for sun safety and ease of identification while on excursion. These can be purchased through the centre.
    22.2. For any given excursion day, if a child arrives without their excursion hat or t-shirt, staff will loan them a spare for the duration of the excursion (subject to availability). There may be a cost associated with this service (to cover the cost of cleaning). There is no waiver to this fee.

23. **Continuous Improvement/Reflection**

Our *Excursion Policy* will be reviewed regularly in consultation with children, families, staff, educators and management.

P-2.6 Excursion

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-6 to P-2.6	Aug 2016
	2	Revised to latest revised National Quality Standard Added 'subject to availability' to 6.2	Apr 2018
	3	No change	Aug 2020
	4	Policy Statement re-worded Added Background Added title of Legislative Requirements and Sec 51. 165, 167 and Reg 4, 89, 90, 97, 98, 102B, 102C, 123, 136, 151, 158, 160, 170 Added ACECQA Information Sheet, Kids & Traffic Early Childhood Road Safety Education Program, NSW Government Centre for Road Safety, and Regulation 1 10F of the Motor Traffic Regulations 1935 to Associated Documents Added Related Policies Added Excursion, Regular outing, Incursion to Definitions Added Implementation Added title- Considerations for Excursions and Incursions Minor re-wording – added 'washing facilities' to 3.4 Added 3.7-3.14 Added title 'Excursion/Incursion Risk Assessment' Added 5 Minor re-wording 7.6 Added 7.10-7.14 Added 8 9 Renamed Parent/Families Authorisation (previously called Written Authorisation) Added 10 Renamed Staffing Arrangements (previously called Staff Ratios) Added 12-14 Minor re-wording 15.1 Removed 8.3 from previous version as public transport does not apply Added 15.6 Added 16-18 Added 21 Minor re-wording 22.2 Added 23	Aug 2023

P-2.7 Water Safety

POLICY STATEMENT
The safety and supervision of children is paramount when around water. This relates to water play, excursions near water, hot water, drinking water and hygienic practices with water at the centre. Water use as part of our program and within the centre will be supervised to help keep children safe in and around water and support children's learning in a safe environment.

BACKGROUND
Under the Education and Care Services National Regulations, an approved provider must ensure that policies and procedures are in place for managing water safety, including during any water-based activities (regulation 168(2)(a)(iii)) and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 165	Offence to inadequately supervise children
Section 167	Offence related to protection of children from harm and hazards
Regulation 25(1)(c)	Additional information about proposed education and care service premises
Regulation 100	Risk assessment must be conducted before excursion
Regulation 101	Conduct of risk assessment for excursion
Regulation 102	Authorisation for excursions
Regulation 115	Premises designed to facilitate supervision
Regulation 122	Educators must be working directly with children to be included in ratios
Regulation 168	Education and care service must have policies and procedures
Regulation 168(2)(a)(iii)	Education and care services must have policies and procedures on water safety, including safety during any water-based activities
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 274	Swimming pools (NSW)
Occupational Health and Safety Act 2000	

ASSOCIATED DOCUMENTS	
National Quality Standard	2.2 Safety 2.1.2 Health practices and procedures Effective illness and injury management and hygiene practices are promoted and implemented.
ACECQA Water Safety Policy Guidelines	https://www.acecqa.gov.au/sites/default/files/2021-08/WaterSafetyPolicyGuidelines.pdf
Kidsafe NSW – Kids in and Around Water	https://www.kidsafensw.org/imagesDB/documents/KidsinandAroundWater2014_3.pdf

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
ACECQA – Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
Adequate supervision	Means: • an educator can respond immediately, particularly when a child is distressed or in a hazardous situation • knowing where children are at all times and monitoring their activities actively and diligently.
Approved first aid qualifications	A qualification that includes training in the matters set out below, that relates to and is appropriate to children, and has been approved by ACECQA and published on the list of ACECQA's approved first aid qualifications and training. Matters are likely to include: Emergency life support and cardiopulmonary resuscitation; convulsions; poisoning;

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	respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device.
Risk assessment	A systematic process of evaluating the potential likelihood and consequences of risks that may be involved in a projected activity or undertaking
Serious incident	For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident: (a) the death of a child— (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service; (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service— (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or (ii) for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb. (c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction. (d) any emergency for which emergency services attended; (e) any circumstance where a child being educated and cared for by an education and care service— (i) appears to be missing or cannot be accounted for; or (ii) appears to have been taken or removed from the education and care service premises in a manner that contravenes these Regulations; or (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises.
Hazard	Situations or things that have the potential to harm a person.
Water hazard	Any water body that poses a potential drowning risk to children and could include: • large bodies of water, such as rivers, creeks, dams, ponds, swimming pools, jetted bathtubs (or jacuzzis), in-ground spas, above ground portable spas (or hot tubs) or any container with poor drainage that allows water to pool • smaller bodies of water, such as baths, nappy buckets and pet water containers.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

The Nominated Supervisor will ensure:

1. detailed risk assessments are completed that identify and assess risks associated with any water hazards and water-based activities
2. ensure water hazards and water play are always highly supervised including:
   - 2.1. direct and constant monitoring of children
   - 2.2. careful and intentional positioning of educators
   - 2.3. scanning and moving around the environment
   - 2.4. observing play and anticipating behaviour
   - 2.5. ensuring higher adult to child ratios
   - 2.6. ensuring no child is left unattended when in proximity to water
3. direction and education are provided to educators, staff and families on the importance of children's safety and supervision in and around water
4. health and safety practices incorporate approaches to safe storage of water and water play
5. premises adjacent to or providing access to any water hazards that are not able to be adequately supervised at all times (e.g. dams, swimming pool) are to be isolated from children by a child resistant barrier or fence
6. there are no items near fencing that children could climb up onto to gain access to a water hazard (pot plants, boxes, chairs)

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7. a risk assessment is conducted in accordance with Regulation 101 prior to taking children on an excursion- consider any water hazards and any risks associated with water-based activities before an excursion/incursion is approved
8. at least one educator who holds a current approved first aid qualification is in attendance at the service at all times
9. to display a Cardiopulmonary Resuscitation (CPR) guide near any swimming pool, wading pool, or body of water
10. water hazards and water play are always highly supervised
11. hot water is inaccessible to children.

Educators will:

12. supervise children near water at all times
13. never leave children alone near any water
14. ensure fish / frog ponds and water features that are not able to be adequately supervised at all times and/or pose an unacceptable risk to children are guarded or effective barriers are in place
15. complete a daily Safety Inspection of premises to ensure that all hazards are known and minimized. When a hazard or potential hazard is detected, educators will complete a risk assessment to address any concerns and children will be excluded from the area until the hazard has been rectified.
16. utilise water activities in appropriate weather as part of the planned program
17. allow the children the opportunity to experiment with water, sand, and mixing materials.
18. incorporate water safety awareness into the educational program
19. monitor all taps on the premises that children have access to and ensure they are turned off securely when not in use
20. safely cover or make inaccessible to children all water containers, e.g. mop buckets.
21. empty wading pools immediately after every use and store to prevent the collection of water, e.g., upright
22. check for and empty any water that has collected in holes or containers after rainfall or watering gardens
23. ensure water troughs are not used without a stand to keep it off the ground???
24. ensure children remain standing on the ground whilst using the water trough
25. ensure buckets of water for soaking toys or clothing are inaccessible to children
26. ensure water troughs or containers for water play are filled to a safe level and emptied into the garden areas after each use
27. ensure children do not drink from these water activities (as above)
28. ensure laundry, storerooms and educator areas are to have **Staff only** signs on doors to remind adults to close doors behind them
29. teach children about staying safe in and around water.

Operational Safety:

30. Water tanks will be labelled with “Do Not Drink” signage and the children will be supervised in this area to make sure they are not accessing this water for drinking
31. Educators will discuss with the children the use of water tank water and how it differs from drinking water
32. Hot water accessible to children will be maintained at the temperature of 45.C° which will be tested annually. (Australian standard AS 3498)
33. Water for pets at the Service must be changed daily and only be accessible to children when educators are present.
34. Important**:** Parents will be notified as soon as practicable but within 24 hours if their child is involved in an incident/accident at the Service or while under Service care. Details of the incident/accident will be recorded on an Incident, Injury, Trauma and Illness Record.
35. If the incident/accident situation, or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours. Educators will follow emergency procedures and contact emergency services if a child appears to be missing or unaccounted for or is involved in a serious incident or accident.

Excursions and Activities Near Water

36. Children will be kept a safe distance away from bodies of water or kept behind fences or gates dividing activity areas from bodies of water.
37. Risk assessments will be carried out for programmed water-based activities and/or activities located near water.
38. A minimum of at least one First Aid including CPR Qualified educator will be required for all excursions. All educators attending the excursion will be required to read the risk assessment, understand the risks and how to minimise risk.
39. Children will be informed on the day about risks around bodies of water near activity locations and reminded to stay a safe distance away from the edges of bodies of water.

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Water play

40. The service will ensure that every precaution is taken so that children are able to enjoy water-based activities safely.
41. When using water in play, Educators will ensure children use the water for the purpose of play and not for consumption.
42. Educators will ensure water troughs or containers for water play are filled to a safe level. These activities will be supervised at all times and any unused water will be emptied onto garden areas after use.
43. Children using water in play (e.g.: in the sandpit) will do so in moderation.
44. Water play and water use will be kept in line with current water restrictions.
45. Children will be instructed in the safe use of equipment/items used during water-based activities (e.g. slip and slide, water pistols, bubble machines, etc.)
46. Water play will be programmed for periods with appropriate weather conditions.
47. Swimming excursions will no longer be conducted at DEBASCA in accordance with relative risk assessments.

Hygienic and safe water practices

48. Containers used for general cleaning in the Centre will be emptied immediately after use, and no such buckets will be left in play areas or accessible to children.
49. If rain occurs, outdoor play areas will be checked for safety prior to the children entering the outdoor environment.
50. Supervision and access to water both for play and consumption ~~within the Centre~~ will be managed effectively by educators to ensure children remain safe and healthy.
51. Buckets used in the centre will be labelled for their different purposes to eliminate cross-contamination.
52. All taps on the premises that children have access to will be monitored by educators and turned off securely when not in use.
53. Items such as containers, toys, sponges, etc., will be properly dried before being put away and regularly checked for mold during rainy periods.
54. Staff will ensure hot water and/or liquids are inaccessible to children at all times. This includes kitchen staff ensuring water and other liquids within meals (e.g. broths and soups) are sufficiently cooled before being served to children.
55. Staff will not consume hot drinks whilst supervising children.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-7 to P-2.7	Aug 2016
	2	Updated to latest revised National Quality Standard Minor spelling corrections Edited 2.3	Apr 2018
	3	Added 2.4	Dec 2019
	4	Minor re-wording of Policy Statement Added Background Updated Legislative Requirements Added ACECQA Water Safety Policy Guidelines and Kidsafe NSW – Kids in and Around Water under Associated Documents Added Definitions - ACECQA – Australian Children's Education and Care Quality Authority; Adequate supervision; Approved first aid qualifications; Risk assessment; Serious incident; Hazard; and Water hazard Swimming Excursions title renamed to Excursions and Activities Near Water Removed 1.1-1.8 from previous policy Added 36-40 Added 45-47 Minor re-word 48 Added 50-55	Jan 2023

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P-2.8 Management of Animals

POLICY STATEMENT
We recognise that the opportunity for children to engage with animals offers children experiences that will enrich their understanding and appreciation of the natural environment and promote the development of their skills in caring for others. However, while pets and other animals can prove an effective inclusion into the children's experiences while in care, they may also be a risk to children, therefore any animals that enter the service must be housed appropriately to minimise the risk of danger to the children. Strict supervision will be maintained to ensure the health and safety of the children and educators. Staff will ensure that everyone in the service treats all animals humanely and with respect.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
National Law	Education and Care Services National Law Act 2010
Education and Care Services National Regulations	115 Premises designed to facilitate supervision 168 Education and care services must have policies and procedures in relation to health and safety
National Quality Standard	2.1 Health 2.2 Safety 3.1 Design 3.2 Use

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 A Nominated Supervisor / Responsible Person will:

1.1 Make the decision to keep a pet or have an animal (or animals) visit the service based on an observed need or value to the children.
1.2 When necessary, inform families of the benefits and potential risks associated with animals in the service and the procedures relating to pets and children.
1.3 Consult with parents to determine special considerations needed for children whose immunity is compromised, or who have allergies or asthma.
1.4 Ensure the child's safety is always the first priority.
1.5 Ensure that if a family brings a pet to the Service, e.g. dog, the family is advised of the school policy regarding pets on school grounds.

2 Educators will:

2.1 Wash hands after contact with animals, animal products or feed, or animal environments.
2.2 Supervise human-animal contact, particularly involving the younger children.
2.3 Ensure any bedding, toys, litter tray, food feeding container or water container used or consumed by animals is accessible to children only under strict supervision.

2.4 Prepare a weekly roster to ensure the animal is appropriately fed and cared for.
2.5 Ensure that a procedure is in place for the care of animals over the weekend, public holidays, and school development days and/or during vacation care. In this instance, it may be necessary for a staff member to take the animal home with them, or alternatively a family enrolled at the service may agree to care for the animal on these days.
2.6 Obtain appropriate veterinary care if and when necessary and ensure the animals are kept immunised, clean and free of intestinal parasites, fleas, ticks, mites, and lice.
2.7 Remind children about the hygiene practices required for handling an animal and ensure the practices are followed.
2.8 Follow our policies in relation to risk assessment, providing a child safe environment and/or any incidents or injuries sustained as a result of an interaction with an animal.

3 Facilities and environment

3.1 Display animals in enclosed cages or under appropriate restraints.
3.2 Not allow animals to roam, fly free, or have contact with wild animals/birds.
3.3 Designate a specific area for contact with animals.
3.4 Not allow food in animal contact areas; do not allow animals in areas where food and drink are prepared or consumed.
3.5 Not clean animal cages or enclosures in sinks or other areas used to prepare food and drinks.

4 Minimising risk to health and safety

4.1 The mouths and claws of all animals carry bacteria that can cause infections in flesh around a bite, and eventually, if untreated, may spread into the bloodstream. The following preventative measures will be followed to help minimise risk to health and safety from contact with animals:
- 4.1.1 A Vet should promptly treat animals that are ill, or thought to be ill. An animal that is irritable because of pain or illness is more likely to bite or scratch.
- 4.1.2 All children will be supervised when they have contact with animals. Children should be discouraged from putting their face close to animals or playing with animals while animals are eating.
- 4.1.3 Do not allow animals to contaminate sandpits, soil, pot plants and vegetable gardens.
- 4.1.4 Gloves will be worn when handling animal faeces, emptying litter trays and cleaning cages.
- 4.1.5 Dispose of animal faeces and litter daily. Faeces and litter will be placed in a plastic bag, sealed and put out with the garbage.
- 4.1.6 Pregnant women in particular should avoid contact with cat faeces.
- 4.1.7 If the animal is a bird, wet the floor of the cage before cleaning it to avoid inhalation of powdered, dry bird faeces.
- 4.1.8 Avoid bringing in or keeping ferrets, turtles, iguanas, lizards or other reptiles, birds of the parrot family, or any wild or dangerous animals.
- 4.1.9 Children and educators must **wash their hands thoroughly** after touching animals and cleaning their cage/litter trays.

4.2 **Bat bites.** Australian bats harbour a Lyssavirus, which is very similar to the rabies virus. If you are scratched or bitten by a bat, immediately clean the wound with soap and running water for 5 minutes and contact your doctor or a public health unit.
4.3 **Fish and other marine organisms**. Scratches from fish and other marine organisms such as coral can cause unusual infections. If an injury caused by a fish, or a wound contaminated by sea, pond, or aquarium water, becomes infected, it is important to see a doctor and explain how the injury occurred.
4.4 **Fleas.** Fleas can infect both animals and humans, causing irritation and inflammation of the skin. Treat animals, their bedding and their immediate environment (that is, where they usually rest) to destroy adult and immature fleas.
4.5 **Deceased animals.** Where a deceased animal has been found, educators will ensure the safety of the children is prioritised, and where possible, the school general assistant (GA) will be called to remove the animal. If the GA is unavailable, educators will remove the animal in a hygienic manner using personal protective equipment. If children are curious, educators will discuss the incident with sensitivity, and use the opportunity to reflect and teach the children, where appropriate.
4.6 **Spontaneous animal visit.** There are situations that may spontaneously occur, involving animals. For example,

P-2.8 Management of Animals

there may be a situation where an animal or bird has made its way into the service. Educators may use this as a spontaneous learning experience for the children. At all times they will ensure the safety and wellbeing of the children.

4.6.1 If an animal or bird is potentially dangerous; such as a snake or spider, educators will contact an appropriate authority for assistance. In NSW this authority is the National Parks and Wildlife Service - 1300 361 967 (8.30am – 5.00pm) or NSW Wildlife Information, Rescue and Education Service Inc. on 13 000 WIRES - 13 00 094 737.

4.6.2 A professional should monitor the animal's movements to ensure a speedy and efficient capture, but priority is to be given to the educator, child and family safety. At no time is the potentially dangerous animal, insect or bird to be approached or touched by educators, children or families.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-8 to P-2.8	Aug 2016
	2	Added more details, updated to latest National Quality Standard Edited 4.5	Mar 2018
	3	No change	May 2020

P-2.9 Sun Protection

POLICY STATEMENT
We aim to balance the risk of skin cancer from too much sun exposure against giving children time for outdoor play and maintaining adequate vitamin D levels in our children. We aim to take a sensible approach to sun protection in our service that empowers children to take responsibility for their own health and wellbeing ("My Time Our Place" Outcome 3). DEBASCA has joined the Cancer Council's SunSmart Program for OOSH services and therefore we use the Cancer Council NSW Sun Protection Policy to adhere to the 10 recommendations that form the SunSmart Program. This policy will support DEBASCA to meet the requirements of the Framework for School Age Care in Australia (My Time, Our Place), Education and Care Services National Law, the Education and Care Services National Regulations and the National Quality Standard (NQS). The policy cannot be altered until the next review of the SunSmart Program (due in Oct 2026).

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 165	Offence to inadequately supervise children
Section 167	Offence related to protection of children from harm and hazards
Regulation 113	Outdoor space – natural environment
Regulation 114	Outdoor space – shade
Regulation 100	Risk assessment must be conducted
Regulation 168	Must have policies and procedures

ASSOCIATED DOCUMENTS	
National Quality Standard	All 7 areas
My Time Our Place	Framework for School Age Care in Australia
WHS Act and Regulations 2012	
NSW Cancer Council	www.cancercouncil.com.au/reduce-risks/sun-protection
Work Cover	

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
DEVAC	Denistone East Vacation Care
NSW	New South Wales
OSHC	Outside School Hours Care
SPF	Sun Protection Factor
UV	Ultraviolet

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

RATIONALE

Australia has the highest rate of skin cancer in the world. Skin cancer, including melanoma and non-melanoma, is the most common cancer in Australia. Exposure to ultraviolet (UV) radiation in childhood is a major risk factor for the development of skin cancer later in life. By implementing a best-practice Sun Protection Policy, OOSH services can help protect staff and

P-2.9 Sun Protection

children from UV radiation and teach children good sun protection habits from an early age to reduce their risk. Sun protection times are a forecast for the time of day UV levels will reach 3 or above. At these levels, sun protection is recommended for all skin types and the policy areas should be implemented. In NSW, UV levels are high enough (UV 3 or above) to damage unprotected skin most months of the year. UV levels are particularly high during the summer months, and highest in the middle of the day. UV levels and daily sun protection times can be accessed via the SunSmart App or Cancer Council Australia's home page to determine sun protection requirements.

Cancer Council NSW and Network of Community Activities have partnered to promote best practice sun protection policy and practices in the Out of School Hours sector in NSW.

PROCEDURE

1. Scheduling of Activities – Quality Area 1 – Educational program and practice, Quality Area 2 – Children's health and safety

1.1. UV levels and daily sun protection times are used to plan daily activities and ensure a correct understanding of local sun protection requirements.
1.2. Sun protection is included in service participation risk assessments, including excursions where all sun protection practices are planned, organised, understood and available.

2. Shade - Quality Area 3 – Physical environment

2.1. The availability of shade is considered for all outdoor activities and excursions.
2.2. Shade options are provided, maintained and promoted to the children.
2.3. Activities and play spaces are set up and moved throughout the day to take advantage of shade patterns.

Shade options can include a combination of portable, natural and built shade. Cancer Council encourages regular shade assessments and the monitoring of existing shade structures, to assist in planning for additional shade.

3. Hats - Quality Area 2 – Children's health and safety

3.1. All staff and children are encouraged to wear SunSmart hats* that protect their face, neck and ears.
3.2. Children without a SunSmart hat are encouraged to play in the shade or are provided with a spare SunSmart hat.

*SunSmart hats include:

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

Baseball caps or visors do not provide enough sun protection and therefore are not recommended.

4. Clothing - Quality Area 2 – Children's health and safety

4.1. Staff and children are required to wear SunSmart clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible.
4.2. Children without SunSmart clothing are encouraged to play in an area protected from the sun (e.g. under shade, veranda or indoors) or are provided with spare clothing.

*SunSmart clothing includes wearing:

- Loose fitting shirts and dresses with sleeves and collars or covered neckline.
- Longer style skirts, shorts and trousers.

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

5. Sunscreen - Quality Area 2 – Children's health and safety

5.1. SPF30+ (or higher) broad-spectrum water-resistant sunscreen is available at the service.
5.2. All staff and children are encouraged to apply sunscreen 20 minutes before going outdoors and reapply every 2 hours.

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5.3. Permission to apply sunscreen is included in the service enrolment form. Where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen, or the child encouraged to play in the shade.
5.4. Families ensure sunscreen is applied prior to attending vacation care.
Cancer Council recommends usage tests before applying a new sunscreen. All sunscreen is stored in a cool, dry place and the expiry dates monitored.

6. Role Modelling by Staff, Families, and visitors - Quality Area 1 – Educational program and practice, Quality Area 5 – Relationships with children

As part of WHS UV risk controls and role modelling, Staff, families, and visitors demonstrate SunSmart behaviours when outside by:
6.1. Wearing a SunSmart hat, protective clothing, and wearing sunglasses (optional)
6.2. Applying SPF30+ broad-spectrum water-resistant sunscreen
6.3. Promoting the use of shade
6.4. Discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the service.
Sun safety is everyone's responsibility. By being role models models ourselves and leading the way with our own sun safety, we can inspire our children to be SunSmart when they step outside.

7. Education - Quality Area 1 – Educational program and practice, Quality Area 4 – Staffing Arrangements, Quality Area 5 – Relationships with children

7.1. Children are provided with opportunities to promote and model sun protection measures to the whole service , including taking leadership roles in managing sun protection e.g. accessing daily UV levels and sun protection times, hat reminders and management of sunscreen.
7.2. Children understand why sun safety is important and learn how to take effective sun protection actions.
Further information is available from Cancer Council NSW's website www.sunsmartnsw.com.au.

8. Information and Policy Availability - Quality Area 6 – Collaborative partnerships with families and communities, Quality Area 7 – Governance and leadership

8.1. Sun protection policy, procedures, requirements and updates are made available to staff, families and visitors.
8.2. Sun protection information and resources are accessible and communicated regularly to families.
8.3. All parents/families are informed of the sun protection policy including appropriate hat, clothing and sunscreen requirements on enrolling their child in the service or vacation care.

9. Sunglasses (optional) Quality Area 2 – Children's health and safety

9.1 Staff and children are encouraged to wear close-fitting wrap-around sunglasses that cover as much of the eye area as possible and comply with Australian Standard AS1067 (Sunglasses: Category 2, 3 or 4).

10. Review - Quality Area 4 – Staffing arrangements, Quality Area 7 – Governance and leadership

10.1. Management regularly monitor and review how effectively they implement their sun protection policy. Sun protection policies must be updated and submitted to Cancer Council NSW every three years to maintain SunSmart status.
10.2. Appoint service champion(s) to drive sun protection policy implementation and engagement.
10.3. Sun protection policies must be updated and submitted to Cancer Council NSW every three years to maintain SunSmart status.

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CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-9 to P-2.9	Aug 2016
	2	Updated to the latest revised National Quality Standard	Apr 2018
	3	Updated to reflect the latest SunSmart Policy	Mar 2019
	4	Minor heading changes	Aug 2020
	5	Reviewed & Updated to reflect the latest SunSmart Policy by Cancer Council NSW (June 2022) Rationale - added the final sentence Minor rewording clause 6 Minor rewording clause 7.1 Added 10.2, 10.3	Oct 2023

P-2.10 Emergency & Evacuation Procedures

POLICY STATEMENT
We aim to provide an environment that provides for the safety and wellbeing of the children at all times by identifying the risks and hazards of emergency and evacuation situations. Children, educators and staff will regularly rehearse our emergency and evacuation procedures to maximise their safety and wellbeing in the event of an emergency or event requiring evacuation. In the event of an emergency, extreme weather or threats of violence, these procedures will be undertaken. In implementing the practice sessions of emergency procedures with children, educators will encourage children to discuss possible scenarios where emergency procedures may be required and support children to come up with solutions and ideas for improving on the procedures or discussing ways to avert emergency situations (*"My Time, Our Place"* 4.2).

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place for emergency and evacuation to minimise risk of harm to children.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 167	Offence relating to protection of children from harm and hazards
Regulation 12(d)	Type of serious incident – any emergency for which emergency services attended;
Regulation 97	Emergency and evacuation procedures
Regulation 98	Telephone or other communication equipment
Regulation 99	Children leaving the education and care service premises
Regulation 136	First aid qualifications
Regulation 168	Education and care services must have policies and procedures
Regulation 170	Policies and procedures must be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies and procedures

ASSOCIATED DOCUMENTS		
National Quality Standard (NQS) Quality Area 2: Children's Health and Safety Quality Area 7: Governance and Leadership	2.2 Safety – Each child is protected. 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. 2.2.2Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented. 7.1.2 Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service. 7.1.3 Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.	
Work, Health & Safety Act 2011		
Network's "Fire Safety Guidelines"		
"My Time, Our Place" 4.2, 5.1, 5.2		
ACECQA policy guide - https://www.acecqa.gov.au/sites/default/files/2023-08/PolicyGuidelines_EmergencyAndEvacuation.pdf		
Related Policies: Administration of First Aid Dealing with medical conditions	Providing a Child-Safe Environment Delivery and Collection of Children Enrolment	Incident, Injury, Trauma and Illness Supervision

DEFINITIONS	
COLA	Covered Outdoor Learning Area

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P-2.10 Emergency & Evacuation Procedures

DEBASCA	Denistone East Before and After School Care Association
NSW	New South Wales
Emergency	An incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response.
Emergency drill/ rehearsal	A process to rehearse anticipated emergency scenarios or events, designed to help clarify roles and responsibilities, provide training and verify the adequacy of the emergency response.
Emergency services	Includes ambulance, fire brigade, police and state emergency services.
Evacuation floor plan	An evacuation plan is used where it is deemed necessary to evacuate the immediate area or building to ensure the safety and wellbeing of children and adults. It may also have the name 'evacuation diagram'.
Evacuation route	Continuous path of travel (including exits, public corridors and the like) from any part of a building to a safe place.
Harm	Physical or mental injury; hurt.
Hazard	An unavoidable danger or risk, even though often foreseeable.
Lock down	A security measure taken during an emergency to prevent people from leaving or entering a building or premises until the threat or risk has been resolved.
Risk	Exposure to the chance of injury or loss; a hazard or dangerous chance.
Risk assessment	A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking and determining suitable mitigations.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

IMPLEMENTATION

1. The safety, health and wellbeing of children is a paramount consideration for our service. Therefore, we conduct rehearsals and reviews of our emergency and evacuation procedures.
2. Our educational program promotes opportunities for children to learn and develop in all aspects of the program. Key skills such as gross motor, coordination, language and cognitive skills can be practiced during evacuation rehearsals.
3. We are committed to regular communication with families about all aspects of the educational program, their child's development, and the service. This includes information about emergency and evacuation procedures.
4. Our educators and staff are key to our service's effective operation. Part of the training and development they receive focuses on our *Emergency and evacuation policy* and *procedures*. This includes conducting and documenting evacuation rehearsals in accordance with regulatory requirements.
5. We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury, or illness to persons, or damage to the Service's premises. Emergency situations may pose a risk to an individual's health and safety. It is important that Services identify potential emergencies that may be specific to their location and environment.
6. An emergency is any event, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of children at the service. (Guide to the NQF).

PROCEDURE

7. A risk assessment will be conducted by educators and management identify potential emergencies that may be specific to our location and environment. This will be regularly ~~to~~ reviewed and the service will update ~~refine~~ the emergency procedures accordingly.
8. Emergency procedures and the floor plan will be clearly displayed near the exits of the DEBASCA premises.

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P-2.10 Emergency & Evacuation Procedures

9. Instructions for what must be done in the event of an emergency will be displayed. All educators, including relief staff, will be instructed of the procedure and their specific duties identified in their induction ~~orientation~~ to DEBASCA.
10. Children and educators will rehearse the evacuation and lockdown emergency procedures every 3 months, on different days of the week and in each service type (before school care, after school care, and vacation care).
11. The dates of these drills, and the evacuation assembly areas (1 or 2) will be documented.
12. The drills will be evaluated each time – including the emergency procedure, and the risk assessment for the scenario for the drill if needed.
13. The educator in charge will wear a white 'Chief Warden' cap for ease of recognition of attending emergency services staff eg Fire brigade. There are also red caps for staff helping with the routine, and a green cap for the first aid trained staff with the first aid bag.
14. No child or educator is to go to their lockers or bags to collect personal items during an emergency evacuation or lock down procedure. This would lead to confusion and delays.
15. Fire extinguishers will be installed and maintained in accordance with Australian Standard 2444. Educators will be instructed on where they are located and senior educators will be instructed on its use. Refresher Fire Safety training will be provided regularly ~~annually~~ for our staff.
16. DEBASCA will also ensure a fire blanket and smoke detectors are installed and maintained.
17. Educators will only attempt to extinguish fires if the fire is small; there is no threat to their personal safety; they feel confident to operate the extinguisher; and all the children have been evacuated from the room. Educators will always place priority on preserving life, not assets.
18. The NSW Fire Brigade Child Safety Unit or other appropriate provider should be contacted for advice and training on fire safety. A minimum of two staff members will attend Fire Safety Training with an accredited trainer.
19. The service will ensure that the required resources are available and devices are charged, ready for use in the emergency. Eg iPads, mobile phones, first aid kits, emergency medications (epi pens, asthma reliever, CPR face shield), white/red/green caps for evacuations.
20. **Emergency Evacuation**
    - 20.1. An emergency evacuation will be necessary in such events as fire, flood, bushfire, chemical spill (inside the centre), chemical fire, explosion, gas leak or bomb scare inside the building.
    - 20.2. The evacuation plan will include:
        - 20.2.1. Routes of leaving the building suitable for all ages and abilities.
        - 20.2.2. Plan of where the fire extinguishers are located displayed in a public place.
        - 20.2.3. A safe assembly point away from access of emergency services. An alternative assembly area in case the first one becomes unsafe (e.g. change of wind direction).
        - 20.2.4. List of items to be collected and by whom.
        - 20.2.5. List of current emergency numbers.
        - 20.2.6. Educators duties in the emergency.
    - 20.3. Educators will be nominated to:
        - 20.3.1. Make the announcement to evacuate, identifying where and how. Collect children's attendance records, parents' contact numbers and DEBASCA mobile phone.
        - 20.3.2. Make the phone call to 000 or other appropriate service, DEBASCA management Committee president and parents as required.
        - *20.3.3.* First Aid trained educator will c~~C~~ollect the first aid kit and green First Aid cap and provide first aid to any children/staff/visitors as needed.
        - 20.3.4. Check that the building and playground are empty and that all doors and windows are closed as far as possible to reduce the spread of a fire.
        - 20.3.5. Supervise the children at the assembly area, and take a roll call of children, staff and any visitors.
21. **Lock Down Procedure (including Shelter in Place)**
    - 21.1. An emergency lockdown/shelter in place procedure may be necessary for the following situations:
        - 21.1.1. News of potential threat in the immediate area e.g. severe weather, criminal in vicinity, fallen power lines, explosion, car accident.
        - 21.1.2. Impending arrival of parent/pick up person who has threatened children or staff or who is banned from the premises. Note that in this situation, more than one staff member should be with the child in question.
        - 21.1.3. Hostage situations, heat wave, power failure, thunderstorm, cyclone, earthquake, chemical spills.
    - *21.2.* The lock down procedure is as follows:
        - *21.2.1.* A lock down siren/code will be communicated.

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21.2.2. At the same time, emergency services will be contacted and rolls will be collected.
21.2.3. Children will be directed INSIDE the centre.
21.2.4. Children in the other school classrooms will stay in those indoor areas.
21.2.5. The roll will be marked quickly and children/staff not accounted for will be followed up. Contact can be made with staff in other rooms via walkie talkies to check which children/staff are there.
21.2.6. All windows and doors will be locked and blinds closed.
21.2.7. Children and staff are to sit down quietly on the floor until danger has passed.
21.2.8. When emergency services have arrived, the Director or Responsible Person in Charge will inform the officer in charge of the nature and location of the emergency and if there is anyone missing.
21.2.9. When the danger has passed, the children / staff in other rooms will be notified by walkie talkie that it is safe to exit the building.
21.2.10. First aid trained educators will provide any first aid to children/staff/visitors as needed.
21.2.11. Staff will check that on the wellbeing of the children and counsel if necessary.
21.2.12. The procedure will be documented and reviewed.

21.3. Lock Down Code:

21.3.1. If a discreet approach is required, the siren will not be used to raise an alarm of Lock Down.
21.3.2. The approach taken to raise the alarm of a Lock Down will be determined by the Director/Responsible Person in Charge after considering the circumstance.
21.3.3. If a discreet approach is required to raise a warning of Lock Down to educators, a secret 'phrase' will be used as a Lock Down Code.
21.3.4. All educators will be made aware of the secret 'phrase' or Lock Down Code upon induction to the service and prior to practice drills.
21.3.5. The notification of a serious incident to a regulatory authority (within 24 hours) is needed where emergency services attended an education and care service in response to an emergency, rather than as a precaution or for any other reason.

21.4. In the event of an evacuation or lock down, no one should re-enter or exit the building until the person in charge has stated that it is safe to do so.

22. Harassment and Threats of Violence

If a person(s) known or unknown to the service harasses or makes threats to children or staff at the centre, or on an excursion, staff will:

22.1. Calmly and politely ask them to leave the centre or the vicinity of the children.
22.2. Be firm and clear and remember their primary duty is to the children in their care.
22.3. If they refuse to leave, explain that it may be necessary to call the police to remove them.
22.4. If they still do not leave, call the police.
22.5. If the Director is unable to make the call another staff member should be directed to do so.
22.6. Where possible staff will calmly move the children away from the person.
22.7. No staff member is to try to physically remove the unwelcome person, but try to remain calm and keep the person calm as far as possible and wait for the police.
22.8. Staff should be aware of any unfamiliar person on the premises and find out what they want as quickly as possible and try to contain them outside the centre.

23. Continuous Improvement/Reflection

23.1. This policy will be reviewed regularly in consultation with children, families, staff, educators and management.

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P-2.10 Emergency & Evacuation Procedures

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Added 13.3 Lock Down Code procedure	Dec 2014
	2	Reformatted Policy number: D-10 to P-2.10	Aug 2016
	3	Re-worded #6, 7, 12	Oct 2017
	4	Updated to latest revised National Quality Standard Added 13.3.5 and 14.3.5	Apr 2018
	5	Clause 7 - Changed 'fluorescent vest' to white cap – chief warden Clause 11 – Added Educators will always place priority on preserving life, not assets. Clause 14 – added 'Shelter in Place' Removed clause 13.4 – removed evacuation plan as it is too specific and often reviewed/changed	Dec 2019
	6	Omitted obsolete sentence from clause 3 Re-worded clause 4 Added Fire Training to clause 9	Aug 2020
	7	Rewording policy statement Added background Added Legislative requirements title, Section 167, Reg 12(d), Reg 99, Reg 136, Reg 170, Reg 171, Reg 172 Assoc Doc – Added NQS 2.2.1, 2.2.2, 7.1.2, 7.1.3, ACECQA policy guide Added related policies Added to Definitions – Emergency, Emergency Drill/rehearsal, Emergency Services, Evacuation Floor plan, Evacuation route, Harm, Hazard, Lockdown, Risk, Risk Assessment Added Implementation Rewording 7 (previously 1) Minor rewording 9 (previously 3) Rewording 11,12,13,15,16, (previously 5-10) Rewording 20.3.3 (previously 13.3.3) Minor rewording 21.2.4/5/6/9 (previously 14.2.4-9) Added 21.2.10 (previously 14) Added 23	Aug 2023

P-2.11 Administration of First Aid

POLICY STATEMENT
Our Service has a duty of care to provide and protect the health and safety of children, families, educators and visitors of the Service. This policy aims to support educators to: • Preserve life • Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes • Monitor ill or injured persons in the recovery stage • Apply additional first aid tactics if the condition does not improve (within one's training) • Ensure the environment is safe and other people are not in danger of becoming ill or injured. We believe that first aid equipment and facilities should be available to all staff, children and visitors in DEBASCA and while on excursions. The centre will have at least one educator who holds a current Child Care approved first aid qualification in attendance at all times. This is in accordance with the National Regulations. DEBASCA will ensure that all senior staff (educators in charge) including the Nominated Supervisor and Responsible Person are qualified in Childcare First Aid Management, as well as providing training opportunities for casual staff, to ensure full and proper care of all is maintained.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Education and Care Services National Regulations	Reg 12 - Meaning of serious incident Reg 85 - Incident, injury, trauma and illness policies and procedures Reg 86 - Notification to parents of incident, injury, trauma and illness Reg 87 - Incident, injury, trauma and illness record Reg 89 – First Aid Kits Reg 97 - Emergency and evacuation procedures Reg 136 - First aid qualifications Reg 174 - Prescribed information to be notified to Regulatory Authority
National Quality Standard	2.1 Health 2.2 Safety 4.1 Staffing arrangements
"My Time, Our Place" Framework for School Age Care	
Work Health & Safety Act 2011	
Safe Work Australia – First Aid in the Workplace Code of Practice	

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

Educator Training

1 All educators in charge will be qualified in Childcare First Aid. Educators in charge will undergo first aid training as part of their condition of employment. Educators will renew their certificates as required.

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P-2.11 Administration of First Aid

2 The centre will ensure that at least one educator who holds a current Childcare first aid qualification will be in attendance at all times, and available in an emergency.

3 A current first aid certificate or willingness to undergo training will be advertised for all new positions.

4 DEBASCA will budget for the cost of the first aid course or renewal for each permanent educator as part of the training budget, as well as regular casual educators.

5 Casual educators will be offered the opportunity for training in Childcare First Aid.

6 First aid training details will be recorded and kept up to date on each staff member's record

7 The induction process for all new staff, casual and relief staff, will include providing information on the location of first aid kits, location of individual children's allergies and their medications

8 Regular refresher training will ensure educators keep up to date with any changes in the procedures for the administration of first aid

9 The Nominated Supervisor will ensure that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current and meet the requirements of the National Act and National Regulations and are approved by ACECQA

First Aid Kit Guidelines

10 A fully stocked and updated first aid kit (including centre EpiPen and asthma medication) will be kept in a designated area in the centre. This will be kept easily accessible to all staff.

11 The First Aid Kit will not be locked.

12 The First Aid Kit on site will be capable of being sealed, be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents.

13 The First Aid Kit will be maintained in proper condition and the contents replenished as necessary

14 DEBASCA will ensure first aid facilities are appropriate for the number of educators and children at the service.

15 Our service will use the Checklist in Safe Work Australia's First Aid in the Workplace Code of Practice as a guide to what to include in our First Aid Kit. https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace

16 All educators will take a portable first aid kit on their person on all excursions.

17 An educator will be designated the duty of maintaining all first aid kits. This educator will be responsible for conducting and maintaining each first aid kit according to Safe Work recommendations, certifying each kit has the required quantities, that items are within their expiry dates and sterile products are sealed. This will occur weekly. This educator, along with the Nominated Supervisor will also consider whether the first aid kits and components are appropriate and effective for the Service's hazards and the injuries that have occurred. If the kit requires additional resources, these individuals will advise and follow up with the Nominated Supervisor.

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18 Our Service will display a well-recognised, standardised first aid sign to assist in easily locating first aid kits. Signage will comply with AS 1319:1994 – Safety Signs for the Occupational Environment.

19 A first aid manual will be kept on the premises.

20 Cold packs will be kept in the freezer for treatment of bruises and strains.

Administration of First Aid

21 First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes:

21.1 emergency treatment,
21.2 maintenance of records,
21.3 dressing of minor injuries,
21.4 recognition and
21.5 reporting of health hazards and participation in safety programs.

22 Qualified first aiders will only administer first aid in minor accidents or to stabilise the victim until expert assistance arrives in more serious accidents.

23 Telephone numbers of emergency contacts, local medical centre and poisons centre will be located next to the phone.

24 Educators will document any first aid treatment given in a first aid register.

25 Educators will ensure that appropriate documentation is being recorded in regard to incidents, injury, trauma and illnesses and the administration of first aid. Documentation of the following will be recorded:

25.1 Name and age of the child
25.2 Circumstances leading to the incident, injury, trauma or illness (including any symptoms)
25.3 Time and date
25.4 Details of action taken by the service including any medication administered, first aid provided or
25.5 Medical personnel contacted
25.6 Details of any witnesses
25.7 Names of any person the service notified or attempted to notify, and the time and date of this
25.8 Signature of the person making the entry, and time and date of this.

26 The record will be completed as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

27 The service will ensure that parents are notified as soon as possible if their child is involved in an incident, injury, trauma or illness at the service and record details on the Incident, Injury, Trauma and Illness Record

28 Where possible, when we notify the parent/guardian in person, we will ask them to read and sign the record.

29 Any head or facial injuries will be reported to the family immediately, either through a phone call or in person, if the parent/guardian is present at the time. A record will be completed as soon as practicable and no longer than 24 hours after the incident.

30 Staff will be offered support and debriefing subsequent to a serious incident requiring the administration of first aid

P-2.11 Administration of First Aid

31 The Regulatory Authority will be notified of any serious incidents, injury or trauma, within 24 hours, as required by Regulatory requirements.

PERMISSION TO CARRY OUT APPROPRIATE FIRST AID AND TREATMENT IN AN EMERGENCY

That in the case of accident or other emergency resulting in the need for immediate first aid, I hereby give permission for the service to carry out appropriate first aid treatments by first aid trained educators at the service.

This includes (but not limited to) application of first aid strips (e.g.: Band aid/bandages), Burnaid gel, Stingose (for bites/stings) where necessary. I will inform the centre if my child has any known reactions to any of these items.

Most minor injuries will be cleaned with saline and covered. Our centre staff refrain from the use of antiseptic creams.

Families are expected to follow up with aftercare and seek medical advice where necessary. I will inform the centre if further medical attention was required.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-11 to P-2.11	Aug 2016
	2	Updated to latest revised National Quality Standard Added clause 7 and 10	Apr 2018
	3	Wording edit clause 2	Dec 2019
	4	Re-wording of Policy Statement Update in Associated Documents Added sub-title 'Educator Training', 'Firs Aid Kit Guidelines', 'Administration of First Aid' Clause 2 and 4 minor re-wording Added Clauses 6-9 Added Clauses 11-14 Re-wording of Clause 17 Added Clause 21 Added Clause 25 Removed Clause 16 from previous policy Added Clause 27 Added Clause 30 Minor re-wording of clause 31	Jan 2023

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P-2.11 Administration of First Aid

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P-2.12 Personal Protective Equipment

POLICY STATEMENT
The service is committed to providing and maintaining Personal Protective Equipment (**PPE**) to protect the health and safety of all employees so far as is reasonably practicable. The need for PPE will be determined through the risk management process. Appropriate PPE will be provided to control the risk for workers. Instruction and training for the correct use, maintenance and storage will also be provided.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Work Health Safety Act	
National Quality Standard	2.2 Safety

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Personal protective equipment (PPE)	Personal protective equipment (PPE) refers to equipment, which is used in the workplace by a person, to protect them from a hazard. It is the least preferred method for controlling hazards, however in some circumstances it is the only method available to minimise the risk. Examples of personal protective equipment relevant to DEBASCA include: • SPF 30+ sunscreen for outdoor supervision • Wide brimmed hats for outdoor supervision • Sunglasses for outdoor supervision • Protective clothing, i.e. collared staff shirt and suitable pants (minimum knee length) • Safety footwear (closed toe shoes) • Gloves • Dust/chemical masks • Safety glasses • Respiratory face shields or face masks • Aprons Each job in the workplace has varying requirements for personal protective equipment.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Requirements for PPE will be determined following a risk assessment of the work process.

2 Management and the Director will:

2.1 Ensure PPE is used by staff during all duties which require such protection.

2.2 Provide appropriate instruction and training to staff required to use the equipment and clothing.

2.3 Undergo training to ensure that they are competent in the proper selection, fit, use, cleaning and maintenance of the PPE as required.

2.4 PPE is appropriate for the person and controls the risk for that person

2.5 to seek professional advice where necessary, to identify the most suitable types of PPE to be provided

P-2.12 Personal Protective Equipment

3 Staff responsibilities include:

- 3.1 Wear PPE provided as part of their cooperation with legal requirements for health and safety at work
- 3.2 Participate in training in the use of PPE as required
- 3.3 Maintain, clean and store their PPE so that it is in good condition to use.
- 3.4 Report any problems or defects to their manager.
- 3.5 Observe any signage for the area that you are working in to see if there is any particular PPE that is required for known hazards
- 3.6 All PPE is to be returned in a clean condition and stored in the appropriate facility.
- 3.7 Request PPE where you believe it is required for the job and has not been provided.
- 3.8 Take good care of PPE and any special clothing used as part of the job.
- 3.9 Follow manufacturer's instructions for care and maintenance of PPE.

4 Staff will be made aware of areas of known hazards that require PPE use during their induction and orientation process, and appropriately sign posted to warn all personnel

5 All personal protective clothing or equipment will comply with the relevant Australian Standard.

6 Where other forms of hazard control cannot be applied, PPE will be supplied and worn as appropriate by workers exposed to the relevant hazard(s). As such equipment is personal, all dealings with PPE will take into account each individual likely to require such protection where reasonably practicable. This will include, but not limited to considering such issues as body size (e.g. where protective clothing is needed); sight imperfections (e.g. when considering safety-glasses); and facial hair (e.g. when considering the correct seal around a breathing apparatus).

7 Any breach by staff of DEBASCA's PPE Policy may result in disciplinary action.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-12 to P-2.12	Aug 2016
	2	Updated to latest revised National Quality Standard	Apr 2018
	3	Edit working of Policy Statement Added 2.4 and 2.5 Re-word 3.1 Added 3.5 – 3.9 Clause 4 edited Clause 6 added	Aug 2020

P-2.13 Incident, Injury, Trauma and Illness

POLICY STATEMENT
At DEBASCA, we aim to ensure the safety and wellbeing of staff, volunteers, and children at the service and on excursions. The Nominated Supervisor and staff members will give proper care and attention to any child/staff/volunteer in the event that they suffer an incident/injury/trauma or becomes ill. Steps will be taken to control the spread of any infectious diseases and to manage injuries and illness, in accordance with recognised guidelines. DEBASCA staff will make every attempt to ensure sound management of the injury to prevent any further deterioration of the situation, and parents and/or emergency contacts will be informed immediately where the incident, injury, illness or trauma is deemed serious and be reported to the NSW Regulatory Authority as per the National Law and Regulations. This policy has been established to ensure clear lines of action are identified to effectively manage an event involving a child becoming injured, ill, or involved in an incident.

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in the event that a child is injured, becomes ill, or an incident occurs while attending the service.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 165	Offence to inadequately supervise children
Section 167	Offence related to protection of children from harm and hazards
Section 174	Offence to fail to notify certain information to Regulatory Authority
Regulation 85	Incident, injury, trauma and illness policies and procedures
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 87	Incident, injury, trauma and illness record
Regulation 89	First aid kits
Regulation 93	Administration of medication
Regulation 95	Procedure for administration of medication
Regulation 97	Emergency and evacuation procedures
Regulation 103	Premises, furniture and equipment to be safe, clean and in good repair
Regulation 161	Authorisations to be kept in enrolment record
Regulation 162	Health information to be kept in enrolment record
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 174	Time to notify certain circumstances to Regulatory Authority
Regulation 176	Time to notify certain information to Regulatory Authority
Regulation 177	Prescribed enrolment and other documents to be kept by approved provider
Regulation 183	Storage of record and other documents

P-2.13 Incident, Injury, Trauma and Illness

ASSOCIATED DOCUMENTS		
National Quality Standard	2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented. 2.2 Safety - Each child is protected. 2.2.1 Supervision – At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. 2.2.2 Incident and Emergency Management – Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented. 2.2.3 Child Protection – Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.	
Related Service Policies	Acceptance & Refusal of Authorisations Administration of First Aid Administration of Medication Confidentiality of Records Control of Infectious Diseases Dealing with Medical Conditions Delivery & Collection of Children Emergency and Evacuation Procedures	Enrolment & Orientation Excursion Hygiene & Cleaning Privacy & Confidentiality Providing a Child Safe Environment Risk Management Road Safety Safe Transportation of Children Work Health & Safety
Other	Staying Healthy in Childcare 5th Edition https://www.nhmrc.gov.au/sites/default/files/documents/attachments/ch55-staying-healthy.pdf	

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Guide to the Law for Children's Services, NSW Community Child Care Co-op	*"The person caring for the child assumes responsibility for acting in the best interests of the child in the event of an injury. The careful exercise of this discretion is considered part of the staff's duty of care."*
ACECQA - *Australian Children's Education & Care Quality Authority*	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
A child or adult will be considered as ill if he/she:	• Sleeps at unusual times, is lethargic. • Has a fever over 38°C • Is crying constantly from discomfort • Vomits or has diarrhoea. • Is in need of constant one to one care. • Is suspected of having an infectious disease.
Approved anaphylaxis management training	• Anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. (reg 136)
Approved first aid qualification	• A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardiopulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto-immune adrenalin device. (reg 136)

P-2.13 Incident, Injury, Trauma and Illness

Emergency	• An incident, situation, or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at the service. For example, a flood, fire or a situation that requires the service premises to be locked down. (Guide to NQF)
Emergency services	• Includes ambulance, fire brigade, police and state emergency services.
First Aid	• Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: acecqa.gov. au/qualifications/requirements/first-aid-qualifications-training (SafeWork Australia)
Hazard	• A source of potential harm or a situation that could cause or lead to harm to people or property. Work hazards can be physical, chemical, biological, mechanical or psychological.
Injury	• Any physical damage to the body caused by violence or an incident.
Medication	• Medicine within the meaning of the Therapeutic Goods Act 1989 of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).
Medical Attention	• Includes a visit to a registered medical practitioner or attendance at a hospital.
Medical management plan (MMP)	• A document that has been written and signed by a doctor. A MMP includes the child's name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition.(Reg 90) For example an ASCIA Action Plan.
Minor Incident	• An incident that results in an injury that is small and does not require medical attention.
Notifiable incident	• Any incidents that seriously compromise the safety, health or wellbeing of children. The notification needs to be provided to the regulatory authority and also to parents within 24 hours of a serious incident. The regulatory authority can be notified online through the NQA IT System. (Law section 174, Reg 86)
Serious Incident	• For the purposes of the definition of serious incident in section 5(1) of the Law, each of the following is prescribed as a serious incident: • (a) the death of a child— (i) while that child is being educated and cared for by an education and care service; or (ii) following an incident occurring while that child was being educated and cared for by an education and care service; • (b) any incident involving serious injury or trauma to a child occurring while that child is being educated and cared for by an education and care service— (i) which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or (ii) for which the child attended, or ought reasonably to have attended, a hospital; Example: A broken limb. • (c) any incident involving serious illness of a child occurring while that child is being educated and cared for by an education and care service for which the child attended, or ought reasonably to have attended, a hospital; Example: Severe asthma attack, seizure or anaphylaxis reaction. • (d) any emergency for which emergency services attended; • (e) any circumstance where a child being educated and cared for by an education and care service— (i) appears to be missing or cannot be accounted for; or (ii) appears to have been taken or removed from the education and care service premises in a

P-2.13 Incident, Injury, Trauma and Illness

	manner that contravenes these Regulations; or (iii) is mistakenly locked in or locked out of the education and care service premises or any part of the premises. (Reg 12)
Trauma	• Is when a child feels intensely threatened by an event he or she is involved in or witnesses, eg emergency situation, any serious incident

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be trained within induction and with the ACECQA approved First Aid, asthma & anaphylaxis qualifications to assist in fulfilling their roles effectively. Records of these will be kept on file.

1. IMPLEMENTATION

1.1. The safety, health and wellbeing of children enrolled at our service is a paramount consideration.

1.2. Educators have a duty of care to respond to and manage illnesses, accidents, and trauma that may occur at the service to ensure the safety and wellbeing of children, educators and visitors.

1.3. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause an incident, injury, trauma or illness.

1.4. Educators and staff members will receive relevant and up-to-date training to ensure they can effectively respond to incidents, injuries, trauma and illness.

1.5. Care will be taken when assessing the seriousness of an incident and if there is a need for emergency services to be contacted.

1.6. Keeping families informed is paramount: families will be notified of any serious incident involving their child at our service as soon as possible.

PROCEDURE

2. The Approved Provider/Nominated Supervisor will ensure:

2.1. that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

2.2. that any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines

2.3. for any serious incidents, to contact emergency services in the first instance then notify parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable

2.4. if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service, or if an ambulance was called in response to the emergency (not as a precaution) the Regulatory Authority will be notified within 24 hours of the incident using NQAITS – S101 record

2.5. parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)

2.6. first aid qualified educators are present at all times on the roster and in the Service

2.7. first aid kits are suitably equipped and checked once a month, and more regularly if needed

2.8. first aid kits are easily accessible when children are present at the Service and during excursions

2.9. first aid, emergency anaphylaxis management training, and asthma management training is current and updated as required

2.10. that two people are present any time medication is administered to children

2.11. adults or children who are ill are excluded for the appropriate period

2.12. children are excluded from the service if staff feel the child is too unwell to attend or is a risk to other children

2.13. parents are notified of any infectious diseases circulating the service within 24 hours of detection
2.14. all illnesses are documented in the Service *Incident, Injury, Trauma and Illness Record* and kept till the child is 25 years old
2.15. information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation
2.16. If a child, staff member or volunteer is involved in an incident, becomes injured, or suffers trauma whilst in DEBASCA's care, they will be attended to immediately by a staff member who holds a current first aid certificate. Adequate supervision will be provided to all children.
2.17. the parent of the child/ren will be notified as soon as practicable, but not later than 24 hours after the occurrence, if their child is involved in any incident, injury, trauma or illness while the child is in DEBASCA's care.
2.18. that educators write up the applicable report as soon as possible (within 24 hours and stored securely till child is 25 years old), including:
    2.18.1. details of any incident in relation to a child or injury/trauma received by a child to which a child has been subjected while being educated and cared for by DEBASCA, including—
        2.18.1.1. the name and age of the child; and
        2.18.1.2. the circumstances leading to the incident, injury or trauma; and
        2.18.1.3. the time and date the incident occurred, the injury was received, or the child was subjected to the trauma;
    2.18.2. details of any illness which becomes apparent while the child is being educated and cared for by DEBASCA including—
        2.18.2.1. the name and age of the child; and
        2.18.2.2. the relevant circumstances surrounding the child becoming ill and any apparent symptoms; and
        2.18.2.3. the time and date of the apparent onset of the illness;
    2.18.3. details of the action taken by DEBASCA in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by DEBASCA, including—
        2.18.3.1. any medication administered or first aid provided; and
        2.18.3.2. any medical personnel contacted;
    2.18.4. details of any person who witnessed the incident, injury or trauma;
    2.18.5. due to confidentiality and privacy laws, any other children involved will not have their names recorded. A separate record will be completed for them if they too were injured or hurt.
    2.18.6. the name of any person—
        2.18.6.1. whom the education and care service notified or attempted to notify, of any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service or family day care educator; and
        2.18.6.2. the time and date of the notifications or attempted notifications;
    2.18.7. the name and signature of the person making an entry in the record, and the time and date that the entry was made.
2.19. medication forms are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the service.
2.20. effective hygiene practices are promoted and implemented during the administration of any first aid to the children or staff.
2.21. each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service and if required, transportation by an ambulance service

3. **Educators will**:
3.1. will follow the Administration of Medication policy when medication is required. In an emergency medication can

be given for asthma and anaphylaxis without prior consent

3.2. ensure that anyone injured will be kept under adult supervision until they recover or an authorised person takes charge of them.
3.3. ensure educators or staff who have diarrhoea or an infectious disease do not prepare food for others
3.4. ensure cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
3.5. be aware of children with allergies and their attendance days, and apply this knowledge when attending to any incidents, injury, trauma or illness
3.6. ensure staff and children always practice appropriate hand hygiene and cough and sneezing etiquette
3.7. ensure appropriate cleaning practices are followed
3.8. ensure toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or immediately if a child who is unwell has mouthed or used these toys or resources
3.9. ensure additional cleaning is implemented during any outbreak of an infectious illness or virus
3.10. be required to supply both a Medicare number and emergency contact details in case of an emergency or accident.

4. **Families will**:
4.1. provide authorisation in the child's enrolment record for the service to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service
4.2. provide up to date medical and contact information in case of an emergency
4.3. provide emergency contact details and ensure details are kept up to date
4.4. be required on the enrolment form to supply the contact number of their preferred doctor, Medicare number and private Health care details where required
4.5. notify the service upon enrolment of any specific health care needs of their child and provide a copy of their child's Medical Management Plans and update annually or whenever medication/medical needs change
4.6. notify educators/staff if there a change in the condition of the child's health, or of recent accidents or incidents that may impact the child's care – complete the 'Pre-Attendance Injury Report'- located in the Reports folder.
4.7. notify educators or staff when the child is ill and will be absent from their regular program.
4.8. adhere to recommended periods of exclusion if their child has a virus or infectious illness and collect the child as soon as possible when notified of an incident, injury, trauma, illness
4.9. complete documentation as requested by the educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident, injury, trauma or illness
4.10. inform the service if their child has an infectious disease or illness
4.11. provide evidence as required from doctors or specialists that the child is fit to return to care, if required
4.12. provide written consent for educators to administer first aid and call an ambulance if required (as per enrolment record)
4.13. complete and acknowledge details in the *Administration of Medication Record* if required

5. In the case of an <u>incident/injury/trauma</u> the first aid attendant will:
5.1. Assess the situation.
5.2. Attend to the injured person and apply first aid as required.
5.3. Ensure that disposable gloves (and protective glasses if needed) are used with any contact with blood or bodily fluids.
5.4. Ensure that all blood or bodily fluids are cleaned up and disposed of in a safe manner.
5.5. Ensure that anyone who has come in contact with any blood or fluids wash affected areas in warm soapy water and change clothes if necessary.
5.6. Record the incident/injury/trauma, treatment given, indicating the information listed above.
5.7. Notify the parents either by phone after the incident if necessary, or on their arrival to collect the child.
5.8. In the case of a child having an incident, notify the parent/guardian and obtain parent signature confirming knowledge of the accident.

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P-2.13	Oct 2023	6	5	Management Committee	Oct 2026

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6. In the case of a major accident requiring more than first aid, the first aid attendant will:
   6.1. Assess the situation and decide whether the child/adult needs an ambulance to be called and inform the Director of their assessment.
   6.2. If the person's injury is serious the first priority is to get immediate medical attention.
   6.3. Another staff member should contact parents/nominated emergency contact straight away. If not possible, there should be no delay in organising proper medical treatment (ambulance/medical centre/hospital).
   6.4. See *Delivery & Collection of Children Policy* for details on a child leaving the premises.
   6.5. Keep trying to contact the parents/nominated emergency contact in the meantime.
   6.6. Attend to the injured person and apply first aid required.
   6.7. Ensure that disposable gloves and protective glasses are used with any contact with blood or bodily fluids.
   6.8. Stay with the person until suitable help arrives, or further treatment taken. Try to make the person comfortable and reassure them.
   6.9. In the case of a child being taken by ambulance to hospital, a staff member will accompany the child and take the child's medical records.
   6.10. Record the incident and treatment given on the *Incident/Injury/Trauma Record* with the details listed above and obtain parent signature confirming knowledge of the accident.

7. Incidents, injuries or trauma which result in serious injury to a child, where applicable will be reported to:
   7.1. Parents/Guardian/Nominated emergency contact for staff, also to advise them to contact the relevant medical agency.
   7.2. An ambulance service
   7.3. The police if required
   7.4. Community Services if required
   7.5. The DEBASCA Management Committee.
   7.6. The school.
   7.7. The Regulatory Authority by a SI01 form.
   7.8. Any shared information should be provided in an extremely sensitive manner in accordance with confidentiality and privacy laws.

8. During a serious incident, clear emergency procedures should be maintained for the other children at the centre

9. **Exclusion** – the service reserves the right to refuse a child into care if they:
   9.1. have an Illness. Children and staff will be excluded from DEBASCA if they are ill with any contagious illness or disease - this includes diarrhoea and conjunctivitis.
   9.2. have had diarrhoea. Parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours (depending upon the illness and exclusion periods)
   9.3. are unwell and unable to participate in normal activities or require additional attention
   9.4. have had a temperature/fever, or vomiting in the last 24 hours
   9.5. have been given medication for a temperature prior to arriving at the service
   9.6. have started a course of anti-biotics in the last 24 hours

10. **Illness**:
   10.1. Educators and Management are not doctors and are unable to diagnose an illness or infectious disease.
   10.2. If a child becomes ill or develops symptoms at DEBASCA, the parents will be contacted to take the child home. Signs of illness include, but not limited to:
      10.2.1. Behaviour that is unusual for the individual child
      10.2.2. vomiting,
      10.2.3. diarrhea / loose bowels

10.2.4. faeces that are grey, pale, or contains blood
10.2.5. dark urine
10.2.6. high temperature / fever,
10.2.7. discharge from the eye or ear
10.2.8. skin that displays rashes, blisters, spots, crusty or weeping sores
10.2.9. loss of appetite
10.2.10. headaches,
10.2.11. stiff muscles or joint pain
10.2.12. continuous scratching of scalp or skin
10.2.13. difficulty in swallowing or complaining of a sore throat
10.2.14. persistent, prolonged or severe coughing
10.2.15. difficulty breathing,
10.2.16. a stiff neck or sensitivity to light
10.2.17. as well as any other signs of contagious disease.

10.3. Where parents are not contactable, emergency contacts will be called to ensure the child is taken home where they can recover more comfortably or seek medical attention where necessary.

10.4. The child who is ill will be comforted, cared for and placed in a quiet part of the centre. The child is to be checked on regularly until the child's parent or other authorised person takes them home.

11. High Temperatures or Fevers

11.1. If the child has a fever – temperature of 38°C their parents will be notified of their child's temperature, and requested to collect their child and will not be permitted back for a further 24hrs.

11.2. Methods will be employed to bring the child's temperature down until the parents arrive or help is sought. Such methods include:

11.2.1. the removal of excessive clothing~~es~~ (as required – shoes, socks, jumpers, etc), being mindful of cultural

11.2.2. encourage the child to drink plenty of water ~~clear fluids given,~~ unless there are reasons why the child is only allowed limited fluids

11.2.3. ice packs in armpits and tepid sponges administered.

12. **Paracetamol** – *see Administration of Medication Policy*

12.1. If a child's temperature is very high and cannot be brought down and parents cannot be contacted, staff will check the permission given on the child's enrolment form. If the situation becomes serious, an ambulance should be called.

12.2. Staff will then proceed to follow *Administration of Medication Policy – Guidelines for Administrating Paracetamol*

13. **Dealing with Colds/Flu** (Runny nose)

13.1. Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever

13.2. Children can become distressed and lethargic when unwell

13.3. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment

13.4. If any child, employee or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they should remain at home to recuperate, or will be sent home to recuperate

13.5. Management reserves the right to send staff and children home if they appear unwell due to a cold or general illness

14. **Diarrhoea and Vomiting** (Gastroenteritis)
    14.1. Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days
    14.2. If a child has diarrhoea and/or vomiting whilst at the service, Management will notify parents or an emergency contact to collect the child immediately
    14.3. In the event of an outbreak of viral gastroenteritis, management will contact the local Public Health Unit
    14.4. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government-Health 2019)
    14.5. Children that have had diarrhoea and/or vomiting will be asked to stay away from the service for 24-48 hours (depending on illness and cause) after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances
    14.6. If the cause is unknown, children should be excluded for 48hours until cause is identified.
    14.7. An *Incident, Injury, Trauma and Illness* record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit
    14.8. Educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

15. **Preventing the Spread of Illness** – see *Hygiene & Cleaning Policy and Control of Infectious Diseases Policy*
    15.1. To reduce the transmission of infectious illness, our Service implements effective hygiene and infection control routines and procedures as per the *Australian Health Protection Principal Committee* guidelines.
    15.2. Practicing effective hygiene helps to minimise the risk of cross infection within our Service. Signs and posters remind employees and visitors of the risks of infectious diseases, including COVID-19 and the measures necessary to stop the spread.
    15.3. Educators model good hygiene practices and remind children of good hygiene practices
    15.4. Hand sanitizer is available at the sign in/sign out area for parents, families and visitors.

16. Head Injuries
    16.1. It is common for children to bump their heads during everyday play, however it if difficult to determine whether the injury is serious or not.
    16.2. Therefore, any knock to the head is considered a *head injury* and will be reported to parents, so they can follow up with a doctor.
    16.3. In the event of a head injury, the First Aid officer will assess the child, administer any urgent First Aid, and notify parents/guardians to collect their child.
    16.4. Emergency services will be contacted immediately on 000 if the child:
        16.4.1. has sustained a head injury involving high speeds or fallen from a height (play equipment) and displays signs of concussion
        16.4.2. loses consciousness
        16.4.3. seems unwell or vomits several times after hitting their head

17. Trauma
    17.1. Trauma is the impact of an event/s during which a child feels helpless and pushed beyond their abilitiy to cope.
    17.2. Behavioural responses for primary school children to trauma include:
        17.2.1. Changes in eating habits
        17.2.2. Becoming more clingy, demanding or difficult
        17.2.3. Regressing to younger attention seeking behaviours

17.2.4. Not wanting to go to school
17.2.5. Behavioural problems at school
17.2.6. Drop in academic performance
17.2.7. Withdrawal from carers, friends, spending more alone time

17.3. Educators can assist children dealing with trauma by:
17.3.1. observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
17.3.2. creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time
17.3.3. having quiet time such as reading a story about feelings together
17.3.4. trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines)
17.3.5. helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?')

18. Other Serious Incidents

18.1. The death of a child – see *Death of a Child or Staff Member Policy*
18.2. When a child is unaccounted for – see policies: *Safe Arrival of Children; Absent and Missing Children; Providing a Child-Safe Environment; Delivery and Collection of Children; Supervision.*
18.3. When a child appears to be taken or removed from the service – see policies: *Providing a Child-Safe Environment; Delivery and Collection of Children; Supervision.*
18.4. When a child is mistakenly locked in or locked out of the services or any part of the premises
18.4.1. Processes are in place to ensure all areas are checked before closing up for the day

19. Continuous Improvement/Reflection

19.1. Our *Excursion Policy* will be reviewed regularly in consultation with children, families, staff, educators and management.

P-2.13 Incident, Injury, Trauma and Illness

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reviewed	May 2014
	2	Reformatted Policy number: D-13 to P-2.13	Aug 2017
	3	Updated to latest revised National Quality Standard	Apr 2018
	4	Added 17 – Illness	Nov 2019
	5	Re-wording Policy Statement Re-wording of Background Re-format of Legislative Requirements and adding Section 165, 167, 174 Adding Regulations 93, 95, 103, 161, 162, 170, 171, 172, 177, 183 Added 2.2.1, 2.2.2, 2.2.3 to Associated Documents Remove DR1 and DR2 from Associated Documents Added Related Service Policies Added Definitions- ACECQA, Approved Anaphylaxis management training, approved first aid qualification, Emergency, Emergency services, First aid, Hazard, Injury, Medication, Medical attention, Medical Management Plan (MMP), Minor incident, Notifiable incident, Serious incident, Trauma Rewording in Training Requirements Remove from Association Documents – SI01 form Notification of Serious Incident form and DR1-DR6 Added Staying Healthy in Childcare 5th Edition https://www.nhmrc.gov.au/sites/default/files/documents/attachments/ch55-staying-healthy.pdf to Associated Documents	Feb 2023
	6	Added 1. Implementation Added 2.2-2.15 Minor re-wording 2.16 Minor re-wording 2.18 Added 2.18.5 Added 2.21 Re-worded 3.1 Added 3.3-3.9 Added 4.1-4.13 Minor re-wording 5.8 Minor re-wording 7.3, 7.4, 7.8 Minor re-wording 8 Added Exclusion title 9.2 re-worded Added 9.3-9.6 Added 10.1, 10.2.1, 10.2.3 (minor re-wording), 10.2.4-10.2.17 Re-worded 11.1 Minor re-wording 11.2.1, 11.2.2 Added 12-19	October 2023

P-2.14 Death of a Child or Staff Member

POLICY STATEMENT
Staff in DEBASCA must be prepared to handle all incidents in a professional and sensitive manner. In the event of such tragic circumstances as the death of a child or staff member while in attendance at the service, staff will follow guidelines as set out below.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
NSW Department of Community Services Guidelines	
National Quality Standard	2.2 Safety 7.1 Governance
National Regulations	Section 260

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

The death of a child or staff member whilst in attendance at the service will result in the following procedure:

1 The following organisations must be contacted immediately:
- 1.1 Ambulance service
- 1.2 The police
- 1.3 Community Services (if a child is involved)
- 1.4 Work Cover
- 1.5 The Management Committee and school

2 The centre will notify the parent/guardian/next of kin that a serious accident has happened and advise them to contact the relevant medical agency for further information. At no time should staff inform the parent/guardian/next of kin that a child/staff member has died. The information should be provided in an extremely sensitive manner.

3 In liaison with the school or other staff, all parents (of the other children at the centre) should be contacted to advise them of the death (of the child or staff member) and be provided with the option to collect their child from the centre.

4 At all times, staff will try to keep themselves and other children calm.

5 Counselling will be made available for all children and staff as soon as possible.

6 A detailed report should be written up as soon as possible.

7 In the days following the tragedy, and once the death of the child or staff member has been confirmed by medical authorities, the following procedure will take place:
- 7.1 A senior staff member should calmly explain to the children in simple term what has recently occurred.
- 7.2 Time to express grief and ask questions should be given and to share memories they have of the person.

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P-2.14	May 2020	3	2	Management Committee	May 2023

P-2.14 Death of a Child or Staff Member

7.3 If the centre is closing for staff to attend the funeral, families will be advised with as much notice as possible.
7.4 Continued counselling should be provided for both staff and children where necessary.
7.5 Staff will be supported through an Employee Assistance Program with counselling support.

8 Death of a child or educator out of hours: Educators in the service must be prepared to handle all incidents in a professional and sensitive manner. In the event of tragic circumstances such as the death of a child or educator, the educators will follow guidelines as set out below to minimise trauma to the remaining educators and children in the service.

8.1 In the event of the death occurring out of service hours, a clear emergency procedure will be maintained for the other children at the service.
8.2 If a child is the deceased, the Coordinator/Nominated Supervisor should make contact with the child's school to liaise with them regarding the school's response to the event.
8.3 The Nominated Supervisor should also contact the NSW Regulatory Authority as soon as possible and within 24 hours to report the incident. The school and Network of Community Activities should be contacted to seek additional support, resources or advice.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-14 to P-2.14	Aug 2016
	2	Updated to revised National Quality Standard	Apr 2018
	3	Added 7.5	May 2020

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.14	May 2020	3	2	Management Committee	May 2023

P-2.15 Control of Infectious Diseases

POLICY STATEMENT
We aim to provide a safe and hygienic environment that will promote the health and wellbeing of the children and staff. We will take all reasonable steps to prevent and manage the spread of infectious diseases through the implementation of procedures that are consistent with guidelines of State Health Authorities.

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to the control of infectious diseases.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 172	Offence to fail to display prescribed information
77	Health, hygiene, and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma, and illness
87	Incident, injury, trauma, and illness record
88	Infectious diseases
90	Medical conditions policy
93	Administration of medication
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
172(2)(g)	A notice stating that there has been an occurrence of an infectious disease at the premises
173	Prescribed information to be displayed
175(2)(c)	Prescribed information to be notified to the Regulatory Authority- (2) any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service

ASSOCIATED DOCUMENTS		
National Quality Standard	2.1 Health 2.2 Safety	
NSW Department of Health Guidelines http://www.health.nsw.gov.au/PublicHealth/Infectious/phus.asp		
Department of Education Guidelines		
Work Health and Safety Act 2011		
National Health & Medical Research Council		
NSW Health http://www.health.nsw.gov.au/PublicHealth/Infectious/phus.asp 1300 066 055		
The National Immunisation Program (NIP) Service http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule		
The NSW Immunisation Schedule http://www.health.nsw.gov.au/immunisation/Pages/nsw-immunisation-schedule.aspx		
Staying Healthy – Preventing Infectious Diseases in Early Childhood Education and Care Services, 5th Edition		
Related Policies	Administration Medication Providing a Child-Safe Environment Enrolment and Orientation Governance and Management of the Service Food Handling and Storage Work, Health and Safety Immunisation Work Health and Safety Policy	Incident, Injury, Trauma and Illness Dealing with Medical Conditions Heating, Ventilation and Lighting Pest Control Indoor Environment Outdoor Environment Sleep and Rest

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.15	May 2023	5	4	Management Committee	May 2026

P-2.15 Control of Infectious Diseases

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
NHMRC	National Health and Medical Research Council

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

IMPLEMENTATION

1. The safety of children enrolled at our service is paramount. Every reasonable precaution is taken to protect children from harm.
2. Our Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the Staying healthy: *Preventing infectious diseases in early childhood education and care services (*Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).
3. We are guided by decisions regarding exclusion periods and notification of infectious diseases by *New South Wales Health* and local Public Health Units in our jurisdiction as per the Public Health Act. Recommendations for managing positive cases of COVID-19 in early education and care is provided by **Hornsby Public Health Unit**
4. The need for exclusion and the length of time a person is excluded from the Service depends on:
   4.1. how easily the infection can spread
   4.2. how long the person is likely to be infectious and
   4.3. the severity of the infectious disease or illness.

PROCEDURE

5. **Prevention of the Spread of Infectious Diseases**
   5.1. Universal precautions will be consistently applied across service practices to ensure prevention of the spread of infections is effective.
   5.2. A regularly updated copy of the Department of Health guidelines on infectious diseases will be kept at the service for reference by staff, management and families.
   5.3. If a child is showing symptoms of an infectious disease whilst at home, families are not permitted to bring the child to the service. Children who appear unwell when being signed in by their family will not be permitted to be left at the service.
   5.4. Steps are taken to control the spread of infectious diseases, such as hand washing, using paper towels and cough and sneeze etiquette, in accordance with recognised guidelines.
   5.5. The service will be cleaned daily and rosters maintained as evidence of the cleaning tasks being undertaken.
   5.6. All toilet facilities will have access to a basin or sink with running cold water and soap and paper towel for washing and drying hands.
   5.7. Women and girls will have access to proper feminine hygiene disposal.
   5.8. Soap and paper towel will also be available in the kitchen area.
   5.9. All toilets, hand basins and kitchen facilities used by the service will be cleaned and disinfected daily. General surfaces will be cleaned after each activity and at the end of the day and all contaminated surfaces will be sanitised.
   5.10. Toys will be washed, cleaned and disinfected on a regular basis with material items such as dress ups and cushion covers laundered as required but a minimum of quarterly.
   5.11. Adequate ventilation will be ensured at all times while the centre is in use.
   5.12. Staff and children will be encouraged to seek medical attention and get tested if they show symptoms of an infectious disease or virus.
   5.13. Educators will maintain and model appropriate hygiene practices and encourage the children to adopt effective hygiene practices. As part of children taking increasing responsibility for their own health and physical wellbeing, educators should acknowledge children who are modelling hygiene practices.
   5.14. Informal education in proper hygiene practices will be conducted on a regular basis, either individually or as a group through conversations, planned experiences, inclusion in service routines and reminders. Health and hygiene practices will be highlighted to parents, and where appropriate information sheets or posters will be used by

educators to support these practices.

5.15. Educators will aim to provide a non-judgmental approach to differences in hygiene practices and standards between families in order to support children's developing sense of identity. Where practices differ to standards expected in the service remind children that these are practices to be followed in the service but they may be different for them at home.

5.16. All educators will be advised upon appointment to the position to maintain their immunity to common childhood diseases, tetanus and Hepatitis B through immunisation with their local health professional.

5.17. Parents and staff will be informed about the occurrence of an infectious disease in DEBASCA ensuring that the individual rights of staff or children are not infringed upon.

6. **Management of Infectious Diseases**

6.1. **Approved Provider/ Nominated Supervisor**

6.1.1. Children and staff will be excluded from DEBASCA if they are ill with any contagious illness. This includes diarrhoea and conjunctivitis.

6.1.1.1. Children with diarrhoea will be excluded until there has not been a loose bowel motion for 24 hours.

6.1.2. The period of exclusion will be based on the recommendations outlined by the NHMRC (www.nhmrc.gov.au)

6.1.3. Payment of fees will be required for children during an outbreak of a vaccine-preventable disease, unless other arrangements discussed and agreed to by the management committee, have been made.

6.1.4. The decision to exclude or re-admit a child or staff member will be the responsibility of the Director based on the child's/staff member's symptoms, medical opinion and NHMRC guidelines.

6.1.5. A doctor's clearance certificate will be required for all infectious diseases such as measles, mumps diphtheria, hepatitis A, polio, tuberculosis, typhoid and paratyphoid before returning to the service.

6.1.6. The Director can request a doctor's certificate for other illnesses before re-admitting a child/staff member.

6.1.7. The Service Director or Responsible Person in Charge has the right to refuse access if there are reasonable concerns regarding the child's health.

6.2. **Educators**

6.2.1. All staff will ensure proper hygiene practices are carried out as outlined in the Hygiene policy.

6.2.2. All staff dealing with open sores, cuts and bodily fluids shall wear disposable gloves and practice universal precautions.

6.2.3. Staff with cuts, open wounds or skin diseases such as dermatitis should cover their wounds and wear disposable gloves.

6.2.4. Disposable gloves will be properly and safely discarded and staff are to wash their hands after doing so.

6.2.5. If a child has an open wound it will be covered with a waterproof dressing and securely attached.

6.2.6. If bodily fluids or blood gets on the skin but there is no cut or puncture, wash away with hot soapy water.

6.2.7. In the event of exposure through cuts or chapped skin, promptly wash away the fluid, encourage bleeding and wash in cold or tepid soapy water.

6.2.8. In the event of exposure to the mouth, promptly spit it out and rinse mouth with water several times.

6.2.9. In the event of exposure to the eyes, promptly rinse gently with cold or tepid tap water or saline solution.

6.2.10. In the event of having to perform CPR, disposable sterile mouth masks are to be used, or if unavailable a piece of cloth. The staff person in charge of the first aid kit will ensure that a mask is available in the kit at all times.

6.2.11. Any exposure should be reported to the Nominated Supervisor/Responsible Person in Charge and management to ensure proper follow up procedures occur.

6.2.12. When assisting children with toileting and nappy changing, staff will ensure that they wear gloves and wash their hands afterwards. They will also encourage the child to wash their hands.

6.2.13. Staff will consider the resources they are using when assisting school age children when toileting to ensure they are age appropriate and ensure privacy for the child and ease of use by staff.

6.2.14. Any soiled clothing shall be handled using disposable gloves and be placed in a sealed plastic bag for the parents to take home for laundering. The service will never rinse soiled clothing.

6.2.15. Any blood or bodily fluid spills will be cleaned up immediately, using gloves and the area fully disinfected. Cloths used in cleaning will be wrapped in plastic bags and properly disposed of according to current infection control guidelines.

6.2.16. In accordance with NSW Health Guidelines, the local Public Health Unit will be notified if any child contracts (or is suspected of contracting) any of the following vaccine-preventable diseases:

6.2.16.1. Diphtheria
6.2.16.2. Mumps
6.2.16.3. Poliomyelitis
6.2.16.4. Haemophilus influenza Type b (Hib)
6.2.16.5. Meningococcal disease
6.2.16.6. Rubella ("German measles")
6.2.16.7. Measles
6.2.16.8. Pertussis ("whooping cough")
6.2.16.9. Tetanus

6.2.17. Notification is required and will also be made for an outbreak of gastroenteritis or respiratory illness.
6.2.18. Regulatory authorities will be notified of Covid-19 cases where required under current regulations.
6.2.19. The school will also be notified if the service has been advised that a child has contracted (or is suspected of contracting) a vaccine-preventable disease.
6.2.20. The service will seek advice from the local Public Health Unit should they suspect an infectious disease outbreak is affecting the service, ~~such as gastroenteritis or respiratory illness.~~
6.2.21. If a staff member is unwell they should not report for work (see section Staff Policies section C-4 Professional Behaviour)
6.2.22. Staff should contact DEBASCA as soon as possible to inform the director that they are unable to attend work.
6.2.23. Staff who present for work who are obviously unwell will be sent home by the Director.
6.2.24. If a staff member becomes ill or develops symptoms at DEBASCA they can return home if able or organise for someone to take them home.
6.2.25. The Director will organise a suitable replacement as soon as possible, if need be.

6.3. **Children and Families**

6.3.1. Children and staff with infectious diseases will be excluded from the service for the period recommended by the NHMRC.
6.3.2. Where there is an outbreak of an infectious disease, each enrolled child's family or emergency contact will be notified within 24 hours under ordinary circumstances. The service will maintain confidentiality when issuing the notification and ensure it is not prejudicial or identify any children.
6.3.3. In the event of an outbreak of vaccine-preventable disease at the service or school attended by children at service, parents ~~of~~ and children not immunised will be required to stay at home for the duration of the outbreak, for their own protection.
6.3.4. If a child is showing symptoms of an infectious disease whilst at home, families are not permitted to bring the child to the service. Children who appear unwell when being signed in by their family will not be permitted to be left at the service.
6.3.5. If a child becomes ill or develops symptoms at DEBASCA, the parents will be contacted to take the child home. Where they are not available, emergency contacts will be called to ensure the child is removed from the service promptly. See P-2.13 Incident, Injury, Trauma and Illness Policy.
6.3.6. Parents will be informed about the policy on Infectious Diseases and Illness upon enrolment.

7. **Management of HIV/AIDS/Hep B and C**

7.1. Under the Federal Disability Act and the Equal Opportunity Act, there will be no discrimination based on a child's/family/educators HIV status.
7.2. A child with AIDS shall be treated as any other child and will have the same level of physical contact with educators as other children in the centre.
7.3. Where educators are informed of a child, family member or another educator who has HIV/AIDS or Hep B or C, this information will remain confidential at all times. The service has no obligation to advise other families attending the service of a child's or educators HIV status.
7.4. Proper safe and hygienic practices will be followed at all times and implementation of procedures to prevent cross infection as identified in this policy will be consistently implemented.
7.5. Educators and families will be encouraged to participate in AIDS and Hepatitis education.

8. **For information relating to Pandemic Control, refer to COVID-19 Management Policy (Policy Area 7)**

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.15	May 2023	5	4	Management Committee	May 2026

P-2.15 Control of Infectious Diseases

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Edited Policy Statement Added NSW Health in Associated Documents Deleted 'Sick Child or Adult' definition Added 1.1-1.15 Re-ordered 2.1 – 2.3 Added section 3	Sep 2015
	2	Reformatted Policy number: D-15 to P-2.15	Aug 2016
	3	Updated to the revised National Quality Standard	Apr 2018
	4	Added Clause 4	May 2020
	5	Added Legislative Requirements title and added 86, 87, 93, 162, 168, 170, 172, 173, 175 Moved regulations under Legislative Requirements Added Related Policies Added Implementation Minor re-wording 5.4 Added 5.11, 5.12, 6.2.17, 6.2.18 Minor rewording 6.3.3	May 2023

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.15	May 2023	5	4	Management Committee	May 2026

P-2.16 Immunisation

POLICY STATEMENT
Childhood diseases can cause serious health complications and sometimes even death. The diseases can spread rapidly from child to child and within the community. If children remain unprotected, serious outbreaks, and even epidemics, of diseases may occur. Immunisation of children and adults is a safe and effective way of protecting the community from disease. It protects the person who has been immunised, children who are too young to be vaccinated, and other people who have been vaccinated but did not respond to the vaccine. It significantly reduces the risks, complication and mortality associated with vaccine preventable diseases. The service respects the right of individual parent's decision of whether to vaccinate or not to vaccinate their children. Unimmunised children can be accepted into the program. However, no government subsidies will be applied to families who fall into this category. This is in accordance with government guidelines and eligibility criteria. In the event of an outbreak of a vaccine-preventable disease, notification will be given to all parents and children who are not immunised will be excluded for the period of any outbreak of a vaccine-preventable disease. Proof of immunisation will be required at the enrolment stage and recorded on the service's electronic system. Educators and staff at the service also benefit from being up to date with immunisations. It reduces the risks in pregnancy from infectious diseases. Educators and staff are encouraged to have up to date vaccinations in accordance with the National Immunisation Program. Educators, staff and families can refer to current information on the National Immunisation Program (NIP) by accessing the National Immunisation Program Schedule https://beta.health.gov.au/resources/publications/national-immunisation-program-schedule-portrait

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Department of Health Recommendations	
Children (Education and Care Services) National Law NSW	r77, 88, 90, 162
National Quality Standard	2.1 Health 2.2 Safety 6.1 Supportive relationships with families
Education and Care Services National Regulations 2010	
Public Health Act 2010	
Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013	
Local SW Public Health Unit Contact Details - http://www.health.nsw.gov.au/Infectious/Pages/default.aspx	
National Immunisation Program (NIP) Schedule can be accessed and downloaded from: https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule	
Immunisation Enrolment Kit https://www.health.nsw.gov.au/immunisation/Publications/immunisation-enrolment-toolkit.pdf	
School Immunisation Enrolment Kit https://www.health.nsw.gov.au/immunisation/Publications/school-immunisation-enrolment-toolkit.pdf	
School Immunisation Brochure https://www.health.nsw.gov.au/immunisation/Publications/school-immunisation-brochure.pdf	

DEFINITIONS	
ACIR	Australian Childhood Immunisation Register
DEBASCA	Denistone East Before and After School Care Association

RESPONSIBILITIES

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.16	Mar 2020	4	3	Management Committee	Mar 2023

P-2.16 Immunisation

Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Upon enrolment of their child, parents/guardians must provide the service with a copy of:
- 1.1 An Australian Immunisation Register (AIR) Immunisation History Statement for a child that is up to date, not up to date or can't be immunised for medical reasons or has natural immunity, OR
- 1.2 An AIR Immunisation History Form for a child on a recognised catch-up schedule, which has been certified by an immunisation provider.

2 Other records will not be accepted as evidence of immunisation status, such as the NSW Personal Health Record (Blue Book), a GP letter or an overseas immunisation record.

3 Overseas immunisation records will not be accepted. The parent/guardian will be advised to take their child's immunisation records to an approved immunisation provider to record on the AIR using the AIR Immunisation History Form.

4 If an approved immunisation certificate is not provided at enrolment, children can still be enrolled but they will be considered as unimmunised in the services' immunisation register.

5 Unimmunised children without an approved immunisation certificate and those who are unimmunised will be excluded from the service if there is an outbreak of a vaccine preventable disease at the service/school OR if they come into contact with a person with a vaccine preventable disease, even if there is no outbreak at the service. This will assist in protecting the health and wellbeing of unvaccinated children and prevent likelihood of infection being passed onto others.

6 The service will ensure that a register is kept at the service that captures each child's immunisation status.

7 Payment of fees will be required for children excluded during an outbreak of a vaccine-preventable disease, unless other arrangements have been agreed to by the Nominated Supervisor and/or the Management Committee and the parent.

8 All staff should maintain their immunity to common childhood diseases, for example, whooping cough and chicken pox through immunisation. Staff and educators will be asked for their immunisation status upon employment.

9 Vaccination against influenza and Hepatitis A is recommended for all staff. Reimbursement for any out-of-pocket costs will be made available.

10 It is also recommended that all adults receive a booster dose of tetanus and diphtheria vaccine every 10 years.

P-2.16 Immunisation

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-16 to P-2.16	Aug 2016
	2	Updated to the latest revised National Quality Standard Changes made to reflect April 2018 updates to immunisation regulatory changes	Apr 2018
	3	Minor edits made	March 2019
	4	Policy statement re-drafted Removed reference to allowable absences – does not apply (obsolete)	March 2020

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.16	Mar 2020	4	3	Management Committee	Mar 2023

P-2.17 Head Lice Policy

POLICY STATEMENT
This policy is intended to outline roles, responsibilities, and expectations of the Service to assist with early identification, treatment, and control of head lice in a consistent and coordinated manner. Head lice continue to cause concern and frustration for families, educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age. Whilst families have the primary responsibility for the detection and treatment of head lice our Service will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
National Law	Education and Care Services National Law Act 2010
Education and Care Services National Regulations	88 Infectious Diseases 77 Health, hygiene and safe food practices
National Quality Standard	2.1 Health 2.2 Safety
NSW Dept of Education	https://education.nsw.gov.au/parents-and-carers/wellbeing/health-and-safety/removing-head-lice-and-nits

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Head Lice	*Pediculosis Capitis* or head lice are insects that live in hair and suck blood from the scalp, sometimes causing itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs (nits) are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and start biting the scalp to feed on blood. Adult lice mate, the females lay more eggs, and the cycle continues.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

Head Lice

People get head lice from direct head to head contact with another person who has head lice. This can happen when people play, cuddle or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl. Head lice do not live or breed on animals, bedding, furniture, carpets, clothes or soft toys. They rarely spread by sharing hats. Head lice can be controlled through a consistent, systematic community approach.
While head lice are not know to carry disease, they are a nuisance for parents and children. The social stigma associated with head lice infestation can affect children's comfort and confidence.

Finding Head lice

Head lice do not necessarily cause an itch, and may be difficult to observe. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique. (See Treatment section below) Head lice are found on the

hair shaft itself and move to the scalp to feed. They can be brown or grey in colour. Head lice have six legs, which end in a claw, and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff, but can't be brushed off.

PROCEDURE

1. Responsibilities of Management, Nominated Supervisor, Responsible Persons and Educators:

1.1 Be aware that if one child at the Service has head lice, it is likely that several others also have them.

1.2 Reduce head-to-head contact between all children when the Service is aware that someone has head lice.

1.3 The Director or nominated supervisor will confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day.

1.4 Keep families informed if there is someone at the Service with head lice. Ensure anonymity of the child when giving notice to families. Notice should be given to families so that families can check for signs and minimize potential outbreak from occurring.

1.5 Support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice (see below).

1.6 Provide families with suggestions of effective treatment for head lice (see below).

1.7 Encourage parents to tie back children's hair when attending the Service.

1.8 Encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks – eg: avoid sharing hairbrushes & hats.

2. Responsibilities of families

2.2 Check your child's head once a week and check for head lice.

2.3 Ensure you check all members of your family if one person has head lice (there is no need to treat the whole family, unless they also have head lice)

2.4 Ensure your child does not attend the Service with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the Service if your child is affected so the Service can monitor the number of cases and act responsibly if a high number of cases are reported.

2.5 Check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs from your child's hair using the conditioner method and head lice comb.

2.6 Once treatment has started, your child can attend the Service.

2.7 Children with long hair will attend the Service with their hair tied back.

2.8 Families will only use safe and recommended practices to treat head lice.

2.9 Families will maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.

3. Treatment

3.1. The two most common methods used for the treatment of head lice are the conditioner/combing technique and chemical treatments.

3.2. Conditioner and Combing Technique

3.2.1. Conditioner stuns lice and blocks their breathing pores. This, together with the slippery effect of the conditioner, makes it easier to mechanically remove the lice.

3.2.2. Untangle dry hair with an ordinary comb.

3.2.3. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.

3.2.4. Use an ordinary comb to evenly distribute the conditioner and divide the hair into four or more sections using hair clips.

3.2.5. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.

3.2.6. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.

3.2.7. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.

3.2.8. Wash out the conditioner.

3.2.9. Clean the comb using hot soapy water and rinse off with hot water.

3.2.10. Repeat the conditioner and combing method after seven days to ensure that any immature head lice that have hatched are removed before they can lay more eggs.

3.3. Chemical treatments

3.3.1. There are four main categories of head lice products available in Australia which may include an active compound which kills head lice and some eggs (nits). Any head lice treatment product used should carry an Australia Registered (AUST R) number on the outer packaging indicating the product is accepted by the Therapeutic Goods Administration for supply in Australia. No treatment kills all eggs so the hair must be retreated after 7-10 days to kill any head lice that may have hatched or survived the first treatment.

3.3.2. There are many different chemical products available to use for head lice for children aged more than six months—your pharmacist can help you choose a product.

3.3.3. No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	New policy P-2.32	Aug 2018
	1	Added information for the procedure and treatments of head lice. Associated Docs – Added: regulation 77 – Health, hygiene and safe food practices; NSW Dept Education.	Sept 2020

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.31	Sept 2020	1	NEW	Management Committee	Sept 2023

P-2.18 Road Safety

POLICY STATEMENT
Traffic related injuries remain one of the leading, preventable causes of death and serious injury for young children. Driveways, car parks, unfenced yards; private roads and farms are particular danger areas and many young children, are killed or injured each year in their own home driveway (Kids and Traffic, 2014; Kidsafe, 2018). Our duty of care as an Education and Care Service, is to provide children with an adequate level of care and protection to safeguard their health, safety and wellbeing at all times. We will ensure best practice guidelines are implemented with children, families and Educators of the Service, to ensure children are kept safe whilst travelling as pedestrians, cyclist and passengers in vehicles. As Educators, we encourage children and families to participate in road safety education to help them become safe and responsible road operators.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
National Law	Education and Care Services National Law Act 2010
Education and Care Services National Regulations	99 – Children leaving the education and care service premises 100 – Risk assessment must be conducted before excursions 101 – Conduct of risk assessment for excursions 102 – Authorisation for excursions 102A – Transportation of children other than as part of an excursion 102B – Transport risk assessment must be conducted before service transports child 102C – Conduct of risk assessment Transportation of children other than as part of an excursion
National Quality Standard	2.1 Health 2.2 Safety
Kidsafe	https://kidsafe.com.au/
Kids and Traffic	https://www.kidsandtraffic.mq.edu.au/

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 A Nominated Supervisor / Responsible Person will ensure:

1.1 **Education:**

1.1.1 Road safety education is provided within the program for children and families, whether it is through special themed days or reminders in family newsletters.

1.1.2 Where needed, parents and guardians are provided with road safety information, including but not limited to safe parking reminders, local area speed limits, transporting children safely to and from the Service, using appropriate child restraints, role modeling safe road use and not driving whilst intoxicated.

1.2 For 'bike/wheels' themed days, there are clear safety rules for children to wear their helmets if they are to ride their bikes and scooters in the outdoor environment.

1.3 Parents have a clear understanding about our policies in order to keep children safe.

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.32	Oct 2022	1	New	Management Committee	Oct 2025

P-2.18 Road Safety

1.4 Children are given clear instructions on how to cross at the school crossing especially at times when the boom gates are up.
1.5 During term time, the traffic controller is present at the Brabyn street crossing when the boom gates are up, when sending the children to school or collecting children from school after the school bell has rung.
1.6 Children participate in excursions only if they have parent permission, including walking excursions where they will walk to local venues.
1.7 A risk assessment is completed prior to excursions to ensure the safest route and minimise or mange any potential risks.
1.8 After morning sessions, an educator is allocated at the Brabyn street crossing to assist with the safe crossing of children to school.
1.9 The correct use of seatbelts for each child and educator when using a hired bus to transport children for excursions.

2 Educators will ensure:

2.1 Children are adequately supervised at all times.
2.2 Children will not cross Brabyn Street on their own during session time, unless with the written permission of their parents (for e.g.: after being signed out for an extra curricular activity and they are no longer within DEBASCA duty of care). Or permission from their Master Enrolment Form to cross with staff for programmed activities during the session of care.
2.3 When crossing Brabyn Street, educators and children will cross at the school crossing at all times.
2.4 Road safety is embedded into the program, supporting children's understanding and knowledge.
2.5 Children are educated about the importance of road safety, obeying the rules, listening to families, holding hands, pedestrian safety, car safety etc.
2.6 Rules for wearing helmets are reinforced when bikes and scooters are made available to children.
2.7 Where needed, they discuss with families appropriate road safety expectations, including leaving children in the car, intoxication whilst driving etc. If an educator suspects a parent is driving whilst under the influence of drugs or alcohol, the Nominated Supervisor/Responsible Person will inform police immediately and educators will ask that the parent refrain from driving.
2.8 They follow appropriate procedures in the event of a vehicle accident including children, educators or families, informing management.
2.9 Parents are notified as soon as practicable but within 24 hours if their child is involved in an accident at the Service or while under Service care. Also, details of the incident/accident will be recorded on an Incident, Injury, Trauma and Illness Record.
2.10 If the incident/accident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the Regulatory Authority will be notified within 24 hours.
2.11 They adhere to their duty of care to keep children safe.
2.12 Enact safe crossing procedures when crossing Brabyn street with children – stopping the children at the edge of the crossing to check for any cars, ensure they stay on crossing whilst children are crossing and are the last person to cross.

3 Parents are responsible for:

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

P-2.18 Road Safety

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	New policy P-2.33	Sep 2018
	1	Minor re-wording of Policy statement Added Kidsafe and Kids and Traffic to Associated Documents Reviewed and added 1.6, 1.9, 1.10, 2.12	Oct 2022

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.32	Oct 2022	1	New	Management Committee	Oct 2025

P-2.19 Dealing with Medical Conditions

POLICY STATEMENT
Medical conditions including, but not limited to, asthma, allergies, anaphylaxis and diabetes need to be effectively managed to ensure educators are able to adequately care for the needs of children. The management of such medical conditions includes the child, the parents, the staff and medical professionals. With effective management of medical conditions children will be able to participate in all aspects of quality care and Education. Our service will work closely with children, families and where relevant, schools and other health professionals to manage medical conditions of children attending the service. We will support children with medical conditions to participate fully in the day to day program in the service in order to promote their sense of well being, connectedness and belonging to the service (*"My Time, Our Place"* 1.2, 3.1). Our Educators will be fully aware of the nature and management of any child's medical condition and will respect the child and the family's confidentiality (*"My Time, Our Place"* 1.4).

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Department of Health Recommendations	
Asthma Aware - Out of School Hours Care Asthma Management Guidelines 2013	
Asthma Foundation of NSW	www.asthmansw.org.au
Diabetes Australia	https://www.diabetesaustralia.com.au/
Diabetes NSW	https://diabetesnsw.com.au/
Epilepsy Action Australia	https://www.epilepsy.org.au/
Department of Planning, Industry and Environment	Current Air quality for Asthma: https://www.dpie.nsw.gov.au/air-quality/current-air-quality
National Law	Section 173
Education and Care Services National Regulations	Regulation 90-96 Regulation 168 (2) (d)
National Quality Standard	2.1 Health; 2.2 Safety 6.2 Supportive relationships with families; 6.3 Collaborative partnerships
Australian Health Protection Principal Committee (AHPPC)	https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc
Disability Discrimination Act 1975	
NSW Anti-discrimination Act 1977	
Work Health and Safety Act 2011	
Individual Medical Management Plans/Action Plans and corresponding resources	
Service policy	P-2.3 Nutrition and Dietary Requirements P-2.15 Control of Infectious Diseases P-2.20 Administration of Medication

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
WHS	Workplace Health and Safety
DPIE	Department of Planning, Industry and Environment

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.19	May 2022	7	6	Management Committee	May 2025

P-2.19 Dealing with Medical Conditions

PROCEDURE

1 Identifying Children with Medical Conditions

1.1 Parents will be asked to inform the service of any medical conditions the child may have at the time of enrolment. This information will be recorded by the parent on the child's enrolment form.

1.2 Medical conditions include but will not be limited to allergies, anaphylaxis, asthma, diabetes and other medical conditions.

1.2 Upon notification of a child's medical condition the service will provide the parent with a copy of this policy in accordance with regulation 91.

1.3 Where the parent indicates the child has a medical condition, the parents will be required to provide a Medical Management Plan/Action Plan which is developed and signed by the child's doctor. This is a legal requirement under National Regulations.

1.4 It is also a requirement that a Risk Minimisation Plan and Communication Plan be developed in consultation with the parents. This is a legal requirement under National Regulations.

1.5 The Service Director/Coordinator/Health admin will meet with the parents prior to the child's attendance to review content of the plans to assist in a smooth and safe transition of the child into the service.

1.6 Parents are required to list allergens on their enrolment form. Where the details of known allergens change or there is a change in the medical condition parents will be required to notify these changes to the service Director in writing as soon as practical. This change should be recorded on the child's Communication Plan then signed and dated by the parent.

1.7 The service may request at any time for medical changes listed on the Communication Plan to be supported by evidence from a medical practitioner.

1.8 Where a child already enrolled in a service subsequently falls into this category then the parents will also be required to follow these procedures as detailed above.

1.9 The parents are required to give permission for the centre to display the child's name, photograph and medical condition to be displayed in the office/kitchen. In this event, child safety will override privacy and the child's information will be displayed for ease of access in an emergency.

1.10 The Medical Management Plan/Action Plan will be followed in the event of any incident relating to the child's specific health care need, allergy or relevant medical condition (this is in accordance with Regulation 90).

1.11 All educators including volunteers and office staff will be informed of the list of children with medical conditions and provided orientation on what action to take in the event of a medical emergency involving that child. Also will be shown the location of the children's action plans and medication.

2 Medication Provision

2.1 Where prescribed by the child's doctor, parents must provide any medication listed on the child's Medical Management Plan/Action Plan, including an EpiPen®/Anapen® (if required), asthma relieving medication and spacer (if needed) to the service. Medication should be provided in accordance to *P-2.20 Administration of Medication Policy.*

2.2 Medication must be within expiry date. Parents will be reminded when to renew their medication prior to expiry. If a parent fails to replace medication before its expiry date, the child will not be allowed to attend care, or may be sent home until in-date medication is provided.

2.3 In the event that a child suffers from reaction, incident, situation or event related to a medical condition the

Service and staff will:

2.3.1 Follow the child's Emergency Medical Management Plan/Action Plan.
2.3.2 Call an ambulance immediately by dialling 000
2.3.3 Commence first aid measures/monitoring
2.3.4 Contact the parent/guardian when practicable (within 24 hours)
2.3.5 Contact the emergency contact if the parents or guardian can't be contacted when practicable (within 24 hours)
2.3.6 Notify the regulatory authority (within 24 hours)

3 Service expectations

3.1 The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

3.2 Whilst the service will implement a range of specific procedures and risk minimisation strategies to reduce the likelihood of common allergens within the service, staff and parents need to be aware that it is not possible for an education and care service to remain totally allergen free considering the nature of such a service and the involvement with a large number of children, parents, staff and community members.

3.3 The service does not provide nuts or peanut products. However, the service does purchase and will offer children "food that may contain traces of nuts" or "made on equipment that may process nuts" unless specified not to on the child's Risk Minimisation Plan and/or through any communication with parents (e.g: via email).

3.4 Where a child has an allergy, anaphylaxis or intolerance to a food item, the centre chef will provide an alternative for the allergic child which does not contain the allergen food. There will be written documentation instructing staff when separate food for a child has been prepared.

3.5 Where it is necessary for other children to consume the food allergen, the children and staff will practice effective hand washing so as not to cause cross contamination. Food sharing will not be allowed.

3.6 Parents of children with an allergy may be asked to supply a particular diet if required, however the service endeavors to provide suitable alternatives at all times.

3.7 Educators will monitor children for any first-time reactions to an allergen, then proceed with first aid – see policy *P2.20 Administration of Medication*.

3.8 Educators accompanying children to or from the service, or outside the Service on excursions, carries the prescribed medication and a copy of the epilepsy Medical Management Plan and Emergency Action Plan for children diagnosed with epilepsy.

3.9 All senior educators placed in day-to-day charge of the service will keep their First Aid, CPR, Asthma & Anaphylaxis, and other required specialised training up to date.

3.10 First Aid kits are available in each DEBASCA building. Thermometers & Children's Panadol is kept available. The office has spare spacers available. Medication will always be kept in date. First Aid trained staff will be trained in the use of an EpiPen®, asthma reliever medication and spacer.

3.11 General Medical Management Plans/Action Plans for Asthma, Allergy/Anaphylaxis, Epilepsy, Diabetes will be displayed in the office, as needed.

3.12 Potential triggers will be minimised or eliminated where possible. The risk minimisation plan will include details of this.

3.13 The Menu & Programs delivered at the service are inclusive of children diagnosed with medical conditions, so they can participate safely and to their full potential.

P-2.19 Dealing with Medical Conditions

4 Asthma

4.1 Educators will regularly check the air quality from the Dept of Planning, Industry & Environment through the daily WHS checklist.

4.2 Potential asthma triggers will be minimised within the centre's indoor environment. These include:

- 4.2.1 Keeping the service well ventilated.
- 4.2.2 Where possible, keeping pets out of the centre or away from children with pet allergies.
- 4.2.3 Having a 'no smoking' policy in place.
- 4.2.4 Having the rooms vacuumed/mopped once a day.
- 4.2.5 Having the carpet professionally cleaned once a term.
- 4.2.6 Wiping down the window sills once a week
- 4.2.7 Having the ceiling fans dusted and air conditioning filters cleaned regularly.
- 4.2.8 A record kept of children with known food allergies.

4.3 Potential asthma triggers will be minimised in the centre's outdoor environment. These include staff being aware that during extreme temperatures, e.g.: very cold days, high wind days, high pollen days, high pollution days or during dust storms, some children are more likely to be affected by asthma and activities should be planned accordingly.

4.4 Asthma reliever medication will be readily available for children who have asthma:

- 4.4.1 Children are encouraged to carry or have available an appropriate blue reliever puffer and delivery device and wherever possible self-administer.
- 4.4.2 Asthma reliever medication, such as a blue reliever puffer (Ventolin) will not be considered in the same context as prescription medication, and children will be allowed to carry this with them.
- 4.4.3 It is the responsibility of parents/guardians to ensure that their child has an adequate supply of reliever medication at the service and that it is clearly labeled with the child's name. This must be kept current. *Refer to P-2.20 Administration of Medication Policy* for policy on keeping medication at the service.
- 4.4.4 DEBASCA will have a blue reliever puffer (Ventolin) and a spacer available for use in the event of an emergency, or a child misplacing his/her medication.
- 4.4.5 In such cases where a spacer device has not been provided by a parent, DEBASCA will keep spares and that will be used. This spacer device will then be kept in the child's box for their personal use, as spacer devices should not be shared. The cost for the spacer will be charged to the parents account.
- 4.4.6 Where a child carries their own asthma medication, they should be encouraged to report to an educator their use of the puffer as soon as possible after administering and the service maintain a record of this medication administration including time, educator advised and if the symptoms were relieved.
- 4.4.7 If a child has asthma for the first time, the centre has Ventolin available, along with spare spacers to use for the child. That spacer would then become the property of that child.

5 Diabetes

5.1 The child's diabetes medical action plan, should include details such as:

- 5.1.1 blood glucose testing- BG meter
- 5.1.2 insulin administration
- 5.1.3 food, carbohydrate counting
- 5.1.4 how to store insulin correctly
- 5.1.5 how the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
- 5.1.6 oral medicine the child may be prescribed
- 5.1.7 managing diabetes during physical activities and excursions
- 5.1.8 permission for the child to self-administer blood glucose testing and insulin injecting

5.2 Staff and volunteers at the Service are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes Medical Management Plan

5.3 Refer to the *Administration of Medication* policy, if the child self administers.

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6 Epilepsy

6.1 The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have a Medical Management Plan. It is important that all those working with children living with epilepsy have a thorough understanding of the effects of seizures, required medication and appropriate first aid.

7 Allergies / Anaphylaxis

7.1 In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:

- 7.1.1 Call an ambulance immediately by dialling 000
- 7.1.2 Commence first aid measures
- 7.1.3 Contact the parent/guardian when practicable
- 7.1.4 Contact the emergency contact if the parents or guardian can't be contacted when practicable
- 7.1.5 Notify the regulatory authority within 24 hours

7.2 In the event that a child suffers from an anaphylactic reaction the Service and staff will:

- 7.2.1 Follow the child's anaphylaxis action plan. **Note**: the parent/guardian must provide the correct Medical Management Plan/Action Plan correlating to the auto injector supplied, i.e.: an EpiPen® Action Plan if providing the service with an EpiPen®; or an Anapen® Action Plan if providing the service with an Anapen®
- 7.2.2 Call an ambulance immediately by dialling 000
- 7.2.3 Commence first aid measures
- 7.2.4 Contact the parent/guardian when practicable
- 7.2.5 Contact the emergency contact if the parents or guardian can't be contacted when practicable
- 7.2.6 Notify the regulatory authority within 24 hours

8 Self-Administration of Medication

8.1 A child may self-administer medication under the following circumstances:

- 8.1.1 Written authorisation is provided by the parent or person with the authority to consent to the administration of medication
- 8.1.2 Medication is to be provided to staff, and they will provide it to children when required. Children may carry their own asthma puffers (Ventolin) and on recommendation by their doctor, their own EpiPen®/Anapen®
- 8.1.3 Following practices outlined in the *Dealing with Medical Conditions* Policy including anaphylaxis and allergies, asthma and diabetes.

8.2 Where self-administration of medication has been witnessed by an educator, an Administration of Medication form will be completed for parents to sign as soon as practicable.

8.3 When a child notifies an educator that they have self-administered themselves their medication, the medication and time will be noted on an Administration of Medication form.

P-2.19 Dealing with Medical Conditions

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	November 2013
	1	- Added first paragraph under Policy Statement - Added 1.2 - Re-wording 1.3 - Removed 1.5 - Added 1.8, 1.9, 1.10 - Added section 2 - Added section 3	June 2015
	2	Edited wording in 1.6 Added clause 1.7 Edited wording in 2.2	Aug 2016
	3	Reformatted Policy number: D-19 to P-2.19	Aug 2017
	4	Updated to latest revised National Quality Standard Edited 3.4 Edited 3.5	Apr 2018
	5	Merged polices: 2.17, 2.18 into this policy 2.19	Aug 2020
	6	Minor changes	Dec 2021
	7	Adjusted terminology Medical Management Plan/Action Plan to be consistent throughout 2.2 changed 'may not' to 'will not' 3.3 minor wording change 3.9 minor wording change 3.10 minor wording change 3.11 minor wording change 7.2.1 Included additional Note 8.1.2 Added Anapen® throughout the Policy	May 2022

P-2.20 Administration of Medication

POLICY STATEMENT
We aim to ensure the proper care and attention to all children by following regulatory guidelines regarding medications given to the children. All medications must be administered as prescribed by medical practitioners to ensure the continuing health, safety, and wellbeing of the child. Families requesting the administration of medication to their child will be required to follow the guidelines developed by the service to ensure the safety of children and educators. The Service will follow legislative guidelines and standards to ensure the health of children, families, and educators at all times. Under the *Education and Care Services National Law and Regulations*, early childhood services are required to ensure medication records are kept for each child to whom medication is or is to be administered by the service (reg 92).

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to the administration of medication.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Regulation 90 (1) (a)	Medical conditions policy. The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
Regulation 91	Medical conditions policy to be provided to parents
Regulation 92	Medication record
Regulation 93	Administration of medication
Regulation 94	Exception to authorisation requirement - anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 96	Self-administration of medication
Regulation 136	First Aid qualifications
Regulation 162	**Health information to be kept in enrolment record**

ASSOCIATED DOCUMENTS		
National Quality Standard (NQS) Quality Area 2: Children's Health & Safety	2.1.1 Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation. 2.1.2 Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented. 2.2 Safety – Each child is protected 2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard. 2.2.2 Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.	
Related Policies: Acceptance and refusal of authorisations Administration First Aid	Enrolment and orientation Incident, injury, trauma and illness Privacy and confidentiality Providing a child safe environment	Medical Conditions Supervision Policy

DEFINITIONS	
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
Approved first aid qualifications	A qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of

P-2.20 Administration of Medication

	approved first aid qualifications and training on the ACECQA website. Matters are likely to include: Emergency life support and cardio-pulmonary resuscitation; convulsions; poisoning; respiratory difficulties; management of severe bleeding; injury and basic wound care; and administration of an auto- immune adrenalin device.
DEBASCA	Denistone East Before and After School Care Association
Medication	Medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website (tga.gov.au).
Medical Condition	This may be described as a condition that has been diagnosed by a registered medical practitioner.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

1. IMPLEMENTATION

1.1. To ensure all educators of the Service understand their liabilities and duty of care to meet each child's individual health care needs

1.2. All staff are informed where medication is stored and/or any specific dietary restrictions relating to their health care need or medical condition.

1.3. Staff are trained in the administration of emergency medication.

1.4. We will communicate with families about their children's health requirements in a culturally sensitive way.

2. **PROCEDURE**

2.1. Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Service to ensure the safety of children and educators

2.2. The Service will follow legislative guidelines and adhere to the National Quality Standard to ensure the health of children, families, and educators at all times.

3. The Approved Provider/ Nominated Supervisor will ensure:

3.1. Parents who request medication to be administered to their child while in care at DEBASCA will be required to complete and sign an Administration of Medication form.

3.2. Medication is only administered by the service with written authority signed by the child's parent and/or other authorised person/s named in the child's enrolment form.

3.3. written consent is requested from families on the enrolment form to administer emergency asthma, anaphylaxis, or other emergency medication or treatment if required.

3.4. Medication provided by the child's parents must adhere to the following guidelines:

3.4.1. The administration of any medication is authorised by a parent/guardian/authorised person in writing

3.4.1.1. A Medication Authorisation Form will be completed for each child, and each medication they require to be administered whilst in our care.

3.4.2. Medication is prescribed by a registered medical practitioner with instructions either attached to the medication, or in written form from the medical practitioner eg: Action Plan or doctor's letter.

3.4.3. Medication is in the original container/packaging

3.4.4. Medication has a prescription label clearly showing the correct name of the child on it;

3.4.5. Medication is before the expiry/use by date.

3.5. Any person delivering a child to the Service must not leave any type of medication in the child's bag or locker, unless it is the child's supply (as opposed to the service's supply) of Ventolin/Epipen medication for the child to self-administer. Medication must be given directly to an educator for appropriate storage upon arrival.

3.6. Written and verbal notifications are given to a parent or other authorized person as soon as practicable if medication is administered to the child in an emergency when consent was either verbal or provided by medical

practitioners.

3.7. If medication is administered without authorization, e.g: in the event of an asthma or anaphylaxis emergency the parent of the child are notified as soon as practicable.
3.8. If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
3.9. Enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
3.10. Reasonable steps are taken to ensure that medication records are maintained accurately.
3.11. Medication forms are kept in a secure and confidential manner and archived for the regulatory prescribed length of time following the child's departure from the service.
3.12. Children's privacy is maintained, working in accordance with the Australian Privacy Principles (APP).
3.13. Educators receive information about medical and medication policies during their induction.
3.14. Families are informed of the Service's medical and medication policies
3.15. For medication in the form of tablets, where possible, only the dosage needed for the session or day will be left on the premises.
3.16. For long term supply of medication (e.g. ADHD/ADD, epilepsy) the service will require a letter from the child's doctor outlining the need for the medication to be administered.
3.17. Safe practices are adhered to for the wellbeing of both the child and educators.
3.18. children with specific health care needs or medical conditions have a current medical management plan detailing prescribed medication and dosage by their medical practitioner

4. The Nominated Supervisor/Responsible Person/Educators will:

4.1. Ensure that medications are stored in a labelled medication container, inaccessible to children, e.g.: the office.
4.2. For medications requiring refrigeration, they will be stored in a labelled and locked medication container in the kitchen fridge with the key kept in a separate location, inaccessible to children.
4.3. Lifesaving medication (e.g.: Epipen and Ventolin) will be kept accessible for ease of access in an emergency. A copy of the child's action plan will be kept with their medicaton. A general version of action plans will be kept with the spare life saving medications available at the centre.
4.4. Not administer any medication without the authorisation of a parent or authorised person, except in the case of an emergency, when the written consent on an enrolment form, verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted. This does not include emergency Asthma or Anaphylaxis treatment, where prior consent is not required to administer this potentially life-saving medication/treatment.
4.5. Ensure that two educators administer and witness medications at all times. One of these educators must have approved First Aid qualifications in accordance with current legislation and regulations. Both educators are responsible for:
  4.5.1. Checking the Medication Form and/or Action Plan
  4.5.2. Checking the prescription label for;
    4.5.2.1. The child's name
    4.5.2.2. The dosage of medication being administered
    4.5.2.3. The expiry or use-by date.
    4.5.2.4. The method of dosage/administration
  4.5.3. Confirming that the correct child is receiving the medication
  4.5.4. Signing and dating the medication form
4.6. Ensure medication is returned to its secure position after use.
4.7. Follow hand-washing procedures before and after administering medication.
4.8. Discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child, checking if the child has any allergies to the medication being administered.
4.9. Seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication if required.
4.10. Ensure that the instructions on the Medication Authorisation Form are consistent with the doctor's instructions and the prescription label – notify the Nominated Supervisor if there are any inconsistencies.
4.11. Ensure that the Medication Record is completed and stored correctly including name and signature of witness, time and date.

4.12. Observe the child post administration of medication to ensure there are no side effects.
  4.12.1. respond immediately and contact the parent/guardian for further advice if there are any unusual side effects from the medication.
  4.12.2. contact emergency services on **000** immediately if a child is not breathing or having difficulty breathing following administration of any medication

5. Families will:

5.1. Provide management with accurate information about their child's health needs, medical conditions and medication requirements on the enrolment form
5.2. Notify the service when children are taking any short-term medications outside of the service.
5.3. Notify the service, via the enrolment form or email when children are taking any long-term or precautionary medications outside of the service. Parents should inform the service of the nature of the medication and its purpose and of any side effects it may cause so that staff can properly care for the child. Parents should also inform of any changes to this prescription.
5.4. Be requested to sign consent to use creams and lotions (provided on enrolment form) should first aid treatment be required.
5.5. keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
5.6. NOT leave any medication in children's bags
5.7. give any medication for their children to an educator who will provide the family with an *Medication Authorisation Form* to complete
5.8. complete the *Medication Authorisation Form* and the educator will sign to acknowledge the receipt of the medication

6. Guidelines for administration of Paracetamol (Panadol)

6.1. If a child presents with a temperature of over 38 degrees whilst at the Service, the family will be notified immediately and asked to organise collection of the child as soon as possible.
6.2. The family will be encouraged to visit a doctor to find the cause of the temperature. While waiting for the child to be collected, educators will:
  6.2.1. Remove excess clothing to cool the child down.
  6.2.2. Offer fluids to the child.
  6.2.3. Encourage the child to rest.
  6.2.4. Provide a cool, damp cloth for the child's forehead and back of the neck
  6.2.5. Monitor the child for any additional symptoms.
  6.2.6. maintain supervision of the ill child at all times, while keeping them separated from children who are well
6.3. If the child's temperature remains above 38 degrees, and the child looks to be unwell or distressed, paracetamol (Panadol) may be administered with the written authorisation of a parent or authorised person. This authorisation will be sought upon enrolment through the enrolment form.
6.4. Before administering any Panadol, the educator will also seek verbal authorisation (e.g.: over the phone) to check whether other medications have been given that day which may conflict with the Panadol about to be administered.
6.5. The educator will notify parents, as soon as practicable, if medication is administered to a child in an emergency when the consent was either verbal or provided by medical practitioners.
6.6. If the incident presents an imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the Regulatory Authority will be notified within 24 hours of the incident.
6.7. Before medication is given to a child, the educator (with current First Aid Certificate) who is administering the medication will verify the correct dosage for the correct child with another educator who will also witness the administration of the medication.
6.8. Where possible, medication will be administered away from other children.
6.9. After medication is given, the educator will record the following details:
  6.9.1. Name and date of birth of the child
  6.9.2. Name of medication
  6.9.3. Date and time given
  6.9.4. Dosage and by which method

6.9.5. Name and signature of person who administered and name and signature of person who verified and witnessed.

6.10. Where a medical practitioner's approval is given, educators will complete the medication form and write the name of the medical practitioner for the authorisation.

6.11. Educators will maintain supervision of the ill child at all times, while keeping them separated from children who are well.

7. Emergency Administration of Medication

7.1. In the occurrence of an emergency and where the administration of medication must occur, the service must attempt to receive verbal authorisation by a parent/guardian of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.

7.2. If a parent of a child is unreachable, the Service will endeavour to obtain verbal authorisation from an emergency contact of the child named in the child's Enrolment Form, who is authorised to approve the administration of medication.

7.3. If all the child's nominated contacts are non-contactable, the Service must contact a registered medical practitioner or emergency services on 000 or 112 on a mobile phone.

7.4. In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's enrolment form

7.5. The Service will contact the regulatory authority within 24 hours as soon as practicably possible (if urgent medical attention was sought or the child attended hospital)

7.6. The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

8. Storage of Medication

8.1. Any medication, cream or lotion kept on the premises will be checked monthly by an allocated staff member for expiry dates. There will be a first aid kit contents list made available, with expiry dates and quantity, and when close to expiry date or when stock is running low, an allocated staff member will arrange for the purchase of replacement supplies.

8.2. If a child's individual medication is due to expire or running low, the family will be notified by an allocated staff member to say that that replacement items are required.

8.3. If the parent does not replace required medication by the due date, the service reserves the right to refuse access to the service until medication is provided.

8.4. Medication will not be administered if it has past the ex

8.5. It is the family's responsibility to take home short-term medication (such as antibiotics) at the end of each day, and return it with the child as necessary.

9. Emergency involving Anaphylaxis or Asthma

9.1. In the event of an asthma or anaphylaxis emergency, medication may be administered to a child even if they have not been pre-diagnosed with a condition as it may be the first time they are presenting with asthma/anaphylactic symptoms. In such an event, life-saving medication will be administered to the child and parents and emergency services will be contacted as soon as practicable.

9.2. The Service will contact the following (as required) as soon as practicably possible:

9.2.1. Emergency Services

9.2.2. A parent of the child

9.2.3. The regulatory authority within 24 hours (if an ambulance was called)

9.3. The child will be comforted, reassured, and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.

10. Self-Administration of Medication

10.1. A child may self-administer medication under the following circumstances:

10.1.1. Written authorisation is provided by the parent or person with the authority to consent to the administration of medication

10.1.2. Medication is to be provided to staff, and they will provide it to children when required. Children may carry their own asthma puffers (Ventolin) and on recommendation by their doctor, their own EpiPen's.

10.1.3. Following practices outlined in the Dealing with Medical Conditions Policy including anaphylaxis and

allergies, asthma and diabetes.

10.1.4. Where self-administration of medication has been witnessed by an educator, an Administration of Medication form will be completed for parents to sign as soon as practicable.

11. Continuous Improvement/Reflection

11.1. This Policy will be reviewed regularly in consultation with children, families, staff, educators and management.

	Version	Amendment Details	Date Amended
CHANGE HISTORY	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-20 to P-2.20	Aug 2016
	2	Updated to latest revised National Quality Standard Added clause 7-29	Apr 2018
	3	Policy statement edit Clause 2 re-worded Clause 3 re-worded Added clauses 29-39	Dec 2019
	4	Added final sentence to Policy statement Added Background Added Legislation Required Section Added Reg 96, 136, 162 Added NQS 2.1.1, 2.1.2, 2.2.1, 2.2.2 Added Related Policies Added Definitions: Approved First Aid Qualifications, Medication, Medical Conditions Added Implementation Added: 2.1, 2.2, 3.3, 3.4.1.1, 3.18, 4.5.2.4, 4.12, 5.1, 5.5-5.8, 7.4-7.6, 11 Reworded: 4.2, 4.3, 4.5.2.2, 4.5.2.3, 4.8, 4.10, 4.11, 6.2.4, 6.2.6, 7.3.	Jan 2023

P-2.21 HIV / AIDS / Hepatitis B and C

POLICY STATEMENT
We respect the right for all children to be cared for and aim to provide a safe and secure environment. We will not discriminate against any child or family based on their individual circumstance or condition. We will ensure that clear guidelines are given to eliminate the risk of spreading diseases such as HIV/AIDS/Hepatitis B and C to ensure the safety of all staff and children.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
National Quality Standards	2.1 Health 2.2 Safety
Disability Discrimination Act 1975	
NSW Anti-discrimination Act 1977	
NSW Department of Health guidelines	
Equal Opportunity Act	
Work Health and Safety Act	

DEFINITIONS	
AIDS	Acquired Immune Deficiency Syndrome
CPR	Cardiopulmonary Resuscitation
DEBASCA	Denistone East Before and After School Care Association
HIV	Human Immunodeficiency Virus
OSHCQA	Out of School Hours Care Quality Area

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Under the Federal Disability Act and the Equal Opportunity Act, no discrimination will take place based on a child's/parent's/staff member's HIV status.

2 Discrimination in regard to access to DEBASCA is unlawful. A child with HIV or Hepatitis B or C has the right to obtain a position at DEBASCA should a position become available.

3 A staff member with HIV or Hepatitis B or C has the right to equal opportunity of employment.

4 A child with AIDS shall be treated as any other child, as HIV is not transmitted through casual contact. The child shall have the same level of physical contact with staff as other children in the centre.

5 Where staff are informed of a child, parent or other staff member who has HIV/AIDS or Hep B or C, this information will remain confidential at all times. A breach of this confidentiality will be considered a breach of professional conduct leading to disciplinary action.

6 No conversation is to be undertaken in the hearing of any unauthorised adults, or around the children. Staff discussions on this topic should be held in private and only for the purpose of the well being of the child or other children.

7 Proper safe and hygienic practices will be followed at all times (Refer to Hygiene Policy).

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P-2.21	Aug 2020	3	2	Management Committee	Aug 2023

P-2.21 HIV / AIDS / Hepatitis B and C

8 No one will ever be denied the right to first aid.

9 All children and adults in the centre will be considered as infectious and the following procedures are to be consistently applied across the centre.

10 All staff dealing with open sores, cuts and bodily fluids with any child or adult shall wear disposable gloves. Staff will also wear protective glasses if there is a considerable amount of blood coming from the wound.

11 Staff with cuts, open wounds or skin disease such as dermatitis, should cover their wounds and wear disposable gloves.

12 Disposable gloves will be properly and safely discarded and staff are to wash their hands after doing so.

13 If a child has an open wound it will be covered with a waterproof dressing and securely attached.

14 If a staff member or other child has been exposed to bodily fluids or blood from any other person, but there is no cut or puncture, it should be promptly washed away with soapy water.

15 In the event of exposure through cuts or chapped skin, promptly wash away the fluid, encourage bleeding and wash in cold or tepid soapy water.

16 In the event of exposure to the mouth, promptly spit it out and rinse mouth with water several times.

17 In the event of exposure to the eyes, promptly rinse gently with cold or tepid tap water or saline solution.

18 Any exposure should be reported to the director and Management to ensure proper follow up procedures occur.

19 In the event of having to perform CPR, disposable sterile mouth masks are to be used. The staff member in charge of the first aid kit will ensure that a mask is available at all times.

20 In the event of a staff member being exposed, the centre will send the staff member to seek medical advice and cover any cost of treatment.

21 **Note**: Hot water may coagulate the blood and protect the virus from the soap or disinfectant. It is best to use cold or tepid water temperatures in all cleaning processes.

22 Any soiled clothing shall be handled using disposable gloves, soaked in disinfectant or soapy water. Clothing will be placed and sealed in a plastic bag for the parents to take home.

23 Any blood or bodily fluid spills will be cleaned up immediately, using gloves and the area fully disinfected.

24 Cloths used in cleaning will be wrapped in plastic bags and properly disposed of.

25 Where necessary, staff and parents will be encouraged to participate in AIDS and Hepatitis education.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-21 to P-2.21	Aug 2016
	2	Updated to latest revised National Quality Standard	Apr 2018
	3	Minor wording edits	Aug 2020

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.21	Aug 2020	3	2	Management Committee	Aug 2023

P-2.22 Child Protection

POLICY STATEMENT
DEBASCA believes that it is every child's right to be safe and protected from all forms of abuse, violence or exploitation. It is the legal and moral obligation of all adults who work within our service to ensure the safety and wellbeing of all children in our care. All staff, including casual staff, volunteers and students has a duty of care to ensure the safety and protection to all children who access the service's facilities and/or programs. The safety and welfare of all children is of paramount importance. Staff and management have a legal responsibility, as Mandatory Reporters, to take action to protect and support children they suspect may be at significant risk of harm. Our service will carry out the responsibilities of Mandatory Reporters as indicated under legislation. This responsibility involves following the procedures as outlined by Community Services and the NSW Commission for Children and Young People.

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to child protection.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training
Section 165	Offence to inadequately supervise children
Section 167	Offence related to protection of children from harm and hazards
Reg 84	Awareness of child protection law
Reg 86	Notification to parents of incident, injury, trauma and illness
Reg 87	Incident, injury, trauma and illness record
Reg 147	Staff Records
Reg 155	Interactions with children
Reg 168	Education and care service must have policies and procedures
Reg 175	Prescribed information to be notified to Regulatory Authority
Reg 176	Time to notify certain information to Regulatory Authority

ASSOCIATED DOCUMENTS	
Children's Guardian Act 2019: https://legislation.nsw.gov.au/#/view/act/2019/25/full	
Child Protection (Working with Children) Act 2012: https://legislation.nsw.gov.au/view/html/inforce/current/act-2012-051	
Children and Young Persons (Care and Protection) Act 1998: https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-157	
Crimes Act 1900	
NSW Government – Office of the Children's Guardian https://www.kidsguardian.nsw.gov.au/	
NSW Reportable Conduct Scheme https://www.kidsguardian.nsw.gov.au/child-safe-organisations/reportable-conduct-scheme	
The Mandatory Reporter Guidance (MRG)	
Commission for Children and Young People Act 1998	
Child Protection (Prohibited Employment) Act 1998	
Child Safe Scheme and Child Safe Standards: https://ocg.nsw.gov.au/child-safe-scheme/implementing-child-safe-standards	
National Quality Standard	2.2 Safety 2.2.1 Supervision 2.2.2 Incident and emergency management 2.2.3 Child Protection 5.2 Relationships between children

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P-2.22 Child Protection

Related Policies: Child Safe Environment Policy Code of Conduct Policy Relationships & Interactions with Children Policy Privacy and Confidentiality Policy Determining Responsible Person in Charge Policy	Staffing Arrangements Policy Student and Volunteer Workers Policy Supervision Policy Work Health and Safety Policy Providing Child Safe Environment Policy

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Mandatory Reporting	Mandatory Reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In NSW, mandatory reporting is regulated by the Children and Young Persons (Care and Protection) Act 1998 (The Care Act).
Mandatory Reporter	A mandatory reporter is someone who is required by law to make a report to the Community Services Helpline where there is suspected "risk of significant harm" to a child. A child is a person under 16 years of age. In OOSH services mandatory reporters are: • Staff who deliver services to children • Management, either paid or voluntary, whose duties include direct responsibility or direct supervision for the provision of these services (From Information supplied by Department of Community Services Helpline Information Kit 2001)
Risk of significant harm (ROSH)	**ROSH** refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent.
Reasonable grounds	Reasonable grounds refers to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on: • First hand observation of the child or family • What the child, parent or other person has disclosed • What can reasonably be indirect based on observation, professional training and/ or experience
MRG	Mandatory Reporters Guidance
OOSH	Out Of School Hours
Child abuse	Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological, or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time. NSW Communities and Justice identify different forms of child abuse which include- neglect, sexual, physical and emotional abuse or psychological harm. [See: Child at risk of harm and neglect for further definitions: https://www.facs.nsw.gov.au/families/Protecting-kids/reporting-child-at-risk/harm-and-neglect?merge_chapters=true

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

Mandatory Reporting

1. A Mandatory Reporter is anybody who delivers services to children as part of their paid or professional work.
2. In OOSH services mandatory reporters are:
    a. Staff that deliver services to children

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b. Management, either paid or voluntary, whose duties include direct responsibility or direct supervision for the provision of these services.

3. Staff are mandated to report to Community Services if they have current concerns about the safety or welfare of a child relating to section 23 of the NSW Children and Young Persons (Care and Protection) Act 1998:
Section 23 (1)
a-b) Child is at significant risk of harm – Neglect
a) Basic physical or psychological needs not being met or are at risk of not being met
b) Parents/carers unwilling or unable to provide necessary medical care
b1) Parents/carers unwilling or unable to arrange for the child or young person to receive an education
c) Child is at significant risk of harm – Physical / Sexual abuse

d) Child is at significant risk of harm – Domestic violence

e) Child is at significant risk of harm – Serious Psychological harm

f) Child is at significant risk of harm – Prenatal report

4. Staff will undergo training in relation to child protection and reporting as part of the training budget.

5. Any staff that forms a belief based on reasonable grounds that a child is at risk of harm should ensure they record the details of the report in a clear objective format.

6. Reports should be treated with strict confidentiality in adherence to the service's Confidentiality Policy and Procedures.

7. Any staff who forms a belief based on reasonable grounds that a child is at risk of harm should discuss their concerns with their coordinator/ nominated supervisor, as he or she may have information the staff member is not aware of. The Coordinator will then assist staff in running the online Mandatory Reporters Guidelines tool (see point below for more information) to determine whether the report meets the threshold for **significant** risk of harm.

8. If directed by the Mandatory Reporter Guide (MRG) to report to Community services, staff should report their concerns to the Child Protection Helpline 132 111 **OR** by eReport through the Child Story Reporter Website https://reporter.childstory.nsw.gov.au/s/article/How-to-create-an-eReport-in-the-Reporter-Community

9. When making a report it is important to have as much information as possible available to give to the Helpline. This might include child's information, family information, reporter details and outcomes of the MRG.

10. If Coordinator/ Nominated Supervisor has been advised to but has not reported to Community Services you are legally responsible to do so. Once a report is made to the CS Helpline no further report needs to be made unless new information comes to hand.

11. Educators will be provided with training and ongoing supervision to ensure they understand that child safety is everyone's responsibility and they adhere to the Child Safe Standards

Mandatory Reporting Guidance Tool

12. A Mandatory Reporting Guidance tool has been developed to help frontline mandatory reporters, including OOSH workers determine whether the risk to a child or young person meets the new statutory threshold of 'risk of significant harm'. The MRG will guide reporter on what action should be taken. The MRG is an interactive tool and is available online at: https://reporter.childstory.nsw.gov.au

13. If still in doubt the Community Services Helpline will provide feedback about whether or not the report meets the new threshold for statutory intervention.

14. If new information presents concerning the child or young person run the MRG tool again

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15. Where concerns do not meet the significant harm threshold, the MRG tool may guide you to 'Document and continue the relationship'. This requires the service to continue to support, provide services, and coordinate assistance and referral for the child and their family.

16. The report page from the MRG should be printed and placed in the child/family file for future reference regardless of whether or not further action is recommended. For assistance with referral information.
    - Human Services Network www.hsnet.nsw.gov.au
    - Family Services NSW www.familyservices.nsw.asn.au

Information Exchange

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

18. The NSW Children and Young Persons (Care and Protection) Act 1998 has been amended (2009) to include chapter 16A Information Exchange

19. Chapter 16A requires prescribed bodies to take reasonable steps to coordinate decision making and the delivery of services regarding children and young people

20. Under Chapter 16 A NSW Children and Young Persons (Care and Protection) Act 1998, Staff will exchange information that relates to a child or young persons safety, welfare or wellbeing, whether or not the child or young person is known to Community Services and whether or not the child or young person consents to the information exchange.

21. The information requested or provided **must** relate to the safety, welfare or wellbeing of the child. Information includes:
    a. A child or young persons history or circumstances
    b. A parent or other family member, significant or relevant relationship
    c. The agency's work now and in the past

22. Where information is provided in good faith and according to legal provisions, under section 29 & section 245G NSW Children and Young Persons (Care and Protection) Act 1998; reporters cannot be seen as breaching professional etiquette or ethics or as a breach of professional standards. There can be no liability for court action.

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

23. Should an incident occur that involves a child being put at risk of harm from a member of staff, volunteer, trainee or person visiting the service, this is regarded as **'reportable conduct'** and necessitates such conduct being reported to the Office of the Children's Guardian within 7 days.

24. The Commission for Children and Young People must be notified of details of employees against whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.

25. The regulatory authority must be notified within 7 days of any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.

26. The regulatory authority must be notified within 7 days of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.

27. Where the allegation is made to a staff member or member of management the facts as stated will be recorded in writing, using an Incident Report template that includes dates, times, names of person/s involved, name of person making allegation and the person making the report. This report should be kept on record and treated as strictly confidential.

28. If the Coordinator or person in charge is suspected then the chairperson on management committee should be informed.

29. The relevant forms together with information and assistance are available on line at https://www.kidsguardian.nsw.gov.au/child-safe-organisations/reportable-conduct-scheme/notification-forms

30. The person making the report should follow the advice of the Departmental Officers.

31. Management will also follow this advice.

32. The matter will be treated with strict confidentiality.

33. For the protection of both the children and the staff member involved, the staff member should be encouraged to take special leave or removed from duties involving direct care and contact with children, until the situation is resolved.

34. Support should be provided to all involved. This support can be given in the form of counselling or referral to an appropriate agency.

Recruitment of staff – Working with Children Check

35. All staff employed by the service to work with children including management, full time/ part time/casual carers, volunteers & students (who are over 18 years), will be subject to a Working with Children Check. These checks expire after 5 years. It is the responsibility of the staff member to renew their check before the expiry date and present it to Management for verification prior to expiration. Any staff with an expired check will not be allowed to work at the service until the check has been renewed.

36. When the service engages a self-employed individual to provide services to the children, the provider is required to provide a Working with Children Check. This check ensures verification that the person employed is not banned by law from working with children. Application form and instructions are available on https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check

For further information:

- Office of Children's Guardian https://www.kidsguardian.nsw.gov.au/
- Child Story https://reporter.childstory.nsw.gov.au
- Human Services Network www.hsnet.nsw.gov.au
- Community Services www.community.nsw.gov.au
- NSW Commission for Children and Young People www.kids.nsw.gov.au
- Working with Children check https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check
- Child Protection Helpline 132 111
- Regulatory Authority for NSW: Early Childhood Education Directorate, NSW Department of Education Website: https://education.nsw.gov.au/early-childhood-education

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Email: ececd@det.nsw.edu.au
Phone: 1800 619 113 (toll free)

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-22 to P-2.22	Aug 2016
	2	Updated to latest revised National Quality Standard Added definitions for mandatory reporting, ROSH and reasonable grounds	Apr 2018
	3	Minor changes – phone number updated Re-wording clause 34	Nov 2019
	4	Re-wording in clause 22 Link updated in clause 28 Re-wording in clause 29	Aug 2020
	5	Added Background Added Legislative Requirements and additional legislation – Added Sections 162, 165 and 167 and Reg 147 Added 2.2.1, 2.2.2, 2.2.3, and 5.2 to Associated Documents Added Child Safe Scheme and Child Safe Standards to Associated Documents Added Related Policies Added definition of 'Child Abuse' to Definitions Added clause 11	Aug 2023

P-2.23 Providing a Child-Safe Environment

POLICY STATEMENT
At our service, we desire for all children who participate in our program, to have a safe and happy experience. Educators support and respect our children, young people, other educators, volunteers and students. Our policy guides staff, volunteers and students on how to behave with the children in our service. The policy focuses on how we can promote children's participation in our service and to make it safer for them. The United Nations Convention on the Rights of the Child (UNCR) outline that children and young people have a right to be safe and cared for, no matter where they are or who they are with. Children have the right to be protected from violence, abuse or neglect. When working with children and young people, it is important to understand children's rights and needs. We are advocates for children and have a strong commitment to child safety and establishing and maintaining a child safe environment. Children's safety and wellbeing are paramount at our Service. Our Service embeds the National Principles for Child Safe Organisations and promotes a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging. Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place for providing a child safe environment and take reasonable steps to ensure those policies and procedures are followed. (Regulation 168, Regulation 170). The National Law requires management to ensure all children being educated and cared for are adequately supervised and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury. Our focus is to build a child safe environment which is reflected in our Service policies and procedures and understood and practiced by all educators, staff, volunteers and students. *'Child safety is everyone's responsibility.'* (A guide to the Child Safe Standards. p.26. 2020)

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
99	Children leaving the education and care service premises
102(A-D)	Transportation of children (risk assessments and authorisations)
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
115	Facilities designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios- centre based services
136	First aid qualifications
155	Interactions with children
162	Health information to be kept in enrolment record
165	Record of visitors
166	Children not to be alone with visitors
167	Record of service's compliance
168 (h)	Education and care services must have policies- Providing a child safe environment
170	Policies and procedures to be followed
S162 (A)	Persons in day to day charge and nominated supervisors to have child protection training
S165	Offence to inadequately supervise children

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P-2.23	Oct 2022	4	3	Management Committee	Oct 2025

P-2.23 Providing a Child-Safe Environment

S166	Offence to use inappropriate discipline
S167	Offence relating to protection of children from harm and hazards
Other: Child Protection (Working with Children) Act 2012 NSW Work Health and Safety Act, (2011).	

ASSOCIATED DOCUMENTS	
National Quality Standard	2.2 Safety 2.2.1 Supervision 2.2.2 Incident and Emergency Management 2.2.3 Child Protection 5.1.1 Positive Educator to Child Interactions
NSW Department of Education (2021). Guide to the Child Safe Standards for early childhood education and care and outside schools hours care services ACECQA. (2021). Policy and procedures guidelines *Providing a Child Safe Environment* Australian Human Rights Commission (2020). *Child Safe Organisations.* https://childsafe.humanrights.gov.au/ Children's Health and Safety – An analysis of Quality Area 2 of the National Quality Standard Department of Education NSW Providing a child safe environment	

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Child Safe Standards	A list of ten standards that organisations can use to keep children safe from harm and abuse as recommended by the Royal Commission into Institutional Responses to Child Sexual Abuse.
Code of Conduct	Lists of dos and don'ts which describe acceptable and non-acceptable behaviour
Disclosure	The process where a child or young person conveys or attempts to convey that they are being or have been abused.
Information sharing	Refers to sharing or exchanging information, including personal information about or related to, abuse in organisational contexts. The terms refer to sharing information between (or within) organisations, as well as sharing information with professionals who provide key services for children.
Mandatory reporter	A person who is required to report known and suspected cases of child abuse
Mandatory reporting	The legislative requirement for selected classes of people to report suspected cases of child abuse and neglect.
Reportable conduct	Certain organisations or entities have legal obligations under Reportable Conduct Schemes to notify and investigate certain allegations of abuse involving a child, when the allegation is against someone they employ, engage or contract in circumstances outlined in the legislation.
Rights of the Child	Human rights belonging to all children, as specified in the United Nations Convention of the Rights of the Child.
Wellbeing	Sound wellbeing results from the satisfaction of basic needs.
Working with Children / Working with vulnerable people check (WWCC/WWVP)	A notice, certificate or other document granted to, or with respect to a person under a working with children law. The person has been assessed as suitable to work with children; there has been no information that if the person worked with children the person would pose a risk to the children; or the person is not prohibited from attempting to obtain, undertake or remain in child-related employment.

Definitions sourced from ACECQA. (2021). Policy and procedure guidelines. Providing a Child Safe Environment.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.23	Oct 2022	4	3	Management Committee	Oct 2025

P-2.23 Providing a Child-Safe Environment

Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1. COMMITMENT TO THE SAFETY OF CHILDREN AND YOUNG PEOPLE (National Principles 1-10):

1.1. Our Service is committed to being a child safe organisation and endorses the National Principles for Child Safe Organisations, placing the protection of children as a priority of our responsibilities and obligations. The Child Safe Standards recommended by the Royal Commission, provide guidance for our Service to ensure our policies and procedures, strategies and attitudes, ensure children's safety is paramount.

1.2. Our Service has a zero tolerance to child abuse, and we are committed to the safety, participation and empowerment of all children. We promote diversity and tolerance and aim to form equitable and positive relationships with children. We ensure children participate in decisions affecting them and listen and respect their suggestions and ideas. We respond to any concerns, disclosures, allegations or suspicions of harm by reporting to the relevant authorities.

1.3. We are dedicated in promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds and to providing a safe environment for children with a disability. Our Service will not tolerate bullying or harassment. Our priority is to ensure the safety and wellbeing of children and encourage positive relationships.

2. COMMUNICATION (National Principles 2 and 3)

2.1.1. We aim to build and maintain positive and respectful relationships with children, families and educators of our Service and prioritise a child safe environment. We communicate regularly and clearly with all stakeholders and ensure our policies and procedures are available to employees, volunteers, families and children and young people. (Reg. 170). Feedback and evaluation of our policies and procedures is welcomed through surveys, feedback or discussions with management.

2.1.2. All new educators, volunteers, students and families will be given access to a copy of the Child Safe Environment Policy, Code of Conduct (both Educators and Families) and Dealing with Complaints Policy.

3. CODE OF CONDUCT (National Principles 4 and 6)

3.1. Management, educators, staff, volunteers and students will adhere to our Service's *Code of Conduct Policy.* We will:

3.1.1. adhere to our *Child Safe Environment Policy, Child Protection Policy* at all times

3.1.2. provide adequate supervision of children at all times

3.1.3. take reasonable action to protect children and young people for risk of harm

3.1.4. ensure the service premise is free from the use of tobacco, illicit drugs and alcohol

3.1.5. be responsible for their own, and others health and safety

3.1.6. be a positive role model to children and young people

3.1.7. respect children's privacy and dignity at all times

3.1.8. listen and respond appropriately to the views and concerns of children and young people

3.1.9. report any allegations of child abuse to the Approved Provider

3.1.10. notify the approved provider and/or the regulatory authority within 24 hours of any serious incident or complaint as per the National Regulations

3.1.11. encourage children and young people to 'have a say' on issues that are important to them.

3.2. Staff, educators and volunteers must:

3.2.1. not discriminate against any child, because of age, gender, cultural background, race, ethnicity or disability

3.2.2. not put children at risk of abuse- refusing food/play, making threats, exposing children to inappropriate language or material (movies, internet, photos)

3.2.3. not develop any 'special' relationships with children or young people that could be seen as favouritism such as the offering of gifts or special treatment.

4. PARTICIPATION OF FAMILIES, CHILDREN AND YOUNG PEOPLE (National Principle 2)

4.1. Our Service ensures families are always welcome and feel comfortable asking questions on how we prioritise child safety. We provide a range of opportunities for consultation and collaboration about decisions about their child's safety whilst at our Service including:

4.1.1. policy and procedure review

4.1.2. child protection

4.1.3. allegations/grievance procedures

4.1.4. sun safety

4.1.5. written authorisations- parenting orders

4.1.6. code of conduct

4.1.7. inclusivity and supporting children with diverse needs.

4.2. We promote a respectful, child safe culture where children concerns are always responded to, and children feel empowered to participate in decisions and provide feedback to educators and staff.

5. RECRUITMENT (National Principle 5)

5.1. Our Service maintains a rigorous and consistent recruitment, screening and selection process to ensure the best staff possible based on skills, qualifications, experience and suitability for the position available. All staff participate in robust interviews and have reference checks completed to ensure the applicant's suitability to the role, previous experiences and their commitment to child safe values and practices. All staff are provided with a comprehensive induction process which outlines our Code of Conduct, identifying and responding to child abuse, grievance processes, and work health and safety.

5.2. This policy will be discussed during induction sessions for all new staff, volunteers and students.

6. WORKING WITH CHILDREN CHECK (National Principle 5)

6.1. Working in conjunction with the Child Protection Act and National Regulations, the safety, welfare and wellbeing of

children is paramount within our Service and community. A Working with Children Check (WWCC) is a requirement for people who work in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct.

6.2. The result of a Working with Children Check is either a clearance to work with children and is valid for five years, or a bar against working with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

6.3. Management is responsible for the periodic review and maintenance of up to date records of employees' Working with Children Check, including the Working with Children Check number and the date on which each clearance expires. Once an employee provides their WWCC clearance, management will verify the clearance to ensure that is it valid and current. The WWCC will be placed in the individual's file and continue to be updated as required.

7. CHILD PROTECTION- REPORTABLE CONDUCT SCHEME (National Principle 6)

7.1. Children and young people always have a right to be safe and protected. To comply with legislation and ensure a child safe environment, educators are provided with training and ongoing supervision to ensure they understand that *child safety is everyone's responsibility.*

7.2. All educators and staff are mandatory reporters and must make reports if they suspect on reasonable grounds, a child is at risk of significant harm. All staff are provided with up to date training about child protection law and their obligations under this law and to ensure they are confident in following the reporting guidelines within NSW and adhere to our *Child Protection Policy*. (Reg 84).

7.3. Through continual education and training, educators and staff are equipped with the knowledge, skills and awareness to keep children safe. Training gives educators and staff confidence to identify, respond and report child abuse.

7.4. Child protection- Allegations Against Employees

7.4.1. To protect children and ensure their safety, welfare and wellbeing, management is responsive to report allegations or convictions of child abuse and child related misconduct by any staff member or volunteer or contractor to the Office of the Children's Guardian (OCG) as part of the *Reportable Conduct Scheme*.

7.4.2. Our Service will ensure an appropriate level of confidentiality of information relating to the reportable allegations as per the Children's Guardian Act 2019. We take our legislative responsibilities as part of the Reportable Conduct Scheme seriously and will respond to any reportable allegation or conviction against employees or volunteers that may arise.

8. REPORTING AND RESPONDING TO GENERAL COMPLAINTS (National Principle 6)

8.1. Feedback from children, families, educators, staff and the wider community is fundamental in creating an evolving Childcare Service working towards the highest standard of care and education. We aim to investigate all complaints and grievances with a high standard of equity and fairness. Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

8.1.1. The right to be heard fairly

8.1.2. The right to an unbiased decision made by an objective decision maker

8.1.3. The right to have the decision based on relevant evidence.

8.2. Our Child Safety Contact Person to manage all complaints is our Nominated Supervisor.

8.3. If families would like to complain directly to the Approved Provider (Parent Management Committee), they can do so by email to PMC@debasca.org.au.

9. PHYSICAL ENVIRONMENT – SUPERVISION AND SAFETY CHECKLISTS (National Principles 5 and 7)

9.1. Children's safety is embedded in our day-to-day practices. We ensure effective and adequate supervision is provided to children at all times. Educators will employ 'active supervision' strategies within the service environment and when participating in excursions or transporting children. Consideration will be made for the different ages and abilities of children and the activities that may require different levels of supervision.

9.2. Children who are resting/sleeping will be closely monitored at regular intervals and will always be within sight and hearing distance of educators so a child's breathing, and the colour of their skin can be monitored.

9.3. Through conducting risk assessments, we assess and manage risks in the physical environment collaborating with children to develop behaviour guidelines for play including adventurous play to ensure their safety. Educators have a sound understanding of their duty of care and responsibilities in ensuring a child safe environment.

9.4. Educators conduct regular safety checks to maintain basic standards of safety within our Service. We believe that child safety is a shared responsibility at all levels within our Service. Children are encouraged to speak up about their safety and the safety of their friends by telling an educator if they feel unsafe in a particular situation or environment.

9.5. Educators will complete the following daily checklists to assist and record inspections of the physical environment where foreseeable risks may be evident and cause harm or injury to a child, including (but not limited to): Open/Close Checklists; Afternoon Checklists; Cleaning Checklists; WHS Checklists. Any findings that require attention will be either dealt with immediately or submitted into the maintenance book depending on priority.

10. RISK ASSESSMENT & RISK ASSESSMENT TOOL (National Principle 8)

10.1. It is a legislative requirement that Management and educators implement a risk management system where they identify and manage hazards and risks within the workplace to ensure a child safe environment. Strategies are in place to make sure child safety (through the National Principles for Child Safe Organisations) and Education and Care National Regulations are embedded across our Service. The key principles of risk management include:

10.1.1. Identifying all hazards or potential hazards in the service/residence/venue

10.1.2. Assess the risk of harm or potential harm for each hazard

10.1.3. Control or manage the risk – Risk Rating Matrix

10.1.4. Monitor and improve safety – Risk Assessment Action Plan

10.1.5. Evaluate and Review

10.2. It is the responsibility of all staff and educators at the Service to complete a risk assessment where children's safety may be jeopardised and when organising an excursion/incursion or any transportation of children. Children's safety

must be incorporated into everyday practice within the Service. Common hazards within the Service which may require a risk assessment include:

10.2.1. cross-infection and infectious disease
10.2.2. administration of medication
10.2.3. anaphylaxis procedures and management
10.2.4. building and equipment (including storage)
10.2.5. inadequate space for conducting activities and experiences
10.2.6. hazardous chemicals
10.2.7. electrical appliances
10.2.8. food preparation and storage
10.2.9. environmental influences such as shade, noise etc
10.2.10. sun safety
10.2.11. children's behaviours
10.2.12. water safety
10.2.13. fire equipment
10.2.14. pets and/or animals
10.2.15. inadequate supervision of children
10.2.16. children's activities and experiences
10.2.17. Work Health and Safety such as manual handling
10.2.18. non-compliance risk
10.2.19. hot drinks
10.2.20. transportation of children (regular outing and regular transportation)
10.2.21. excursions

11. EMERGENCY AND EVACUATION PROCEDURES

11.1. Management will ensure that copies of the emergency and evacuation floor plan is displayed in prominent positions near each exit of the service premises, including indoor and outdoor learning areas. All staff are familiar with emergency evacuation procedures and regulatory requirements.

11.2. Rehearsals for emergency and evacuation procedures, including lock downs, are conducted at least once every 3 months. Records will be kept for all rehearsals.

12. ARRIVAL AND DEPARTURE AUTHORISATION

12.1. Our Service prioritises children's safety at all times. We will only release children to an authorised person as named on the child's enrolment form. We request families provide current court orders, and parenting plans to ensure our records are up to date.

12.2. National Regulations require our Service to keep a record of children and visitor's arrival and departures, with the

signatures of the person responsible for verifying the accuracy of the record and the identity of the person collecting the child.

12.3. Educators will work in collaboration with our *Delivery and Collection of Children Policy* and *Student and Visitors Policy* to ensure children feel safe and secure.

12.4. To ensure children's safety, educators have a clear understanding of their legal obligation to check identification when a person is collecting a child. To maintain compliance, parents and educators will give authority in writing to authorise a person who is not on their emergency contact form to pick up their child.

13. ONLINE SAFETY (National Principle 8)

13.1. Our Service is committed to create and maintain a safe online environment with support and collaboration with staff, families and community. Management ensures anti-virus and internet security systems are installed to block access to unsuitable web sites, newsgroups and chat rooms.

13.2. Our Service ensures backups of important and confidential data is made regularly and either stored securely offline, or online. Software and devices are updated regularly to avoid any breach of confidential information.

13.3. Written authorisation is requested as part of the enrolment process for children to have their photo taken and published as part of promotional marketing or on the app program used by the service. The identity of a child is not published on any platform.

13.4. Personal mobile phones are not used to take photos or video of children at the Service.

13.5. Only educational software programs and apps that have appropriate content and have been examined prior to allowing their use are used in the Service. Children are always supervised using any technology.

14. STORAGE OF HAZARDOUS SUBSTANCES

14.1. We reduce the risk of harm to children and educators by using eco-friendly products. Our Service will endeavour to provide a safe environment where necessary chemical and hazardous equipment are safely stored away from children and handled appropriately.

14.2. Management and educators will keep a register of hazardous chemicals used at the Service, including relevant Safety Data Sheets (SDS).

15. EQUIPMENT, FURNITURE & MAINTENANCE RECORD

15.1. There are several factors that can contribute to a hazard, such as a deprived program, insufficient supervision and dilapidated equipment. To ensure a child safe environment free from hazards, we have implemented practices and continue to monitor Service policies and procedures that uphold Australian Safety Standards.

15.2. The premises and all equipment and furniture used within the Service are audited to ensure all aspects are safe, clean and in good repair. We understand that hazards are specific to developmental stages; educators are aware that toys and equipment need to be checked to ensure they are safe and developmentally appropriate for children. Regular checks occur within the Service to ensure that all toys, furniture and equipment are in good condition and working order. These checks include:

15.2.1. Centre maintenance record

15.2.2. Hazards Log

15.2.3. Toy cleaning checklist

15.2.4. Centre Term Cleaning Checklist

15.2.5. Annual Audit

16. CONTINUOUS REVIEW (National Principle 9)

16.1. To ensure we maintain a culture of continuous improvement, we will ensure our child safe practices are regularly reviewed, evaluated and improved. We aim to ensure all educators, staff and volunteers understand and effectively implement our policies and procedures to provide a child safe environment at our Service.

16.2. We will regularly review and monitor the effectiveness of our Child Safe policies and procedures and invite children, staff members, families and communities to contribute to their development.

16.3. Any updates or revisions will be communicated to all stakeholders. Our *Child Safe Environment Policy* will be reviewed regularly.

17. CHILD SAFE STANDARDS LEGISLATION/RESOURCES

17.1. The Children's Guardian Amendment (Child Safe Scheme) Bill 2021 came into effect on 1 February 2022 requiring organisations who work with or provide services to children to implement the NSW Child Safe Standards.

17.2. The Service will appoint a Child Safe Officer/s whose role will be to work with the Nominated Supervisor in ensuring Child Safe Standards are being regularly reviewed and implemented, and kept accessible to children.

P-2.23 Providing a Child-Safe Environment

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-23 to P-2.23	Aug 2016
	2	Updated to latest revised National Quality Standard	Apr 2018
	3	Edited 14.11	Aug 2020
	4	Policy statement re-worded Legislative Requirements updated Added Definitions Added *Guide to the Child Safe Standards for early childhood education and care and outside schools hours care services* to Associated Documents. Removed clauses 1-4; 6-8; 10; 12-15 from previous policy to avoid repetition. Retained clause 5 and moved to 2.1.2 Retained clause 9 and moved to 8.2 Retained 11 and moved to 5.2	Oct 2022

P-2.24 Manual Handling

POLICY STATEMENT
DEBASCA is committed to ensuring a safe work environment. It is our policy that all risks from manual handling in the workplace be effectively identified, assessed and controlled; that equipment is handled safely and that the work environment is designed to be, as far as workable, consistent with safe manual handling.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
National Standards for Manual Handling	
Work Health and Safety Act	
OH&S Regulations 2001 (WorkCover NSW)	
Safe Work Australia https://www.safeworkaustralia.gov.au/manual-handling	
Model Code of Practice: Hazardous manual tasks https://www.safeworkaustralia.gov.au/system/files/documents/1905/model-cop-hazardous-manual-tasks.pdf	
National Quality Standard	4.2 Professionalism 7.1 Governance

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Manual handling	Manual handling involves any activity that requires the use of force by a person to handle (lift, lower, push, pull, carry, move, hold or restrain) any animate or inanimate object. It may also include stretching and bending sustained awkward postures and repetitive movements. Manual handling can result in musculoskeletal injuries to workers. Manual handling is the largest single category of workplace injury and occurs in all occupations. Common manual handling injuries include back strain, sprains, soft tissue injuries and other musculoskeletal disorders.
OSHCQA	Out of School Hours Care Quality Area

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Staff are responsible for carrying out their duties in a safe way and in particular in compliance with the systems and procedures that have been established to reduce manual handling injuries.

2 Manual handling may be a feature of the following activities:

- 2.1 Moving furniture
- 2.2 Moving bulk supplies of toys
- 2.3 Transporting toys between rooms
- 2.4 Moving computers and computer monitors
- 2.5 Moving boxes of photocopy paper
- 2.6 The everyday tasks of the cleaning duties

3 Where manual handling risks are identified it is our policy that they be controlled in the following order of priority:

- 3.1 Elimination of the manual handling task
- 3.2 Job redesign (including introducing new processes, tools, equipment and furniture)
- 3.3 Improved workplace design

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P-2.24 Manual Handling

3.4 Aids provided, e.g.: a trolley or step ladder
3.5 Suitable training in manual handling techniques such as lifting and correct use of mechanical assistance.

4 Where heavy lifting is required, a manual lift plan will be in action prior to attempting the lift. The plan will:
4.1 Ensure that the route to be taken is clear of obstacles or obstructions;
4.2 Check that the load is not too heavy to lift or carry alone. If the load is too heavy, get assistance either from a fellow worker or use a mechanical lifting device;
4.3 If carrying a load with a fellow employee, always ensure that you tell each other of any action you are about to perform, such as lowering or adjusting the load;
4.4 Never carry a load that blocks your vision, as you may trip or run into another object; and
4.5 Keep your back straight throughout the lift.
4.6 Stagger your stance.
4.7 Bend at the knees when picking up the load.
4.8 Maintain the natural curve of your spine; don't bend your back to pick up the load.
4.9 Keep a firm grip on the load.
4.10 Lower the load, putting the weight on your legs by bending your knees.

5 At all times, the following manual handling procedures must also be followed:
5.1 Moving heavy objects as a team (at least two people).
5.2 All equipment should be easily accessible.
5.3 Workers should not have to stretch to reach equipment.
5.4 The need to lift and bend should be minimized by not storing materials above head height, or by having access to a ladder.
5.5 All awkward and heavy objects should be labeled with a two person lift sticker.
5.6 When using portable ladders, instructions and weight limits need to be followed.
5.7 Staff need to always have the ladder facing the load to be moved and be careful not to twist their backs when lifting.

6 Any breach by staff of DEBASCA's Manual Handling Policy may result in disciplinary action.

7 Staff should report any incidents and hazards and participate in training and consultation with the support of management.

8 Risk Assessment of Hazardous Manual Tasks
8.1 Staff will carry out a risk assessment for any manual tasks that have the potential of being hazardous or you have identified as being hazardous. The only time this may not be necessary is when the risk is well known, and you are already aware of how to effectively control it.
8.2 A risk assessment of manual tasks will help you identify:
8.2.1 Postures, movements and forces that pose a risk and at what point they may become dangerous.
8.2.2 Why they are happening and what needs to done for it to be fixed.
8.3 Failure to appropriately manage hazardous manual tasks may result in a breach of *WHS* laws.
8.4 General guidance is available in the model Code of Practice: *How to Manage Work Health and Safety Risks* and specific advice can be found in the model Code of Practice: Hazardous Manual Tasks and Identify, assess and control hazards.

9 If an incident, situation or event does occur and presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the incident/situation (not as a precaution) the regulatory authority will be notified within 24 hours of the incident

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P-2.24 Manual Handling

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted DEBASCA policies	Nov 2013
	1	Reformatted Policy number: D-26 to P-2.24	Aug 2016
	2	Updated to latest revised National Quality Standard; added clauses 7 and 8	Apr 2018
	3	Added Model Code of Practice link Added clause 8	Aug 2020

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P-2.24	Aug 2020	3	2	Management Committee	Aug 2023

P-2.25 Work, Health and Safety

POLICY STATEMENT
At DEBASCA we are committed to creating and maintaining a safe and healthy environment for our staff, children, families and visitors. We strive to make our workplace as free of predictable risks as is reasonably practical. We aim to go beyond compliance with all relevant legislation and work towards best practice to ensure a safe work environment. Our Service is committed to continuous improvement in all areas of workplace health, safety and wellbeing.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS
Children (Education and Care Services) National Law NSW Regulation 168
NSW Work Health and Safety Act 2011
NSW Work Health & Safety Regulations 2011
National Quality Standard 2.1 Health, 2.2 Safety

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 DEBASCA will create and maintain a safe and healthy environment, systems of work and safe plant and equipment for our workers, clients and visitors by:

- 1.1 Implementing and maintaining an effective health and safety management system
- 1.2 Complying with legislation, relevant standards and codes of practice
- 1.3 Consulting and communicating with employees and client representative groups on the development of systems, policies and procedures and any changes or matters relating to health and safety at work
- 1.4 Ensuring that roles and responsibilities for safety are clearly defined and understood
- 1.5 Identifying and managing the hazards associated with our business
- 1.6 Providing information, instruction, training and supervision to our employees, clients and visitors
- 1.7 Providing our employees with the necessary equipment to do their job safely
- 1.8 Learning from our experiences by investigating incidents
- 1.9 Establishing an effective return to work program for our employees
- 1.10 Regularly monitoring and reviewing our systems and implementations to ensure they remain adequate and effective

2 DEBASCA is committed to implementing these objectives and expects the same of all of our employees and volunteers.

3 If an incident, situation or event does occur and presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the incident/situation (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.

4 DEBASCA is committed to having work, health and safety as an agenda item at every team meeting.

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P-2.25	Aug 2020	3	2	Management Committee	Aug 2023

P-2.25 Work, Health and Safety

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Newly created policy.	Jan 2015
	1	Reformatted Policy number: D-28 to P-2.25	Aug 2016
	2	Minor editing changes; Updated to latest revised National Quality Standard; revised clauses 3 and 4.	Aug 2018
	3	No changes needed	Aug 2020

P-2.26 Risk Management

POLICY STATEMENT
DEBASCA will proactively manage risks to health and safety. Risks at DEBASCA will be identified in a number of ways including: • Workplace inspection • Consultation with staff and client representative groups • Reporting of hazards • Industry experience • Learning from experience (near misses and incidents)

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS
NSW Work Health and Safety Act 2011
NSW Work Health & Safety Regulations 2011
National Quality Standard 2.1 Health 2.2 Safety

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Risk assessment	Risk assessment is identifying and assessing all potential sources of harm and taking steps to decrease the likelihood that harm will occur. The aim is to prevent things from going wrong, limit the amount of harm possible and reduce the Centre's liability if harm does eventuate.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

Hazards are identified using workplace inspections, hazard reporting and through the reporting of incidents that may occur.

1 Workplace inspections

1.1 Workplace inspections must be carried out quarterly by the Director or other authorised representative and an employee using the Centre Inspection Checklist. The Checklist will be updated from time to time to ensure that any changes to the Centre, activities, work processes or equipment are included.

1.2 Upon completion, the inspection checklist is retained by the Director or other authorised representative who is responsible for ensuring that elimination or risk minimization strategies are identified and implemented, the appropriate Risk Register/Action Plan is maintained, and follow up monitoring and review of the strategies occurs.

1.3 Where possible, issues should always be rectified at the time of inspection.

2 Hazard Reporting

2.1 A hazard is anything that has the potential to cause injury, illness damage or loss.

2.2 All centre employees are required to report hazards they identify in their work environment, plant and equipment and systems of work.

2.3 If a potential hazard has been identified, the employee must follow the hazard reporting steps listed below:

2.3.1 Make it safe, if possible to do so
2.3.2 If not possible to make it safe, report the matter to the Director or other authorised representative or supervisor immediately. Complete a Hazard/Incident Report Form, if the risk cannot be corrected immediately.
2.3.3 The Director or other authorised representative or supervisor is responsible for initiating corrective actions or alternatively for referring the matter to a more senior manager, building owner or other responsible person for action. The Director or other authorised representative is also responsible for adding the hazard and other relevant information to the Risk Register/Action Plan.
2.3.4 After a reasonable time, if the employee believes the matter has not been dealt with, the employee should again consult the Director or other authorised representative or supervisor to escalate the matter to a more senior level.

3 Risk Assessments

3.1 Once a hazard has been identified, the Director or other authorised representative will ensure that the level of risk associated with the hazard is established using the risk matrix, and asking:
3.1.1 How likely is it that the hazard would cause an incident?
3.1.2 If the hazard did cause an incident what would be consequences be?
3.2 The Risk score will then be recorded on the Risk Register, then actioned according to priority.

4 Incident Reporting

4.1 An incident is any unplanned event resulting in or having the potential for injury, illness, damage or loss.

4.2 At the centre all incidents, regardless of whether they have resulted in an injury and whether they involve an employee or a visitor, must be reported to the Director or other authorised representative or supervisor.

4.3 Any employee witnessing or involved in an incident must follow the incident reporting steps listed below:
4.3.1 Make the area safe, if possible to do so.
4.3.2 Arrange First Aid or Medical Attention if required.
4.3.3 Advise the Director or other authorised representative or supervisor as soon as possible.
4.3.4 Complete a Hazard/Incident Report Form, together with the Register of Injury in the event of an injury.
4.3.5 Submit Hazard/Incident Report together with the Register of Injury to Director or other authorised representative within 24 hours so that investigation can commence.
4.3.6 The Director or other authorised representative is responsible for ensuring the investigation is completed and for entering the identified hazards/causes together with all other relevant information into the Risk Register/Action Plan.
4.3.7 The Director or other authorised representative is responsible for ensuring any notifiable incident is reported immediately to WorkCover using WorkCover's reporting criteria.

5 Notifiable Incidents

5.1 The Director or other authorised representative is responsible for notifying WorkCover of any notifiable incident that occurs to any person including staff, child or visitor at the centre's workplace or while on excursion.

5.2 A Notifiable Incident means:
5.2.1 The death of any person.
5.2.2 A serious injury or illness of any person
5.2.2.1 Requiring immediate treatment as an in-patient in a hospital.
5.2.2.2 Requiring immediate treatment for:
5.2.2.2.1 An amputation of any part of the body.
5.2.2.2.2 A serious head injury.
5.2.2.2.3 A serious eye injury.
5.2.2.2.4 A serious burn.
5.2.2.2.5 The separation of skin from underlying tissue (e.g. degloving or scalping).
5.2.2.2.6 A spinal injury.
5.2.2.2.7 The loss of bodily function.

5.2.2.2.8 Serious laceration.
5.2.2.2.9 Medical treatment within 48 hours of exposure to a substance/chemical.

5.2.3 A dangerous incident that exposes any person to a serious risk to health or safety from an immediate or imminent exposure to:
5.2.3.1 An uncontrolled escape, spillage or leakage of a substance/chemical.
5.2.3.2 An uncontrolled implosion, explosion or fire.
5.2.3.3 An uncontrolled escape of a pressurized substance.
5.2.3.4 Electric shock.
5.2.3.5 Fall or release from height of any plant, substance/chemical or thing.
5.2.3.6 Collapse, overturning, failure or malfunction of or damage to any plant.
5.2.3.7 Collapse or partial collapse of a structure.
5.2.3.8 Collapse or failure of an excavation or of any shoring supporting an excavation.
5.2.3.9 The inrush of water, mud or gas in workings in an underground excavation or tunnel.
5.2.3.10 The interruption of the main system of ventilation in an underground excavation or tunnel.

5.3 Notification must occur immediately after becoming aware that the notifiable incident has occurred and must be by the fastest means possible and in the form required by WorkCover.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Newly created policy.	Jan 2015
	1	Reformatted Policy number: D-29 to P-2.26	Aug 2016
	2	Updated to latest revised National Quality Standard	Apr 2018
	3	No changes needed	Aug 2020

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.26	Aug 2020	3	2	Management Committee	Aug 2023

2.27 Supervision

POLICY STATEMENT
Our service believes that adult supervision is a key factor in providing a safe environment for children. Supervision, along with risk minimisation strategies, can help prevent or reduce the severity of injury to children. At DEBASCA, children will be adequately supervised at all times that they are being educated and cared for both at the service and on excursions. The service will prioritise regular assessment of their supervision practices in order to increase educator's awareness of their duty of care and to continuously improve supervision procedures. Supervision is also an opportunity to actively engage with the children in the learning environment and during routine times to support development.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Education and Care Services National Law Act 2010	S51, 165, 166, 167, 170, 171 R 82, 83, 99, 100, 101, 102, 115, 123, 155, 168, 176
National Quality Standard	2.2 Safety 3.1 Design 4.1 Staffing arrangements 4.2 Professionalism 5.1 Relationships between educators and children
DEBASCA Policy & Procedures	Providing a child-safe environment Excursion Policy Absent and Missing Children Policy

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Supervision	Supervision is defined as *'the active awareness of the responsibility to act in the best interest of all involved in the service to provide a safe, healthy and supportive environment that promotes, supports, builds on and challenges children's learning and development.'*

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Our centre will:

1.1 Ensure that the premises are designed and maintained to facilitate supervision of children at all times while considering the need to maintain the rights and dignity of all children.

1.2 Ensure that the age and supervision requirements for educators are maintained at all times. Any educators who are under eighteen years of age may work at the centre-based service, provided they do not work alone and are adequately supervised at all times by an educator who is over eighteen years of age.

1.3 Notify the regulatory authority within 24 hours if a child appears to be missing, cannot be accounted for, appears to have been taken or removed from the premises, or has mistakenly been locked in or out of the education and care services premises.

2 The Nominated Supervisor will:

2.1 Carefully plan rosters that ensure continuity of care and adequate supervision at all times when children are being cared for and educated in the service and on excursions.

2.2 Ensure that a risk assessment is carried out before an authorisation is sought for an excursion. The risk

2.27 Supervision

assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion.

2.3 Document a supervision plan and strategies for both the indoor and outdoor areas. This will assist educators to position themselves effectively for supervising the children's play. They will take into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom facilities.

2.4 Inform new and relief educators about supervision arrangements and what is required of them in relation to supervising children.

2.5 Regularly review the supervision plan and strategies to evaluate the effectiveness of the plan and its implementation by educators. The supervision plan and strategies will be displayed for families in all rooms and in the outdoor area.

2.6 Will ensure the Educators engage in quality interactions with the children while supervising.

3 Educators will:

3.1 Display awareness - a skill that requires a knowledge of children, including knowing each child's range of skills, interests, ability to interact with others and developmental stage. Knowledge of children helps teachers to monitor and enhance skills that promote children's positive behaviour.

3.2 Implement positioning - a skill that requires being able to see all of the children. Staff position themselves to be aware of the entire environment and to see as many children as possible. All children are monitored by sight or sound at all times.

3.3 Implement scanning - a skill that involves regularly glancing around the classroom and playground to see children's involvement and what is happening.

3.4 Use redirection - a skill used an as aid in preventing undesirable and unsafe behaviour. Children are redirected to other areas/activities when undesirable behaviour is immanent or occurs. This technique helps ensure the safety of all children.

3.5 Provide supervision for all children in areas that are near equipment where injury may occur, requires the use of the above methods and being in close proximity to the children. Children waiting to be picked up due to illness or injury are kept safe, comfortable, and under close supervision.

3.6 Implement quality Interactions – staff will engage in meaningful interactions with children to promote learning during play and routine times.

3.7 Implement consistent supervision strategies and not perform other duties while responsible for the supervision of children.

3.8 Be aware of the importance of communicating with each other about their location within the environment.

4 The Nominated Supervisor will ensure that this policy is maintained and implemented at all times.

5 In accordance with the Education and Care Services National Law and Regulations, the service will ensure that the prescribed ratio of 1 educator for every 15 children is adhered to at all times the service is educating and caring for children. This ratio will reduce to 1 educator for every 8 children when on an excursion outside of the service premises.

6 Ratios will take into account the number of Educators (their level of skill and experience) the types of activities children are involved in… Positioning and supervision of children will vary at different times during the session. Educators will be aware of activities, which are of higher risk. e.g outdoor play vs indoor craft activity…. Educators will constantly discuss and move to where higher risk activities are taking place… This could mean a 1 adult to 20 children for a low risk craft activity and a 1:10 ratio for tree climbing or fire play… however the overall ratio remain at 1:15 across the service.

7 Zoning areas of the service helps educators to better supervise children when they are accessing various locations such as indoor, outdoor, sporting fields, toilets etc. The service will ensure a zoned map (Supervision Map) is on display that shows educators the area they are primarily responsible for supervising. Educators will move throughout the zone and not remain fixed unless the level of supervision required them to be. They should practice C.S.I (circulate, scan, interact) at all times for most effective supervision. If educators need to leave the zone, they should do so in communication with staff looking after the session, to ensure the zone is not left unattended.

7.1 Educators will be involved in the review of the Supervision map and will physically walk the areas to determine where the most effective zones and vantage points are located.

7.2 Each zone will have different duties required of the educators supervising them. The service will ensure each

2.27 Supervision

zone has a documented list of the expected duties required in each zone area. When creating these duty lists, the Coordinator will take into account the number of children who may access that zone, the activities that will be happening, possible risk factors and hazards and visibility. A strategy for children accessing toilet facilities will be included in the services zoning plans and duty list.

8 To ensure there are a sufficient number of educators to meet ratios each time children are being educated and cared for, the service will ensure a roster is completed and made available for educators to review. When creating a roster, the Coordinator will take the number of expected children enrolled into consideration.

9 As well as a shift roster, the service will also assign educators a zone in accordance with the zone map described above. Educators will rotate their assigned zones each shift so that they are familiar with the supervision requirements in each zone and also to build relationships with all of the children as they move around the service.

10 Each supervision zone of the service comes with its own unique risks and hazards. To minimise the possibility of children, educators or visitors being harmed anywhere in the service it may be necessary for certain zones to have a risk assessment completed and documented. This will assist educators in being able to focus on supervising and interacting with children rather than dealing with hazard reduction during key supervision times.

11 The service will ensure that any area deemed 'high risk", based on the volume of children accessing it, the activities that happen in that zone or the number of 'near misses' that have occurred there, will have a designated risk assessment and accompanying management plan or strategy. This may be included as part of the service's daily indoor/outdoor safety check.

12 Educators will ensure that children are unable to/understand not to access unsupervised areas of the service and that potentially hazardous items are kept out of areas that children have access to in accordance with service safety procedures.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Newly created	Dec 2014
	1	Reformatted Policy number: D-30 to P-2.27	Aug 2016
	2	Updated to latest revised National Quality Standard; added definition of supervision; added clauses 5-12.	Apr 2018
	3	Minor edits – Re worded clause 7 to fit in with current practice	Aug 2020

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.27	Aug 2020	3	2	Management Committee	Aug 2023

P-2.28 Delivery and Collection of Children

POLICY STATEMENT
We aim to provide a procedure for dropping off and picking up children which is clear and ensures the safety and wellbeing of the children in our care. Parent/guardians are required to follow specific communication procedures to ensure staff can provide appropriate care of their children.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Education and Care Services National Law Act 2010	Regulation 99 Regulation 168 (2) (f) Regulation 158
Family Law Act	

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Authorised Person	Person nominated on the enrolment form, or in writing by the parent/guardian, to drop off or collect your child from the service. On the enrolment form, this person is referred to as having *Authority to Collect.*
Underage Authorised Person	Person under 18 years nominated on the the enrolment form, or in writing by the parent/guardian, to drop off or collect your child from the service. This term is used interchangeably with Authorised Person if approved by the Management Committee.
Nominated Supervisor	This is the person who is responsible for the day-to-day management of an Approved Service.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Duty of Care

1.1 Children are only under the duty of care of DEBASCA from the time they are signed into the service to the time they are signed out of the service.

1.2 Drop off and pick up locations will be clearly visible with our sign out table and noticeboards. Parents will be notified of any changes to the location as needed.

1.3 The service will ensure accurate records are kept at all times.

2 Delivery of Children

2.1 Children are not to be left at DEBASCA or on school grounds at any time prior to opening hours (i.e. 7am).

2.2 On arrival, an authorised person must sign the child into the service using the electronic sign in. If the electronic sign in is not available, a sign in sheet (roll) will be made available for the authorised person to print their name and signature, and indicate time of arrival.

2.3 Any points of information are to be recorded by staff once they have been informed, for example, any particular requirements for the day or any changes to who will collect the child, and the Responsible Person / In Charge educator will be informed of this. A form may be required to be completed in writing by the parent/guardian.

2.4 Parents will bring any required medication for their new or returning children, prior to or on their first day, to enable them to be able to attend our service, along with any required documentation.

2.5 A senior staff will be available for parent enquiries, signing in medication, completing authorisation forms, and any other enquiries.

2.6 Children are to place their belongings in the place allocated for bag storage.

P-2.28 Delivery and Collection of Children

3 Children leaving the education and care service premises

3.1 Children may only leave the premises if the child

3.1.1 is given into the care of:

3.1.1.1 their parent/guardian;

3.1.1.2 an authorised person (on their enrolment form);

3.1.1.3 or a person authorised in writing by the parent/guardian.

3.1.2 leaves according to the written permission of their parent/guardian or authorised person (on their enrolment form).

3.1.3 is taken on an excursion. See policy *D-6 Excursion* for permission details.

3.1.4 is given into the care of a person or taken outside the premises because the child requires medical, hospital or ambulance care or treatment, or because of another emergency. See policy ***D-13 Incident, Injury, Trauma and Illness.***

3.2 Parent/guardians or an authorised person collecting a child will sign the child out on the ESI (Electronic Sign In) iPad with their own mobile phone number and 4 digit PIN as saved in the childcare software.

4 Collection of Children

4.1 Children must be collected by the closing time of DEBASCA (6pm). Only parent/guardians or an authorised person nominated on the enrolment form or in writing by the parent/guardian may be allowed to collect the child.

4.2 The authorised person who is collecting the child must sign out using the electronic sign in using their own mobile phone number and PIN, or if the iPad is unavailable, a sign out sheet (paper roll) will made available for the authorised person to print their name and signature, and ~~indicate~~ note the time of departure. The senior staff/admin staff will be available to help and check ID's as needed.

4.3 The names and contact numbers of all people authorised to collect the child must be included in the enrolment form. Any changes to these must be advised in writing to DEBASCA as soon as possible.

4.4 The authorised person and children are to ensure that all belongings are collected.

4.5 Staff are to be notified if the person(s) collecting the child is to be later than usual. The child will also be notified to avoid any anxiety.

4.6 If the child is to be collected by anyone not previously authorised on the child's enrolment form, parent/guardians must inform a senior staff member prior to pick up. This change is to be later confirmed in writing, and notification will be recorded on the child collection list by staff. The person picking up the child will be asked to bring photo identification which will be checked by staff upon arrival.

4.7 The centre will not release the child to anyone who is not authorised without prior consent and in line with DEBASCA's Delivery and Collection of Children Policy.

4.8 If DEBASCA has not been notified of a person to collect the child, the staff will ring the parent/guardian to get their authorisation. If no contact can be made with the parent/guardian, staff will contact any authorised person that have been given parental permission to make decisions regarding the child's welfare.

4.9 If no authorisation is granted, or contact cannot be made, the child will remain in the care of DEBASCA until the centre closes. After this time, the late child collection procedure will apply. See section 5 for further information.

4.10 ***Parent*** does not include one who is prohibited by court order from having contact with the child.

4.11 If the child's medication needs to be taken home, the parent/guardian/authorised person will sign it out of the child's medication box. Senior staff will help facilitate this.

5 Late Child Collection

5.1 Any child collected after 6.00pm will incur a late fee.

5.2 If a child is not collected by 6.30pm and no contact can be made with parent/guardian or emergency contacts, staff will have no option but to place the child under the care of the local police or Community Services. Permission to do this will be sought from the Nominated Supervisor (or anyone acting in that position) beforehand.

5.3 If contact has been made with parents/guardians or emergency contact, but they are unable to pick up the child within a reasonable amount of time (at the latest, 7.00pm), the child will be placed under the care of the local police of Community Services. Permission to do this will be sought from the Nominated Supervisor (or anyone acting in that position) beforehand.

5.4 If a child has been placed under the care of Community Services or the local police, the service will advise the parents, eg via voicemail, text message, email, and a note will be on the centre door.

P-2.28 Delivery and Collection of Children

6 Minimum Age of Authorised Person

6.1 The Authorised Person must be aged at least 18 years old to drop off or collect a child from the service

6.2 If a parent/guardian would like permission for an Authorised Person who is aged between 15-17 years of age to pick up or drop off a child (e.g.: sibling), this can only be done through written request and subject to Director approval. Parent/guardians should contact the centre Director who will:

6.2.1 Ask the parent/guardian to complete a *Request for Under Age Authorised Person Approval* form

6.2.2 Arrange a meeting with the parent/guardian to discuss the pick up arrangement including time of pick up, destination, route taken and risks involved

6.2.3 The Director will then make the decision for approval

6.2.4 If necessary, a risk assessment will be undertaken.

6.3 DEBASCA will not approve requests to have an Authorised Person who is aged 14 years and under.

6.4 DEBASCA reserves the right to refuse access to an under-aged Authorised Person if the conditions are deemed unsafe

6.5 Photo identification, such as a student I.D card, must be provided to verify identity and age of the ‘Under Age Authorised Person.

7 Delivery and Collection of Kindergarten Children

7.1 Kindergarten students will be dropped off in the mornings to the Kindergarten classroom area in time for the school bell, and no more than 5 minutes prior. Currently the school bell rings at 9.05am, hence the children are dropped off by 9am where Kindergarten teachers are on duty.

7.2 Kindergarten students will be collected in the afternoons from the Kindergarten classroom area, or the Kindergarten meeting area – a mutually agreed on location with the Kindergarten classroom teachers.

7.3 Starting in Term 4, educators will start to teach the Kindergarten children how to walk over to DEBASCA by themselves in preparation for Year 1. This will be a gradual transition routine.

7.4 Throughout the year DEBASCA will liaise with the school principal and kindergarten teachers about the Kindergarten meeting area location and time, as well as any other issues which may arise.

7.5 Educators will maintain current educator to child ratios during delivery and collection of the kindergarten children.

	Version	Amendment Details	Date Amended
CHANGE HISTORY	New	Reformatted DEBASCA policies	Nov 2013
	1	Added items to Definitions Moved 2.5 to 3.2 Removed 2.6 Removed 4.11 Added section 6	Feb 2015
	2	Reformatted Policy number: A-6 to P-2.28	Aug 2016
	3	Re-worded clause 1 Re-worded 2.2 and 4.2 to include electronic sign in Added section 7	June 2018
	4	Delete 6.5 as obsolete due to electronic sign in	June 2019
	5	Added 1.2 and 1.3 Added 2.4, 2.5, 3.2 Minor re-wording 4.2, 5.4, 7.1, 7.2 Added 4.11 Added 7.4 and 7.5	June 2022

P-2.29 Absent and Missing Children

POLICY STATEMENT
DEBASCA aims to ensure the safety and welfare of the children by ensuring clear communication and cooperation between the centre, parents and the school. The service will comply with all notification requirements by the Regulatory Authority in regards to missing children.

SCOPE
This policy applies to all DEBASCA stakeholders.

ASSOCIATED DOCUMENTS	
Education and Care Services National Regulations	Regulation 158
National Quality Standard	2.2 Safety
Duty of Care	

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Parents/guardian	Parents and legal guardians
RPIC	Responsible Person In Charge: This will be the Director, or the Director's nominee if the Director is absent

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Absent Children

1.1 Parents are to advise DEBASCA in advance if their child will be absent on a session that they are booked into care. Notification is required for before and after school care and vacation care.

1.2 If parents are aware beforehand (e.g. planned holiday) they must advise the centre in writing indicating sessions and dates of the child's absence.

1.3 If parents do not know until close to or on the day of absence (e.g. illness), they must call the centre as soon as possible. A message should be left on the answering machine if the call is made outside of operating hours or the line is engaged.

1.4 The absence will be immediately recorded on the appropriate roll by the RPIC.

1.5 Parents will be informed of this requirement on enrolment and through the Parent Handbook detailing the importance of DEBASCA knowing of a child's absence.

1.6 Should a child not be present for roll call or at any other time during the session, a RPIC will:

- 1.6.1 Check the extra curricular list in case the child is due to arrive later.
- 1.6.2 Ask the children of their knowledge of where the child might be. Regardless of any information passed on from the children, staff are still required to contact parents.
- 1.6.3 Ensure all other children are well supervised during this time.
- 1.6.4 If appropriate, and ensuring staff:child ratio is still maintained, the RPIC will send staff out to

search the school grounds and check with school staff.

1.6.5 The RPIC will contact parents advising that their child has failed to arrive. If the parent informs RPIC that the child is safe and accounted for, RPIC will remind the parent of the importance of notifying the centre ahead of time and ask if the child will attend the next session. If a parent has failed to notify the centre, a non-notification fee will be charged.

1.6.6 If contact cannot be made, the RPIC must leave a message on the provided contact numbers stating DEBASCA will expect to be called back when the message is received.

1.6.7 If no contact can be made with the parents within a reasonable amount of time, the RPIC will call the child's nominated emergency contacts if they believe they may have information on the whereabouts of the child.

1.7 If the child remains unaccounted for after all above action has been taken:

1.7.1 The RPIC will keep the parents informed.
1.7.2 The RPIC will contact the police.
1.7.3 The Missing Child procedure will be followed as follows.

2 Missing Children

2.1 In the circumstance where a child cannot be found when the parent comes to collect the child from the centre, or at any other time during the session, the RPIC will:

2.1.1 Check the roll and extra curricular list
2.1.2 Ask children and other staff to ascertain the last time the child was seen
2.1.3 If appropriate, and where the staff: child ratio is still maintained, the RPIC will send staff out to search the school grounds and check with school staff.
2.1.4 Will contact police if the child cannot be located.
2.1.5 Notify the Regulatory Authority within 24 hours of missing child incident.
2.1.6 Review the incident and ensure all and any advised changes to the supervision plan and/or delivery and collection processes be made promptly

3 Child Leaving the Premise without Authorisation

3.1 In the event of a child leaving the premise without authorisation, the RPIC will be notified. The RPIC will:

3.1.1 Talk to the child to encourage them to return.
3.1.2 If the child continues leaving, the RPIC may follow the child, taking into consideration the staff to child ratio and their safety.
3.1.3 A second educator will contact the Police, the child's parent and the school if necessary.
3.1.4 Educator will keep a visual of the child as far as possible. The educator will keep their walkie and mobile phone on themselves wherever possible.
3.1.5 Educator will wait for police assistance.
3.1.6 Notify the Regulatory Authority within 24 hours of incident.
3.1.7 If the child leaves with an unauthorised person, the RPIC will be immediately notified and will contact the parents.
3.1.8 The RPIC will contact police and the school if necessary.
3.1.9 The Nominated Supervisor will notify the Regulatory Authority within 24 hours of missing child incident and/or incident of a child leaving without authorisation.

P-2.29 Absent and Missing Children

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Reformatted Policies	Nov 2013
	1	Adding RPIC	May 2014
	2	Reformatting Policy number: A-7 to P-2.29	Aug 2016
	3	Updated to latest revised National Quality Standard; added definition of parents/guardian	Apr 2018
	4	Re-wording policy statement – adding second sentence Re-worded 1.6 Added 1.7.3 Re-worded 2.1 Added 2.1.6 Re-worded 3.1.9	Aug 2020

P-2.30 Sleep and Rest

POLICY STATEMENT
We aim to take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for at DEBASCA are met, having regard to the ages, development stages and individual needs of the children. While the majority of children who access our service may never need to sleep or rest during their time at the service, it is important that educators can accommodate the rest needs of all children regardless of their age if it is needed. Examples of when this may be necessary are when children are feeling unwell, if they are tired from an excursion or if they have additional needs and their rest requirements are greater than their peers. We will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. It is a requirement that all educators implement and adhere to this policy to ensure we respect and cater for each child's specific needs. We will also meet these needs by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure. Policies and procedures should be based on current research and recommended evidence-based principles and guidelines. Red Nose (formerly SIDS and Kids) is considered the recognised national authority on safe sleeping practices for infants and children.

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to the management of safe sleep and rest procedures at the service.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 165	Offence to inadequately supervise children
Section 167	Offence related to protection of children from harm and hazards
Regulation 82	Tobacco, drug and alcohol-free environment
Regulation 84A	Sleep & Rest
Regulation 84B	Sleep and rest policies and procedures
Regulation 84C	Risk assessment for purposes of sleep and rest policies and procedures
Regulation 103	Premises, furniture and equipment to be safe, clean and in good repair
Regulation 105	Furniture, materials and equipment
Regulation 110	Ventilation and natural light
Regulation 115	Premises designed to facilitate supervision
Regulation 168	Education and care service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 176	Time to notify certain information to Regulatory Authority

ASSOCIATED DOCUMENTS	
National Quality Standard	2.1 Health 2.11 Wellbeing & Comfort 2.2 Safety 2.2.1 Supervision 3.1 Design 3.1.2 Upkeep
ACECQA Information Fact Sheets: • Sleep & Rest For Children Policy Guidelines: https://www.acecqa.gov.au/sites/default/files/2023-08/PolicyGuidelines_Sleep%26RestForChildren_August.pdf • Sleep & Rest Risk Assessment Template: https://www.acecqa.gov.au/sites/default/files/2023-	

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.30	Sep 2023	2	1	Management Committee	Sep 2026

P-2.30 Sleep and Rest

08/Sleep_restriskassessment_template_0.pdf Other: • Red Nose https://rednose.org.au/section/safe-sleeping	
Related Policies: Administration of First Aid Policy Child Safe Environment Policy Enrolment Policy Death of a Child at the Service Policy Family Communication Policy Health and Safety Policy	Interaction with Children, Family and Staff Policy Physical Environment Policy Respect for Children Policy Staffing Arrangements Policy Tobacco, Drug and Alcohol-Free Policy Work Health and Safety Policy

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
Rest	The service defines 'rest' as a period of inactivity, solitude, calmness or tranquility and is considered different to a child being in a state of sleep in regards to the school age care of children.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

1. IMPLEMENTATION

1.1 'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns that Nominated Supervisors and Educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.' (ACECQA)

1.2 Our service defines 'rest' as a period of inactivity, solitude, calmness or tranquility, and can include a child being in a state of sleep. Considering the busy and energetic nature of a child's day, we feel that it is important for children to participate in a quiet/rest period after school if required, to rest, relax and recharge their body.

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

2. SLEEP AND REST SPECIFIC RISK ASSESSMENT

2.1 The approved provider, in conjunction with educators of the service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safety of all children during sleep and rest.

2.2 The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the *Sleep and Rest Policy* and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

2.3 Our risk assessment will consider and include the following information:

- 2.3.1 the number, age, developmental stages and individual needs of children
- 2.3.2 the sleep and rest needs of individual children being educated and cared for (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- 2.3.3 the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- 2.3.4 the level of knowledge and training of staff supervising children during sleep and rest periods
- 2.3.5 the location of sleep and rest areas, including the arrangement of beds within the sleep and rest

areas

2.3.6 the safety and suitability of beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment

2.3.7 any potential hazards

2.3.7.1 in sleep and rest areas

2.3.7.2 on a child during sleep and rest periods (such as jewellery, clothing)

2.3.8 the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation) (ACECQA 2023)

PROCEDURE

3. A Nominated Supervisor / Responsible Person will:

3.1 Take reasonable steps to ensure that children's needs are being met by giving them the opportunity to rest, having regard to the ages, developmental stages and individual needs of each child.

3.2 Ensure the service consults with families, as required, about their child's individual needs and is aware of the different values and parenting beliefs, cultural or otherwise that are associated with rest.

3.3 If a family's beliefs and practices are in conflict with the evidence-based practice recommendations, then the service will not endorse an alternative practice, unless the service is provided with written advice from a medical practitioner.

3.4 Ensure safe supervision of children while they rest their bodies.

3.5 Maintain adequate supervision and maintain educator ratios throughout the rest time period.

3.6 Ensure the area for rest is clean, comfortable, well-ventilated and has natural lighting.

3.7 Ensure the child's safety is always the first priority.

3.8 Conduct a sleep and rest specific risk assessment at least annually to ensure all protentional hazards are controlled in sleep or rest areas in line with Red Nose and ACECQA guidelines

3.9 Ensure children who are sleeping or resting are closely monitored and that all sleeping or resting children are within hearing range and observed. This involves physically checking/inspecting sleeping children at regular intervals and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children-(Note: CCTV, audio monitors or heart monitors do not replace the need for physical checking/inspecting sleeping children)

3.10 ensure educators, staff and volunteers follow the policy and procedures

3.11 ensure sleep and rest environments will be safe and free from all hazards including cigarette and tobacco smoke

4. Educators will:

4.1 Consider a vast range of strategies to meet children's individual sleep and rest needs.

4.2 Ensure quiet, solitary play experiences are available for children who request the need for a rest or time away from their peers.

4.3 Be sensitive to each child's needs so that rest times are a positive experience.

4.4 Respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc.)

4.5 If a child shows an unusual level of tiredness or requirement for rest, staff will monitor and may record the child's temperature if necessary, and alert the appropriate authorities if required.

4.6 Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required.

4.7 Respect family preferences regarding rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to rest nor prevented from resting.

4.8 Consult with select individual families about children's rest needs, if necessary.

4.9 Ensure that when children rest, they do so laying head to toe to minimise cross infection.

4.10 All children will be instructed to be on their back to rest when they settle for a rest. If a child turns onto their side or stomach during sleep, then allow them to find their own sleeping position.

4.11 Ensure children who are sleeping or resting have their face uncovered at all times.

4.12 If necessary, children's clothing items may be checked prior to them sleeping to ensure it doesn't present any hazards to them while asleep.

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.30	Sep 2023	2	1	Management Committee	Sep 2026

P-2.30 Sleep and Rest

4.13 Encourage children to dress appropriately for the room temperature when resting. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.

4.14 Monitor resting children at regular intervals and supervise the rest environment. An educator is always within sight and hearing of sleeping and resting children so they can be monitored (breathing patterns, colour of skin) .

4.15 Have a thorough understanding of the OSHC Service's policy and practices and embed practices to support safe sleep/rest into everyday practice

5. Families will:

5.1 be informed of our *Rest Policy* and procedure

5.2 be requested to provide educators with updates on their child's individual need for rest (or sleep) routines if applicable

6. Facilities and Environment

6.1 If a child requests a rest then there is a designated area for the child to be inactive and calm, away from the main group of children.

6.2 The designated rest area may be a cushion, mat or seat in a quiet section of the care environment.

6.3 Ensure that rest areas are clean and in good repair.

6.4 Hygiene standards will be maintained when children use the rest/sleep area and equipment, such as regularly washing pillow cases and blankets, particularly when a child is unwell.

6.5 Arrange children's rest areas to allow easy access for children and staff.

6.6 Monitor the room temperature to ensure maximum comfort for the children.

6.7 Ensure the environment is tranquil and calm for resting/sleeping children.

6.8 Ensure the environment is free from cigarette or tobacco smoke

6.9 Light bedding will be provided for children as required.

7. Continuous Improvement/Reflection

7.1 This policy will be reviewed regularly in consultation with children, families, staff, educators and management.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	New policy P-2.30	May 2018
	1	Policy statement – last sentence added Reference to Red Nose amended	Aug 2020
	2	Added Background Added Legislative Requirements. Added Sec 165 & 167; Removed Reg 81; Added Reg 82, 84A, 84B, 84C, 170, 171, 172, 176 Added NQS – 2.1.1, 2.2.1, 3.1, 3.1.2 to Associated Documents Added ACECQA Fact Sheets to Associated Documents Added Related Policies Added 1. Implementation Added 2. Sleep & Rest Risk Assessment Added 3.8, 3.9, 3.10, 3.11 Added 4.1.4 (added second sentence), 4.15 Added 5. Families will Added 6.8 and 6.9 Added 7. Continuous Improvement/Reflection	Sep 2023

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.30	Sep 2023	2	1	Management Committee	Sep 2026

P-2.31 Cyber Safety Policy

POLICY STATEMENT
Cyber safety is the safe and responsible use of Information and Communication Technologies (ICT). It involves being respectful of other people online, using good 'netiquette' (internet etiquette), and above all, is about keeping information safe and secure to protect the privacy of individuals. Our service is committed to create and maintain a safe online environment with the support and collaboration with staff, families and community. We aim to create and maintain a cyber safe culture that works in conjunction with our Service philosophy, and privacy and legislative requirements to ensure the safety of enrolled children, educators and families.

SCOPE
This policy applies to all DEBASCA stakeholders – children, families, staff, management, Approved Provider, Nominated Supervisor and visitors of the service.

ASSOCIATED DOCUMENTS	
Children Services Act, 1996 (part 4)	
National Quality Standard	2.2 Safety – 2.2.1 Supervision, 2.2.2 Incident and emergency management, 2.2.3 Child Protection
National Regulations	168 Education and care services must have policies and procedures 181 Confidentiality of records kept by approved provider 195 Application of Commonwealth Privacy Act 1988 196 Modifications relating to National Education and Care Services Privacy Commissioner and Staff
Family Law Act 1975	
Child Care Subsidy Secretary's Rules 2017	
A New Tax System (Family Assistance) Act 1999	
Family Assistance Law – incorporating all related legislation for Child Care Provider Handbook in Appendix G https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook	

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
NQS	National Quality Standard
ICT	Information and Communication Technologies
Cyber Safety	Safe and Responsible use of the internet and equipment/devices, including mobile phones and devices.
Netiquette	The correct or socially acceptable way of using the internet.

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

PROCEDURE

1 Implementation

1.1 Cyber Safety encompasses the protection of users of technologies that access the Internet, and is relevant to devices including computers, iPads and tablet computers, mobile and smart phones and any other wireless technology (including personal wearable devices - smart watches). With increasingly sophisticated and affordable communication technologies, there is a need for children and young people to be informed of both the benefits and risks of using such technologies. More importantly, safeguards should be in place to protect young children from accidentally stumbling upon or being exposed to unsuitable material or content.

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.31	Jan 2023	New	-	Management Committee	Jan 2026

P-2.31 Cyber Safety Policy

1.2 Our Service has cyber safety practices and education programs in place, which are inclusive of appropriate use agreements for educators and families. Our software program provides families with up-to-date information about their child in way of emailed observations, photos, evaluations of learning, and email communications.

1.3 The cyber safety agreement includes information about the software program, the Services' obligations and responsibilities, and the nature of possible risks associated with internet use, including privacy and bullying breaches. Upon signing the Service's agreement, families and educators will have access to the educational software program.

2 Educational Software Program

2.1 Our Service uses Audiri app which is a password protected private program for sharing observations, photos, videos, newsletters, and any reminders. Families are able to view their child/children's learning and development and reply via email.

2.2 Access to a child's information and development is only granted to a child's primary guardians. No personal information is shared with any third party.

3 CCS Software

3.1 Our Service uses Hubworks! which is a third-party software system to access the Child Care Subsidy System (CCSS). The software is used to manage the payment and administration of the Child Care Subsidy (CCS).

3.2 Review of CCS software:

- 3.2.1 The administration officer will ensure the CCS software has policies and procedures regarding safe storage of sensitive data before using the software
- 3.2.2 The Approved Provider/Nominated Supervisor will review the privacy policy of the CCS software on a yearly basis or as required.
- 3.2.3 The administration officer will review any potential threats to software security on a regular basis.
- 3.2.4 The Nominated Supervisor will advise the Approved Provided as soon as possible regarding any potential threat to security information and access to data sensitive information.
- 3.2.5 Any breaches of data security will be notified to the Office of the Australian Information Commissioner (OAIC) by using the online Notifiable Data Breach Form.

3.3 All Personnel using the software will have their own log in username and password. The Approved Provider/Nominated Supervisor will ensure all Personnel using the software will have their own log in username and password. Authorised users are encouraged to change their passwords every 6 months.

3.4 Each Personnel who is responsible for submitting attendances and enrolment notices to CCSS will be registered with PRODA as a Person with Management or Control of the Provider or as a Person with Responsibility for the Day-to-Day Operation of the Service.

3.5 The Approved Provider will review staff log ins on a monthly/ yearly basis and ensure this procedure is followed by all staff who access CCS software to submit data to CCS. See: *Cyber Safety Procedure*

4 Review of CCS Software Procedure:

Review	How often	By Whom
All staff use an individual log-in to access CCS software	Upon employment Yearly As required	Approved Provider and Director/ Nominated Supervisor
Privacy policy of CCS software	Initial access to CCS software Yearly As required	Approved Provider
Any breaches of sensitive data relating to Enrolments	Upon notification	Approved Provider

5 Confidentiality and Privacy:

5.1 The principles of confidentiality and privacy extend to accessing or viewing and disclosing information about personnel, children and/or their families, which is stored on the Service's network or any device.

5.2 Privacy laws are such that educators or other employees should seek advice from Service Management regarding matters such as the collection and/or display/publication of images (such as personal images of

children or adults), as well as text (such as children's personal writing).

5.3 Permission given on the child's Master Enrolment Form ~~a permission to publish form~~ must be signed by parents to ensure children's privacy, safety and copyright associated with the online publication of children's personal details or work.

5.4 Department of Education NSW guidelines are followed regarding issues of privacy, safety, and copyright associated with the online publication of children's personal details or work.

5.5 All material submitted for publication on the Service Internet/Intranet site should be appropriate to the Service's learning environment.

5.6 Material can be posted only by those given the authority to do so by the Service Management.

5.7 The Service management should be consulted regarding links to appropriate websites being placed on the Service's Internet/Intranet (or browser homepages) to provide quick access to sites.

6 The Approved Provider/Management will ensure:

6.1 All staff, families and visitors are aware of the Service's *Code of Conduct* and *Confidentiality and Privacy Policies.*

6.2 The Service works with an ICT security specialist to ensure the latest security systems are in place to ensure best practice. Anti-virus and internet security systems including firewalls can block access to unsuitable web sites, newsgroups and chat rooms. However, none of these tools are fool proof; they cannot be a substitute for active adult supervision and involvement in a child's use of the internet.

6.3 Backups of important and confidential data are made regularly *(monthly is recommended).*

6.4 Backups are stored securely either offline, or online (using a cloud-based service).

6.5 Software and devices are updated regularly to avoid any breach of confidential information.

6.6 Families are referred to the *Dealing with Complaints Policy* and procedure when raising concerns regarding digital technologies and personal data.

6.7 All staff are aware that a breach of this policy may initiate appropriate action including the termination of employment.

7 Nominated Supervisor / Responsible Person / Educators will:

7.1 Ensure to use appropriate netiquette and stay safe online by adhering to Service policies and procedures.

7.2 Keep passwords confidential and not share with anyone.

7.3 Log out of sites to ensure security of information.

7.4 Never request a family member's password or personal details via email, text, or Messenger.

7.5 Report anyone who is acting suspiciously or requesting information that does not seem legitimate or makes you feel uncomfortable (See 'Resources' section for where to report).

7.6 Obtain parent permission for children to use computers as part of the enrolment procedure.

7.7 Ensure that children are never left unattended whilst a computer or mobile device is connected to the internet.

7.8 Ensure personal mobile phones are not used to take photographs, video or audio recordings of children at the Service.

7.9 Only use educational software programs and apps that have been thoroughly examined for appropriate content prior to allowing their use by children.

7.10 Provide parents and families with information about the apps or software programs accessed by children at the Service.

7.11 Participate in professional development regarding online safety.

7.12 Ensure that appropriate websites are sourced for use with children **prior** to searching in the presence of children.

7.13 Use a search engine such as 'Kiddle' rather than Google to search for images or information with children (See 'Resources' section)

7.13.1 install **web filtering software** on all of your devices. Software like GoGuardian **web filtering**.

7.14 Ensure privacy filters and parental control settings are turned on and used when children are accessing digital technologies online

7.15 Notify the Office of the Australian Information Commissioner (OAIC) by using the online Notifiable Data Breach Form in the event of a possible data breach. This could include:

7.15.1 a device containing personal information about children and/or families is lost or stolen (parent names and phone numbers, dates of birth, allergies, parent phone numbers).

7.15.2 a data base with personal information about children and/or families is hacked.

7.15.3 personal information about a child is mistakenly given to the wrong person (portfolios, child developmental report).

7.15.4 this applies to any possible breach within the Service or if the device is left behind whilst on an

excursion.

8 Families

8.1 When sharing anything using technologies such as computers, mobile devices, email, or any device that connects to the internet it is important you and everyone else invited to your account understands about *netiquette* and staying safe online and ensures privacy laws are adhered to.

8.2 When it comes to your own children, it is your choice what you share outside of the Service. Remember though that young children cannot make their own decisions about what gets published online so you have a responsibility to ensure that whatever is shared is in your children's best interests.

8.3 Be mindful of what you publish on social media about your child as this may form part of their lasting digital footprint.

8.4 Install Family Friendly Filters to limit access to certain types of content on devices such as mobile phones and computers.

8.5 Install parental controls on streaming services to ensure children are not able to access inappropriate material.

8.6 Consider developing a *Family Tech Agreement* to establish rules about use of devices at home.

8.7 Sometimes other children in the Service may feature in the same photos, videos, and/or observations as your children. In these cases, never duplicate or upload them to the internet/social networking sites or share them with anyone other than family members without those children's parents' permission.

8.8 Access further information about eSafety to help protect your children and be cyber safe.

RESOURCES

Australian Government Office of the eSafety commission www.esafety.gov.au/early-years
eSafety Early Years Online safety for under 5s. https://www.esafety.gov.au/sites/default/files/2020-02/Early-years-booklet.pdf
eSmart Alannah & Madeline foundation www.esmart.org.au
Family Tech Agreement. eSafety Early Years Online safety for under 5s https://www.esafety.gov.au/sites/default/files/2020-01/Our%20Family%20Tech%20Agreement_0.pdf
Kiddle is a child-friendly search engine for children that filters information and websites with deceptive or explicit content: https://www.kiddle.co/
Receive information on scams that can then be provided to the public. To report an online scam or suspected scam, use the form found here: https://www.scamwatch.gov.au/report-a-scam
More information on online fraud and scams can be found on the Australian Federal Police website https://www.afp.gov.au/what-we-do/crime-types/cyber-crime
Notifiable Data Breaches scheme (NDB) can be made through the Australian Government Office of the Australian Information Commissioner

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
Australian Government eSafety Commission (2020) www.esafety.gov.au
Australian Government Department of Education. *Child Care Provider Handbook (2022)* https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook
Australian Government Office of the Australian Information Commissioner (2019) - https://www.oaic.gov.au/privacy/notifiable-data-breaches/about-the-notifiable-data-breaches-scheme/
Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2018).
Education and Care Services National Regulations. (2011).
Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).
Guide to the National Quality Framework. (2017). (Amended 2020).
Guide to the National Quality Standard.
Privacy Act 1988.
Revised National Quality Standard. (2018).

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	Child Safe Standards	Jan 2023

Ref. No.	Issued	Version No.	Supersedes	Approved by	Next Revision Due
P-2.31	Jan 2023	New	-	Management Committee	Jan 2026

P-2.32 Safe Arrival of Children

POLICY STATEMENT
Under the Education and Care Services National Regulations, Education and Care Services must have policies and procedures in place for the safe arrival of children who travel to or from an education and care service premises [ACECQA, 2023]. This may include children traveling between our service and educational facilities such as school, or any other service which provides education and care to children (e.g extracurricular activity provider on school grounds). DEBASCA aims to ensure the safe and secure arrival and departure of all children into our service who may be travelling to or from another education facility. We are committed to identifying and minimising risks and potential hazards to ensure children are not placed at risk of harm or hazard when travelling between other educational facilities and our service.

BACKGROUND
The Education and Care Services National Regulations require approved providers to ensure their services have policies and procedures in place in relation to the safe arrival of children.

SCOPE
This policy applies to all DEBASCA stakeholders.

LEGISLATIVE REQUIREMENTS	
Education and Care Services National Regulations and Law	
Section 165	Offence to inadequately supervise children
Section 167	Offence related to protection of children from harm and hazards
Section 175	Offence relating to requirement to keep enrolment and other documents
Section 167	Offence relating to protection of children from harm and hazards
Regulation 86	Notification to parents of incident, injury, trauma and illness
Regulation 99	Children leaving the education and care service premises
102AAB	Safe arrival of children policies and procedures
102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
102C	Conduct a risk assessment for transporting children by the education and care service
102D	Authorisation for service to transport children
158	Children's attendance record must be kept by the approved provider
160	Child enrolment records to be kept by the approved provider and family day care educator
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

ASSOCIATED DOCUMENTS	
National Quality Standard	2.2 Safety 2.2.1 Supervision 2.2.2 Incident and Emergency Management 6.2 Collaborative Partnerships 7.1. Governance

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	7.1.2 Management Systems

Other Centre Policies:

- Administration of First Aid Policy
- Incident, Injury, Trauma and Illness Policy
- Delivery & Collection of Children Policy
- Safe Transportation of Children Policy

ACECQA Information Fact Sheets:

- Safe Arrival of Children: Infosheet-SafeArrivalOfChildren.pdf (acecqa.gov.au)
- Safe Arrival of Children Policy Guidelines: PolicyGuidelines_SafeArrivalofChildren_0.pdf

DEFINITIONS	
DEBASCA	Denistone East Before and After School Care Association
RPIC	Responsible Person in Charge
NQS	National Quality Standard
Another education or early childhood service	An education or early childhood service includes a school, an education and care service (including Long Day Care, Family Day Care, Outside School Hours Care), a children's service or any other service which provides education or care to children.
Examples of travel	Examples of travel between education or early childhood services may include, but is not limited to: • A child travelling from our service to school or from school to our service • A child travelling from our Service to an OSHC Service or from the OSHC Service to our Service

RESPONSIBILITIES
Responsibility for implementation of this policy lies with the Director or other authorised representative approved by the Director and the Management Committee.

TRAINING REQUIREMENTS
Personnel having responsibilities under this procedure will be appropriately trained.

IMPLEMENTATION

1. The safety of children enrolled at our service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury. Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including when children are travelling between our service and an educational facility. We are advocates for children and have a strong commitment to child safety and establishing and maintaining a child safe environment.

PROCEDURE

2. **Safe Arrival of Children Specific Risk Assessment**
   2.1. The approved provider, in conjunction with the Nominated Supervisor and educators of the service, will conduct a comprehensive risk assessment in order to identify any potential risk/s or hazards and ensure the safe arrival and departure of children who are travelling between our service and an educational facility.
   2.2. The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service. If a risk concerning a child's travel is identified during the risk assessment, the service will update the safe arrival of children policy and procedure as soon as

possible.

2.3. Our risk assessment will consider and include the following information:
  2.3.1. the age, developmental stages and individual needs of children
  2.3.2. the roles and responsibilities of;
    2.3.2.1. the nominated supervisor of each service (where applicable)
    2.3.2.2. the child's parents/family member
    2.3.2.3. an authorised nominee listed on the child's enrolment form
    2.3.2.4. a person authorised by a parent or authorised nominee listed on the child's enrolment form (if applicable)
    2.3.2.5. the role and responsibilities of the service the care of which the child is entering or leaving
2.4. communication arrangements made between the service the child is leaving from, and the service the child is entering, including arrangements if the child is missing or unaccounted for
2.5. procedures to be followed if a child is missing or unaccounted for during travel between services
2.6. educator to child ratios required for adequate supervision during travel between services
2.7. the proposed route and destination, including proximity to harm and hazards
2.8. the process for entering and exiting the service premises and the pickup location or destination (as required)
2.9. procedures to be followed to ensure children only leave the service in accordance with written authorisation from the parent or authorised nominee listed on the child's enrolment form (ACECQA 2023)

3. **The Approved Provider/Nominated Supervisor will:**
3.1. ensure that obligations under the *Education and Care Services National Law and National Regulations* are met
3.2. take reasonable steps to ensure all staff, educators, visitors, families, children follow this policy and related procedure
3.3. ensure all staff and educators are inducted in the *Safe Arrival of Children Policy* and procedure
3.4. ensure copies of the policy and procedures are readily available and accessible to educators, staff and families
3.5. clearly communicate any updates to policies and procedures to educators
3.6. develop a *Safe Arrival of Children Procedure* to clearly outline roles, responsibilities and obligations for educators, families and the educational facility when children are travelling between services
3.7. conduct a risk assessment to identify any risks or hazards that may pose a risk to children's health, safety or wellbeing as they travel between our service and an educational facility
3.8. consult with staff, educators, families and children (where applicable) during the preparation of a risk assessment
3.9. consult with the educational facility during the preparation of a risk assessment
3.10. review the risk assessment annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised
3.11. notify families at least 14 days in advance of any changes to policy or procedures
3.12. provide induction training to new educators and staff of this policy and related procedure
3.13. provide ongoing training and information to nominated supervisors and educators to ensure they can fulfil their roles and provide a child safe environment for all children and young people
3.14. develop open communication channels and strategies between families, our service, educators and the educational facility
3.15. ensure families complete a *Safe Travel Agreement* (included within the Master Enrolment and Re-Enrolment Forms and, for any extracurricular activities, included within the Extra Curricular Permission Form). This Agreement must be completed prior to children travelling between our service and another educational facility
3.16. advise families to inform our service of any change in attendance or routine that may affect the child's safe arrival or departure as soon as they are aware
3.17. ensure the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required

3.18. ensure the service keeps accurate attendance records recording the following:
  3.18.1. the time and date children arrive or depart the service
  3.18.2. the signature of the person who has collected or delivered the child to our service, or the signature of the Nominated Supervisor or educator who has collected or delivered the child to our service in accordance with the *Delivery and Collection of Children Policy.*

4. **Educators will:**
  4.1. implement a risk assessment to identify and manage any risks or hazards that may pose a risk to children's health, safety or wellbeing as they travel between our service and an educational facility
  4.2. implement procedures for the safe handover of children between our Service and educational facility is documented correctly and clearly communicated with all stakeholders
  4.3. ensure enrolment records are kept up to date for all children, including authorisations from families
  4.4. ensure accurate attendance records are kept up to date recording the following:
    4.4.1. the time and date children arrive or depart our service
    4.4.2. the signature of the person who has collected or delivered the child to our service or the signature of the Nominated Supervisor or educator who has collected or delivered the child to our service in accordance with the *Delivery and Collection of Children Policy.*
  4.5. cross check children's attendance against an accurate attendance record showing when children are within the care of the service
  4.6. follow the *Safe Transportation Policy* at all times to ensure regulations are met when children embark and disembark from vehicles during travel between our ~~s~~ervice and educational facilities
  4.7. implement the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy* in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
  4.8. ensure that when leaving our service, children are given into the care of a parent, an authorised nominee named in the child's enrolment form or a person authorised by the parent or authorised nominee; or given into the care of a person in accordance with the written authorisation of the child's parent or authorised nominee
  4.9. discuss safe travel strategies with children prior to children travelling between our service and the educational facility to ensure children are supported to feel safe and act responsibly
  4.10. communicate any changes to travel routine to family members, educators and the nominated supervisor

5. **Families will:**
  5.1. adhere to the service's *Delivery and Collection of Children Policy* and *Safe Arrival of Children Policy*
  5.2. communicate any changes in routine and activities that may affect the child's safe arrival or departure as soon as they are aware
  5.3. notify the service if their child is going to be absent on a particular day or session
  5.4. understand that a Non-Notification Fee will be charged for failure to notify the service if their child will be absent for any booked sessions in accordance to the Fee Schedule
  5.5. provide emergency contact details and phone numbers upon enrolment and update emergency contact details and phone numbers regularly (as required)
  5.6. Acknowledge and complete a *Safe Travel Agreement* (included within the Master Enrolment and Re-Enrolment Forms and, for any extracurricular activities, included within the Extra Curricular Permission Form). Understand this Agreement must be completed prior to children travelling between our service and educational facility.

6. **Missing or Unaccounted Child:**
  6.1. Our service will develop clear procedures to follow in case of a missing or unaccounted child who is deemed missing whilst travelling to or from our service from an educational facility. Parents must advise service staff as early as possible of any changes to the child's routine or activity.

P-2.32 Safe Arrival of Children

6.2. If the child does not arrive at our service at the predetermined time the nominated supervisor/responsible person or educators will:

6.2.1. check the *Safe Travel Agreement Form* and any communication from the family if the child does not arrive at our service at the pre-determined time.

6.2.2. contact the educational facility and confirm the child left the educational facility at the arranged time

6.2.3. contact the parents or authorised nominee to determine the location of the child

6.2.4. contact the Nominated Supervisor/Responsible Person to advise of the situation

6.2.5. where possible, help conduct a search of the route of travel, ensuring supervision of all children within care

6.2.6. liaise with Police, emergency services and parents as required

6.2.7. complete an incident, injury, trauma and accident record as soon as possible as required

6.3. If the child does not arrive at the educational facility at the predetermined time, our service will:

6.3.1. assist the educational facility to provide details when the child left our service.

6.3.2. where possible, assist in a search of the route of travel, ensuring supervision of all children within care.

6.3.3. contact the Nominated Supervisor/Responsible Person and advise of the situation.

6.3.4. liaise with parents and the police/emergency services if required.

6.4. Our service will notify the regulatory authority within 24 hours of becoming aware of a serious incident, including if a child is missing or unaccounted for when travelling between our service and an educational facility.

CHANGE HISTORY	Version	Amendment Details	Date Amended
	New	New policy	Oct 2023