OUTSIDE SCHOOL HOURS CARE

POLICY & PROCEDURES

San Remo Primary School
22 Bergin Grove
San Remo Vic 3925
03 56785354
SAN REMO PRIMARY SCHOOL
OUTSIDE SCHOOL HOURS CARE PROGRAM POLICY

Children’s Service Provider Licence and Service Approval

Management- San Remo Primary School, School Council.

The Outside School Hours Care Program shall be managed efficiently and effectively, within government operational guidelines.

Service Approval – Authorise an Approved Provider to operate a Specific Education and Care Service

Approved Provider.

Authorised to Manage an Education and Care Service.

Nominated Supervisor.

A Nominated Supervisor is an individual who has primary Management and supervision in the Operation of an Early Childhood Education and Care Service in conjunction with Approved Provider, for ensuring the service is following the Law and Regulations.

Certified Supervisor.

A Certified Supervisor are granted a Supervisor Certificate by the Department of Education and Training and deemed capable at being in a Day to Day charge of the service in the absence of the Approved Provider and Nominated Supervisor.

Educational Leader.

Is a qualified and experience Educator that will lead the development and implementation of education and care program.

Provider Licence and Service Approval

San Remo Primary School, School Council.

Approved Provider

Ms. Karen Bowker

Nominated Supervisor

Ms. Jennifer Ramage

Educational Leader

Ms. Jennifer Ramage
The San Remo Primary School, Outside School Hours Care aims to provide a high quality program for the school aged child of Families in the community. Recognising the uniqueness of the individual child and ability to achieve their independence.

To provide a nurturing and supportive environment, where children can feel comfortable and positive about themselves.

At Outside School Hours Care, we recognise the importance of play in middle childhood and understand that children have individual abilities. To provide a flexible, child oriented service that encourages free-choice and constructive play, while providing encouragement and stimulation.

A play based program is provided, enabling children to feel empowered, direct their own involvement and encourage choice and decision making in the program while acknowledging the children’s agency. Participating in the knowledge for sustainability, promoting and creating the foundations that encourage children towards a lifelong of learning.

Each child deserves all appropriate development play experiences, free of stereotypes or limits based on gender and race. A safe, happy and motivated environment will be created for all the children to play in while promoting a culture of inclusion.

We recognize that families are the primary influence on children’s learning and development.

Partnerships between parents, staff and the children are based on trust, cooperation, mutual respect, equality, diversity, responsibility and choices. A culturally inclusive environment where all families are encouraged to participate in and contribute to their children’s learning and development experiences and promote cultural awareness, and a greater understanding of Aboriginal and Torres Strait Islander ways of knowing and being. We endeavour to meet the diverse needs of the families in the local community and where they can be supported as the primary care givers and to enjoy a co-operative working relationship with the service.

Through our observations and planning, the Educators will provide a program to encourage the children’s growth in all areas of development, physical, emotionally, sociable and cultural diversity. To acknowledge the significance of transitions by the children and to ensure their understanding of the process and their role. We value the skills and abilities of Educators to work to provide high quality care and nurturing to the children. As Educators we strive for every child to experience wellbeing by providing approaches that take account of and build on children’s strengths, abilities and interests. Promoting and implementing sustainable practices and on-going learning and reflection.

Children have the opportunity to engage with and develop reciprocal relationships with Educators. Educators provide the opportunity to direct, support and encourage positive participation by children.
ACCESS TO CARE

The program will be equally accessible to all the children attending care.

**Hours of Operation for Child Care**

<table>
<thead>
<tr>
<th></th>
<th>Monday to Friday</th>
<th>7:00am - 8:45am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of term</td>
<td>School dismissal time</td>
<td>2.30pm - 6.00pm</td>
</tr>
<tr>
<td>Pupil Free Days</td>
<td></td>
<td>8.00am - 6.00pm</td>
</tr>
<tr>
<td>Vacation care</td>
<td></td>
<td>8:00am - 6:00pm</td>
</tr>
</tbody>
</table>

These hours may be altered according to need.

**Priority of access**

Where the demand for placement exceeds supply, priority must be given to:

- **Priority 1** - a child at risk of serious abuse or neglect.
- **Priority 2** - a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test.
- **Priority 3** - any other child.

Within these main categories priority should also be given to the following children:

- Children in Aboriginal and Torres Strait Islander families.
- Children in families which include a disabled person.
- Children in families of low incomes.
- Children in families from culturally and linguistically diverse backgrounds.
- Children is socially isolated families.
- Children of single parents/guardians.

**Approved Number of Places.**

The maximum number of children who can be educated and cared for by the service at any one time, which is stated on the service approval, is:

- Before School Care: 15
- After School Care: 29
- Vacation Care: 20
- Pupil Free Days: 20

**Age of Child for Commencing Child Care at the Service**

The age of a child that can use the Service will be required to be 5 years of age by the 30th April of the year that they start school.
FEE SCALE

The Outside School Hours Care Program is not run for profit. Fees are determined accordingly.

The School Council has the responsibility for setting the fee scale. Extra fees charged for special parts of the program (e.g. Excursions,) are through prior arrangement with families.

The factors that determine the fee scale are:

- Drop off times for Before School Care.
- A daily fee for Vacation Care.
- Eligibility to child care assistance
- Running costs.

The fees are to be charged on a “per session” basis, with no reduction for regular users.

A reduced fee (child care assistance is available to all families through Centrelink.)

Families will need to notify Centrelink that their child has started school. When this information is provided to Centrelink they are then able to apply for reduced rates of Child Care Benefits.

Fee Collection and Payments

- Fees can be paid either by cash, cheque or online transfer banking.
- Fees can be paid at the San Remo Primary School Office or to Outside School Hours Care.
  [All cash payments are to be paid at the Office]
- Receipts will be issued for all fees paid.
- Fees can be paid anytime by families before the end of month statement is issued.
- On issue of end of month statement to families, the balance is to be paid in full.
- Accounts will be sent by the Nominated Supervisor at the end of every month. If no payment has been made after two weeks, a weekly statement will be issued to families for 2 weeks only.
- The offer to discuss the outstanding account with families, to resolve the overdue amount will be followed up by the Nominated Supervisor either by mail, phone, and email or by appointment.
- If after the 4 week notification to families the areas in their account has not been rectified, further action by the service may cancel the use of the service to families until their account has been paid.
- The Outside School Hours Care Management and the School Council will be informed at all times of the situation and outcome by the Nominated Supervisor of the service.
- The only bodies with power to waive arrears in fees are the Outside School Hours Care Program Management Committee and the School Council.

Fees for Late Pick-ups

Two Educators must be retained in the program whilst children remain uncollected. A staff member will try to contact parent/guardian/carer. An extra fee will be charged of $1 per minute for each child picked up after 6.00pm. On the first occasion that this happens, the parent/guardian/carer will be given notice of the overdue collection of their child/children and informed of the $1 per minute per child and that any other occasions will incur the late fee and will be charged to that family

FEE CHARGES

| Before School Care          | 7.00am - 8.15am | $9.50 |
|                           | 8.15am - 8.45am | $4.00 |
| After School Care          | 3.30pm - 6.00pm | $15.50|
| Pupil Free Day             | 8.00am - 6.00pm | $45.50|
| Vacation Care              | 8.00am - 6.00pm | $45.50|
Bookings
Permanent bookings constitute regular use of the program and may be full time or part time. Details of proposed use should be confirmed prior to the commencement of each term.

Casual bookings constitute irregular use and bookings should be made at least 24 hours before the session is required. If this is not possible, bookings will be accepted on the day of the session required if positions are available.

Bookings can be made by arrangement with the Nominated Supervisor of the program, the school office or by telephone.

Booking Cancellations
It is the parents/guardians responsibility to notify the program Nominated Supervisor if a booking is to be cancelled. All bookings even if they have been cancelled, will be invoiced to family’s accounts.

[Children who do not arrive at the service by the required time, the staff will confirm the where about, with the Child’s Teacher and Dismissal Duty Teacher of their awareness of the child, either their attendance at school or if they had seen the child/children leave at 3.30pm
Staff will phone Family/Guardians of the child/children’s non-attendance.
1. **EDUCATIONAL PROGRAM & PRACTICE**

The Program provides children with a variety of experiences that are designed to promote and extend children’s development. The Program is responsive to the specific needs, interests and developmental ranges of all children in the group. The program will cater for individual children.

Carers will ‘get to know’ the child well by observing them and learning about their interests and experiences and will recognise the value of play in children’s learning and development with a strong focus on planning experiences that are based on children’s current interests and strengths.

Program planning will be flexible and able to adapt at short notice to the needs and interests of school age children.

The program will provide a ‘Home away from Home’ atmosphere. It will cater for the age range, gender, cultural and individual needs of the children. The service will provide developmentally appropriate activities that will be consistent with the current understanding of middle childhood development.

The Program which is planned for school age children will be recognise and be responsive to the fact that children are already attending a formal school program. Child care professionals will endeavour that planned experience accommodate school age children’s particular needs for extracurricular recreational and social activity, as well as time to relax before and after the school day and during school holidays.

Older children will have opportunities to participate in experiences of their own choosing, and children are encouraged to participate in decision making about the experiences that are planned. An emphasis on the development of social and life skills will be supported.

**AIMS**

The aims of devising and implementing developmentally appropriate programs for the children are to promote the following:

**IDENTITY**  
Children have a strong sense of Identity.

**COMMUNITY**  
Children are connected with and contribute to their world.

**WELLBEING**  
Children have a strong sense of wellbeing.

**LEARNING**  
Children are confident and involved learners.

**COMMUNICATION**  
Children are effective communicators.
PROCEDURES

1.1 Program

The service will provide a program that is appropriate to the stages of development of the children utilizing the service.

- The program will be planned by the co-ordinator/educational Leader and observations and information by Educators and jointly implemented by all staff.

- The needs and interests of children using the service will be determined by structured programming, observations, survey and discussions with Educators and Families. All activities will reflect the results collected. Activities will be planned to suit ages from grade prep to grade 6.

- The program will receive information on a child’s interests, skills and needs by obtaining through:
  - Discussions with the child and regular group meetings
  - Educators Observations of the child at play.
  - Discussions with parent’s guardians and carers

- The program will be displayed for both parents and children to see in the Outside School hours care room.

- Planning the program ensures variety and including new choices opens up more possibilities for them.

- Program will provide “free time” but within a planned program

- The program will provide a means for assessing the success of a program, and the recording for future reference what has occurred.

- The planning of the program for the children will provide an outline which determines what materials and supplies are needed daily.

- The planning of the program will allow time to flow smoothly for the children

- The program will provide to help focus on issues of equity and respect for the children to ensure that the experiences and perspective from many cultures have been included in the program.

- Provide and facilitate the incorporation of children with additional needs.

- Activities will be planned with regard to the weather. Active and passive, indoor and outdoor options whenever possible should be offered daily.

- Staff will identify particular interests and skills of children, and use the program to further develop those skills.

- There will be opportunities for physically active games in large and small group environments and a quiet area will be available to children for homework and reading purposes.

- The use of Play station and DVD will be at the co-ordinators discretion.

- The use of computers is available at 4.30pm at the discretion of the Nominated Supervisor.

- Children are encouraged to celebrate cultural/religious/linguistic diversity.

   Birthdays, Easter, Christmas; Mother’s Day, Father’s Day and other specified days

The program will help to express the services values about gender issues, and to ensure that arrangements about Educators, children, and activities do not reflect assumptions and attitudes that stereotype gender.

The planning of the program makes it possible to inform children, parents and others of upcoming activities. School age care staff should have a professional approach to their work, and program plans should be available to those who wish to see them...
1.2 **The Qualities of the Planned Program**

These factors will indicate the quality of the program plan. These include:

- Flexibility – the program may be changed or adapted, allows for spontaneity.
- Variety and choice of activities.
- Is enjoyable and fun
- Has sufficient equipment, materials and adequate space to support the program
- Meets a wide variety of needs and interests of children.
- Provides space for free time – unstructured play.
- Takes into account the skills and capabilities of the children and staff
- Uses time well.
- Is involving and stimulating.
- Supporting children’s own creative ideas and their own interests.
- Will be understood by all who are using it.
- Achieves the goals of the service and reflects the philosophy of the service.
- Ensures children’s safety, health and developmental well being at all times.
- A sense of belonging.
- Children learning.
- Children contributing to their area.

1.3 **EVALUATING THE PROGRAM**

Evaluating the program on a regularly basis. The evaluation will include:

- Feedback from children obtained through group meetings and discussions.
- Staff observations
- Feedback from parents obtained through informal discussions.
- Family questionnaire/survey.
- Information and feedback from staff.
- Children’s request for activities listed on program board.
- Recording and evaluation of program.
- Recording of Objectives and desired outcomes.
- Children’s Comment Box.

1.4 **OBSERVATIONS**

Educators observe the children in their overall development. Taking into the account their individual interests, group interactions, wellbeing, communication and participation. The Nominated Supervisor and Educators contribute to the recording of information in regards to the child, when there is a sense of achievement, accomplishment, wellbeing and the need for support. All observations are of an objective nature and contribute to the developmental level of the child.
1.5 PROGRAM EVALUATION

The program is evaluated daily, incorporating an emergent program with modifications and extensions at any time during the program. The effectiveness of the programs will be continually on the following criteria:

- Achievement of goals
- Suitability of resources
- Desired outcomes.
- Review of goals.
- Recording and evaluation of the program.
- Children’s responses to experiences.
- Adult’s responses to experiences.
- Family feedbacks – verbal and documented.

The planning process is a continual cycle, and is combined effort of educators, children and families.

1.6 STRUCTURE OF THE PROGRAM

In recognition of the varying needs of children, flexibility will apply on the individual need of the child. The program activities are structured to meet the aims of the Service and the interests and capabilities of the children. With support of caring adults, children can develop a sense of their own worth and a positive image, which will give them confidence to achieve success and wellbeing.

1.7 SERVICE PLANS AND PROGRAM RECORDS PROCEDURE

These records are to be available at the Service at all times.

Quality Improvement Plan, [QIP]
- An assessment maintained by the provider of the quality of the practices of the service against the National Quality Standard and Regulations.
- This assessment identifies any areas that the provider considers may require improvement.
- Contains a statement for the Philosophy of the service.
- The Approved Provider must submit the Quality Improvement Plan to the Regulatory Authority when Requested to do so.
- The approved provider must review and revise the quality improvement plan, at least annually.

Education and Care Program, Menu, Activities and Learning Objectives and Outcomes.
- Information about the contents and operation of the educational program for the service is Displayed at the service and is accessible to parents of children being educated and care for at the service.
- Is available for the Regulatory Authority when requested.
1.8 THE NATIONAL QUALITY FRAMEWORK

January 2012 saw the introduction of the regulation that will give each child the best possible start in life through high Quality, early childhood education and care in school age care services.

The National Quality Framework includes:

- A national legislative framework that consists of the Education and Care Services National Law and Education and Care Services National Regulations.
- A National Quality Standard.
- An assessment and rating system.
- A regulatory authority in each state and territory who will have primary responsibility for the approval, monitoring And quality assessment of services in their jurisdiction in accordance with the national legislative framework and in Relation to the National Quality Standard.
- The Australian Children’s Education and Care Quality Authority [ACECQA].

ACECQA, a national body that is responsible for providing oversight of the new system and ensuring consistency of approach.

1.9 **DVD MOVIES, COMPUTER GAMES**

The viewing of DVD movies and the playing of computer games are another form of relaxation, stimulation and enjoyment while using this technology. DVD movies and computer games do influence children, just as any play tools do. Their use in Outside Schools Hours Care will be used in the context of providing the children with a balanced and developmentally appropriate program of play experiences and learning experience.

The children’s access to rich and varied play experiences is critical to their growth and development. DVD’s and computer games are another resource in a wide variety play and activities that are provided at this service.

DVD’s and Computer games can provide:
- Educational and learning experience
- Stimulating and engaging
- Used to relax and wind down

**Selecting Appropriate DVD’s and Computer Games.**

The coordinator will carefully select the programs children watch or play. A program will be developmentally appropriate for the children. To determine the suitability of programs the coordinator will:

- View all videos before showing them to children
- Assess whether the content could offend, upset, confuse or disturb children
- PG DVD’s will be permitted only by Parents/Guardians signed Permission on Enrolment Form
- Monitor the children’s reactions to the program
- Be prepared to discuss and share content issues with children...

Guidelines of DVD and Computer Interactions for children will be;

1. The use of DVD or Computer accessible from 4.30pm.
2. 15 -20 minutes use of computer per child.
3. **Staff will verify with Coordinator the use of DVD and Computer access before allowing children to have access.**

The Coordinator of the service will have final decision on the use of, time duration, and children’s access to DVD Movies and computer Games.
2 CHILDREN’S HEALTH and SAFETY ENVIRONMENT

2.1 ACCEPTANCE and REFUSAL of AUTHORISATION POLICY

Rationale: To ensure Educators and Staff only act in accordance with correct authorisation as described in the Education and Care Services National Regulations 2011.

Policy Statement: Educators require authorisation for actions such as administration of medications, collection of children, excursion and providing access to personal records. This Policy outline what constitutes a correct authorisation and what does not, and may therefore result in a refusal?

Relevant Legislation:
- Education and Care Services National Law 2010
- Education and Care Services National Regulations 2011

Key Resources
- Guide to the Education and Care Services National Law 2010 and the Education and Care Services National Regulations 2011 [ACECQA]
- National Quality Standards 2011 [ACECQA]
- Childcare Service Handbook 2011-2012 [DEEWR]

2.2 PRACTICES

Nominated Supervisor of Service will:

- Advise Educators and families / guardians of their responsibilities under the legislation.
- The nominated supervisor will ensure documentation relating to authorisations contains:
  - The name of the child enrolled in the service.
  - Date.
  - Signature of the child’s parent/guardian, or nominated contact person who is on the enrolment form.
  - The original form/letter/register provided by the service
- Keep these authorisations in the enrolment record

Educators will:

- Apply these authorisations to the collection of children, administration of medication, excursion and access to records.
- Exercise the right of refusal if written or verbal authorisations do not comply.
- Waive compliance where a child requires emergency medical treatment for conditions such as Anaphylaxis or Asthma. The service educator can administer medication without authorisation in these cases, provided it is noted on medical plans and that parents/guardians be contacted as soon as practicable after the medication has been administered.

Families are required to:

- Keep child enrolment details forms current stating who the authorised nominees are.
2.3 ENROLMENTS

All children must be enrolled prior to using the program.

Enrolment records will include:
- Name, address and date of birth
- Parent/guardian/care’s name, address and phone number at work and home.
- Relevant medical details and the name address and phone number of Registered Medical Practitioner.
- Relevant custody details. Copy of Sole Custody Orders to be supplied to the program is applicable.
- Details of people nominated authorized persons to collect children from the program.
- Name, address and phone numbers of persons who may be contacted in an emergency.
- Written authorisation to seek emergency medical, hospital and ambulance service or chosen alternative.
- Any special needs or considerations relating to the child.
- Permission for PG movies & photos to be used on display in the school, local newspapers.
- Anaphylaxis notification if warranted.
- Aboriginal or Torres Strait Aboriginal
- Produce documentation of Immunisation and Health Care Record Book for sighting by Educators.
- Permission for Child to Self-Medicate.
- Copy of Immunisation of Child.
- Produce for sighting by Staff of the Child’s Health Care Record Book.

2.4 SIGNING IN/SIGNING OUT

Upon dismissal from school at 3.30pm, the children using the service will go straight to the Outside School Hours Care room.

- The roll will be marked and checked against expected attendance.
- The children will be signed in by a staff member.
- The children will be signed out by a person authorised to collect them. During Vacation care and pupil-free days, children will be signed in by an authorised person as they arrive and as they leave.
- If children who are booked in do not arrive at the service by 3.35pm, the co-ordinator will confirm with class teacher or teacher on dismissal duty, whether or not the child/ren have been picked up. Once confirmed by teachers, the Coordinator will phone parents or those that have been listed as emergency contacts (per enrolment form) to notify them of their non-attendance. Coordinator will make consistent calls to follow up throughout the session.

(For the purpose of this policy person authorised includes parents/ guardians/carers and persons over the age of 18 who have been allocated on the enrolment form)

2.5 BASIS OF DENIAL OF ACCESS TO CARE

Families and carers should be informed that their failure to abide by these policies might result in their child/ren being excluded from the program.

- Unacceptable behaviour of the child in the program
- Fee arrears
- Infectious disease
- Constant late pick up
- If a breakout of Infectious disease and the child is not immunised.
- Insufficient Documentation.

Before exclusion is implemented, there will be communication between service management i.e. school council and co-ordinator of program to mediate discussion and to resolve the issues at hand.

Further, if all places are allocated the priority of access procedures will be implemented.
2.6 **EMERGENCY PLACEMENT OF CHILD INTO CHILD CARE**

In the event that a parent/guardian/carer is unexpectedly delayed, School Staff will place the child in the Out of School Hours care Program after 3.45pm.

School staff will contact the parent/guardian/carer and inform them that their child/ren have been placed into care. If School staff is unable to contact family/Guardians, Carers, Outside School Hours Care staff will endeavour to contact families.

No child is to leave the program unattended unless written consent is given by the parent/guardian/carer.

2.7 **NOMINATED PERSONS FOR THE COLLECTING OF CHILDREN**

Upon enrolment, parents, guardians, carers will be required to nominate persons approved to collect their children. Additional persons can be nominated throughout the year and added to the Enrolment form if required. Appropriate documentation will then need to be completed prior to the child/children being collected. Photographic ID must be checked the first time a new collector identifies themselves. The nominated person to collect children must be 18 years old or over.

In the case of exceptional circumstances and with the consent of the Nominated Supervisor, phone calls by parent, carers, guardians requests, that a person who is not listed on the enrolment form is to collect their child/children. Educators are to phone back parents, guardian, carer to confirm request. Photographic ID must be checked. A permission form must be signed the next day by the Parent, Guardian, and Carer who authorised the collection by another person on their behalf.

Nominated Supervisor can ask the parents, guardians, carers if they would like that person added to the enrolment form for future requirements of collecting their child/children.

Nominated Supervisor is to record the details of any changes to enrolment forms: Date, name of new nominated person to collect children, Contact details. Updated information is to be signed by the Parent, Guardian, and Carer who has authorised the person to be added to enrolment form.

2.8 **CHILDREN AND A NON-CUSTODIAL ADULT.**

• In the situation that the parents are separated or divorced, and one parent has legal custody the non-custodial parent cannot collect the child without authorisation. Non-custodial parent cannot be given access to children. The service must have a copy of the court order to verify custody on the child’s file. All educators to be made aware of its existence. Strict adherence to this policy must be maintained.
• If the person comes to the Service, Educators will inform them that we cannot let the child go as they are not registered to collect the child/children at this time.
• Contact the custodial parent, guardian, carer to inform them of the situation.
• Contact police immediately if there is a restraining order in the favour of the child/children.
• If there is a real risk of violence or a weapon is involved do not risk your own or the children’s safety who are attending the service. Contact the police immediately and Custodial Parent, Guardian as soon as possible.

2.9 **A NOMINATED PERSON FOR COLLECTION OF CHILD – UNDER THE INFLUENCE.**

If a Parent, Guardian, Carer or nominated person, or emergency person who are authorised to collect a child/children from service is under the influence of alcohol, drugs, prescription and non-prescription drugs, the following procedure will be followed by the Educators:

• Calmly inform the nominated person that it would not be acceptable for them to transport the child/children. Ask them to take a seat until they are able to take care of the child/children with them.
• Phone immediately Parent, Guardian, and Carer to inform them of the situation. If it is a Parent, Guardian, Carer who are under the influence, contact the Partner or Emergency Contact to inform them of the situation.
• If the person who is under the influence refuses to stay at the service or relinquishes their collection of the child/children, and the concern for the child/children would be put at risk of danger, Educators are to contact police immediately. Other Educators stay with the Nominated person as safely and as long as possible. Educators may stress that the child/children’s safety is of major concern.

• The Educator is to contact and insist that the other Parent, Partner, Guardian, Carer, Emergency Contact must come to the service to collect the child/children and the person who is under the influence.

• The Nominated Supervisor will follow up this matter with the families and discuss the concerns of this incident.

• An Incident, Injury, Illness form is to be completed by Educators and a copy given to the Families.

2.10 **CHILDREN’S RECORDS**

The following records will be maintained confidentially in relation to each child.

• Completed Enrolment Form.
• Details of the period during which the child is in care at the service.
• Developmental records.
• Medical details and Medication forms.
• Injury, Incident, Illness Forms.
• Permission forms for Excursions, Regular Outings, Transfers to Extra after School Activities.
• Details of court orders affecting the custody of the child.
• “Authorisation to Collect” forms where the person who has been verbally authorised to collect child on behalf of the Families/Guardians/Carers are not already on the Enrolment Form.

NOTE:
Injury and Illness forms are to be kept by the service for 25 Years.

2.11 **OPENING AND CLOSING PROCEDURE.**

An Opening and Closing checklist is displayed in the kitchen area of the service. This provides a list of priorities for educators to follow and provide information for their safety and the children’s safety, who attend the service. All educators or emergency staff are to read these lists before commencing their duties for the day.

2.12 **SERVICE INSURANCE**

The Management Committee is directly responsible for maintaining appropriate cover for all involved in the service. The Department of education and Training provides public liability insurance cover. School Council does not provide medical insurance cover for children in the program.

2.13 **SUN PROTECTION**

Our Sun Smart policy has been developed to ensure that the children and staff attending OSHC are protected from skin damage caused by the harmful exposure to the sun. It is to be implemented throughout the year but with particular emphasis during Terms 1 and 4.
GUIDELINES:

It is intended to:

- Increase the children and community awareness of skin cancer and safe practice measures.
- Adopt practical sun protection measures.
- Provide a safe school environment that provides shade for the children and staff.
- Encourage the children, families and staff to wear protective clothing, hats and sunscreen during high risk times. This will include excursions, sports and outdoor activities.

IMPLEMENTATION

- Sun protection and skin cancer prevention programs will be incorporated into the key learning areas.
- This policy will be reflected in the planning of outdoor events.
- Broad-brimmed / legionnaires hats will be worn during Terms 1 and 4. Children without appropriate hats will be restricted to covered areas.
- Sunscreen SPF 30+ and protective clothing will be encouraged.
- A choice of shaded areas is provided for children.

EVALUATION

- Review the sun protective behaviours of the children and staff at beginning of Term 4 and Term 1 of following year during Children and Staff Meetings.
- Evaluate the curriculum in relation to skin cancer prevention.
- Assess buildings and grounds with regard to shade provision.

2.14 EXCURSIONS, INCURSIONS, AND REGULAR OUTINGS.

Excursions, Incursions and Regular Outings are an integral part of the program at the service. They enhance and enrich aspects of the program or are the basis for a series of activities, e.g. the local environment and community. The Educational Leader will provide the rationale for having and excursion, incursion and regular outing and to identify the objectives they wish to achieve.

Implementation:

- The Co-ordinator will program the excursion prior to the day, taking into account safety, emergency procedures, weather, staff required, first aid, provision of food and water, equipment, including sports equipment if required.
- Adequate notice will be provided to parents including travel arrangements.
- Signed consent will be obtained from families, guardians, carers.
- A Risk Management Plan will be issued for each outing and witnessed by the Approved Provider.
- Risk Management Plans will be revised annually or if there are any changes to the venue.
- A staff ratio of 1:15 will not be exceeded, 2 staff will be in attendance at all times while on excursion.
- An extra staff member may be required to attend for a child with a disability or special needs.
- Time table for the Excursion.
- Means of Transport.
- Specific instructions regarding children are clothing requirements.
- Arrangements for children with disability or special needs.
- Roll with children’s names and educators names are to be taken on outings and frequently checked and signed with time of check and signature of educator.
- All educators attending the excursion, incursion, regular outing require First Aid, Asthma Certificate.
- Nominated Supervisor will ensure that seating on a bus does not exceed the compliance plate and seat belts are available.

**INCURSIONS**

Incursions include visitors to the service who will benefit the program by providing an entertaining, cultural, musical or artistic performance, and community base activities at the service. Visitors may also be involved at the service, to lead a particular activity, if they have specific knowledge and skills. Such knowledge and skills may include information about local history or environment, sporting skills, creative or performing arts, or information about another culture.

**REGULAR OUTINGS**

Regular outings are taken by the service to venues within walking distance, and where the circumstances relevant to the risk assessment are the same on each outing. The service visits regularly, these venues as part of its educational program.

**Venues used by the Service under the Regular Outings:**

- San Remo Tennis Courts, Wynn Road, San Remo
- San Remo Leisure Centre, Wynn Road, San Remo
- Lions Park, Cnr Point David Road & Back Beach Road, San Remo.
- Beach, Point David Road, San Remo.
- Marine Parade Playground, Marine Parade, San Remo

**Insurance**

Any insurance plan must be consistent with the requirements of the Public Liability Cover held by the service.

**2.15 BEHAVIOUR MANAGEMENT**

San Remo Primary School, Outside School Hours Care Program aims, are to maintain an environment which encourages and guides children's cooperative, safe, positive and stimulating environment, and constructive behaviour that fosters self-esteem, and develops a child’s ability to interact with others.

**PROCEDURES**

- Educators will intervene and direct the child to a more acceptable behaviour in a caring and supportive role.
- Rules will be clear, child focused and easy to understand. They will be on display at the service. Children will be included in the process of outlining the guidelines of the program.
- Educators will provide an environment that considers minimising potential difficulties, which includes positive role modelling.
- Educators will endeavour to communicate and work with the child/ren to support them with acceptable behaviour.
- If an inappropriate behaviour continues, the Program Coordinator will be notified of the issues and the incident will be documented. The Parent/Guardian, on collection of the child, will be informed of the issues and the Program Coordinator will discuss strategy ideas with the Parent/Guardian.
Program Coordinator will discuss the issue with the educator to determine procedures and strategies that the service may be implementing so as to provide care and support for the child.

A meeting will be organised between Parent/Guardian and Program Coordinator to discuss the situation and strategies.

If the behaviour is still inappropriate the child's enrolment will be suspended until the Parents/Guardians and Program Coordinator has met to discuss the appropriate direction.

San Remo Primary School O.S.H.C. Program will immediately suspend any child/ren from the program:
- Where the child acts in such a way that threatens the physical and/or emotional Health of any child, Educator or themselves.
- Deliberately damages any property or belonging.
- Nominated Supervisor will then make contact with the Parent/Guardian.

A letter will be given to the Parent/Guardian, Carers, explaining the situation and consequences.

All communication between families, Educators, children and other relevant persons will be documented.

All information connected with an issue will be kept confidential, and only those involved will have access to any information.

NB: If property is deliberately damaged, San Remo Primary School O.S.H.C. The service may ask the family to pay for the damage.

Educators through observation of the child will:
- Encourage cooperation.
- Encourage a child to accept responsibility for their actions.
- Assist the child to understand and appreciate the rights, feelings and needs of others.
- Help to develop respect for others.
- Help the child to learn the rules and limits of the group in which they live so they can enjoy interaction in their peer group.
- Support the child in developing positive and secure relationships with adults.
- Educators will communicate on a regular basis with the Families to support the child.

Educators adopt the goal of effective guidance to assist children in becoming confident, active individuals who can make decisions and direct themselves appropriately.

**PRACTICIES TOWARDS POSITIVE BEHAVIOUR**

**Prevention:**

- This involves assessing the child’s level of development, looking at what is happening in the environment and planning accordingly.

- Clear realistic limits will be set for activities and behaviour.

- There should be effective communication with children and other Educators.

- Children are to be made aware of “Consequences” of behaviour both positive and negative.

**Encouraging**

- Children will be given constant encouragement when they are displaying appropriate behaviour.

**Effective Limits.**

- Educators will develop limits with the children in mind. Clear verbal and physical direction of what is acceptable rather than what is not. Limits are developmentally appropriate to children and take into account children’s age and stage.
Redirection

• Educators will redirect unacceptable behaviour, this is an effective method of positive guidance. Alternative experience should by interesting to the child which allows an outlet for their feelings.

Trust and Respect

• Educators will ensure that all children are treated equally.

2.16 SUPERVISION of CHILDREN

It is essential that children are to be supervised by Educators at all times, both indoors and outdoors. Educators will take an active role when supervising in facilitating children’s play. This interaction can lead to fewer accidents and support the learning of improved skills amongst children.

Educators will be aware of the presence of all children and are responsible for the group that they are with, and not allow where possible, anything to adversely affect the quality of supervision and interaction with the children.

Educators are not to be distracted by other persons or preform activities that causes them to not supervise appropriately, if the Nominated Supervisor feels these actions would adversely effect the quality of supervision and/or interaction with children.

Educators supervising children will be aware of:

• the best positioning for viewing children in the outdoor environment, positioning themselves so that all areas of the outdoor environment are visible and any climbing equipment is closely supervised.

• Volunteers and visitors cannot be given the responsibility of supervision at any time.

• The building should be supervised at all times in the case of children coming inside during outdoor play toilet and to ensure no unauthorised person enters the child’s play area.

• There shall be a maximum of 15 children to 1 staff member at all times.

• All activities children undertake are to be safe and appropriate to the capabilities and interests of the child.

• Children with a disability or special requirements may require an Educator all the time they are attending. Families should inform the Service, so as appropriate arrangements can be implemented.

• Medications, and substances that may be of risk to any children are to be kept in the cupboard that is locked.

• Educators will supervise that authorised nominated persons are able to collect child/children from the program and sign the register before leaving.

• Educators will monitor the procedure for the collection of children with sole custody orders.
2.17 SAFETY CHECK of BUILDING and GROUNDS

To ensure the safety of children, Educators, Families and visitors to the service, regular safety checks.

Procedure

Indoor and Outdoor

• Educators conduct safety checks by completing a check list under the Occupational Health and Safety requirements.

• Any broken, damaged or dangerous areas or items are to be tagged, removed and recorded. Educators will notify the Nominated Supervisor or OHS representative.

2.18 MONITORING of CHILDREN CHECKS

Regular attendance checks of children will be conducted throughout their time at the service. Educators are responsible for knowing the exact number of children in their care at all times and recorded on the sign in rolls.

Recording of details should Include:

• Time Checked.

• Number of children attending.

• Facial verification of children and “number count” of the children.

• Staff signature.

Educators will check the attendance of the children:

• At the beginning of the sessions as the children arrive.

• Before leaving the service with Educator to participate in activities.

• After returning from outdoor activities.

• Regularly while children are playing.

• Children who have attended the toilet.

• Checking the End of Session that all children have been collected and signed out.

• Regular checks will be noted by a time and signed by the Educator.

    Regular Outings.

    • Before leaving for service and during transit to venue

    • Arriving at venue.

    • Regular while children are participating in activity.

    • Children have attended the toilet. [Supervised by Educators]

    • Before returning to service.

    • After returning to service.
Excursions

• Before leaving service.
• If using transport, checking again on vehicle before departing service.
• Check during transit.
• Check after arrival at venue.
• Regular checking during activity.
• Children who have attended toilet. [Supervised by Educators]
• Before leaving venue and again when on vehicle and on arrival at service

2.19 ACCIDENT PREVENTION

Equipment, environment, activities, health, hygiene and safety will be monitored and/or documented before and during the service operation.

• OH & S safety check list. Indoor and Outdoor will be documented.
• Medications procedures are to be followed at all time.
• Food handling procedures.
• Emergency Drills to take place regularly.
• Children to remain seated when consuming food.
• First Aid kit maintained and available.
• Educators have first Aid Level 2 Certificate, CPR, Asthma and Anaphylaxis Certificates.
• Apply OH & S requirements.
• Educators to comply with Service ‘’Code of Practice’’ as written.

2.20 MANAGEMENT of ILL, INJURED, ACCIDENT OR TRAUMATISED CHILDREN

When a child becomes ill, or has an accident, is injured or traumatised as a consequence of an incident while being cared for or educated by this service, the childcare professional carer will ensure that the parent or guardian with whom the child resides is notified as soon as practicable.

The Nominated Supervisor of the service will ensure that arrangements are made as soon as practicable to remove the child from the service if it is necessary in the interests of the health, safety and well being of the child or other Children attending the service.

Illness and disease can spread from one child to another, even when recommended hygiene and infection control practices are followed.

This service has a responsibility to ensure other children and child care professionals are protected from infectious Illness.
The unwell child will be attended to immediately, monitored and supported by the service carers until they improve or until they are collected by their families/guardians/carers.

Information documented on the enrolment form will assist child care professionals at the service to understand and monitor the child’s health requirements.

The services will develop individual health plans for children with allergies or other medical conditions.

**Identifying a child who is Unwell or Injured.**

When the services child care professional recognise symptoms or is informed that a possible infection, illness or injury of a child, they will ensure that the ill or injured child receives immediate attention and are made comfortable.

The child will be kept under supervision and the illness/injury managed appropriately until Recovery or the parent/guardian/care takes charge of the child, at the same time maintaining Full supervision of all other children or an emergency carer member is called to assist.
An Injury, Illness, Incident form will be completed by Educators

**Notifying Families/Guardians/Carers.**

The parents/guardians will be notified of the situation and the condition of their child by phone, by The Coordinator of the Service. If a child is unwell or injury may require further attention Arrangements will be made with the families/guardians to collect their child as soon as possible.

If families cannot be contacted, the Nominated Emergency contacts will be contacted.

**Documenting the Condition of the Child with Illness or Injury**

Documenting the symptom of illness or injury of the child will be recorded in an Injury and Incident report held at this service.

An illness or injury register will include the Child’s name, The symptoms of the illness or incident of the injury, time the illness or incident was reported or Observed. What action was taken by child care professional Documenting the ongoing monitoring of the child’s condition until the families/guardians have Arrived at the service.

Parents will be required to sign acknowledge that there child has been unwell or injured and Informed also of the process of observation and documenting their child’s progress by child care Professionals attending the child.

Children that are injured/ill or requiring attendance by emergency services or they require a Medical practitioner, the child care professional will be required to complete a ‘Serious Incident Notification.’
If medication is required in an emergency, and there is no prior consent of the parent, the service staff will obtain consent from a registered medical practitioner, if possible the family’s preferred medical practitioner.

If a child requires immediate Emergency Medical Aid, the service staff will secure that aid by phoning 000 or in the case of Anaphylaxis applying the Action Plan of the Child are Risk of Anaphylaxis and notify the Families/Guardians immediately or as soon as possible.

A Child Care Professional with attend to the ill or injured child at all times.

2.21 EXCLUDED FROM CHILDCARE
A child is excluded from childcare if the illness is infectious as per guidelines provided by the National Health and Medical Research Council, which is displayed at the Service.
A notice will be displayed to inform other families of an infectious disease had been notified at the service.
Certification from a medical practitioner that the child is safe to attend the service will be required before the child can return for care.

Children will not be allowed to attend the service if, due to illness they:
• Are unable to cope with the general routine of service.
• Require an unmanageable level of an Educators management.
• Are in the opinion of the Nominated Supervisor, too unwell to attend child care.
• A child who has suffered from vomiting diarrhoea or fever at home, must not attend the service until the symptoms have ceased for 24 hours and normal eating habits have resumed.

2.22 NON IMMUNISED CHILD
Families/guardians of Children who have not been immunised will be notified of any infectious illness with the child care service.

3. MEDICAL CONDITIONS POLICY.
Aims of Policy
• To promote the inclusion and participation of all children.
• To help all children to achieve and to make progress, whatever their medical conditions or needs.
• To safeguard children’s health and safety by ensuring that prescribed medicines are handled responsibly and safely.

Purpose of Policy
• To provide the service staff with information advice on managing medication for children with Medical conditions and requirements.
• To receive from families and guardians information of their child’s medication and medical Conditions.
• To assist service staff on the development of procedures for managing medicines.
• To provide information on common medical conditions and their effect and how they can be Managed.
• Service, Families/Guardians to operate under the Laws and Acts for the administration, Management and recording of medication and administration.
• To provide information regarding dietary management for children with food Allergies and Intolerances.
• To receive from qualified professionals, details and information about a child’s Medication or Medical requirements and methods.

**Who the Policy is for:**
• Child care Providers
• Families and Guardians.

**Who is affected by the guidance?**
• Children with medical conditions or needs and their Families.
• All service staff and volunteers working with children with medical needs.

**Why guidance is required:**
• Almost all children at some time will have a medical condition or need that affects their Attendance or ability to take part in play, attend care, or take part in extracurricular activities.

**Relevant Legislation**
• Education and Care Services National Regulations 2011
• Education and Care Services National Law 2010
• Work, Health & Safety Bill 2011.

**Key Resources**
• Educational and Care Services National Law 2010
• Education and Care Services National Regulations 2011
• National Quality Standards 2011 [ACECQA]
• Guide to National quality Framework 2011 [AECQA]
• Guide to National Quality Standard 2011 [ACECQA]
• Childcare Service Handbook [DEEWR]

**A medical condition or requirement may be,**
• Short term [such as finishing a course of medication.]
• acute [such as an allergic reaction]
• recurrent [such as recurrent asthma or epilepsy.]
• long term and persistent [such as conditions experience by children with complex medical Needs.]

Any of these instances must be managed so that each child’s access to a learning, social and caring environment is safeguarded, no child is discriminated against on the basis of disability caused by a medical condition or need and medicines are managed and administered safely.
Most children with a long term medical condition or need can, with appropriate support management can take part in activities.

**Requirement for Managing Medications, Administrating Medication and Recording Information**

The service Policies and Procedures which cover and include the following:
- Health and Safety.
- Medical needs.

### 3.1 Rights and Responsibilities.

- Children with medical conditions have the same right of admission to a setting as other children.
- Children with medical conditions have the same rights as other children to join in the Activities and routines of the service program, which should make reasonable adjustments [where practicable and possible] that allow them to do so.
- Children have the right for their medical details to be kept confidential and information should be shared only if required, when to protect the child. The Family/Guardians must be informed if the medical details are required to be shared other than those that are staff at the service.
- For children with life-threatening and acute medical conditions or needs, this information will need to be shared with all staff.
- Where children are able to take responsibility for administering their medication themselves, they should be encouraged, supported and trained to do so.

### 3.2 Parents/Guardians

- Parents/Guardians have prime responsibility for their children’s health and for providing information about any medical condition and or need.
- Children should remain at home if they are unwell.
- Parents/Guardians where possible should administer medicines e.g.: arranging for Medicines or dosages that can be given outside attendance at the service.
- Where information about a medical condition is shared, it will be recorded consent of the parents/Guardians.
- Parental/Guardian consent for the administration of prescribed medicines by the service will be given in writing.
- Parents/Guardians will deliver prescribed medicines personally in the original container with clear dosage instructions. If a child brings in medication, the parent will be contacted and the appropriate arrangement put in place,
  
  [i] Parent/Guardian will be asked to attend service to sign appropriate forms for the administration of medication or medical needs.
  
  [ii] Send Email to confirm and give permission the dosage requirements and administration of Medication or medical needs.
  
  [iii] Service to fax appropriate forms to Parent/Guardian and have them returned to service before Commencing administration of medicines or medical needs.
- Parents/Guardians are responsible for restocking and disposing of medicines.
- Parents/Guardians will provide written permission for Service staff to administer non prescribed Medicine. These medicines are to be in their original containers with clear details of quantities, name of medication and method of administration to your child. Yours Child’s name is to be clearly marked on the container.
3.3 Managing Risk

- Risk assessment and management procedure must be clearly understood by all.
- The Approved Provider and/or Nominated Supervisor in conjunction with discussions with Families, Guardians and medical Professional who manage the child’s condition, will finalize decisions regarding the administration of medicines and for assessing and managing risk and to update any changes required in child’s condition.
- Staff will be required to be appropriately trained and with all relevant medical requirements and follow the directions of health care practitioner of qualified training.
- All medicines will be stored in the containers in which they were dispensed.
- Staff will never force children to take medicines. If children refuse to take medicines this will be recorded and parents, guardians informed immediately and action taken as agreed.
- Where medications are required for Child at Risk or of an acute medical condition and a child refuses and not cooperate with the administration of medication. Emergency Procedures as per child’s Management Plan will be acted on with the medication being administered and Emergency 000 will be activated.
- Medication will only be administered in accordance with the Services Policies and procedures. [See check list following]
- The Approved Provider and/or Nominated Supervisor of the Service will notify the significance and importance of the Medical and Medication Policy to members of staff to make them aware of the policy for managing medication presented at the service.
- Staff will be required to sign that they have read understood and accepted the Medication Control Policy of the Service.

3.4 Parents/Guardians

- Parents/Guardians have prime responsibility for their children’s health and for providing information about any medical condition and or need.
- Children should remain at home if they are unwell.
- Parents/Guardians where possible should administer medicines e.g.: arranging for Medicines or dosages that can be given outside attendance at the service.
- Where information about a medical condition is shared, it will be recorded consent of the parents/Guardians.
- Parental/Guardian consent for the administration of prescribed medicines by the service will be given in writing.
- Parents/Guardians will deliver prescribed medicines personally in the original container with clear dosage instructions. If a child brings in medication, the parent will be contacted and the appropriate arrangement put in place,
  - [i] Parent/Guardian will be asked to attend service to sign appropriate forms for the administration of medication or medical needs.
  - [ii] Send Email to confirm and give permission the dosage requirements and administration of Medication or medical needs.
  - [iii] Service to fax appropriate forms to Parent/Guardian and have them returned to service before Commencing administration of medicines or medical needs.
- Parents/Guardians are responsible for restocking and disposing of medicines.
- Parents/Guardians will provide written permission for Service staff to administer non prescribed Medicine. These medicines are to be in their original containers with clear details of quantities, name of medication and method of administration to your child. Yours Child’s name is to be clearly marked on the container.
3.5 Childcare Service

- The Service Policy is on managing medication and acute long term medical conditions or needs, together with clear procedures, understood and accepted by staff, parents, guardians and children. It will be drawn to the attention of staff, parents, guardians and children.
- Policy and procedures will cover all aspects which include regular and ordinary excursions, sporting and educational/learning activities as well as physical environment, transport and food.
- The Service will not force staff to administer medicines, but caring for children at the Service have a common law, duty of care to act, which in exceptional circumstances could extend to administering medicine in an emergency and or taking emergency action, with the context of the Services written Policy.
- Any member of staff requiring to administrate medicine that requires a specialized handling and application, where appropriate will be trained to administer that medicine and will be supported by a health professionals where required.
- Service staff will be required to have training from health professionals where children have long term, of complex needs.

3.6 Access to Education and Care

- The Service will where possible, make provision in the Program for children with a wide variety of needs which might include the children requiring medication on a long or short term basis, with discussions with Families, Guardians, Medical Professionals and Service Staff to find an outcome and deliver access [where practicable] for the child to attend and actively contribute to their time at the service.
- The service will make reasonable adjustment to ensure access and this will include arrangements about the administration of medication.

3.7 Checklist for Service Policy for Managing Medicines.

The Service written Policy will:

- Support the medical conditions Policy statement and policy framework.
- Set out roles and responsibilities so that all are clear of what is expected of them.
- Clarify who has overall responsibility [Approved Provider and Nominated Supervisor, who has delegated responsibility in their absence.]
- Appoint a named person[s] who is responsible for supporting children with medical needs and managing any stored medication on site.
- State who is authorised named and trained within the child-care service to administer medicines.
- Clarify arrangements for offsite regular excursions and excursions.
- Clarify training available and how health professionals will support this
- State how information will be provided for and to parents and guardians.
- State how parental consent will be recorded.
- State arrangements for safe storage of medicines, including controlled substances and emergency access arrangements.
- If controlled medications are to be administered, the Service Approved Provider and/or Nominated Supervisor will make provision for controlled medication registers, in accordance with advice form health professionals.
- Include records of medication administration.
- State arrangements for children’s health management care plan.
- State where records and Plans are kept.
- Review the Policy and arrangements regularly.
3.8 Healthcare Management Plans.

- If children have ongoing medical needs they will be required to have a health management care plan.
- Parents, Guardians, health professionals and the Service staff will contribute to the plan.
- Children should be encouraged to take as much responsibility as they can. If they can carry or administer their own medication, the healthcare management plan should set out the circumstances in which they may do so and how this will be monitored or supervised.
- The plan should include arrangements for all activities where arrangements need to be put in place to ensure the wellbeing of the child e.g.: Transport arranged by the Service to excursions, provision for meals, curricular activities etc.

3.9 Emergencies

- For children who may need emergency medication or treatment [e.g. For a severe allergy] the arrangement for dealing with this will be set out in their Health Care Management Plan and communicated to all relevant staff.
- The Service will have clear written procedures, understood by all for dealing with other medical emergencies e.g. Those caused by accident or injury.

3.10 Child Not Diagnosed as Having a Medical Condition.

A child attending the service and is not known to staff to have a Medical condition, but appears to be suffering from a Medical Condition, staff and Educators will:

- Call Emergency 000
- Commence first Aid Measures.
- Contact parents/guardians.
- If parents/guardians cannot be contacted the Authorised Emergency Nominee will be contacted.

3.11 Children’s Service Medical Conditions Policy

San Remo Primary School, Outside School Hours Care Service aims to support children with medical Conditions or needs.
We aim to provide all children with a medical condition or need, the same opportunities as other children.
We will endeavour to ensure that children:
- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve wellbeing.

Staff will be informed and supported to understand their duty of care to children in the event of an emergency.
Staff to feel confident in knowing what to do in an emergency.
Staff are informed and attend training in certain medical conditions that are serious and can be potentially life threatening.
Staff understands the importance of medication being taken only as prescribed.
Staff understands that the success of this policy relies on good communication, cooperation and partnership working.
All staff understands the common medical conditions that effect children.
Staff to have qualified Level 2 first aid training, on the impact that medical conditions can have on children in care.

3.12 Medical Policy Framework
These points provide the essential framework for our medical or needs policy.

- The San Remo Primary School, Outside School Hours Care Service provides an inclusive community that aims to support and welcome children with medical conditions or needs.
- The policy is supported by a clear communication plan for staff, parents and other stakeholders to ensure its full implementation.
- All staff have appropriate instruction and/or training relevant to their role in an emergency for the most common serious medical conditions.
- All staff understand and are trained in general emergency procedures by qualified and certified trainers.
- There is clear guidance on the administration of medication to children in care.
- There is clear guidance on the storage of medication.
- There is clear guidance about record keeping.
- The aim is to ensure the whole learning, social and caring environment is inclusive and favourable to children with medical conditions. This includes the physical environment as well as social, sporting and educational activities.
- Staff are aware of the common triggers that can make common medical conditions worse or can bring on an emergency.
- Staff know their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
- The policy is regularly reviewed, evaluated and updated.
- Parents/guardians are informed and reminded about the medical conditions policy by:
  [i] by sign posting access to policy at the start of the year/enrolment/provision of service when Communication is sent out about healthcare Management Plan.
  [ii] when a child is enrolled at the service.
  [iii] through service communication about results of the monitoring and evaluation of the policy.
- Staff are informed and regularly reminded about the medical conditions of needs Policy by:
  [i] through induction training.
  [ii] at scheduled medical conditions or needs training.
  [iii] through the key principles of the policy being displayed in prominent staff areas.
  [iv] temporary staff [and volunteers where appropriate] are informed of the policy and their responsibilities,
      through the service “Opening Up of Service” which is displayed at the service.
- Training is refreshed for all staff at regular intervals. In addition more specific training is provided to staff where they are required to meet the specific needs of a child eg. Using an Epipen or responding to a child who is having an asthma attack.
- Action for staff to take in an emergency or for the common serious conditions or needs is displayed in prominent locations for all staff in the staffroom.
• The service uses Healthcare Management plans to inform the appropriate staff, [including temporary staff and support staff]

• Emergency procedure posters are provided for relevant acute medical conditions that are at the service ie: Anaphylaxis, asthma, diabetes and epilepsy.

3.13 **All staff understand and are trained in general emergency procedures.**

• All staff know what action to take in the event of a medical emergency. This includes:
  [i] how to contact emergency services and what information to give.
  [ii] who to contact within the service.

• If a child needs to be taken to hospital in an extreme emergency, a member of staff may be required to accompany them. This decision will be in consultation with parents, guardians, Approved provider, Nominated Supervisor and Medical intervention teams. Approved Provider and/or Nominated Supervisor will make final decision.

  **The emergency replacement staff are to be contacted immediately so the Staff to child ratio is not compromised AND Staff member cannot leave the Service until Emergency Replacement has Arrived.**

• Service staff will not take pupils to hospital in their own car.

  **The Service has clear guidance on the administration of medication.**

3.14 **Administration – Emergency Medication**

• All children with medical conditions or needs and staff who administer it have easy access to their emergency medication.

• Subject to risk assessment by the service, children may carry and administer their own emergency medication, when their parents/guardians and health specialists determine they are able to start taking responsibility for their condition

Children, where appropriate carry their emergency medication with them at all times, except if they are controlled drugs. This is also the arrangement on any regular excursions or excursions.

• Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

3.15 **Administration - General**

• All medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff at this service.

• This service understands the importance of medication being taken as prescribed.

• All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so.

• In some circumstances medication may be administered by an adult of the same gender as the child, and preferably witnessed by a second adult. This arrangement can be finalized with Parents/Guardians Consent and recorded.

• Parents/Guardians understand that if their child’s medication changes or is discontinued, or the dose or administration method changes, that they must notify the service immediately.

• All staff attending off site regular excursion or excursions are aware of any child with medical conditions or needs on the visit. They receive information about the type of condition what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

• If a trained member of staff, who is usually responsible for administering medication, is not available this service makes will contact Families/Guardians to notify them on the non availability of staff member and new
arrangements will be made to administrate medication to the child. This is always addressed in the risk assessment and management arrangements for regular excursions and excursions.

- If a child misuses medication their own or another child’s their parents/guardians are informed as soon as possible. The child are subject to the services behaviour management policy procedure.

3.16 The Service has clear guidance on the storage of medication

Safe storage – Emergency Medication

- Emergency Medication is readily available to children and/or staff required to administer it at all times during the Time that the child attends the service or at regular excursion and excursions and activities. If the emergency Medication is a controlled drug and needs to be locked up, the keys are readily available and not held personally by Staff members.
- Subject to a risk assessment, children who carry their own emergency medication should keep it securely.
- Children at this service are reminded to carry their emergency medication with them.
- Children whose healthcare professionals and parents/guardians advise the service that their child is not yet able, subject to their age or understanding to self manage and carry their own emergency medication know exactly Where to access their emergency medication.

Safe storage- Non Emergency Medication

- All non emergency medication is kept securely in a safe cupboard or container in a cool dry place. Children with Medical conditions or needs know where their mediation is stored and how to access it.
- Staff ensure that mediation is accessible to those for whom it is prescribed.
- There is an identified member of staff who ensures the correct storage of medication at the service.
- All controlled drugs are kept in a locked cupboard and only named staff have access, even if a child normally Administer the medication themselves.
- The identified member of staff checks the expiry dates for all medication stored at the service regularly and is Always documented.
- The identified member of staff along with the parents/guardians of children with medical condition or needs, Ensures that all emergency and non emergency medication brought in to the service is clearly labelled with the Child’s name, the name and dose of the medication and the frequency of dose, expiry date and the prescriber’s Instructions for administration including dose and frequency.
  The only exception to this will be insulin pens which have daily variable doses.
- Medication is stored in accordance with instructions, paying particular note to temperature.
- Some medication may need to be refrigerated. All refrigerated medication is store in an airtight Container and is clearly labelled. Refrigerators used for the storage of medication in a secure area.
- All medication is sent home with the child when the child leaves the service or is disposed of in the Correct manner.
- It is the parent’s/Guardians responsibility to ensure new and in date medication come into the service.
3.17 **Safe Disposal**

- Parents and Guardians have a responsibility to collect out of date medication.
- A named member of staff is responsible for checking the dates of stored medication. This check is carried out regular and always documented.
- Sharps boxes are used for the disposal of needles, parents/guardians obtain sharps boxes from the Child’s GP or paediatrician on prescriptions. All sharps boxes in this service are stored in a locked cupboard or container unless alternative safe and secure arrangements are put in place on a case by case basis.
- If a sharps box is needed on an regular excursion or excursion, a named member of staff is responsible for its safe storage and return to service for safe disposal or the child’s parent or guardian.
- Collection and disposal of sharps boxes is arranged through the Council or with the child’s parents of Guardians.

3.18 **Medical Information Recorded on Enrolment Forms.**

- Parents and guardians at this service are asked if their child has any health conditions or needs or has Health issues on the enrolment form, which is filled out at the start of the new year or session or when service is first provided. Parents/guardians of children starting at other times during the year are also asked to provide this information on enrolment forms.
- Also parents/guardians are asked if their child self medicates.

3.19 **Healthcare Management Plans.**

This service uses a Medical conditions Management Plan to record important details about individual children’s medical needs at service, their triggers, signs, symptoms, medications and other treatments.

Further documentation can be attached to the Medical conditions Management Plan.

- A medical condition Management Plan is completed for all children where additional support is required for the medical condition. This is completed and/or reviewed:
  - at the start of the new year.
  - at enrolment.
  - when a diagnosis is first communicated to the service by the parents/guardians.
- It is a joint responsibility for the parents, healthcare professional, service and where appropriate, the child’s Medical conditions management Plan together. The service will then implement and monitor its effectiveness.
- For children with more complex medical conditions or needs and/or life threatening conditions or needs, an Individual Medical conditions Management Plan must be drawn up together with parents and other representatives [as appropriate]. Parents/guardians are expected to provide information from the child’s GP and/or consultant.

  **It may be required that the service would seek assistance from a Specialist Doctor, dietician, GP**

- If a child has a short term medical condition that requires medication during service hours, a medication form must be completed by the parents/guardians.
3.20 **Medical Conditions Management Plan**

- A medical conditions management Plans are kept in a centralised register of children with medical needs at this service. An identified member of staff has responsibility for this register.
- The responsible member of staff follows up with the parents/guardians any details missing on a child’s Medical conditions management Plan or if permission for administration of medication is unclear or incomplete.

**Ongoing communication and review of Medical Condition Management Plans**

- Parents/guardians at this service are regularly reminded to update their child’s medical conditions Plan if their child has a medical emergency or if there have changes to their symptoms [getting Better or worse], or their medication and treatments change.
- Staff at this service use appropriate opportunities and communication systems to check that information held by the service is accurate and up to date.
- Every child with a Medical Condition Plan has their plan updated and reviewed at least once a year by their health professions.

**Storage and Access to Medical Conditions Plan**

- Parents/guardians are provided with a copy of the child’s current agreed Medical Condition Plan.
- Medical Condition Plans are kept in a secure central location at this service.
- All staff who work with children have access to Medical conditions Plans.
- When staff is new, for example due to staff absence, the service makes sure that they are made aware of [and have access to] the Medical Conditions Plan of children in their care.
- The service ensures that all staff protects the child’s confidentiality, ie information is not left where non Service staff can read it or details displayed on notices in public areas or as agreed with the parents/Guardians.
- The service seeks permission form the child and parents before sharing any medical information with any other party.

**Use of Medical Conditions Plan**

- The Plans are used to inform the appropriate staff about the individual needs of a child with a medical Condition in their care.
- Remind children with medical conditions or needs to take their medicine when they need to and, if Appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or important individual triggers for children with medical conditions or needs that bring on symptoms and can cause emergencies. This service uses this information to help reduce the impact of common triggers.
3.21 **Consent to Administer Medicines**

If a child requires regular prescribed medication, parents/guardians are asked to provide consent on their child's Medical Condition Management Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at school. Unless a Medical Conditions Management Plan is in place it may be necessary for the parent/guardians to complete a medicine request form until the child has finished the course of medication or recovers from their illness.

All parents/guardians of children with a medical condition who may require medication in an emergency are asked to provide consent on the Medical Conditions Management Plan for staff to administer medication.

If a Child requires regular /daily help in administering their medication the service outlines the arrangements to administer this medication on the child’s Medical Condition Management Plan.

The service and parents/guardians keep a copy of the Plan.

Parents/guardians of children with medical conditions or needs at the service are all asked at the start of the year on the Medical Conditions Management Plan if they and their child’s healthcare professional believe the child subject to their age and understanding is able to manage, carry and administer their own emergency medication.

3.22 **Medication and Routine Outings**

*These are Local Excursions attending, San Remo Leisure Centre, San Remo Tennis Courts, Lions Park Playground. These venues are attended a minimum of once a month and an annual Permission Form will be required to be signed and returned to service. The service will use all information received by Parents and Guardians, for Medical Condition of their child, from the Plan created and Information from Enrolment form.*

3.23 **MEDICATION and EXCURSIONS AND INCURSIONS**

**Medication and Excursions**

Parents/guardians are sent a medical information form prior to any excursion which is to be completed and returned to the service allowing adequate time to implement any changes to a child’s medical condition requirements and needs. This form requests details about the child’s condition and their overall health.

This provides essential and up to date information to relevant staff to help the child manage their condition while at the excursion.

This includes information about medication not normally administered by the service.

All information of medical forms are taken by the relevant staff member on excursions where medication is required. These are accompanied by a copy of the child’s Medical Condition Management Plan.

The medication form also details what medication and what dose the child is currently taking at different times of the day. It helps to provide up to date information to relevant staff and supervisors to help the child manage their condition while they are on long term excursions.
**Medication and Incursions**

If a child requires regular prescribed medication, parents/guardians are asked to provide consent on their child’s Medical Condition Management Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.

A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at school. Unless a Medical Conditions Management Plan is in place it may be necessary for the parent/guardians to complete a medicine request form until the child has finished the course of medication or recovers from their illness.

All parents/guardians of children with a medical condition who may require medication in an emergency are asked to provide consent on the Medical Conditions Management Plan for staff to administer medication.

If a child requires regular/daily help in administering their medication the service outlines the arrangements to administer this medication on the child’s Medical Condition Management Plan.

The service and parents/guardians keep a copy of the Plan.

Parents/guardians of children with medical conditions or needs at the service are all asked at the start of the year on the Medical Conditions Management Plan if they and their child's healthcare professional believe the child subject to their age and understanding is able to manage, carry and administer their own emergency medication.

Parents/guardians are sent a medical information form prior to an incursion, which will notify them of what the Incursion is about. This will identify any triggers that may affect the child’s Medical condition. This will provide information for staff of the service if there is Medication that is managed outside of the Service.

i.e.: Animals that may be a part of the Incursion presentation, and child may have an allergic reaction, and may require extra protection of medication that is to administered by the service staff that is not normally administered by the service.

**Medication and Excursion Checklist**

The service will use an Excursion Check List to make sure children with asthma inhalers, medication or medical requirements have with them is self-medicating or self-medical management before the children leave for the Excursion.

The service will also have a check list for Medications or any medical requirements where staff who are responsible for administering mediations or medical requirements for the child while on Routine Outings and Excursions.

**Recording of Medication Administered during Regular Outing, Excursions and Incursions**

The service staff will record any medication administered or medical requirements for the child during the Regular Outing, Excursions, and Incursions. This record can then be given to the child’s parents/guardians on return.

**Other Record Keeping**

If a child while on Regular Outing, Excursions or Incursions refuses to have medication administered, this is also recorded and what actions where taken by staff:

1. Parents/Guardians are contacted and a plan is put into place. OR
2. Emergency 000 is activated and Parents/Guardians are notified of the situation.
3.24 **Service Staff Training in First Aid**
This service identifies training requirements and maintains training records.
When on Excursions all staff to have:

- Level 2 First Aid
- Children who are emergency or acute medical conditions such as Anaphylaxis, Asthma, or any other life threatening medical conditions, all staff attending will be trained to assist in the child’s management of that condition.

3.25 **Record of Staff who agree to Administer Medication from the Medical Conditions Plan.**

This service keeps an up to date list of members of staff who have agreed to administer medication and to attend to Medical conditions of the child when on Regular Outing, Excursions and Incursions.

3.26 **INCLUSIVE ENVIRONMENT and MEDICAL CONDITIONS and NEEDS.**

*This service where safely and reasonably practicable endeavours to provide an inclusive environment that includes the Physical, social, sporting and educational activities.*

- Children with medical conditions or needs are included in the consultation [as far as possible] to ensure the physical environment is accessible as far as is reasonably practicable and is safe for the child, with safety being the most important part of planning.

- The service commitment to an accessible physical environment includes Regular Excursions, Excursions and Incursions. The service recognises that this sometimes means changing activities or locations.
  [A risk management Plan will be adopted for acute Medical Conditions of a child for their Physical Environment]

**Social Environment**

*This service ensures the wellbeing of the child with Medical Condition and needs are considered to ensure their involvement in structured and unstructured social activities that safety where practicable to do so, and safety being the main propriety for the child.*

- The service where they provide and organise and managed activities will consider the children with Medical Conditions and needs, to have excess to that part of the service program, where safety is of the highest priority for the child.
  [A risk management Plan will be created for Activities where a child has a Medical Conditions or needs that may be affected by the Activity.]

- All staff at this service are aware of the potential social problems that children with medical conditions or needs may experience. Staff use this knowledge to implement and deal with problems in accordance with the Services anti-bullying and behaviour policies.

- Staff use opportunities such as personal, social and health education to raise awareness of medical conditions or needs amongst children and to help create a positive social environment.
  [Staff will be required to be aware of the privacy Act and Policy of this Service when in a position of educating other children about Medical conditions that Children may have.]
**Exercise and Physical Activity**

*The service understands the importance of all children taking part in sports, games and activities.*

- The service will make appropriate adjustments to sports, games and other activities to make physical activity accessible to all children where possible, practical and safely. Safety for the child with medical condition and needs will be of the highest propriety. A Risk Management Plan will be created to support the inclusion of the child and other children attending the service.

After reasonable adjustments have been planned, the risk assessment indicates there is an unacceptable risk to the health to the and safety of the individual or the group then this result will override the services attempts to include the child in activities that can cause the child with Medical Conditions and needs to trigger a reaction to their condition.

- Staff are aware of children in their care who haven advised to avoid or to take special precautions with particular activities.
- The service ensures all children have the appropriate medication or food with them during physical activity and that children take them when needed.

- Children with medical needs have access to extended activities as other children where reasonable adjustments with safety and wellbeing have been made.

- The service will take every reasonable measure to ensure full access to the program, irrespective of medical needs, but that this should not encroach unduly on the overall objectives of the activity or the rest of the group.

- The service will ensure that children with Medical conditions or needs can participate fully in all aspects of the program safely and where practicable with appropriate adjustments and extra support are provided if required.

- If a child has limited concentration or they are frequently tired, all staff at the service understand that this may be due to their medical conditioner.

- The service will take every reasonable measure to ensure that, Excursions or Regular Excursions and Incursions are available and accessible to all, irrespective of medical conditions or needs for the Exercise and Physical activities that this should not encroach unduly on the overall objectives of the activity or the rest of the group.

If after reasonable adjustments have been planned, the Risk Assessment Plan indicates there is an unacceptable risk to the health and safety of the individual and or the group then this fact overrides the services endeavour to include all children in the activities.

**3.27 Risk Assessments**

Risk Assessments are carried out by the service prior to any Excursions and medical conditions or needs are Considered during this process. A person or individual risk assessment is carried out where appropriate. Factors this service considers include:

- how all children will be able to access the activities proposed
- how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.
The service understands that there may be additional medication, equipment or other factors to consider when planning excursions.

**Reviewing Medical Conditions and Need Emergencies.**

- The service review Medical Emergencies and incidents to see how they could have been avoided. Appropriate changes to the service policy and procedures are implemented after each review.

**Employer**

The Employer has a responsibility to:

- Ensure the health and safety of their employers and anyone else on the premises or taking part in activities [this includes all children]. This responsibility extends to those staff and others leading activities taking place on Regular Excursions and excursions.

- Ensure health and safety policies and risk assessments are inclusive of the needs of children with medical conditions or needs.

- Provide indemnity for staff and volunteers to administer medication to children with medical conditions or needs.

- Ensure this policy is formally communicated by specific training to all staff and that this is recorded on personal files.

- Where the governing body ensures suitable and appropriate insurance cover obtained and in place.

**First Aider**

First aiders have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the service.

- When necessary, ensure that an ambulance or other professional medical help is called and any prescribed Medications and or Medical conditions management plan, the information is given to professionals for the safety and wellbeing of the child.

**3.28 Local Doctors and Specialists**

Individual doctors and specialist professionals caring for children with Medical Condition and needs who attend this service have a responsibility to:

- Assist in the completion of the child’s Medical Condition and Needs Plan provided to parents/guardian.

- Offer every child [and their parents/guardians] a written care/self management plan to ensure children know how to self manage their condition subject to their age and understanding and where mature enough to do so.

- Ensure children know how to take their medications effectively.
• Ensure children have regular reviews of their condition and their medication effectively.
• Provide the service with information and advice regarding individual children with medical conditions or needs [with the consent of the children and their parents/guardians.

3.29 Information for Children on Medication

The children at this service as far as is reasonably practicable have a responsibility to:

• Children are to notify Carers at service that when self medicating that they are to inform them that they are about to administer their own medication or has just done so.
• Treat other children with or without a medical condition or need equally.
• Tell their parents/guardians, staff carer when they are not feeling well.
• Let a member of staff know if another child is feeling unwell.
• Let any child take their medication when they need it and ensure a member of staff is called.
• Treat all medication and children’s Medical Conditions and needs with respect.
• Know how to gain access to their medication or needs requirements in an emergency.
• Subject to their age and understanding to know how to take their own medication and to take it when they need it.
### 3.29 Indivdual Medical Conditions Management Plan

<table>
<thead>
<tr>
<th>San Remo Primary School Outside Schools Hours Care</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s name</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Child’s address</td>
<td></td>
</tr>
<tr>
<td>Medical diagnosis or condition</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Review date</td>
<td></td>
</tr>
</tbody>
</table>

**Section 2 Contacts Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone no. (work)</th>
<th>(home)</th>
<th>(mobile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone no. (work)</th>
<th>(home)</th>
<th>(mobile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to child</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor’s Name</th>
<th>Address</th>
</tr>
</thead>
</table>

| Contact Phone No.     | |
|-----------------------| |
Does your Child Self Medicate? No [ ] Yes [ ] [If yes, a “Parent/Guardian Authorisation Form, for Child’s Self Medication, must be completed.]

Describe triggers or things that make this child’s condition worse.

Describe daily care requirements and/or any specialist arrangements required (e.g. before physical activity or activities to be avoided, apply compress, phone contacts, etc.)

Describe what constitutes an emergency for the child, and the action to take if this occurs.

Follow up care.

Who is responsible in an emergency?

Signature of Parent/Guardian ____________________________ Date _____/_____/______

San Remo Primary School 19-Aug-15
## Medication Information and Permission Form for Administration of Medication

**Medication taken when with childcare provider**

**Details to be completed by Parent/Guardian.**

| Name of Child: ___________________________ | D.O.B __________________ | Date __________________ |
| Parent/Guardians Name: ____________________ |

I __________________________ hereby give permission for the Authorised Staff Member of San Remo Primary School, Outside School Hours Care to Administer or Supervise the following medication to my child.

<table>
<thead>
<tr>
<th>Medication 1</th>
<th>Medication 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name and type of medication as described on container.</strong></td>
<td><strong>Name and type of medication as described on container</strong></td>
</tr>
<tr>
<td>Is this Medicine Prescribed by a Doctor?</td>
<td>Is this Medicine Prescribed by a Doctor?</td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Is this Medicine over the counter?</td>
<td>Is this Medicine over the counter?</td>
</tr>
<tr>
<td>Yes [ ] No [ ]</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td><strong>Dose and method of using</strong></td>
<td><strong>Dose and method of using</strong></td>
</tr>
<tr>
<td>(amount and how taken e.g. tablets, liquid form, Inhaler, applied to area)</td>
<td>(amount and how taken e.g. tablets, inhaler, liquid, Applied to area.)</td>
</tr>
<tr>
<td><strong>Time and Date Medication was last administered</strong></td>
<td><strong>Time and Date Medication was last administered</strong></td>
</tr>
<tr>
<td>Date.........../.........../...........</td>
<td>Date.........../.........../...........</td>
</tr>
<tr>
<td>Time ................. am/pm</td>
<td>Time ................. am/pm</td>
</tr>
<tr>
<td><strong>WHEN TO BE TAKEN</strong></td>
<td><strong>WHEN TO BE TAKEN</strong></td>
</tr>
<tr>
<td>Time and Date or the Circumstances under which, The medication should be next administered.</td>
<td>Time and Date or the Circumstances under which, The medication should be next administered.</td>
</tr>
<tr>
<td>Date.........../.........../...........</td>
<td>Date.........../.........../...........</td>
</tr>
<tr>
<td>Time.................am/pm</td>
<td>Time.................am/pm</td>
</tr>
<tr>
<td><strong>Side effects that could affect this child</strong></td>
<td><strong>Side effects that could affect this child</strong></td>
</tr>
<tr>
<td>Any information regarding when the medication should not be given</td>
<td>Any information regarding when the medication should not be given</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Self-administration can the child administer their own medication</td>
<td>Self-administration can the child administer their own medication</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Yes with supervision (identify staff who can do this)</td>
<td>Yes with supervision (identify staff who can do this)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Is staff required to be trained to administer this medication?</td>
<td>Is staff required to be trained to administer this medication?</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Parent/Guardian Signature

____________________________________________________________________________

Important note: Please make sure you also complete a parental agreement form for Self Medication Permission Form

Is the Self Medication Form Completed and Attached: YES NO
3.31
**RECORD OF MEDICATION GIVEN TO CHILD AT SERVICE.**

[DETAILS TO BE COMPLETED BY SERVICE]

Name of Child____________________________  Date____________________

Name of Medication: ____________________________________________________________________________________

Dosage:  ____________________________  Oral  ______  Applied  ______

- Name of Child on Container  YES  □
- Child Verified as Name of child on container.  YES  □
- Medication must be administered from original container  YES  □
- Medication bearing original Label and Instructions  YES  □
- Expirey Date on container.  ………../…………./……………
- Time Medication was given  _______am/pm

**FIRST ADMINISTRATION OF MEDICATION**

**STAFF SUPPORT OF MEDICATION TO CHILD**

**FIRST ADMINISTRATION & RECORDING OF INFORMATION**

1. The Name of the Authorised Staff Member who administered the medication to the child.

Name____________________________

Signature:_________________________

2. Verification of Administration of Medication to the child

Name of Child Correct:  □
Child Verified as name of child on the container.  □
Medication Container Information is Correct.  □
Dosage Correct . □
Method Given:  Oral  □  Applied  □
Time Given:  _______am / □ pm

Name of Staff Member who verified the medication to the child.

Name____________________________

Signature_________________________
SECOND ADMINISTRATION OF MEDICATION

STAFF SUPPORT OF MEDICATION TO CHILD:

SECOND ADMINISTRATION & RECORDING OF INFORMATION

1. The Name of the Authorised Staff Member who administered the medication to the child.

   Name____________________________

   Signature:________________________

Verification of Administration of Medication to the child

Name of Child Correct:   
Child Verified as name of child on the container. 
Medication Container Information is Correct. 
Dosage Correct .
Method Given:   Oral   Applied
Time Given:   ______ am    /    pm

Name of Staff Member who verified the medication to the child.

Name________________________________

Signature_____________________________

Parents/Guardians given a Copy of completed Record of Medications given to the Child when they arrived to collect their Child.

YES   □
NO    □
WHY______________________________________________________________

______________________________________________________________

Parent/Guardian/Authorised Nominee who collects child Signature

________________________________________       Date_______/_______/_________
3.32 SELF MEDICATION BY A CHILD

Staff Indemnity in the Self Administration of Medication by a Child

The service Educators, staff and volunteers will follow the Service Policy on the Self Medication Authorisation. Educators, staff and volunteers will be indemnified from any liability of self-administration of medications by the child while attending the Service.

An Acknowledge and Acceptance of these terms will be recorded on the form, “Self Medication Authorisation”. This will be signed by Parent’s/Guardians of the Self-Medicating Child and returned to service.

Staff Acceptance or Right of Refusal when obtaining written Authorisation of Self Administration of Medication.

RATIONALE: To ensure Educators and staff only act in accordance with correct authorisation as described in the Education and Care Services National Regulations 2011.

POLICY STATEMENT: Educators require authorisation from Parents/guardians, for actions of self-administration of medications by their child. The Service Policy details the requirement that Parents/Guardian must adhere to, in the service excepting the authorisation of Self Administration of Medication by their Child while attending care.

There may be instances when the Service refuses to accept a written authorisation related to the Administration of the Self-medicated child.

Under the Service Policy of Self-administered of Medication, Service staff have the right to Accept or Refuse the authorisation from a parent, guardian, or person authorised and named in the enrolment record, relating to the self-administration of medication to a child while attending the Service of Care. A staff member who refuses to accept the authorisation to Self Medicated by the child, will be required to complete a” Refusal to Accept Authorisation to Self administration of Medication” form and present this to Service Management for notification.

Staff Requirements on self Medication by the Child while at the Service.

• Staff will be required to record the Time, type of medication that the child had administered to themselves.
• Parents/Guardians, Authorized nominees will be informed and given a copy of the recorded details.

In the case of and Emergency of an Acute allergy, such as Anaphylaxis, Asthma, or Diabetes, or an adverse reaction to the Medication, staff will provide:

• “Duty of Care Action” and activate Medical Emergency Procedures, following the Child’s Health Management Action Plan.
• Emergency 000 will be activated.
• Parents/Guardians to be Notified or their Authorised Nominee will be contacted.
SELF MEDICATION by CHILD - INFORMATION RECORD OF MEDICATION IS HELD BY THE SERVICE.

Name of Child____________________________                      Date____________________

Name of Medication:____________________________________________________________________________________

Dosage:     ______

Method:                                                                                                                                                    Oral                 Applied

•  Name of Child on Container
•  Child Verified as Name of child of container.
•  Medication must be administered from original container
•  Medication bearing original Label and Instructions

•  Expiry Date on container.                     ........../........../..........  
•  Time Medication was taken.              ______am/pm  

FIRST TIME  SELF MEDICATION INFORMATION

1. The Name of the Authorised Staff Member who was aware of the Self Medication by the child.

   Name____________________________

   Signature:________________________

Staff Verification of SELF Administration of Medication by the child

   Name of Child Correct:                 
   Child Verified as name of child on the container.                   
   Medication Container Information is Correct.                
   Dosage Correct .                        

   Method:                                                                                           Oral                 Applied

   Time Taken                  ______ am /    pm    

   Name of Staff Member who verified the Details of the SELF MEDICATION by the child.

   Name____________________________

   Signature_____________________________
### SECOND TIME SELF MEDICATION INFORMATION

1. The Name of the Authorised Staff Member who was aware of the Self Medication by the Child.

   Name____________________________
   Signature:________________________

---

#### Staff Verification of SELF Administration of Medication by the child

<table>
<thead>
<tr>
<th>Name of Child Correct:</th>
<th></th>
<th>Child Verified as name of child on the container:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Container Information is Correct:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dosage Correct.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Method: Oral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time Taken</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>am / pm</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Staff Member who verified the Details of the SELF MEDICATION by the child.

Name________________________________
Signature_____________________________

---

Parents/Guardians given a copy of the Recording Details of the SELF Medication by the Child when they arrived to collect their Child.

YES   

No
WHY___________________________________________________________________________

---

Signature of Parent/Guardian or Authorised Nominee for collection of child.

____________________________________________________Date:_____/_____/_______
RECORD OF CHILD WHO SELF MEDICATED AT SERVICE and INFORMED STAFF. ie: [Asthama Inhaler, Pain Relief Medication etc.]

[DETAILS TO BE COMPLETED BY SERVICE and Copy given to Parents/Guardians/Authorised Nominated Person who collects Child.]

Name of Child_________________________________________________________                      Date_______/_______/_______

Name of Medication: ____________________________________________________________________________________

Dosage:                                                                                                      Method:                                    
__________________________                                                                                      Oral                                       
Applied                               

• Time Medication was taken   _______am/pm

STAFF MEMBER WHO WAS INFORMED BY CHILD THAT THEY HAVE ADMINISTERED THEIR OWN MEDICATION.

1. 
Name____________________________
Signature:________________________

2. 
Name________________________________
Signature_____________________________

3. 
Name____________________________
Signature:________________________

4. 
Name________________________________
Signature_____________________________

Parents/Guardians given a Copy of completed Record of Medications Self Medicated by the Child, when they arrived to collect their Child.

YES  □
NO      WHY______________________________________________________________________________________________

Signature of Parent/Guardian_________________________________________Date_____/_____/_______
3.34
PARENT/GUARDIANS AUTHORISATION FORM, FOR CHILD’S SELF MEDICATION.

This form is required to be completed and signed by the Parents/Guardians of any child who will be Self-administrating their own medication, while attending the San Remo Primary School, Outside School Hours Care.

I/We_________________________________________________ [print names] as the Parent/Guardian
Of ___________________________________________________ [print child’s name] are giving written
Authorisation for our child to self-administer their own medication, while in the care of the San Remo Primary School, Outside School Hours Care.

I/We further acknowledge that by signing this form, the San Remo Primary School, Outside School Hours Care, and the service employees, shall incur no liability as a result of any injury or harm caused by the self-administration of medication by the child [named above]. I/we expressly agree to defend, indemnify and hold harmless San Remo Primary School, Outside School Hours Care and its employees from all losses, costs, suits or claims which may result from the self-administer of medication by the child.

I/We also understand by completing and signing this form, that the information about my child’s self-medication information, will be notified to all staff who will come in contact with my child while in the service of San Remo Primary School, Outside School Hours Care.

This Self Medication Authorisation will be required to be given at the time of Enrolment at the service, each year or upon the commencement of a child starting at the Service and the change to any details of my child, who requires to self-administration of medication, throughout the current year.

Name of Medication_____________________________________

Parents/Guardians Name: 1________________________________
2.________________________________

Signature_________________________________ Date______/_____/_________
3.35
Emergency Action Medication.

List the action to be taken in an emergency
1.
2.
3.
4.
5.
6.

<table>
<thead>
<tr>
<th>Emergency Medication 1</th>
<th>Emergency Medication 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and type of medication as described on container</td>
<td>Name and type of medication as described on container</td>
</tr>
<tr>
<td>Dose and method of using (amount and how taken e.g. tablets, inhaler, injection)</td>
<td>Dose and method of using (amount and how taken e.g. tablets, inhaler, injection)</td>
</tr>
<tr>
<td>Side effects that could affect this child</td>
<td>Side effects that could affect this child</td>
</tr>
<tr>
<td>Any information regarding when the medication should not be given</td>
<td>Any information regarding when the medication should not be given</td>
</tr>
<tr>
<td>Self administration: Can the child administer their own medication</td>
<td>Self administration: Can the child administer their own medication</td>
</tr>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
</tr>
<tr>
<td>□ Yes with supervision (identify staff who can do this)</td>
<td>□ Yes with supervision (identify staff who can do this)</td>
</tr>
<tr>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>..........................................................</td>
<td>..........................................................</td>
</tr>
<tr>
<td>Are staff required to be trained to administer this medication?</td>
<td>Are staff required to be trained to administer this medication?</td>
</tr>
<tr>
<td>Yes □</td>
<td>Yes □</td>
</tr>
<tr>
<td>No □</td>
<td>No □</td>
</tr>
</tbody>
</table>
**Additional Information**
Any specialist arrangements required for excursions

Any other information relating to the child’s welfare which in the care of the childcare provider
3.36 Agreement for the Management of Medical Conditions

Parental agreement
I agree that the medical information contained in this plan may be shared with all staff involved in my child’s care including social, play and learning activities. I understand I must notify the childcare provider of any changes in writing.

Signed .......................................................... Date......................................................

Permission for emergency medication

☐ I agree that I/my child can be administered their medication by a member of staff in an emergency
☐ I agree that my child cannot keep their medication with them and the childcare provider will make the necessary storage arrangements
☐ I agree that I/my child can keep their medication with me/them for use in an emergency

Name of medication carried by child ..............................................................

Signed .......................................................... Date......................................................

Approved Provider or Nominated Supervisor or Accepted Supervisor agreement

It is agreed (name of child)...........................................................................

☐ will receive the above listed medication at the above listed time.
☐ will receive the above listed medication/action in an emergency

This arrangement will continue until ..........................
Unless otherwise instructed by the parents or the child leaves the care of the provider.

Name:..........................................................Position..............................................Date..............
### SPECIAL REQUIREMENTS AND MEDICAL CONDITIONS INFORMATION NOTIFICATION TO EDUCATORS

This form is to be used to alert all staff to a child who has special requirements and/or medical acute/chronic and/or life threatening medical condition

<table>
<thead>
<tr>
<th>Name of Child: ____________________________</th>
<th>Place photo of child here (with permission of parents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth: _____ / _____ / _____</td>
<td></td>
</tr>
<tr>
<td>Medical Condition/Special Requirement:</td>
<td></td>
</tr>
</tbody>
</table>

#### MEDICAL INFORMATION

Staff are notified that (name of child)…………………………………………………….. has……………………………………………………..
……………………………………………………………………………………………………………………..
(Briefly identify condition e.g. Asthma, diabetes, epilepsy, and anaphylaxis)

This may cause (name of child)……………………………………………… to have…………………………………………………………………….
…………………………………………………………………………………..…………………………………………… ……………………………………………
(Describe reaction and the symptoms)

The triggers of this reaction are

In an extreme situation this may be life threatening.

Is an Action Management Plan been Presented to Child Care Provider: YES ☐ NO ☐

Is this Action Management Plan Displayed at the Service for Staff YES ☐ NO ☐

If NO to above information, has there been a request for an Action Management Plan from Parents/Guardians, Medical Doctor YES ☐ NO ☐

**NOTE:** Children cannot attend Service until a Medical Action Plan has been Supplied and Displayed at the Child care service.
SPECIAL REQUIREMENTS INFORMATION TO STAFF

Name of Child ____________________________

Requirement

Briefly identify special requirement e.g. Allergy to Band-Aids, Dietary information from parents/guardians.

Office use

Date of issue................................................................. Authorised Staff Member...................................................

Provide copies to

☐ Staff
☐ Families or Guardians

STAFF SIGNATURES INFORMED OF ABOVE INFORMATION

Name:......................................................... Date:............................. Sign.........................................................

Name:......................................................... Date:............................. Sign.........................................................

Name:......................................................... Date:............................. Sign.........................................................

Name:......................................................... Date:............................. Sign.........................................................

Name:......................................................... Date:............................. Sign.........................................................
### REQUEST FOR INFORMATION FROM CHILD’S DOCTOR, SPECIALIST OR DIETIcIAN.

Parents are requested to take/send this form to their child’s Doctor, Specialist or Dietician. The information is required to enable childcare providers to put appropriate arrangements in place to ensure the health safety and welfare of children with medical chronic/acute or potentially life threatening medical conditions.

This form is to be used to provide information to the childcare provider for children with chronic/acute or potentially life threatening medical conditions e.g. epilepsy, diabetes, asthma or anaphylaxis etc., where staff may have to take action including administering medication. This information is to be provided to the parents/guardians who have responsibility for sharing it with all childcare providers who care for their child.

<table>
<thead>
<tr>
<th>Child’s name</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home address</td>
<td></td>
</tr>
</tbody>
</table>

**Medical condition**

List any triggers/causes e.g. allergens (be specific)

**What to do if the child is experiencing or has the following symptoms?**

<table>
<thead>
<tr>
<th>List mild to moderate symptoms</th>
<th>List severe symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>This a Mild reaction</td>
<td>This is a Severe reaction</td>
</tr>
<tr>
<td>(list action, order of action and any medication including dosage to be taken)</td>
<td>(list action, order of action and any medication including dosage to be taken)</td>
</tr>
<tr>
<td>1)</td>
<td>1)</td>
</tr>
<tr>
<td>2)</td>
<td>2)</td>
</tr>
<tr>
<td>3)</td>
<td>3)</td>
</tr>
<tr>
<td>4)</td>
<td>4)</td>
</tr>
<tr>
<td>5)</td>
<td>5)</td>
</tr>
<tr>
<td>6)</td>
<td>6)</td>
</tr>
</tbody>
</table>

Is the child capable of, and has been instructed in the proper method of self-medication?

Yes [ ]  No [ ]  Yes, with supervision [ ]

Any training requirements for childcare provider staff (please specify what is required and who should provide it)

Dosage: __________________________  Route: __________________________

Name of Medication____________________________

Name of Physician/person providing this information

Print __________________________  Sign __________________________

Position __________________________

Date__/__/___  Contact No.____________

Review date [ ] 3 months  [ ] 6 months [ ] 12months

For use of child care provider

Copy to Staff

First aider(s) [ ] date notified ___/___/____

Others list

San Remo Primary School  19-Aug-15
### 3.39 Medication

- When staff have to assist with a child’s medication, it should be given directly to the staff member in charge, not left in the child’s bag.

- Children eight years and over may, on the advice of their parent and doctor, carry and take their own medication. Medication should be kept in a safe place out of reach of younger children and staff informed that the child is taking their own medication and of any possible side effects. This will be possible only where:
  - The medication does not need secure storage
  - The medication does not require refrigeration
  - The Nominated Supervisor is satisfied that potential access to the medication by other children did not create a risk.

- Staff must not prepare respirator or bronchodilator mixtures for use in air pumps. If a nebuliser is prescribed by a doctor, instead of a ‘puffer’, it is necessary for the child to bring the pump to the service, the parent should supply an appropriately labelled container with the solution pre-mixed.

- Where possible, before medication is given to a child, the staff member will verify the correct dosage with another staff member. After giving the medication the staff member will complete the following details on the Request to Administer Prescribed Medication Form.

- Where medication is required for the treatment of long-term conditions or needs, such as asthma, epilepsy or ADHD, the service will require a letter from the child’s medical practitioner or specialist detailing the medical condition of the child, the correct dosage and how the condition is to be managed.

- All illness at the service should be recorded on the Accident/Illness Record.

- If children are receiving medication at home but not at the service, the service should be advised of the nature of the medication, its purpose and of any possible side effects it may have on the child.

- Staff must not administer injections (excluding Epi Pens). In the case of children with chronic conditions which could be life-threatening, alternative fast-acting oral medications are available. The OSHC Medical and Health form, completed by parents.
  - should disclose immediate measures to be taken in a life-threatening situation. A summary of these should be prepared and made available to all staff. Where additional advice is needed, the OSHC service coordinator should refer the matter to the CAFHS medical officer for the area in which the service is located.

- Staff are not to dispense analgesics (e.g. headache tablets) except where prior permission has been gained from the parent or guardian. When this occurs:
  - a record must be kept of the name of the child who is given the analgesic, and the reason for giving them
  - a record must be kept of the type, number and frequency of analgesics given
  - the child’s parents must be advised in writing of the analgesic given, the amount; and the time at which it was given.
ASTHMA MANAGEMENT POLICY

Rationale:
Asthma can affect children and adults in their everyday life and requiring a management plan for each individual. It is important for Parents/Guardians, Children and Staff to be able to help assist in a suitable Management to help minimise the impact of Asthma.

Aim.
This Asthma Management Policy aim is to:
- Raise the awareness of Asthma amongst those involved within the Program.
- Provide the necessary strategies to ensure the health and safety of all persons with Asthma.
- Provide an environment in which children and adults with Asthma can participate in activities to their full capacity.
- Provide a clear set of guidelines and expectations to be followed with regard to the management of Asthma.

Procedure.
Management will:
- Provide staff with copies of the Asthma Policy and Medical Conditions Policy.
- Provide parents with a copy of the Asthma Management Policy and Medical Conditions Policy upon enrolment.
- Request Parents/Guardians to identify children with Asthma on the Enrolment form during the Enrolment process.
- Request an Asthma Action Plan from the child’s Doctor/Paediatrician upon enrolment.
- Record a copy of the Asthma Action Plan with the child’s enrolment records.
- A Staff member who requires Asthma Management while at the service will provide a copy of their Asthma Management Plan and file with a Staff members records. This information will be recorded on the Staff Medical Details on the computer.
- Staff to have excess at all times of all individual Asthma Action Plans as required.
- Inform Parents/Guardians of their requirement to provide the service with a clearly labelled blue reliever puffer, and a clearly labelled spaces device.
- Encourage support and open communication between parents/guardians and staff regarding the status and impact of a child’s Asthma.
- Promptly communicate any information to parents should it be considered that a child’s Asthma is limiting his/her ability to participated fully in activities.
- Provide opportunities for staff to be informed of Personal Development of the Management of Asthma, as available.
Staff will:

• Ensure that they are aware of the children in their care with Asthma.
• Ensure in consultation with the parent/guardian, the health and safety of each child through supervised management of the child’s Asthma when required.
• Identify and where practicable, minimise Asthma triggers where possible.
• Where necessary, modify activities in accordance with a child’s needs and abilities.
• Only administer prescribed Asthma medication in accordance with the information on the child’s Asthma Action Plan and the Service Medications Policy.
• Promptly inform Management and/or Parents/Guardians, any concerns should it be considered that a child’s Asthma is limiting the child’s ability to participate in any activities.
• Support children with Asthma to participate in the program with other children.
• Ensure Asthma medication is taken on excursions.
• Ensure children’s Asthma Medication is accessible at all times.
• Ensure the child’s reliever puffer and spacer device is in the specified “Medication Holding Container” until required.
• Ensure parents/guardians complete the Service “Administration of Medication Form” for scheduled administration of Asthma Medication.
• Asthma Medication is to be administered as stated on the “Administration of Medication Form” completed by parents/guardians on relevant days, as detailed in the service Medical Conditions Policy.
• Record and notify Nominated Supervisor, Parents/Guardians if the child has had a suspected Asthma attack, A copy of the record, containing details of the Asthma attack to be given to the Families for the record.
• Self-Medication: Staff who have been advised that a Child has been given the permission to self-medicate their Asthma Medication by their doctor/Paediatrician, will request an Asthma Action Plan to be submitted by Parents/guardians and will also be required to complete a “Notification to Self-Medicate Form” signed by the Parents/Guardians.
• Children who are able to self-medicate their Asthma Medication MUST advise staff that they have administered the medication. Details of the self-medication by the child will be recorded on the “Self Medication Record Form.” A copy of the record will be given to the Parents/Guardians when they collect their child from the service.
• Ensure children have their puffer and/or spacer safely stored away and accessible for them to access when required and that other children at the program do not have access to the Puffer or spacer.
Parents/Guardians will:

- Inform service staff, either upon enrolment or on initial diagnosis, that their child has Asthma or a history of Asthma.
- Provide all relevant information regarding the child’s Asthma Action Plan, completed by the Doctor/Paediatrician.
- To keep the Asthma Action Plan of their child relevant and up to date with the Doctor/Paediatrician...
- To notify the Service staff immediately any changes to the child’s Asthma Action Plan and provide a copy of the new Plan for the service records and staff information.
- Ensure that clearly labelled blue reliever puffer and spacer device including the child’s full name.
- Communicate all relevant information and concerns to staff as the need arises e.g. If Asthma symptoms were present last night.
- Ensure that they provide their Child with an adequate supply of appropriate Asthma Medication [including relieve] at all times.
- Ensure in consultation with the staff, the health and safety of their child through supervised management of the child’s Asthma
- Complete the Service “Administration of Medication Form” for scheduled administration of Asthma Medication.

Wherever practical, children will be encouraged to seek their reliever medication as soon as their symptoms develop.

**Cleaning of puffers and spacers:**

Puffers and spacer must be cleaned regularly to prevent blockages from the build-up of medication and must be thoroughly cleaned after each use to prevent cross infection. This is to be recorded on the Puffer and Spacers Cleaning Record Form. Located in the “Asthma” Folder situated in the 1st Aid area of the Service.

**Asthma Kits – Location.**

Emergency Asthma Kits are held in the 1st Aid Area of the Service and the Emergency/Evacuation Bag. These are to be used only in Extreme or Emergency situations only. Staff are to notify the Nominated Supervisor immediately if they have used these kits.

**Cleaning procedure of Puffers and Spacers:**

**Puffer.**

1. Wash Hands and wear new disposable gloves.
2. Remove metal canister. Do not wash canister.
3. Wash the plastic casing only.
   - Rinse mouthpiece through the top and bottom under warm running water for at least 30 seconds.
   - Wash mouthpiece cover.
4. Allow to air dry on a clean piece of paper towel.
5. Re-assemble, discard of paper towel in bin.
6. Test the puffer to make sure there isn’t any water remaining in it.
7. Return to 1st Aid Kit and Emergency/Evacuation Bag.
8. Wash Hands.

**Spacer.**

1. Wash hands and wear disposable gloves.
2. Wash in warm soapy water.
3. Do not rinse.
4. Allow to air dry. Do not wipe.
5. Wash Hands.
Any device that is contaminated by bodily fluids, blood, Vomit, dispose of it safely using the Biohazard kit and replace the device.

**EMERGENCY PROCEDURE.**
If a child or staff member develops signs of what appears to be an Asthma attack/difficulty breathing, appropriate care will be given immediately. Treatment will commence immediately as this may reduce the severity of a possible Asthma attack.

**For Asthma:**
- Follow the Asthma Management Action Plan of the child or staff member.
- Any child or staff member collapses or appears to have difficulty breathing.
  - Call Ambulance immediately [000]
  - Contact child’s parent/guardian or Emergency Contact immediately or as soon as practicable.

**No pre-existing Asthma or other Health Problems:**
- Call Ambulance immediately [000]
- Contact child’s parent/guardian or Emergency Contact immediately or as soon as practicable.

**Source:** The Asthma Foundation of Victoria  [www.asthma.org.au](http://www.asthma.org.au)
PUFFER AND SPACER CLEANING RECORD FORM.

Puffer and spacers must be cleaned often or after use in an Emergency to stop cross infection.

**Puffers** are to be cleaned using the following steps.

Wash hands and wear disposable gloves.
1. Remove metal canister, Do not wash canister.
2. Wash the plastic casing only. Rinse the mouthpiece through the top and bottom under warm running water for at least 30 seconds. Wash mouthpiece cover.
3. Re-assemble, discard of paper towel in bin.
4. Test the puffer to make sure there isn’t any water remaining in it.
5. Return to Emergency 1st Aid Container and Emergency Evacuation/Excursion Bag.
6. Wash Hands.

**Spacers** are to be cleaned using the following steps.

Wash hands and wear disposable gloves.
1. Wash in warm soapy water.
2. Do not rinse.
3. Allow to air dry. Do not wipe.
4. Wash Hands.

<table>
<thead>
<tr>
<th>Date</th>
<th>Puffer/Spacer</th>
<th>Name of Child/Adult</th>
<th>Service Clean/Check</th>
<th>Expiry Date</th>
<th>Staff Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaned</td>
<td>used Puffer/Spacer</td>
<td>of Puffer/Spacer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. CHILD PROTECTION POLICY

Statement

San Remo Primary School, Outside School Hours Care, is committed to practice which protects children from harm. Management, Educators and Volunteers, recognise the responsibilities to develop awareness of the issues which may cause children harm. This protocol explains how to decide whether to Report, Document, Share information to achieve better outcomes for children. It defines the roles and responsibilities of Service Staff, Families, Guardian, and Carers.

The Children, Youth and Families Act 2005, enshrines what is called Best Interest Principles. These are the principles by which Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed children’s Service and Victorian schools and other services governed by the Act must operate. Best interest Principles makes sure the children’s development, their rights, stability, and safety, from the point of report or referral all the way through to closure.

The Best Interests principles provide a strong focus on early intervention with vulnerable families and children, The Department Education and Early Childhood Development. [Department Human Services Child Protection] and Child FIRST are family services that provide the right support for the Child and/or family so that they can be supported to gain a better outcome for their Child and themselves.

The environment, in which the children will be sharing, is as important for the safety and wellbeing of each and every child. Educators will contribute to this environment to provide the very best outcome of safety and belonging for the children who attend care.

Principles

- Protecting the safety and wellbeing of children and young people is paramount.
- Making the child’s ongoing safety and wellbeing the primary focus of decision-making.
- All children, whatever their age, culture, disability, gender, religious origin, and/or sexual identity, have the right to protection from harm or abuse.
- All suspicions and allegations of abuse will be taken seriously and responded to swiftly and appropriately according to Policy guidelines.
- All persons have a responsibility to report concerns to Designated Person with responsibility for child protection.
- Enabling the child and the child’s family to access appropriate services in order to reduce the long term effects of abuse or neglect.
**Aims**

- Adopting child protection guidelines through procedures and a code of conduct for Educators and volunteers.
- Sharing information about child protection and good practice with children, parents, guardians, carers, educators and volunteers
- Sharing information about concerns with agencies who need to know, and involving parents and children appropriately.
- Providing effective management for educators and volunteers through support, supervision and training.
- Following the procedures for recruitment and selection of educators and volunteers.
- The reviewing of this Policy and good practice regularly.

**Resources.**

- **Child Protection**, Statutory Child Protection Service provided by the Department of Human Services.

  [The Children, Youth and Families Act 2005 empowers Child Protection to Intervene and protect the children]

- **Department of Education and Early Childhood Development**, Responsible for the learning, Development, health and wellbeing of all young Victorians.

- **Children, Youth and Families Act 2005**; [This Act takes precedence over the Children’s Services Act]

- **Children’s Services Act 1996**

- **Child FIRST**, Family information Referral and Support Team.

- **Education and Care Services National Law Act 2010**

- **Education and Care Services National Regulations**. 2011.

- **Working with Children Act** [2005]

- **Child Wellbeing and Safety Act** [2005]

- **Charter of Human Rights and Responsibilities Act 2006**
Types of Abuse of Concern.

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect

Other sources of stress for children and families, such as social exclusion, domestic violence, the mental illness of a parent, guardian or carer, or drug and alcohol misuse. These may have a negative impact on a child's well-being and is adversely affected by any of these areas; the same procedures should be followed.

MAKING A REPORT TO CHILD PROTECTION.

The Children, Youth and Family Act, allows for two types of reports, to be made in relation to significant concerns for the safety or wellbeing of a child- a report to Child Protection or a referral to Child FIRST.

A report to Child Protection should be considered if, after taking into account all of the available information, the Educator forms a view that the child is in need of protection because:

- the harm or risk of harm has a serious impact on the child’s immediate safety, stability or development.
- the harm or risk of harm is persistent and entrenched and is likely to have a serious impact on the child’s safety, stability or development.
- the child’s parents cannot or will not protect the child from harm.

When during the course of carrying out their normal duties, a licensed children’s service staff member forms the belief on reasonable grounds that a child is in need of protection the educator member must make a report to Child Protection regarding this belief and the reasonable grounds for it as soon as possible.

Educators of licensed children’s services and schools may form a professional judgement or belief, in the course of undertaking their professional duties based on:

- warning signs or indicators of harm that have been observed or inferred from information about the child.
- knowledge of child development.
- consultation with colleagues and other professionals.
- professional obligations and duty of care responsibilities.
- established protocols.
- internal policies and procedures in an individual licensed children’s service.

Upon receipt of a report, Child Protection may seek further information, usually from professionals who may also be involved with the child or family, to determine whether further action is required.

When the report is classified by Child Protection as a Wellbeing Report, Child Protection will, in turn, make a referral to Child FIRST.
4.1 **MAKING A REFERRAL TO CHILD FIRST**

A referral to Child FIRST should be considered if, after taking into account the available information, the Educator forms a view that the concern have a low to moderate impact on the child and the immediate safety of the child is not compromised.

A referral to Child FIRST can connect children, and their families to the services they need, when the following factors may affect a child’s safety or development.

- significant parenting problems that may be affecting the child’s development.
- family conflict, including family breakdown.
- families under pressure due to a family member’s physical or mental illness, substance abuse disability or bereavement.
- young, isolated and/or unsupported families.
- significant social or economic disadvantage that may adversely impact on a child’s care or development.

4.2 **RESPONSIBILITIES OF LICENSED CHILDREN’S SERVICES- SERIOUS INCIDENTS.**

Reporting to the Secretary of the Department of Education and Early Childhood Development, is required under the Education and Care of Children’s Services Law Act and the Education and Care of Children’s Services Regulations. These reports are required to be made within 24 hours.

4.3 **Designated Representative, for the Monitoring of Reports and Procedure for Abuse of a Child.**

The Nominated Supervisor, or in the absence of the Nominated Supervisor the Approved Provider of the Service is required to act, according to the Policy, on any disclosure.

The Nominated Supervisor, once being informed and obtaining information about or possible abuse will liaison with the service Approved Provider and/or a Statutory Child Protection Agency.

**Role of Designated Representative.**

- Obtain information from educators, volunteers, children or parents, guardians and carers who have child protection concerns and to record this information.
- Assess the information efficiently and carefully and ask further information as appropriate.
- Consult with the statutory child protection agency to clarify any doubts or concerns.
- Make a referral to the statutory child protection agency or the police without delay.
- If appropriate the parent/guardian, carer will be encouraged to seek help from appropriate services.
- In other circumstances communicate with the parent/carer/guardian and suggest that medical help/attention is sought for the child.
It is the right of any individual to make direct referrals to the statutory child protection agencies. If for any reason that they believe that the nominated designated representative has not responded appropriately to concerns.

If a child shows the result of abuse or the extreme risk of facing immediate abuse, the statutory child protection agency must be contacted immediately.

Where emergency medical attention is necessary, it will be sought immediately. The designated person will inform the Medical Doctor of any suspicions of abuse.

4.4 Protecting the identity of the Reporter.

Confidentiality is provided for reporters under the Child, Youth and Family Act. This prevents disclosure of the name or any information likely to lead to the identification of a person who has made a report in accordance with legislation except in specific circumstances.

4.5 Forming a belief on reasonable grounds - Suspicion of Abuse

A person may form a belief on reasonable grounds that a child is in need of protection after becoming aware that a child's health, safety or wellbeing is at risk.

Educators and Volunteers must report the concerns immediately to the Designated Representative. The representative will proceed with the procedure of obtaining information and reporting.

If the suspicion is of an Extreme Risk of immediate abuse to the child, the statutory child protection agency must be contacted immediately.

Suspensions will not be discussed with anyone other than those as appropriately required.

4.6 ALLEGATIONS OF ABUSE

If a child has a symptom of physical injury or neglect, the educators and volunteers will notify the designated representative, who will immediately proceed with the procedure of obtaining information and reporting.

If the allegations are of an Extreme risk of immediate abuse to the child, the statutory child protection agency must be contacted immediately.

Allegations will not be discussed with anyone other than those as appropriately required.

ALLEGATIONS OF SEXUAL ABUSE

In the event of allegations or suspicions of sexual abuse the designated representative will make a report immediately to:

- Statutory Child protection agency.
- Contact the Approved Provider and/or Nominated Supervisor of the service.
• Will not discuss details with any other persons.

• Under no circumstances is the designated representative attempt to carry out any investigation into the allegation or suspicions of sexual abuse. The role of the representative is to collect and clarify the precise details of the allegation or suspicions and to provide this information to the Child protection agency.

• While allegations or suspicions of sexual abuse should normally be reported to the designated person, their absence should not delay referral to the Statutory Child Protection Agency.

4.7 **PROCEDURE for ABUSE of a CHILD**

**Recording of information after a Child has informed an employee of the Service [OSHC] of possible Abuse.**

• Educators will make notes immediately using the **Incident, Injury, Illness form**.
  
  - Exactly what the child has said and what the Educator had said in reply.
  
  - What was happening immediately before being told i.e. the activity being delivered.
  
  - All notes of record and information must be kept securely.

• Report the discussion with the designated person as quickly as possible. [If the designated representative is implicated, contact the regulatory child protection agency directly.

• Educators will not discuss suspicions or allegations with anyone other than those nominated.

**After a child has disclosed abuse the designated person will contact the Child Protection agency to discuss which safe measures to take effect.**

**ONGOING OBSERVATIONS AND RECORDING OF INFORMATION**

Many situations will not neatly fit into these categories, and it may be harder to determine whether the level and the nature of any risk is such that the child is in need of protection. A situation may also take time to fully collate any information, therefore on going documentation by Educators of their concerns, will be informed to Service Provider regularly.

• Educators can specifically document their concerns and what may be the impact on the child’s safety, stability, health, wellbeing and development. How vulnerable is the child?

• Is there a history or pattern of significant concerns with a child or children in the family?

• Are the parents, guardian, carers aware of the concerns, capable and willing to take action to ensure the child’s safety and stability, and promote their health, wellbeing and development.

• Are the families able and willing to use support service to promote and support their child or children?

These questions will be a base for educators to question, document and act if required.
4.8 **ETHICAL BEHAVIOUR**

Some actions may not be regarded as Abuse, but are unacceptable behaviour. Parents, Guardian, Carers, Educators, Volunteers, Visitors and Children attending the service will conduct themselves at all times in an acceptable manner.

The Service will not tolerate any of the following behaviour, and failure to do so may result in the restrictions of those persons being permitted to enter and use the service child care.

- Inappropriate conversation and or of a sexual nature.
- Coarse Language, especially that of a sexual nature.
- Suggestive gestures or remarks.
- Jokes of a sexual nature.
- Inappropriate contact.
- Inappropriate literature.
- Recording or filming without prior consent.
- Acts of violence committed by any person attending the service.

4.9 **Recruitment and Appointment of Educators and Volunteers.**

In recruitment and appointing staff, service management will be responsible for the following:

- Follow the procedure for the recruitment as detailed in Recruitment of Staff Policy.
- Have a current Working With Children’s Check before starting Employment.
- To declare any pending legal case against them.
- Applicant to be given a copy of the Child Protection Policy of the Service.
- Where an applicant has been identified that they had previously committed a violent or sexually related offence they will not be considered for a position as an Educator at the service.

**Volunteers**

- Volunteers will be given a copy of the Child Protection Policy and Procedures of the Service.
- Any Volunteer who provides assistance must be supervised by a certified educator at all times and will be accountable to that Educator and is not permitted to be left unattended with children.
- Educators who accept the assistance of a Volunteer, must be satisfied of the Volunteer’s suitability for work with children.
- Volunteers will be required to have a Working With Children Check.
Allegations against a member of staff.

Staff/volunteers that, who in good faith reports their concern that a colleague is, or may be, abusing a child, will have full support and protection of the service.

Where there is a complaint against an Educator or Volunteer, there may be three types of investigation:

- A criminal investigation.
- A child protection investigation.
- A disciplinary or misconduct investigation.

The results of a Police and child protection investigation may influence the disciplinary investigation and/or disciplinary proceedings

4.10 Actions if there are Concerns.

Concern about Poor Practice:

- The Allegation is clearly about poor practice: this will be dealt with as a misconduct issue by the Management of San Remo Primary School. Approved Provider an Nominated Supervisor.
- Poor practice by the designated person or if the matter has been handled inadequately and concerns remain, this is to be reported to the Nominated Supervisor, Approved Provider or the Management of San Remo Primary School Council.
- If concerns have not been addressed at any stage and there is still concern, contact the Department of Education and Early Childhood Development, Department Human Services Child Protection.

Concerns about suspected abuse.

- Suspicion that a child has been abused by either a member of staff or a volunteer should be reported to the Designated person, who will take steps as necessary to ensure the safety of the child in question and other children who may be at risk.
- The designated person will refer the allegation to the child protection agency, who may involve the police, or go directly to the police if out of hours.
- The parents/guardian, carers of the child will be contacted as soon as possible following advice from child protection agency or police.
- If the designated person is the subject of the suspicion/allegation, the report must be made to the child protection agency or police.

Internal Enquires and Suspension.

- The designated person [Nominated Supervisor and/or in conjunction with the Approved Provider] will make an immediate decision about any individual accused of abuse. They will be temporarily suspended, pending further police
and Child protection agency inquiries.

- Irrespective of the findings of the Child Protection agency or Police inquiries, the Service will assess all individual cases to decide whether a member of staff or volunteer can be reinstated and how this can be sensitively handled. Where there is insufficient evidence to uphold any action by the police, the Service must reach a decision based upon the available information, and whether there was a probability or not that the accusation may be true. The welfare of the child should remain of paramount importance throughout.

4.11 **A SAFE ENVIRONMENT**

The San Remo Primary School, Outside School Hours Care, Educators are to ensure that the Service is to be supervised appropriately, to assist in the control of a safe Environment for all children, staff, Families and Visitors who enter the Service.

The service recognises the importance of careful planning to ensure activities and events organised are safe for the children.

**Supervisory Arrangements for activities and services.**

The service aims to protect children from abuse and Educators and Volunteers from false allegations by:

- Registers will include arrival and departure times and the names of others in the building.
- Educators will record any unusual events on the accident, incident, illness form.
- Educators will allow children to attend the toilet by themselves and are not expected to be involved with the toileting, unless the child has a special need that has been brought to the attention of the service by the parent/guardian or carer. This information is to be recorded on the “Educators Notification of Information and Medical Information Form.”
- Educators to be aware of any isolation with a child, and to keep the time to a minimum association.
- No visitors to the service are to be left alone with any child or children attending the service at the same time.
- At times, it is understandable, that Educators and Volunteers will experience physical contact between adults and children. This is considered a natural and healthy occurrence in public places, however Educators will be aware, that in circumstances, where an adult and a child are alone, it is important that Educators will not make any contact with a child if possible.
- Where an Educator is required to attend to a child for medical reasons, toilet requirements, they are to inform another Educator of the situation and ask for their presence while attending the child if possible, or report immediately to Nominated Supervisor of the situation that had taken place. An Incident, Illness or Injury Form is to be completed. Parent/guardians, carers are to be notified of the situation that had occurred either immediately by phone or when they have arrived to collect their child/children.
- Educators, who are required to give guidance to children with an issue on behaviour, where possible is to be
carried out within sight of another Educator. Educator will complete and Incident, Illness, Injury Form.

- Educators will set an example by protecting their own privacy in similar situations.
- Educators have the right to ask persons who do not have a valid reason to be present at the Service to leave.

**Behaviour Guidance Support for Children.**

It is the responsibility of the Educators to deal with behaviour deemed inappropriate. If a child does not abide by the Policy and Guidelines of the San Remo Primary School, Outside School Hours Care, or is an obstruction to the care of other Children or may cause harm to other Children, the Educators in accordance with the Service Behaviour Management Policy will follow the procedures to support the safety and wellbeing of the child, other children and Educators attending the service.

Educators at all times will display the highest of professional and caring integrity when directing and supporting of children in appropriate behaviour required.

**Alcohol and Drugs**

- The consumption of alcohol or illegal drugs on the grounds or in the area of an activity is not permitted or condoned.
- Adults are not permitted to enter the service or the grounds if they are under the influence of Alcohol or drugs.
- Any child found to have contact with alcohol and or drugs while attending the service or on the grounds of the service will be reported to the designated representative, who will activate the Procedure of a Child of Abuse

**Medication**

Any Child needing to take prescription and non-prescription medication will be required to follow the Medications Policy so as to keep themselves and other children and Educators safe.

**Protect Privacy and Confidentiality.**

Licensed children’s services educators must respect confidentiality and may only discuss details and the identity of the child and their family only with those directly involved in the management of the child’s situation.

For the protection of children, considerable importance on safeguarding the privacy and confidentiality of information provided to Educators about particular children and their families, will honour and respect its sensitive and personal nature.

**Educators of Early Childhood Services – Duty of Care, Reporting of Abuse.**

*Educators of early Childhood Services, educating and caring for children have a moral and ethical duty to take action to protect the safety and well being of that child.*
4.12 CHILD PROTECTION AGENCIES.

Department of Human Services Child Protection: has a statutory responsibility to provide Protection services for all children. A report to Child Protection for Abuse or suspicion of Abuse, Neglect, Family Violence, will intervene to protect the child and provide a range of services to families.

Child First: A referral to Child FIRST connects children, young people and their families where there is an impact upon a child’s safety, stability, wellbeing and development.

The role of Child FIRST is to:

• provide a point of entry to an integrated local network of family services.

• receive reports about vulnerable children and young people when there are significant concerns about wellbeing.

• identify initial needs and assess underlying risks to children in consultation with Child Protection and other services.

Mandated Reporting and Police

Members of the Community are legally required to report to Child Protection if a child is at significant risk of harm or abuse, these include:

• Medical practitioners, dentists, psychologists and nurses.

• Teachers, school Principals, kindergarten teachers.

• Law enforcement officers.

Child Protection has a protocol with Victoria Police that guides their response to these types of allegations and commences a joint investigation.
5. **HEALTH AND NUTRITION**

The health and nutrition of all the children and staff underpins the program. The food and beverage provided is nutritious and adequate in quantity.

5.1 **Food Handling & Food Safety Plan**

The service will provide nutritious, delicious and safe food to all the children.

The service must ensure the safety of food consumed, is an essential part of protecting the health of the children.

All staff must be aware of the risks associated with handling and serving food at the service, and implement and document procedures.

**Potential risks to Food safety**

- Time lapse before appropriate storage
- Inappropriate defrosting
- Cross contamination from raw to cooked food
- Infected food handlers
- Use of leftovers
- Inappropriate storage
- Cooking temperatures
- Serving of food to which the child /ren sensitive causing adverse reaction
- Inadequate hygiene procedures e.g hand washing. Clean clothing, personal hygiene.
- Contamination by vermin during storage

Note: For the purpose of this policy, a food handler is somebody who prepares and/or serves the following:

- Breakfast
- Morning tea
- Lunch
- Afternoon tea
- Late snack

All food handlers will be food safe accredited or be supervised by an accredited staff member.

**Shopping**

Food is organized by the Nominated Supervisor directly from the supermarket (no suppliers) and is stored within half an hour of purchase time.

**Storage of food**

Frozen foods, fresh food are immediately stored in the freezer or refrigerator. Meats are either frozen, or to be used within one day. Meats are stored on the bottom shelf of the refrigerator. Other food is stored appropriately in closed containers on shelves in cupboards. Jars, cans, etc are used according to date labels (stock rotation). Foods are stored to prevent contamination.

**Temperature monitoring**

Daily temperature readings are recorded twice a day. (Once in the morning and once in the afternoon.) This is done for both the refrigerator and the freezer. The freezer needs to be kept below –18 degrees Celsius and the refrigerator below 5 degrees Celsius.
Post cooking handling

Raw meat and vegetables/fruit are kept away from cooked foods. Separate utensils and colour coded chopping boards are to be used to prevent cross contamination. Hot food is served above 60 degrees Celsius. Germs are killed at high temperatures. Cold foods are kept below 5 degrees Celsius; these temperatures will slow germ growth. Staff has a sound knowledge of the 2 hour/4 hour rule: If potentially hazardous food is out of temperature control for less than 2 hours refrigerate or use immediately, between 2 and 4 hours use immediately or more than 4 hours throw it out.

Individual Children’s Requirements.

Food and beverage provided, is chosen, having regard to the dietary requirement of individual children, taking into account each child’s growth and development needs and any specific cultural, religious or health requirements.

Kitchen

- All Kitchen surfaces and eating tables will be sprayed with supplied disinfectant at beginning and end of use and again at end of sessions
- Kitchen refuse is to be placed in the compost bin and removed from the area at the end of each Day.
- A dishwasher is provided for effective washing.
- Fruit and vegetables are washed thoroughly.
- All perishable goods are stored in the refrigerator or freezer.
- Frozen meat, fish and poultry are thawed in the refrigerator.
- All food will be covered before serving and in warmer weather.

6. HYGIENE

Hand washing is the most effective way of controlling infection in the service. Staff and children should wash their hands:

- before handling and preparing food and eating
- after going to the toilet
- after cleaning up blood and other body substances
- after handling animals.

All staff must wear gloves (disposable rubber or vinyl) when:

- in contact with blood or other body substances or open sores
- when cleaning up contaminated areas, faeces, vomit or blood
- when handling clothes, cloths or equipment which has been soiled by body fluids
- When preparing food and drink:
• Staff must wear gloves when cleaning if they have a break in the skin of their hands, or if they have an allergy.

• Staff must wash their hands with soap and water before and after gloves are removed.

• Staff must wear aprons when preparing food or involved in cooking activities.

• Surfaces will be cleaned after each activity and all surfaces cleaned thoroughly, daily. Areas contaminated with body fluids will be disinfected.

• The service will ensure that toilets and hand-washing facilities are easily accessible to children. Children will be encouraged to flush toilets after use, and wash and dry their hands.

• Staff will use a new cloth or tissue if they are required to assist young children to wipe their faces and noses.

• Each child will be provided with their own drinking and eating utensils for snacks and meals where appropriate.

• Staff will direct children to put leftover food and soiled food in the compost bin.

• Food will be prepared, kept and served hygienically.

• Bins for the temporary storage of refuse will be available with lids and lined and will be emptied daily.

• Hygiene practise and procedures consistent with up-to date advice from relevant State Health authorities will be observed at all times.

• Children will be encouraged to follow good hygiene practices. Staff may discuss these subjects with groups or individual children if required.

• Children will be supervised during contact with visiting animals and discouraged from placing their faces close to the animals. Children will wash their hands before and after touching animals.

• Animals are not allowed near the food preparation areas.

• Any animal scratches or bites will be cleaned immediately with soap and warm water and covered. Families/guardians will be notified by staff and an Injury, Illness, Incident report will be completed and presented to families/guardians.

• Staff are expected to act in ways that do not endanger the health and safety of children, parents or other staff and to encourage healthy and safe behaviour in children by setting a good example.
7. PREVENTING THE SPREAD OF INFECTIOUS DISEASES

The service will minimize the spread of infectious disease through:

- Effective hand washing – recommended procedures from *Staying healthy in childcare – preventing infectious diseases in child care, 4th edition*, p3-5. This will be followed by staff and taught to the children. Visual displays will reinforce this.

- Exclusion of sick children and staff – Exclusion will occur according to the table, *Recommended minimum exclusion periods for infectious conditions for schools, pre-schools and child care centres*, p7-9 of *Staying Healthy in Child Care – Preventing infectious diseases in child care, 4th edition*. This table will be displayed at the service. Parents will have access to the information about infectious diseases in the family handbook.

- Children and staff with infectious diseases will be excluded from the service in accordance with departmental *Administrative Instructions and Guidelines (AIGs)* and *National Health and Medical Research Council guidelines*. The guidelines for exclusion can be found in *departmental AIGs* and *Staying Healthy in Child Care - Preventing infectious diseases in child care, 4th edition*.

- A medical certificate is required for a child or adult to be readmitted to the service after contracting diphtheria, hepatitis A, polio, tuberculosis, typhoid or paratyphoid.

- If a child is unwell at home or becomes unwell at school, parents are asked, where reasonably possible, not to send the child to the service, but to make alternative arrangements for their care.

- If a staff member is unwell, they should not report to work. Staff members should contact the nominated supervisor or nominated committee member at the earliest possible time to advise of their inability to report to work. In a single staff service, immediate arrangements should be made for a qualified relief person to attend.

- In the case of serious ill health or hospitalisation, a child or staff member will require a medical certificate from their medical practitioner or specialist, verifying that they are sufficiently recovered to return to the service.

- Immunisation - Parents will be encouraged to immunise their child against all diseases appropriate to the child’s age. In accordance with the National Health and Medical Research Council exclusion guidelines, children who are not immunised may be excluded from care during outbreaks of some infectious diseases, even if the child is well (see Access to the Service policy).

- All staff will be encouraged to have all childhood immunisations. All adults should receive a booster dose of tetanus and diphtheria vaccine every 10 years.

- Families seeking Childcare Assistance for the first time for a child who is less than 7 years old will need to meet immunisation requirements set out in the Outside School Hours Care Handbook (DH & FS).

8. CONTROLLING CONTACT WITH BODY FLUIDS.

Healthy people can spread infection through direct contact with body fluids including blood, urine, stool, saliva, vomit, drainage from sores/rashes, pus etc.

In our program, staff act to prevent exposure to body fluids by:
• Covering any open cuts or sores on children or staff with a bandage, gloves or clothing.

• Wearing vinyl or latex gloves for tasks where blood or body fluids are present such as:
  
  i. Cleaning up vomit, stool, blood, urine, pus, and body fluids or other secretions.

  ii. Changing bandages, especially if blood, pus or signs of infection are present.

  iii. Cleansing or controlling bleeding wounds, or broken skin, such as nosebleeds, tooth loss, cuts, scrapes etc.

  iv. Handling clothing, equipment or surfaces that have been soiled with blood, vomit, stool, urine or body fluids.

• Whenever a child or staff member comes into contact with any body fluids, the area will be washed immediately with soap and warm water and dried with paper towels.

• All surfaces in contact with body fluids will be cleaned immediately with soap and water and the allocated disinfectant surface spray.

• Used latex or vinyl gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container.

• Hands are always washed with soap and water after removing gloves.

• Any brushes, brooms, dustpans, mops etc. Used to clean up body fluids will be soaked in a disinfecting solution, and rinsed thoroughly. After soaking, cloth items and mops should be washed. Cleaning equipment is stored safely out of Children’s reach.

• Disposable gloves, bandages, and paper towels etc, used to clean contaminated areas, must be placed in a plastic bag and sealed before disposal in the general rubbish disposal bin with lid.

• All clothing soiled with body fluids must be changed. Children’s clothes will be put in a closed, plastic bag and sent home. All clothing that has been soiled with urine, vomit, stool, blood or other body fluids will be placed into a separate plastic bag, labelled with the owner’s name and placed in a lined plastic container. [A container with lid is situated in Disabled Toilet – Biohazard Container]

9. WELLBEING and HEALTH - OCCUPATION HEALTH & SAFETY

• Information about the Occupational Health Safety & Welfare Act, Regulations, Codes of practice and guidelines and the departmental OHS&W Manual are held at the service, or on the school site, and may be read by staff, management committee members and parents of children attending the service.

• Staff is encouraged to report incidents which lead to high stress levels to the management committee and/or OHS representative. Positive steps will be taken to understand and minimise stress suffered by individual staff members.

• Information on hygiene principles and practices will be available at the service and drawn to the attention of families.
When there is an infectious disease in the service, information will be made available to parents in a manner that is not prejudicial to the rights of staff or children and which does not infringe State or Commonwealth legislation (see Staying Healthy in Child Care in References and resources below).

Families will be informed by notices about common infectious diseases in the service. Parents of children with immunity impairment will be advised about outbreaks of contagious diseases so that they may decide if it is in the best interest of the child not to attend the service for a period.

Staff, families and children will have access to current information provided by relevant government authorities on how to minimise health and safety risks to staff and children.

### 10. Allergies, illnesses and Dietary requirements

- Where a child has a known allergy, illness or dietary requirement, it will be recorded on the enrolment form and in the medical file. In the medical file there will be a clear photo of child, information about allergy, illness or dietary requirement, symptoms and treatments.
- In the case of anaphylaxis, there will be an action plan for each child displayed at the service for all staff to be aware of. An epipen will be supplied by parents and kept at the service at all times.
- A Risk Management Plan will be put into place by the Coordinator and Families/Guardians To use in the service before child at risk of anaphylaxis, allergic reaction attend the session.
- The service will have separate chopping boards and knives for preparing food for anaphylactic children.
- In the case of coeliac disease, all non-gluten products to be kept in a separate container. The container will be labelled clearly and dated.

### 10. ANAPHYLAXIS POLICY

#### Values

This children’s service believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The service is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children’s program and experiences
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis

#### Purpose

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children’s service
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device
- raise the service community’s awareness of anaphylaxis and its management through education and policy implementation
1. **Scope**

The *Children's Services Act 1996* requires proprietors of licensed children’s services of Out of School Hours Care (OSHC) to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists. The *Children’s Services Regulations 2009* include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

2. **Background and legislation**

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5 years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

The licensee recognises the importance of all staff/carers responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

Staff/carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff/carers should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

**Legislation**

- *Children’s Services Act 1996*
- *Education and Care Children’s Service National Law Act*
- *Education and Care Children’s Service Regulations 2010*
- *Health Act 1958*
- *Health Records Act 2001*
- *Occupational Health and Safety Act 2004*

3. **Definitions**

- **Allergen:** A substance that can cause an allergic reaction.
- **Allergy:** An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.
- **Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.
- **Ambulance contact card:** A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.
- **Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.
- **Anaphylaxis medical management action plan:** a medical management plan prepared and signed by a Registered Medical Practitioner providing the child’s name and allergies, a photograph of the child and clear instructions on
treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

**Anaphylaxis management training:** Accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device.

**Adrenaline auto-injection device:** A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

*EpiPen®:* This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child’s weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

*Anapen®:* Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.

NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.

**Adrenaline auto-injection device training:** Training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer auto-injection device.

**Children at risk of anaphylaxis:** Those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

**Auto-injection device kit:** An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child’s anaphylaxis medical management action plan, and telephone contact details for the child’s parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat.

**Intolerance:** Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

**No food sharing:** The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

**Nominated staff member:** A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

**Communication plan:** A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

**Risk minimisation:** The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

**Risk minimisation plan:** A plan specific to the service that specifies each child’s allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

**Service community:** All adults who are connected to the children’s service.

**Food Container:** A container provided by the parent/guardian that contains food, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their food. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.
4. Procedures

The Service Management shall:

- ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012 then at least every 3 years
- ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the Children’s Services Regulations 2009
- ensure that the policy is provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the service.
- ensure that all staff in all services whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation every 12 months and recording this in the staff records. It is recommended that practise with the trainer auto-injection device is undertaken on a regular basis, preferably quarterly

1. In services where a child diagnosed at risk of anaphylaxis is enrolled the Nominated Supervisor shall also:

- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with staff and the families of the child/ren.
- ensure that a notice is displayed prominently in the main entrance of the children’s service stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service.
- ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management. and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded
- ensure that all relief staff members in a service have completed training approved by the Secretary in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child’s allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- ensure that no child who has been prescribed an adrenaline auto-injection device permitted to attend the service, its program without the device (Schedule 3 of the Regulations)
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation.
- display an Australasian Society of Clinical Immunology and Allergy Inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children’s room, the staff room or near the medication cabinet
- display an Emergency contact card by the telephone
- comply with the procedures outlined in Schedule 1 of the model policy
- ensure that a child’s individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- ensure that all staff in a service know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit.
- ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.
Staff responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child’s anaphylaxis medical management action plan is visible and known to staff in a service
- follow the child’s anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures
  - Contact the parent/guardian
  - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” on a regular basis, preferably quarterly
- ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
- ensure that an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child’s anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the service
- ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat (r. 84(3))
- ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member or family day carer accompanying the child when the child is removed from the service or the home e.g. on excursions that this child attends (r. 74(4)(d))
- regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- provide information to the service community about resources and support for managing allergies and anaphylaxis
- comply with the procedures outlined in Schedule 1 of the model policy.

Parents/guardians of children shall:

- inform staff at the children’s service, either on enrolment or on diagnosis, of their child’s allergies
- develop an anaphylaxis risk minimisation plan with service staff
- provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- provide staff with a complete auto-injection device kit
- regularly check the adrenaline auto-injection device expiry date
- assist staff by offering information and answering any questions regarding their child’s allergies
- notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
• comply with the service’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device
• comply with the procedures outlined in Schedule 1 of the model policy.

5. Related documents

Related documents at the service:

• Enrolment checklist for children at risk of anaphylaxis (Schedule 2 of the policy)
• Risk Minimisation Plan (Schedule 3 of the policy)
• Brochure titled “Anaphylaxis – a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy
• Relevant service policies such as:
  o Enrolment
  o Illness and Emergency Care
  o Nutrition
  o Hygiene and Food Safety
  o Asthma
  o Inclusion
  o Communication.

Contact details for resources and support

• Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
• Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
• Royal Children’s Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
• Royal Children’s Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children’s services staff and parents. Telephone 1300 725 911.
• Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Training

• Access the Department of Education and Early Childhood Development website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis.
• There are a range of providers offering anaphylaxis training, including Royal Children’s Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

6. Authorisation

This policy was adopted by the San Remo Primary School, Outside School Hours Care on July 2010.
7. **Evaluation**

The licensee shall:

- discuss with staff their knowledge of issues following staff participation in anaphylaxis management training
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child
- respond to complaints and notify the Department within 48 hours (r.105)
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The Nominated Supervisor will:

- conduct ‘anaphylaxis scenarios’ and supervise practise sessions in adrenaline auto-injection device administration procedures to determine the levels of staff competence and confidence in locating and using the auto-injection device kit
  
  (An anaphylaxis resource kit has been provided to all licensed children’s services. This kit contains an auto-injection device trainer and trainer CD Rom to enable staff to practise the administration of the auto-injection device regularly at least quarterly. This trainer auto-injection device should be stored separately from all other auto-injection devices for example in a file with anaphylaxis resources, so that the auto-injection device trainer is not confused with an actual auto-injection device)
- routinely review each auto-injection device kit to ensure that it is complete and the auto-injection device is not expired
- liaise with the licensee and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- read and be familiar with the policy
- identify and liaise with the Nominated Supervisor
- bring relevant issues to the attention of both staff and licensee

**RISK MINIMISATION PLAN FOR ANAPHYLAXIS**

**Communicating to Carers at Service of Child at Risk of Anaphylaxis**

All Carers to be advised by Nominated Supervisor during Induction the Information of the Child at Risk of Anaphylaxis by presenting to them the Child at Risk Service information.

1. Enrolment Form.
2. Confirm where Child’s Action Plan is Displayed
3. Management of Anaphylaxis
4. Photo of Child at Risk
5. Confirm where Child’s Auto-injector[Epipen] is Kept.
6. Confirm where Notification to Community that An Anaphylaxis Child is attending a session at the Service is Kept and where to be displayed.
7. Carers will be reviewed on the handling of an auto-injector (Epipen) using the Practice Kit provided at the Service.

8. Carer to provide evidence of anaphylaxis training and confirmed by coordinator of validity of information.


INFORMATION FOR FAMILIES

FAMILIES OF CHILD AT RISK OF ANAPHYLAXIS, THE SERVICES NOTIFICATION OF MANAGEMENT OF ANAPHYLAXIS.

FAMILY HAVE BEEN PROVIDED SERVICE’S ANAPHYLAXIS MANAGEMENT POLICY
FAMILY HAS PROVIDED A COMPLETE AUTO-INJECTOR [EpipEN] KIT
FAMILIES ARE INFORMED THAT ALL STAFF, RELIEF STAFF, ARE AWARE AUTO-INJECTOR [EpipEN] KIT IS SITUATED

FAMILIES ARE INFORMED THAT NOMINATED SUPERVISOR CHECKS BEFORE ARRIVAL OF CHILD THE EXPIRY DATE OF ADRENALINE Device and records Information Details of auto-injector kit form 'Status of Auto-Injector Kit.

FAMILIES HAVE PROVIDED INFORMATION TO SERVICE REQUESTING THAT SPECIFIC PROCEDURES BE FOLLOWED TO MINIMISE THE RISK OF EXPOSURE TO A KNOWN ALLERGEN. [This may include requesting that certain major sources of allergens or foods are not used at the Service
ie: > Foods where transfer from one child to another likely, for example peanut, Nut products, whole egg, dairy products, chocolate.
➢ Food packaging of risk foods, cereal boxes, egg cartons etc.

If NO please provide details why Families have not provided information.

_________________________________________________________________________________________________________________________________________________________

Families are informed that a new written request is sent to the Service Educators if the food allergens change.

FAMILIES HAVE BEEN INFORMED AND AWARE OF THE POLICY THAT NO CHILD WHO HAS BEEN PRESCRIBE AN ADRENALINE AUTO-INJECTION DEVICE IS PERMITTED TO ATTEND THE SERVICE WITHOUT THE DEVICE

INFORMED FAMILIES THAT THE SERVICE DISPLAYS THE ASCIA GENERIC POSTER, Action plan for Anaphylaxis IN A KEY POSITION AND LOCATES A COMPLETED AMBULANCE CARD BY THE TELEPHONE

FAMILIES HAVE BEEN INFORMED THAT AUTO-INJECTOR KIT INCLUDING A COPY OF THE Anaphylaxis Medical Management Action plan is carried by a staff member

San Remo Primary School 19-Aug-15
When a child is removed from the service eg.excursions or emergency evacuations.

Inform Families that a Review of Risk Minimisation Plan with families of at risk Child at least annually or as required, but always upon enrolment of each at risk Child and after any incident or accidental exposure.

INFORMATION FOR STAFF ON ANAPHYLAXIS

STAFF INFORMATION OF THE SERVICES RISK MINIMISATION OF THE RISK OF THE CHILD BEING EXPOSED TO AN ALLERGEN CAUSING ANAPHYLAXIS.

Nominated Supervisor will inform Staff that they will inform them the Menu planned in conjunction with parents/guardians instructions to avoid the inclusion of food allergens, and what the child at risk will be consuming and refresh handling and preparation procedure before child enters the Service.

Staff informed that a Child at Risk should not be give food if the Label for the Food states that the food may contain traces of a known allergen.

Staff informed Hygiene procedure and practices are used to minimise the risk Of contamination of surfaces, food utensils and containers by food allergens.

Staff informed to consider the safest place for the at risk child to be served and Consume food, while ensuring they are socially included in all activities, and ensure This location is used by the child.

Staff informed that Service has procedures for ensuring that each at risk child only Consumes food prepared specifically for him/her.

Inform Staff that they ensure each child enrolled at the service washes his/her Hands before and after eating and on arrival if as part of particular Child’s medical management plan.

Inform Staff that teaching strategies are used to raise awareness of all children About anaphylaxis and no food sharing with the at risk child/ren and the reasons For this

Inform Staff that bottles, other drinks and lunch boxes provided by the family Of the at risk child should be clearly labelled with the child’s name.

Inform staff a safe ‘treat box is provided by the family or service of each at risk Child and used by the service to provide ‘treats’ to the at risk child, as appropriate.

Inform staff that they know each child’s anaphylaxis medical management action Plan says and implement it.

Inform staff that they will administer the adrenaline auto –injection device If required and may be directed to stay with the child. That they will or be Directed to telephone the ambulance and the parents that they will or be Directed who will ensure the supervision of the other children. Who will or be directed to let the ambulance officers into the service and take Them to the child.

Inform staff with responsibilities for at risk children have undertaken anaphylaxis
Management training and regular practise sessions for the administration of the Adrenaline auto-injection device.

Inform Staff that a Review of the Risk minimisation plan with families of at risk Child at least annually, or as required, but always upon enrolment of each at risk Child and after any incident or accidental exposure.

### 10.1 ANAPHYLAXIS AUTO-INJECTOR DEVICE [EpiPen] Kit INFORMATION RECORD.

**STATUS OF ADRENELIAN PEN**

**NAME ON AUTO-INJECTION DEVICE** __________________________

**EXPIRY DATE** ............................................................

**ADRENELAIN MIXTURE CLEAR** YES NO

**IF NO WHAT ACTION WAS TAKEN TO RECTIFY THE SITUATION?**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**WHEN IS CHILD ATTENDING SERVICE SESSIONS?**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**CHECKED BY**

Name: ____________________ Date ____________________

Position: __________________

### 10.2 Communicating Anaphylaxis with Staff, Children and Parents/Guardians/Carers

*It is important to work with the whole community to better understand how to provide a safe and supporting environment for all children, including children with severe allergies*

**RAISING STAFF AWARENESS**

All staff involved in the care of children at risk of Anaphylaxis should know:

- The causes, symptoms and treatment of anaphylaxis.
- The identities of children who are at risk of anaphylaxis.
- The preventative strategies in place.
- Where EpiPen are kept.
➢ The Services first aid and emergency response procedures
➢ The role in responding to a severe allergic reaction.

Ways to achieve this include allocating time, such as staff meetings. To discuss, practice and review the Services Management strategies for children are risk of anaphylaxis and providing and/or displaying copies of the student’s ASCIA Action Plan at the service.

Permanent, Casual and relief staff will be informed by coordinator during staff induction to service of children at risk of anaphylaxis and the steps required for prevention of an Emergency response. The will be supported with the Services Policies, Information on Anaphylaxis, prevention strategies, training and Meetings with Coordinator.

The Service will inform the Community about Anaphylaxis Management and a Child at Risk would be attending the service through the newsletter. The Service will display at the entry to the Service a notice to all users of the Service that a child of risk of anaphylaxis is attending the current session.

RAISING FAMILIES/GUARDIANS/CARERS AWARENESS

Families/Guardians and Careers are required to inform the Service of the child at risk of anaphylaxis:
➢ Through the Enrolment form.
➢ On diagnosis of their child’s allergy
➢ Provide Service with and Anaphylaxis medical management action Plan signed by the registered medical practitioner giving written consent to use the EpiPen in line with this action Plan.
➢ Families/Guardians to read and be familiar with the policy of the service regarding Anaphylaxis Management and Risk Minimisation.
➢ Identify and liaise with the nominated staff member
➢ To bring relevant issues to the attention of both staff and licensee.
➢ To Inform and provide information to Service any foods that are brought to share with other children. A list of Ingredients will be supplied to the Coordinator on arrival.
➢ Education and awareness in the form of campaigns for the Services community.
➢ Posters, fact sheets and brochures will be available to Families/Guardians and carers.

The Service is aware that some Families/Guardians and Carers of a child with a risk of Anaphylaxis may not want the identity of the student to be disclosed to the wider community. This will be discussed with the child’s Families/Guardians/Careers and written consent obtained to display the student’

10.3 RAISING CHILDREN’S AWARENESS AND COMMUNICATION OF ANAPHYLAXIS

Other children’s support in an important element of support for children at risk of anaphylaxis. Staff can raise awareness in the service through fact sheets and posters displayed at the service.

Staff will discuss with children at the service with messages of:
➢ Always take food allergies seriously.
➢ Do not allow food sharing with friends, who have food allergies.
➢ Wash hands after eating
➢ Children to know what food they are allergic to.
➢ If a child becomes sick, get help immediately.
➢ Be respectful of a child’s EpiPen.
➢ Children not to be pressured to eat food that they are allergic to.

Children at the Service will be encouraged to support the child at risk of Anaphylaxis to participate at the service.

Bullying of children at risk of Anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a child with the substance that they are allergic to. Staff will communicate with the children involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm an anaphylactic child with an allergen will be treated as a serious and dangerous incident.

**ALLERGY MANAGEMENT POLICY and PROCEDURES.**

**Purpose:**
The aim of this Policy is to:

• Minimise the risk of allergy reactions occurring while a child is in the care of the service.

• Ensure that staff members are informed and respond appropriately to an allergy reaction, by initiating appropriate treatment as directed by the Allergy management plan of the child.

• Ensure that the Service community through Education and Policy implementation support the wellbeing and safety of the child while attending the Service.

**Procedures**
The Service Management shall:

• Ensure that all staff has identified the child and have up to date information of the child’s Allergy.

• Display a “Severe Allergy Action Plan” for staff.

• Ensure that a notice is displayed prominently in the main entrance of the service, stating that a child being cared for is has an allergy to a certain product.

• Support training for staff if required.

• Conduct Risk Assessments and Risk Minimisation Plan of the potential for accidental exposure to an allergen while child/ren of risk is in the care of the service.

• Provide a copy of the Allergy Management Policy and Procedures to Parents/Guardians.

• Implement the communication strategy and encourage on going communication between parents/guardian and staff regarding the current status of the child’s allergy, this policy and its implementation.

• Display an Emergency contact card by the telephone.

• Ensure any Medication to be held at the service has an Administration of Medication Record Authority Form completed by parent/guardian.

• Ensure that a Self Medication Authority Form is completed by the parents/guardian before the child attends care.

• Ensure that Copy of the Allergy Management Plan and any Medication with the Administer Medication Authority Report form is taken on Regular Outings and Excursions.

• Ensure that a Risk Assessment and Risk Management Plan are conducted before attending Excursions.

• Ensure a Record register for the Expiry Date is maintained for any Medication held by the service.

• Provide any information to the service community about resources and support for managing allergies for the safety and wellbeing of the child.

• In the situation where a child/staff member has not be diagnosed allergic, but who appears to be having an allergic reaction,
  ○ Commence first aid measures.
  ○ Contact the parent/guardian.
  ○ Contact the Nominated Emergency person to be notified in the event of illness if the parent/guardian cannot be contacted.
  ○ Call an ambulance immediately if condition worsens [000]
• Ensure that a child’s Allergy Medical Management Plan is signed by a Registered Medical Practitioner, and inserted into the enrolment record for each child. This will outline:
  1. Details of the Allergy
  2. Prescribed medication.
  3. Circumstances in which the medication should be used.
• Receive authorisation from Parents/Guardians to display their Child’s “Allergy Action Plan” for Staff and notification to the community of a child attending the service that has an Allergy to certain products.

**The Staff shall:**
• Ensure a copy of the child’s Allergy Action Plan is visible and know to all staff in the service.
• Ensure that all staff has identified the child and have up to date information of the child’s Allergy.
• Gain training for staff if required.
• Ensure the communication strategy and encourage on-going communication between parents/guardian and staff regarding the current status of the child’s allergy, this policy and its implementation.
• Ensure that Copy of the Allergy Management Plan and any Medication with the Administer Medication Authority Report form is taken on Regular Outings and Excursions.
• Provide any information to the service community about resources and support for managing allergies for the safety and wellbeing of the child.
• Follow the child’s Allergy Action Plan in the event of an allergic reaction, which may progress.
• In the situation where a child/staff member has not be diagnosed allergic, but who appears to be having an allergic reaction,
  ○ Commence first aid measures.
  ○ Contact the parent/guardian.
  ○ Contact the Nominated Emergency person to be notified in the event of illness if the parent/guardian cannot be contacted.
  ○ Call an ambulance immediately if condition worsens [000]
• Ensure that a child’s Allergy Medical Management Plan is signed by a Registered Medical Practitioner, and inserted into the enrolment record for each child. This will outline:
  1. Details of the Allergy
  2. Prescribed medication.
  3. Circumstances in which the medication should be used.

• Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the service, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
• Ensure that an Allergy Medical Management Plan signed by the child’s Registered Medical Practitioner and any medication required for the child is provided by the parent/guardian while at the service.
• Ensure that medicine that is to be administered to the child while at the service, that an Administration of Medication Record Authority Form has been completed by Parent/Guardians.
• Ensure that a child has been permitted to Self Administer their own medication, that a Self Medication Authority form is completed by the Parent/Guardian before the child attends the service for care.

**Parents/Guardians of Children shall:**
• Inform staff at the children’s service, either on enrolment or on diagnosis, of their child’s allergy.
• Develop an Allergy risk minimisation plan with service staff.
• Provide staff with an Allergy Management Action Plan signed by the Registered Medical Practitioner.
• Provide staff with any medication that is required by the child.
• Assist staff by offering information and answering any questions regarding their child’s allergy.
• Notify staff of any changes to their child’s allergy status and provide a new Allergy Action Plan in accordance with these changes.
• Communicate all relevant information and concerns to staff, for example, any matter relating to the health of their child.

• Ensure that medicine that is to be administered to your child while at the service, that an Administration of Medication Record Authority Form has been completed by Parent/Guardians.

• Ensure that a child that has been permitted to Self Administer their own medication, that a Self Medication Authority form is completed by the Parent/Guardian before the child attends the service for care.

• Ensure that a child’s Allergy Medical Management Plan is signed by a Registered Medical Practitioner, and inserted into the enrolment record for each child. This will outline:
  ▪ Details of the Allergy
  ▪ Prescribed medication.
  ▪ Circumstances in which the medication should be used.

**Evaluation:**
Nominated Supervisor shall:
• Discuss with staff their knowledge of issues following the information in regards to the child who has an Allergy.
• Selectively audit enrolment checklist, [eg. Annually] to ensure the documentation is current and complete.
• Discuss this policy and its implementation with parents/guardians of children at risk of severe allergies to verify their satisfaction with both the policy and its implementation to their child.
• Regularly review the adequacy of the response of the service to the Allergy Policy and its implementation.
• Discuss annually with staff their knowledge of managing the Allergy.
• Staff communicates regularly with parents/guardians to bring relevant issues to the attention of all staff at the service.

**RISK MINIMISATION PLAN FOR ALLERGIES**

**Communicating to Staff at Service of Child at Risk of Serious Allergy.**
All staff to be advised by Nominated Supervisor during Induction the Information of the Child at Risk of Serious Allergy, by presenting to them the Child’s information:
• Enrolment Form
• Confirm where Child’s Action Plan is displayed
• Management of the Allergy.
• Photo of child at Risk.
• Confirmation where medication is stored for easy excess.
• Confirm where the “Notification to Community that a Child with Sere Allergy is attending session at the service” is kept and where to be displayed.
• Communication to community, information in regards to a Sever Allergy Child attending the service and their contribution to the Health and Safety of the Child or Staff Member.
• Service Polices Procedures - re:
  1. Medical Conditions Policy
  2. Health and Safety Policy
  3. Privacy Policy
  4. OH&S Policy
  5. Regular Outings and Excursion Policy
  6. Emergency Evacuation Policy
  7. Food Handling and Hygiene Policy
  8. Dietary Policy
INFORMATION FOR FAMILIES
FAMILIES OF CHILD AT RISK OF SEVER ALLIGIES, THE SERVICES NOTIFICATION OF MANAGEMENT OF SEVER ALLERGY.

FAMILY HAVE BEEN PROVIDED SERVICE’S ALLERGY MANAGEMENT POLICY AND MEDICAL CONDITIONS POLICY

FAMILIES ARE INFORMED THAT ALL STAFF, RELIEF STAFF, ARE AWARE THAT THEIR CHILD IS ATTENDING CARE, ALLERGY MANAGEMENT PLAN IS AVAILABLE, AND ANY MEDICATION IS NOTED AND WHERE STORED FOR EASY EXCCE.

FAMILIES ARE INFORMED THAT NOMINATED SUPERVISOR CHECKS BEFORE ARRIVAL OF CHILD
THE EXPIRY DATE OF MEDICATION, [IF REQUIRED] and MEDICAL records Information

Families have provided information to service requesting that specific procedures be followed to minimise the risk of exposure to a known Allergen.
[This may include requesting that certain major sources of allergens or foods are not used at the Service
i.e.: • Foods were transferred from one child to another, for example:
  Peanut products, nuts, whole egg, dairy products, chocolate.
  • Food packaging of risk foods, cereal boxes, egg cartons etc.

If NO please provide details why Families have not provided information.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Families are informed that a new written request is sent to the Service Educators if the food allergens change.

FAMILIES HAVE BEEN INFORMEED AND AWARE OF THE POLICY THAT NO CHILD WHO HAS BEEN PRESCRIBED AND MEDICATION THAT IS TO BE ADMINISTERED WHILE ATTENDING THE SERVIE WILL BE PERMITTED TO ATTEND WITHOUT THAT MEDICATION.

INFORMED FAMILIES THAT THE SERVICE DISPLAYS THE ASCIA GENERIC POSTER,
Action plan for SEVER ALLERGIES IN A KEY POSITION AND LOCATES A COMPLETED AMBULANCE CARD BY THE TELEPHONE IF REQUIRED

FAMILIES HAVE BEEN INFORMED THAT ANY MEDICATION, INCLUDING a Copy OF THE Sever Allergy Medical Management Action plan is carried by a staff member
When a child is removed from the service e.g.: Routine Outings, Excursions or emergency evacuations.

Inform Families that a Review of Risk Minimisation Plan with families of at risk Child at least annually or as required, but always upon enrolment of each risk child and after any incident or accidental exposure.

Parents/Guardians have given written and signed authorisation for their Child’s “Allergy Action Plan to be displayed at the service for staff and the notification for the community of a “Child at Risk with an Allergy” attending on that day.
INFORMATION FOR STAFF ON ALLERGIES.

STAFF INFORMATION OF THE SERVICES RISK MINIMISEATION OF THE RISK OF THE CHILD BEING EXPOSED TO AN ALLERGEN CAUSING A MEDICAL REACTION.

Nominated Supervisor will inform Staff that they will inform the Menu planned in conjunction with parents/guardians instructions to avoid the inclusion of food allergens, and what the child at risk will be consuming and refresh handling and preparation procedure before the child enters the service for care.

Staff informed that a Child at Risk should not be given food if the Label for the Food states that the food may contain traces of a known allergen.

Staff informed Hygiene procedure and practices are used to minimise the risk of contamination of surface, food utensils and containers by food allergens.

Staff informed to consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child.

Staff informed that Service has procedures for ensuring that each at risk child only Consumes food prepared specifically for him/her.

Inform Staff that they ensure each child enrolled at the service washes his/her hands before and after eating on arrival as part of a particular Child’s Allergy Management plan.

Inform Staff that teaching strategies are used to raise awareness of all children about Allergies and no food sharing with the at risk child/ren/staff and the reasons for this.

Inform Staff that bottles, other drinks and lunch boxes provided by the family of the child at risk, should be clearly labelled with the child’s name.

Inform staff if a safe ‘food container is provided by the family or service of each at child at risk and used by the service to provide “extras” to the child if required or appropriate.

Inform Staff that they know each child’s Sever Allergy medical management action Plan, says and implement it.

- Inform staff that they will administer any medication if required and may be directed to stay with the child.
- That they will be directed to telephone parents/guardians, 000 Emergency Number.
- Be directed to ensure the supervision of the other children in attendance at the service.
- May be directed to direct the ambulance officers into the service and take them to the child.

Inform staff with responsibilities for at risk children have undertaken Medical Management training and/or either practice or refreshes information for the Severe Allergy Action Plan of the child at risk.

Inform staff that a review of the risk minimisation plan with families of a child at risk, at least annually, or as required, but always upon enrolment for each child a risk and after any incident or accidental exposure.

Staff are informed that it is a requirement that any medication to be held at the service and administered to the child while attending the service, are to complete a “Staff Administrating Medication Form” to the child who is attending the service.

Staff are informed that it is a requirement that “self- medicating by the child at risk, will require an “Authorisation for a Child to Self- Medicate Form,” to be completed by Parent/Guardian.
Communicating Severe Allergies with Staff, Children and Parents/Guardians/Carers

It is important to work with the whole community to better understand how to provide a safe and supporting environment for all children, including children with severe allergies

RAISING STAFF AWARENESS
All staff involved in the care of children at risk of Severe Allergies should know:

- The causes, symptoms and treatment of the Allergy.
- The identities of children who are at risk of an Allergy.
- The preventative strategies in place.
- Where medication, if any, is stored and for easy access.
- The Services first aid and emergency response procedures.
- The role in responding to a severe allergic reaction.

Ways to achieve this include allocating time, such as staff meetings. To discuss, practice and review the Services Management strategies for children are risk of Severe Allergies and providing and/or displaying copies of the child’s ASCIA Action Plan at the service.

Permanent, Casual and relief staff will be informed by the Nominated Supervisor during staff induction to service of children at risk of Allergies and the steps required for prevention of an Urgent/Emergency response. Staff will be supported with the Services Policy, Information on the Allergy, prevention strategies, training if required and meetings with Management/Parents/Guardians if required.

The Service will inform the Community about Allergy Management and a Child at Risk would be attending the service through the newsletter, keeping in line with the Privacy Policy of the Service.

The Service will display at the entry to the Service a notice to all users of the Service that a child of risk of Sever Allergy is attending the current session.

RAISING FAMILIES/GUARDIANS/STAFF AWARENESS
Families/Guardians and Careers are required to inform the Service of the child at risk of Allergies:

- Through the Enrolment form.
- On diagnosis of their child’s allergy.
- Provide Service with and Allergy medical management action Plan signed by registered medical practitioner giving written information in line with this action Plan.
- Families/Guardians to read and be familiar with the policy of the service regarding Allergy Management and Risk Minimisation.
- Identify and liaise with the nominated staff member.
- To bring relevant issues to the attention of staff, Nominated Supervisor and Approved Provider.
- To Inform and provide information to Service any foods that are brought to share with other children.
- A list of ingredients will be supplied to the staff on duty, on arrival.
- Education and awareness in the form of campaigns for the Services community.
- Posters, fact sheets and brochures will be available to Families/Guardians and carers.

The Service is aware that some Families/Guardians and Staff of a child with a risk of Allergies may not want the identity of the student to be disclosed to the wider community. This will be discussed with the child’s Families/Guardians/Careers and written consent obtained to display the child’s information only.
RAISING CHILDREN’S AWARENESS AND COMMUNICATION OF ALLERGIES.

Other children’s support in an important element of support for children at risk of a severe Allergy. Staff can raise awareness in the service through fact sheets and posters displayed at the service.

Staff will discuss with children at the service with messages of:

- Always take food allergies seriously.
- Do not allow food sharing with friends, who have food allergies.
- Wash hands after eating
- Children to know what food they are allergic to.
- If a child becomes sick, get help immediately.
- Be respectful of a child’s medical equipment.
- Children not to be pressured to eat food that they are allergic to.

Children at the Service will be encouraged to support the child at risk of Severe Allergy, to participate at the service. Bullying of children at risk of a Severe Allergy can occur in the form of teasing, tricking a student into eating a particular food or threatening a child with the substance that they are allergic to. Staff will communicate with the children involved so they are aware of the seriousness of an Allergic reaction. Any attempt to harm a child with an allergen will be treated as a serious and dangerous incident.
11. **HIV/AIDS and Hepatitis B and C**

- Staff and management practices will adhere to the law under the Federal Disability Discrimination Act 1992 and the Equal Opportunity Act 1984 (SA), that no discrimination will take place based on the HIV status of a child/parent/guardian/staff member. As HIV is not transmitted through casual contact, a child with AIDS will be treated, as any other child would be.

- Staff and management shall understand that discrimination based on HIV/AIDS and hepatitis B or C in regard to access to a service is also unlawful. A child with HIV/AIDS/hepatitis B or C has a right of access to the service. A staff member with any of these has the right of equal opportunity employment.

- If a staff member is notified that a child or the child’s parent or another staff member is infected with HIV/AIDS or hepatitis B or C, the information will remain confidential. This information will be shared with other staff members only with the consent of the person with the virus or the parent. Deliberate breaches of confidentiality will be a disciplinary offence preceding normal consultative action (see Confidentiality policy and Grievance policy and Staffing policies).

- The service recognises that HIV/AIDS and hepatitis B and C, like any other disease, is best dealt with by the application of preventative measures. Staff will be encouraged to follow hygiene procedures outlined in the hygiene policy at all times.

12. **FIRST AID and FIRST AID TRAINING OF EDUCATORS.**

- The Nominated Supervisor/Coordinator will have a current first-aid qualification (level 2 – includes CPR and annual CPR, Anaphylaxis, Asthma Registered Training). Nominated Supervisor /Coordinator with first aid qualifications will be on duty at the service at all times children are attending.

- During short breaks of Nominated Supervisor/Coordinator, staff with Level 2 first Aid and CPR, Anaphylaxis, Asthma training and has a Certificate in child Care and is an Certified Supervisor as permitted by Licensee of Service can be on duty.

- A fully equipped and updated first-aid kit will be kept at the service in an out of reach of children area but easily accessed by staff. The first-aid kit, together with someone in charge must comply with regulations.

- The first-aid kit will be stocked at all times. The coordinator will replenish it as soon as practicable after use, and regularly check to make sure the kit is complete and that the stock has not deteriorated.

- A cold pack will be kept in the freezer, for the treatment of bruises and sprains.

- First aid will be administered only in the event of minor accidents or to stabilise an injured person until expert assistance arrives.

- The San Remo School Council are responsible for Nominated Supervisor is funded for Level 2 First Aid, CPR, Anaphylaxis and Asthma training.

- The telephone number of the Poisons information line will be displayed next to the telephone along with all important emergency numbers.
13. SINGLE STAFF OPERATION

Staff on arrival and entering the service grounds and approaching OSHC Service, will assure that there is no Property Damage as they approach service building. If the Area appears not to be safe, Staff will leave the area/premises, return to car and contact the Nominated Emergency Assistant or CALL 000 immediately.

Staff member will then, in a safe area:

• Contact Families who are to attend that session and will inform them of the situation. Staff member on Duty to carry Roll with list of children who are to use or are using service and contact families to advise them of the situation.

• Staff, on entering the area, will need to move directly to the service room by the most direct and safe path as possible. Remain walking in open areas and be alert at all times.

• If the service is operating with one staff person, [Before School Care] a mobile phone will be available for use by the staff person and children. The mobile phone and any other telephone used by the service will be pre-programmed with emergency numbers identified clearly on the phone so that children can call for assistance should the staff person be incapable of seeking assistance.

• Where there is a Single Staff operation, the staff member will initiate Locking of the door and remain inside, until another School staff member has arrived and is in close proximity i.e.: Teachers arrive at the School.

• The staff and children will practise emergency procedures, including using the emergency phone numbers, at least once a term and when most of the children are present.

• An emergency contact will be nominated to respond to an emergency immediately when requested by the staff member. This may be utilised for, Medical and personal requirements, fire and security

• Where there has been 2 staff members attending and one must leave for personal reasons, minor injuries, illness, a Nominated Emergency assistant will be contacted immediately to replace existing staff before staff member leaves the service.

• Where a staff member must leave immediately before the Nominated Emergency assistant can arrive at the service, the Staff member in attendance will initiate Locking of the door and remain inside until the Nominated Emergency Assistant arrives.

• Where the staff member is unable to replace a staff member with the Nominated Emergency Assistant. The Staff member will contact, Nominated Supervisor and/or Approved Provider of the situation. A decision, in the best interest of staff and children to be safe, will be made to:
  • Contact Parents/Guardians and inform them of the situation.
  • Continue, with the door locked and remain inside, where it is safe to do so and until Parents/Guardians Arrive.
  • Contact Parents/Guardians and ask them to arrange collection of their child/children as soon as possible.
  • At the end of session staff are to leave together. Where a staff member may require to remain at service, Lock the door, and leave area in shortest, open viewed pathway and as quickly as possible.
  • Service is to display all Nominated Emergency Assistants next to Phone. Contacts listed on mobile phone.
  • Area to have adequate safety lighting available.

• If a child is unwell when only one staff person is present, the usual procedures for contacting the parent will be followed. In addition, the staff person will remain in an appropriate place until the child recovers or is collected and will keep the unwell child/ren under close supervision. The staff person must also effectively supervise the other children at the service.
• The Ratio of 1 Adult to 15 children is to be taken into account at all times. Where this may not be able to be sustained at this level. Staff are to immediately to contact Emergency Nominated Contact and ask them to attend. If unable to maintain this ratio, parents/guardians may be contacted to collect their child/children. Staff are to Lock Door and have all children remain inside.

14. Nutrition

Food provided at the San Remo Primary School OSHC will be nutritious and varied. Snack times and activities involving food preparation will provide positive learning experiences for children, who will be encouraged to develop healthy eating habits. Families will be consulted and encouraged to share family and multicultural values and experiences to enrich the variety and enjoyment of food to meet the children’s nutritional needs.

- Food is prepared and stored hygienically
- The service will provide the children with balanced snacks that meet the recommended nutritional needs of the children.
- Snack times will be treated as social occasions. Staff members can sit with the children and interact with them, if required to encourage good eating habits and an appreciation of a variety of foods and drinks.
- Where possible, snacks and drinks will reflect a wide variety of cultures, especially the cultural backgrounds of families within the local community.
- Snacks and drinks will be appetising and provide variety. Where possible, fresh produce will be used.
- Menus will be planned with input from children, families and staff.
- Drinking water will always be available and accessible to staff and the children.
- Snack and meal times will have a regular schedule but small, nutritious snacks will be available to hungry children.
- The children will be encouraged to try different food but will never be forced to eat. Their food likes and dislikes and their family's religious and cultural beliefs regarding food will always be respected.
- Where the children are on special diets, families may be asked to provide a list of suitable and unsuitable foods and their child’s food preferences or to supply special food.
- The denial of food will never be used as punishment.
- The importance of good, healthy food will be discussed with the children during snack time, as appropriate and when required.
- Information on nutrition, food handling and storage will be displayed at the service and provided to families, the children and staff.
- When food is prepared as part of the children’s program of activities, the ingredients and preparation techniques used will be hygienic and safe and contribute to the children’s nutritional needs.

The service will celebrate special occasions or cultural celebrations from time to time, such as birthday, Farwell to staff, children, families and children who have a cultural background that may supply or prepare certain foods. This will mean that food not high on the list as “healthy” may be consumed for these rare occasions.

Any child who has special dietary requirements will be supported by this service with food that is acceptable to them and their families. In some situations the service may contact families to help support their children to be included in these celebrations.
14.1 SPECIAL DIETRY RECORD
To be completed when a child is on a special diet for reasons of a non-medical nature e.g. cultural or religious reasons, vegetarian diet.

Child’s Name:________________________________________________________Date of Birth:__________________
Parent’s/Guardian Names:_____________________________________________________

1. Reason for special Diet:
   Religious/Cultural   Parental/Guardian Request   Other

2. What are the foods and substances that your child/children are required to avoid?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. What are the alternative foods that your child/children can consume?
   Eg: eggs, dairy, nuts, tofu, beans instead of meat for vegetarian diets.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. How long will your child/children be on this special diet? [if on a short time only]
   ___________________________________________________________________

To enable the service to continue to provide your child/children with adequate nutrition, this record will be reviewed every twelve months or whenever there is information given to the Child Care Service.

Parent/Guardian Name:_____________________________________ Signature:_________________________
Service Authorised Staff:____________________________________ Signature:______________________
Position:_________________________________________________ Date:_____________________________

Notification to other Staff Members
Staff Name__________________________________  Sign____________________________________________
Staff Name___________________________________Sign____________________________________________
Staff Name___________________________________ Sign____________________________________________
Staff Name___________________________________ Sign____________________________________________
The service is committed to developing a healthy and safe working environment that is vital to the successful functioning of our service. Promotion and maintenance of a safe working environment is a responsibility shared by all. The requirements mean that employers and employees have a legal responsibility to meet certain standards of health, safety and welfare.

**Aims:**
- To ensure that appropriate standards of workplace safety are maintained at all times.
- To raise the profile of Occupational Health and Safety issues within the service and school area.
- To create a team approach to health and safety issues.
- To manage and prevent accident, injuries and disease in the workplace.

**Implementation:**
- Occupational Health and Safety is a shared responsibility of the School Council and all staff.
- School Council will provide funds to ensure that the appointed workplace Occupational Health and Safety representative receives the appropriate training and accreditation.
- An Occupational Health and Safety Committee will be established and it will meet at least once per term.
- The Occupational Health and Safety representative and Approved Provider/Principal will conduct regular ‘walk through’ safety audits and inspections using checklist and draft reports for OH&S committee to act upon.
- Adequate resourcing will be available to ensure that control plans and recommendations resulting from the OH&S safety audits can be fully investigated and implemented.
- Issues relating to OHS, for example building works being conducted at the school, will be communicated to all staff via the daily bulletin, public address announcements etc.
- Regulations relating to the correct use of equipment and substances will be communicated to all staff and adhered to.
- The required number of first aid trained personnel will be maintained at all times.
- All accidents and incidents and near misses will be investigated and reported to Approved Provider/Principal, and/or OHS Representative, the School Council president and other appropriate authorities.
- A formal process of reporting, recording and investigating incidents, including a First Aid Register and a Hazard Alert Register, will be well known, adhered to and maintained. All employees may raise OH&S concerns directly with the OH&S representative or Approved Provider an Nominated Supervisor at any time.
- Work Cover and rehabilitation issues are to be referred to the Approved Provider/Principal or Return to Work Coordinator as necessary.
- Any resulting Improvement Notices or Prohibition Notices will be complied with, and reported immediately to the Department of Education Occupational Health & Safety Unit.

**Evaluation:**
- An annual Occupational Health and Safety review will be conducted by the appointed representative in consultation with the Approved Provider/Principal and nominees from the OH&S committee or after any serious incident.
- The outcomes of this review will be included within the Buildings and Grounds committee’s report to School Council and the community.

**Nominated Supervisor**

The Nominated Supervisor will ensure that San Remo Primary School Outside School Hours Care discharges its Obligations.

- be committed to Health and Safety.
- ensure that adequate job training and all necessary health and safety and rehabilitation information is provided.
to perform their tasks in a safe and healthy manner.

- documentation is completed for any accidents, work related illness, or possible injury or illness.
- establish and maintain safe working practices and working environments in consultation with educators.
- implement notification and reporting guidelines.
- ensure that appropriate resources are available within existing area and resources meet OSHC duty of care.
- ensure that educators have adequate information, instruction and training to meet their OHS responsibilities.
- ensure that hazards in the work areas are identified, their risks assessed and control measure implemented.
- ensure the safe use, handling, storage and transport of equipment and substances.
- make certain equipment conforms to current OHS Standards.
- ensuring that workplace health and safety inspections of all areas are conducted regularly and that any Follow up action recommended as a result of the inspection is taken in a timely manner.
- ensure that all meetings have OHS as a standing agenda item.

**Employees**

Employees are expected to:

- willingly cooperate to maintain a safe and healthy working environment throughout the centre and Support other employees to follow safe work practices.
- immediately notify the Nominated Supervisor of any accident, injury or illness which may affect the Health and safety of any person at the service.
- work in accordance with agreed safe work practice and use safety equipment and procedures provide to protect health and safety in accordance with instructions given by Nominated Supervisor.
- co-operate with Service Policies and procedures to the extent necessary to allow the Service to fulfil its duties and obligations.
PROCEDURE: VISITORS TO THE CENTRE

This procedure includes all persons at or near the centre including, but not limited to:

- Community Service Advisors
- Suppliers and/or sales representatives
- Volunteers
- Work experience Students
- Work placement Students
- Accreditation Validators
- Contractors
- Parents and Family Members

Regular visitors:
- Must be inducted into the centre’s OHS procedures as appropriate including emergency evacuation procedures

All visitors:
- Are only permitted in the centre after identification is seen and approved by a permanent staff member
- Are to be given an identification tag on arrival (if they are without one e.g. badge). Tag to be returned on leaving
- Must sign IN on arrival and OUT on departure in the attendance register (this register is located in the foyer area)

The Authorised Supervisor will:
- In an event of an emergency, advise all visitors of the evacuation assembly area
- Review this procedure annually

Visitors and contractors are expected to comply with the safety standards of the Service.

OH & S Educator Representative

The OH&S Educator representative is the Nominated Supervisor and is required to:

- to attend Education Support Officer [ESO], fortnightly meetings with School's OHS Representative.
- promptly advise management and/or School Council of matters of concern.
- work in developing appropriate solutions for such matters.
- participate in a consultative forum.
- discuss regularly with educators Health and Safety matter.

OH&S REPORTING STRUCTURE

Committee of Management – San Remo Primary School – School Council

School Council will meet quarterly to discuss set agenda items including OHS issues.

Grounds Committee

Will meet quarterly to discuss set agenda items including OHS issues.

Approved Provider
The Approved Provider/Principal of the San Remo Primary School and Outside School Hours Care will have meetings when required, by the Approved Provider and the Nominated Supervisor to discuss any issues relating to OH&S management.

**Nominated Supervisor/OH&S Representative.**

Will act upon information from Educators of any Health and Safety issues and will relay information to Approved Provider when required.
Will relay any information to Service Educators from Approved Provider, School Council and School OH&S representative when required.

**OH&S Committee Meetings.**

The OH&S committee will be comprised of the Nominated Supervisor/ OH&S Educators representative, Approved Provider/ Principal of San Remo Primary School, OH&S representative of the San Remo Primary School. These meetings will take place fortnightly.

**Educators Meetings**

Educators and Nominated Supervisor, communicate through meetings and/or memos to discuss set agenda items including OH&S issues.

**Employees**

Employees will report any Health and Safety issues to the Nominated Supervisor/OH&S representative. The representative will make every attempt to resolve the issue as soon as possible. Issues that cannot be resolved will be referred to the Approved Provider and/or San Remo Primary School OH&S representative.

**POLICY GUIDELINES for OH&S RISK MANAGEMENT**

Workplace injury, incidents and occupational disease are called hazards, and a systematic management of OH&S hazards and their attendant risks applies to all persons.

A hazard is the potential for harm, or adverse effect on anyone’s health and safety. Anything, which may cause injury or ill health to anyone at or near the service is a hazard.

A Risk hazard that will cause injury or ill health to anyone at or near the service, increases with the severity of the hazard and the duration and frequency of exposure.

Exposure occurs when a person comes in contact with hazard.

**IDENTIFY THE HAZARD**

- Identifying a situation or events that could cause injury, incident or illness.

**ASSESS THE RISK ASSOCIATED WITH THE HAZARD**

- Assess the level of risk of the identified hazard.
- Collect information, consider the extent of the harm or consequences from the hazard and the likelihood of harm occurring.

  Can the Hazard be:
  - eliminated immediately.
  - minimise the risk.
• Introduce "back-up" controls.

CONTROL THE RISK

• Effective Risk Management is established and maintained, which provides for regular evaluations and review procedures.
• Staff to complete OH&S Checklist Record, daily before opening of service.

REVIEW THE PROCESS

• The review applies to the overall risk management process and checks the process is working effectively to identify hazards and manage risks.

APPLICATION OF RISK MANAGEMENT GUIDELINES

OH&S Risk management guidelines for managing hazards are listed in the EMERGENCY MANAGEMENT PLAN POLICY.

• Emergency Procedures.
• First Aid
• Hazardous Substances & Dangerous Goods.
• Manual Handling.
• Playground Safety.
• Portable Ladders
• Safety in the Sun.
• Stress.
• Electrical Safety.
• Staff Induction.
• Office Safety.

OH&S Hazard Management.

Emergency Procedures

• Refer to EMERGENCY MANAGEMENT PLAN POLICY.
• Refer to Emergency Evacuation, Lock Out and Lock Down Procedures at entrance of Service.

First Aid

• Refer to Health and Safety Policy, Emergency Management Plan Policy, Staff Recruitment Policy.

HAZARDOUS SUBSTANCES and Dangerous Goods.

Hazardous substances and Dangerous Goods, will be identified, documented, monitored and handled by:

• Maintaining a Hazardous Substance registry.
• Correctly storing Hazardous materials
• Ensuring the labelling on containers is correct.
• Displaying Material Data Safety Sheets and current.
• Ensuring staff understands the handling and storing of hazardous substances.
• Diluting products according to instructions.
• Handling and using products only for correct use.
MANUAL HANDLING DEFINITION.

Manual Handling can be defined as any activity which requires the use of force exerted by a person to lift, lower, pull, carry or otherwise move, hold or restrain any object.

Manual Handling can be:

- Moving furniture.
- moving supplies.
- moving equipment.
- transporting items from inside to outside.
- lifting and handling children.
- moving stationary items.

EDUCATORS MANUAL HANDLING REQUIREMENTS.

Conducting Risk Assessment.

Identify Hazardous Manual Handling:

- Assess risk: posture, movements, forces, duration and frequency, environmental factors.
- Control risk: eliminate or reduce risk by: altering the work place or environmental conditions, altering the system of work, changing the object used, using mechanical aids, providing information, training and instruction.

Procedure.

Nominated Supervisor, with information from Educators, will complete a risk assessment report.

Resolution Process Once Risk Identified.

Employee Responsibilities.

- Follow any information training and instruction received.
- Use risk controls that have been provided.

Nominated Supervisor/ OH&S Representative.

- Rectify, alter or remove any Risks that has been identified
- Consultation with Educators to improve the identified Risk.
- Consultation with Approved Provider/Principle and/or San Remo Primary School OH&S Representative to Rectify, alter or remove any Risks identified.

Portable Ladders

- The Service has use of step ladder [2 steps].
- Ladders that belong to the San Remo Primary School are not to be used by the Educators of the Service.
- Educators, Nominated Supervisor will notify the Approved Provider/Principal of the School to arrange appropriate persons to use a ladder on behalf of the service.

What to Consider before using a Ladder – Educators Consider:

- job undertaken from the ground with extension tool.
- construction or repair of the item or part of it can be undertaken on the ground.
- job being accessed can be relocated to ground level to eliminate the need to work at height temporarily or permanently.
OFFICE SAFETY ERGONOMIC & COMPUTER WORKSTATIONS.

Computers - Require

- Appropriate lighting.
- Monitor to be at correct height, clear and cleaned screen.
- Keyboards situated to minimise wrist deviation, and hands, wrist and forearms to be in a Reasonably straight line, parallel to and slightly above the keyboard. Shoulders to be relaxed with elbows next to the body.

Chairs – Key Factors

- Stability,
- Variety of height of chairs for different age and height of children.
- Office chair ideally at a height at workstation so that hand, wrist and forearm are Parallel to the keyboard and slightly above the keys. Padded seat, lower back contact with the Backrest.
- Backrests height to be adjustable above the seat, horizontally adjustable over the seat, and should Contour to the curve of the lower back.
- Armrests be adjustable to the user’s width and height.
- Allow chair to fit under the work surface so that the user can work close to work and not be to High, lifting shoulders or to low to promote slumping.

Work Areas

- Will be functional with room to place necessary items to allow operate freely.
- Free from clutter or restrictions.

Stress

Stress can be defined as the harmful physical and emotional responses that occur, when requirements of the job do not match the capabilities, resources or needs of the person.

Strategies for dealing with stress are:

- Educators appraisals.
- Informal discussions/relaxed meetings.
- Philosophy Communication and respect.
- Educators training development.
- Provide Resources, encourage communication.
- Communicate, support and seek feedback from Educators.

Electrical Safety

- All electrical equipment to be tagged.
- Educators to check appliances each time before use.
- Checks on power outlets, wiring, appliances and extension cords.
- Faults that are identified are to be labelled, removed, complete Hazard log and notify other Educators.
- Wiring to appliances are in excellent condition. No frayed cables, damage to plug, cuts or deterioration or temporary repairs.
- Extension Cords are not a tripping hazard, damaged or worn.
**Power Outlets**

- To be checked daily as listed on the OH&S Check list.
- Visual check for cracks or damage.
- No water penetration.

**Tagging of Electrical Appliances**

- Annual inspections by authorised tester.

**Staff Inductions.**

- Responsibilities for employees and employers.
- The functions of OH&S requirements, procedures, reporting OH&S concerns.
- Service Policy and its location.
- Procedures for Emergency Evacuation, first aid, electrical safety, manual handling and sun Safety policy.
- Staff Induction Policy.
- Service facilities.
- Access to Legislation.

### 15.1 Environment

- All rooms in the OSHC service will be well ventilated with appropriate heating and cooling facilities.
- Where possible, windows and doors will be flyscreened, or buildings will be protected against flying insects (low irritant, environmentally friendly sprays may be used minimally and only when necessary).
- The coordinator and staff will take individual needs and specific activities into account when ensuring that lighting, heating and noise levels are comfortable.
- Consideration for environmental protection will be encouraged in the children’s activities and in the day-to-day operation of the service.
- In the interests of children’s health, staff is encouraged to use environmentally friendly products at the service wherever possible.
- All rubbish will be disposed of in an environmentally friendly way, and products recycled whenever possible.
- The service is a non-smoking area. This includes all indoor and outdoor play areas and anywhere within sight of children.
- The venue, grounds and equipment are to be maintained in a safe, clean and hygienic condition and in good repair at all times.
- The service environment, both indoors and outdoors, are free from the use of Tobacco, illicit drugs and alcohol.

### 15.2 Buildings and grounds

The service is committed to give the children the right to work and play in a school environment that is safe, secure, attractive and stimulating. Similarly, all staff has the right to work in a safe, secure and attractive environment.

**Aims:**

- To ensure that the school’s buildings and surrounds are maintained and further developed in a safe, secure and attractive manner.
• To monitor, update and implement both short and long term plans for buildings and grounds improvement.

**Implementation:**

- School Council will appoint a ‘Buildings and Grounds’ subcommittee which will meet and report on issues and present recommendations relating to buildings and grounds matters at each council meeting.
- The sub-committee will be responsible for organising and implementing grounds maintenance contracts and rosters, as well as organising working bees for grounds development projects.
- The sub-committee is required to consult the approved school council ‘Master Plan’ and the ‘Grounds Development Plan’ prior to embarking upon any facilities or grounds improvement projects for the year.
- All matters associated with buildings maintenance, including audits, tenders and works associated with Physical Resource Management System (PRMS) funding, will be coordinated by the Buildings and Grounds sub-committee.
- The sub-committee will coordinate major and minor projects funded either locally or by the Department of Education.
- All contracts, including cleaning contracts, waste disposal and service contracts will be coordinated by the sub-committee, as will be any contracts for the hiring of premises or facilities.
- Submissions for additional facilities, or disabilities and impairments resource submissions will also fall under the jurisdiction of the buildings and grounds sub-committee.
- The sub-committee is actively encouraged to second extra members with additional expertise at times of major projects, engage consultants when desirable, and is expected to work in close unison with the Finance sub-committee.
- School Council approves the use of workers carrying out court induced community service orders for routine maintenance projects.
- For Work Cover purposes it will be minute annually that School Council approves the use of volunteer Workers to carry out school work.

16. **EMERGENCY MANAGEMENT POLICY**

This Emergency Management Policy for San Remo Primary School, Outside School Hours Care is part of our commitment to the safety of all who use and work or visit at the Service.

This plan forms part of the overall emergency preparedness and response, and should be used in conjunction with appropriate training, evacuations plans and exercises to ensure the safety of all.

This Policy is designed to identify the roles and responsibilities of staff in providing an effective response to an emergency through the Emergency Control Supervisor, [Principal of the San Remo Primary School] or in the Absence of Principal the Acting Principal or Senior Teacher of School. In the Absence of all of these, the Coordinator of San Remo Primary School, Outside School Hours Care will supervise the Emergency Management Plan.

Alterations to any part of the building or its usage will also initiate an immediate review of this plan.

In the event of an Emergency taken place, an immediate review will be conducted and any changes that are required will be amended immediately.

This Policy is based on emergency management and risk management principles.

References used are from:

- Victorian Occupational Health and Safety Act 2004
- Education and Care Children’s Service Law
- Education and Care Children’s Service Regulations.
- DEECD Emergency Management Plan

During an Emergency, persons may require Evacuation, Invacuation or a “Lock Down.” It is necessary that these
procedures are supported and adopted by all that use, work or visit the service.

Coordination of training and evacuation exercises will be the responsibility of the Nominated Supervisor of the Service.

**Aims of Plan**

The aim of the Emergency Management Plan is to raise the awareness of how to respond to an Emergency situation. To provide a safe environment in which children can play and explore their world free from harm. In the event of an accident, appropriate first aid or cardiopulmonary resuscitation (CPR) will be applied by trained staff. If an emergency or natural disaster occurs at the service the children and staff will be well practised in the procedures required to ensure the safety and well-being of everyone present, as far as possible.

- Emergency evacuation procedures will be clearly displayed near the main entrance and exit used by the Outside School Hours Care service, and is to be followed in the event of a fire, natural disaster or other emergency.

- The evacuation plan will include
  1. a safe assembly area, with its own escape route away from access areas for emergency services and the building
  2. a second assembly area in the event that the first assembly area becomes unsafe

- A telephone must be available and operational at all times. The Service has access to mobile telephones for outside activities.

- Emergency evacuation procedures consistent with the Disaster Plan policy adopted by the facility should be practiced once per term or when new children or staff attends the service. Staff should have a copy of the emergency procedures. Emergency plans can be seen on display for children, staff and parents to familiarise themselves with procedures.

**DESCRIPTION OF SERVICE**

San Remo Primary School, Outside School Hours Care is a single storey School Class Room with in the Grounds of the San Remo Primary School. It has a fully equipped kitchen within the premises and overlooks the school oval. Car parking is provided on the school grounds.

The service and grounds have residential houses facing on three sides. Two sides of housing are separated by roads of low impact usage. A Community Recreational Centre and Tennis courts border a section of the Schools boundary.

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Person</td>
<td>A person who is in possession of an offensive weapon or instrument.</td>
</tr>
<tr>
<td>Assembly Area [External]</td>
<td>An area far enough away from the emergency that, where practicable</td>
</tr>
<tr>
<td></td>
<td>All persons are protected from the Emergency, and that allows for further</td>
</tr>
<tr>
<td></td>
<td>Movement away from further potential danger.</td>
</tr>
<tr>
<td>Assembly Point [Internal]</td>
<td>An area within the building, structure, a nominated area, where all</td>
</tr>
<tr>
<td></td>
<td>persons are protected from an emergency impact.</td>
</tr>
<tr>
<td>Building, Structure And Workplace</td>
<td>A building, structure or workplace that is occupied by people, including</td>
</tr>
<tr>
<td></td>
<td>storage areas, toilets.</td>
</tr>
<tr>
<td><strong>CBR</strong></td>
<td>Chemical, Biological or Radiological Incident.</td>
</tr>
<tr>
<td><strong>Emergency</strong></td>
<td>Any event that arises internally or from external sources, which can effect the safety and well being of persons and requires an immediate response.</td>
</tr>
<tr>
<td><strong>Emergency Control Supervisor</strong></td>
<td>A person responsible for establishing an emergency management plan, training and evacuation exercises. A person that will initiate an appropriate response to emergency situations.</td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>Police, Fire Brigades, Ambulance and State Emergency Service.</td>
</tr>
<tr>
<td><strong>Emergency Warning Communication.</strong></td>
<td>A combined emergency warning by, alarm, bell, communication through Loud Speakers Internal and External and by direct notification by Persons.</td>
</tr>
<tr>
<td><strong>Evacuation Practices</strong></td>
<td>Practical exercises designed to train to the response to an emergency. It will include all persons attending the service at that time. Each Evacuation exercise will be documented, and any issues should beReviewed to ensure the Emergency Management Plan is appropriate.</td>
</tr>
<tr>
<td><strong>Evacuation Procedures</strong></td>
<td>Plans that show the layout of the site, the external assembly areas and Information of what to do during evacuation of premises.</td>
</tr>
<tr>
<td><strong>Incident</strong></td>
<td>Any unplanned event which may cause the Emergency Control Supervisor to activate emergency procedures.</td>
</tr>
<tr>
<td><strong>Material Safety Data Sheet [MSDS]</strong></td>
<td>Information resource from the manufacturer of a particular product used by the service, designed to provide both staff and emergency personal With the proper procedures for handling a particular substance, including appropriate first aid.</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td>The chance of something happening that will have an impact The safety and well being of persons or structure.</td>
</tr>
</tbody>
</table>
16.2 EMERGENCY MANAGEMENT PLAN

Evacuation Procedure
The Alarm System.
The evacuation alarm can be easily distinguished from the normal bell; it is a distinctive repeating two-tone alarm. The evacuation alarm is only to be activated by the Principal/Incident Controller or other authorised person. In the event of an alarm failure repeated whistle blasts will signal an evacuation alert.

At any stage where School Staff are in attendance, The School’s Incident Controller will provide directions to Staff of the Outside School Hours Care.

During Outside School Hours Care service Operation Times, the alarm will be activated by the Nominated Supervisor/Incident Controller. The Alarm, a Hand Bell or whistle will be used. Immediately an evacuation alert is given the following procedures are recommended.

Recommended Steps for Evacuation.
1. Senior person on site takes charge and decides who does what [activate your ICS];
2. CALL 000
3. Inform Emergency Services of the nature of the Emergency.
4. If the decision to evacuate is made, using all available staff/volunteers calmly move/carry/walk The children out of the building: to the pre-determined outdoor assembly area if this is the Evacuation option.
5. Collet the Attendance Roll, with children’s, Educators and Visitors names and Emergency Kit/First Aid Kit.
6. Once at assembly area, check all children and staff are accounted for.
7. CALL 000 and inform them of your location at the outdoor assembly area.
8. Focus on safety and wellbeing of Children and Educators AND
9. Wait for Emergency Services to arrive or for further information.

WHAT’S IN THE PLAN
The plan describes the Service, school and its environment, the potential hazards to which it is likely to be exposed and the manner in which the Service and School will manage emergencies. It assumes that staff and children will be familiar with its contents and will be regularly drilled in the procedures to be adopted during an emergency. It assumes that preventative measures will have been implemented to reduce the impact of an emergency, which occurs.
An emergency includes the following:
• Fatality
• Medical Emergency.
• Serious assault/sexual assault.
• Siege or Hostage.
• Intruders.
• Disappearance or removal of child or children
• Firearms/bomb threat
• Collapse/major damage to building or equipment
• Motor vehicle collision/impact with the school
• Fire or explosion in school building.
The plan is intended to be flexible. Procedures have been developed which should assist the OSHC Service manage emergencies ranging in nature and intensity from small-scale localised incidents lasting minutes or hours and which are to be managed by the school or service to large-scale incidents which require external assistance and which may last for several days. It identifies roles and responsibilities of staff, carers, children, students and families and visitors during an emergency. It describes actions to be followed in the case of specific types of emergencies.

All incidents likely to affect the safety and well being of children, staff of the service, families or visitors and the school community are to be reported immediately and responded to as soon as possible. The safety and well being of all people exposed to the emergency are to be considered at all stages of the emergency.

An emergency may have effects on those involved lasting long after the initial crisis has been resolved. The San Remo Primary School, Outside School Hours Care service recognises that in addition to implementing procedures to resolve the emergency quickly, OSHC Service may require support to assist OSHC Service community to return to normal functioning.

The plan is to be reviewed annually by the School Council Policy committee. In the event of an emergency, the plan is to be reviewed as soon as possible after the event to determine whether procedures in the plan were followed and whether they were adequate.

### 16.3 Building Safety Features

Fire and emergency safety equipment is provided to assist in ensuring a safe environment for the children, staff and visitors to the service. All staff will familiarise themselves with safety features and equipment with the building, and ensure that it is operational and/ or useable at all times.

Provided at the Service:

- Portable Fire Extinguishers - Dry Chemical
- Fire Blanket
- Exit Signs
- Emergency Evacuation Plan

### 16.4 Raising an Alarm

When an emergency occurs on site, an alarm can be raised by:

- Calling the Emergency Services
- Someone witnessing the emergency and activating an alarm or reporting it to a staff member or to Emergency Incident Control Person
- Manually alerting persons in the affected area.
16.5 **Training**

During an emergency, the appropriate response is only achieved if all persons are familiar with what is expected of them. Therefore training and evacuation exercises will be scheduled to happen once per term during Before School Care, After School Care and Vacation Care. Training should be designed to develop the skills and knowledge required to undertake the duties assigned to their position to ensure they provide an appropriate response in real emergency situations. All details of evacuation exercises shall be recorded on the “Emergency Management Plan Exercise Record.”

16.6 **Staff Induction**

All new staff will be made aware of the building safety features, Emergency Incident Controller role, and the Emergency Management Plan for this Service.

16.7 **Transitioning of Children**

New children attending the service for the first time will be made aware and practice the Emergency Evacuation procedure of the service.

16.8 **ROLES AND RESPONSIBILITIES of the EMERGENCY INCIDENT CONTROL PERSON.**

Principal of the San Remo Primary School to co-ordinate response during an emergency. In the absence of the Principal, the Acting Principal, or next most senior teacher will carry out the role of Emergency Incident Control Person. In the Absence of any of these persons the Nominated Supervisor of the Outside School Hours Care Service will coordinate the response.

Teachers and Educators of the OSHC Service will be directed by the Emergency Incident Control Person during the emergency and should not initiate any action related to the emergency without the Emergency Incident Control Person authorisation. This does not prevent a teacher or the OSHC staff taking action, which minimises the nature of the emergency such as using a fire extinguisher on a fire or administering first aid to children to reduce the effects of an injury. Any staff member given a task to complete by the Emergency Incident Control Person, must advise them when it has been completed.

**CO-ORDINATING THE OSHC SERVICES RESPONSE**

Reporting an emergency in the Service the children should report an incident immediately to an adult within the service. Carers will report an incident immediately to the Nominated Supervisor. The Nominated Supervisor will report the emergency to the emergency services then to Licensee / Principal of San Remo Primary School.

Reporting an emergency at an excursion. An emergency, which occurs during an excursion, is to be reported by the Nominated Supervisor or as directed by the Nominated Supervisor to a Carer and will notify the Emergency Services. The Approved Provider/ Principal of the San Remo Primary School is then to be advised. The Principal will attend the incident.

Alerting the Service. Children will be alerted by means of a warning siren across the public address system, or if power is unavailable, by the portable public address system (a continuous bell or whistle). An announcement will be made instructing staff, children of Service to Assemble Point ready for Evacuation and the school community about the action to be taken.

**Emergency Incident Controllers Duties and Responsibilities**

The Primary role of Control Supervisor in an emergency is to ensure life safety.
To review Emergency Policy and Emergency evacuation procedures. To attend appropriate First Aid Courses to ensure they maintain competency.

**Roles of Emergency Incident Controller.**

When notified or becoming aware of an emergency affecting the site, the Incident Controller will:

- Ascertain the nature and scope of the emergency.
- Initiate the appropriate action.
  a] No action required
  b] Evacuate the area
  c] Evacuate the building
- Ensure the appropriate Emergency Services have been notified and coordinate any evacuation.
- Assume control of all persons in the Service building or outside building until the Emergency is over.
- Nominate an appropriate person to meet and direct the attending Emergency Services.
- Advise the attending Emergency Services of any relevant information regarding the status of the Emergency and the progress/result of evacuation.
- Coordinate evacuation to the nominated Emergency Assembly Area, taking Rolls with children’s name listed who are attending the Service, Emergency Evacuation Bag, mobile Phone, and walkie Talkies if possible.
- If multiple Emergency Assembly Areas are used, communicate with Educators in the area to ensure all persons in the Outside School Hours Care Service have been accounted for.
- Check rest of buildings and persons in other areas of School grounds, including storage areas and toilets.

**Following the Emergency Evacuation**

- Notify the Principal/Approved Provider of the Service of the Emergency if they were not attending when Emergency Evacuation occurred.
- Notify Department of Early Education Childhood Development. [DEECD] Who will contact a CSA Officer.
- When safe to do so and Emergency area has been deemed safe by Emergency Services or Nominated Supervisor has been notified by Appropriate authorities to remove children from area, Educators are to notify families of the children attending, of what has occurred and where they can meet a staff member when they arrive at the service to collect their child/children.
- Ensure required reporting guidelines are met.
- Arrange debriefing for persons in the Service, children, families and visitors Where necessary.
16.9 OUTSIDE SCHOOL HOURS CARE NOMINATED SUPERVISOR DUTIES AND RESPONSIBILITIES.

In the Absence of the San Remo Primary School Principal and teachers the Nominated Supervisor of the Outside School Hours Care will resume the position of Incident Controller.

- The Incident Controller is responsible for:
  - Alerting staff and children about the emergency
  - Evacuation of staff, children and visitors, ensuring all appropriate buildings are empty.
  - Notification of emergency services.
  - Provision of resources to manage the emergency
  - Liaison with emergency services
  - Delegation of duties to staff as required
  - Communication with staff, children and parents
  - Maintenance of staff and children welfare.

- Outside School Hours Care Nominated Supervisor is responsible for the safe and orderly evacuation of children, staff, and visitors. The Nominated Supervisor will ensure that children attending the OSHC Service are accounted for and will check storerooms and toilets as indicated on the classroom OSHC Service Emergency action card. The attendance roll, children’s record information and Emergency Evacuation Bag are to be taken to the evacuation area.

- Turn off all appliances if time permits, including stoves, heaters, light switches and close doors and windows before leaving the classroom.

- The Nominated Supervisor will ensure staff of OSHC Service must supervise the Children at all times. If staff are directed to another task, the Nominated Supervisor will arrange for supervision of the children.

16.10 COMMUNICATIONS: KEEPING IN TOUCH WITH EVERYONE

- A warning siren or whistle blasts will be sounded when there is an emergency to alert the school and OSHC Service. An information message broadcast over the public address system or by a runner to individual classrooms will advise children and teachers, Staff and Children of the OSHC Service, what action to be taken. The OSHC Service will notify the children, staff and visitors by the Emergency Hand Bell or whistle for Evacuation.

- When the Outside School Hours Care is in attendance only, the Nominated Supervisor will take the role of Incident Controller for Emergencies. A hand Bell and/or whistle will be used to notify Children and Educators of an Emergency. Where possible the Emergency Alarm Bell will be activated and an announcement will be made from the office.

- Incident Controller will check all toilets, store rooms, Class rooms and administration for any staff that may be at the school.

- The general office telephone is only to be used for emergency communications. The school has two telephone lines. The Principal’s telephone is to be used during an emergency by the Nominated Supervisor if required to liaise with emergency services and the Region’s DEECD Office. The general office telephone will be used for all other communications. To minimise overloading the school telephone, calls must be restricted and should be brief. In the Absence of the Principal and Office Staff the Nominated Supervisor has access to Land Line Phone with two Lines and a Mobile Phone.

- Children’s records are maintained by back up USB. And stored at a location remote from service.

- An information centre will be established to communicate with parents and families who arrive at the school or OSHC Service in the event that the media arrives at the school, they should be directed to the Emergency Incident Controller.
16.11 ALL ABOUT EVACUATION

- The Incident Controller will issue evacuation instructions to rooms closest to the danger zone followed by rooms further away from the danger zone. Staff of the Outside School Hours Care should not evacuate unless instructed to do so.

- OSHC Nominated Supervisor is responsible for the safety and supervision of the children during the evacuation and for the duration of the emergency. No Educator is to leave Children of OSHC Service unsupervised. If an Educator of OSHC service is directed by the Incident Controller to perform a task, which prevents effective supervision being maintained, it is the Nominated Supervisor of the OSHC Service, responsibility to arrange for alternative supervision before engaging in other tasks.

- The Incident Controller will specify the type of evacuation, Lock out or Lock Down required from one of the following:
  - Within the building
  - To another building
  - Within the school ground
  - Off-site.
  - Lock out
  - Lock Down

- Evacuation within the building may occur when the danger is confined to a section of one wing of the school.

- Evacuation to another building may occur when the danger is confined to one wing of the school.

- Evacuation within the school ground may occur if the danger zone extends to all school buildings, but not to open areas elsewhere around the school.

- Evacuation off-site the school may be required if the emergency affects the whole school.

- Lock out, educators are to help/direct persons of the OSHC Service to an outside pre-determined Lockout Relocation Area or to another Available building.

- Lock Down, returning to or staying inside at OSHC service building or another available building. Locking doors and windows and being undetected as much as possible.

- No Children are to leave the Service or the evacuation area with a parent or other adult unless authorisation to do so has been issued by the Emergency Services of ‘all clear.’

- Parents attending the Service are to be directed to the information centre or to the OSHC Service where a member of staff nominated by the Nominated Supervisor will be available to provide information concerning the welfare of Children and other information about the emergency. The Nominated Supervisor will also designate the area to be established as an information centre.

**Person refusing to comply with an Emergency Incident Controller directions:**

*When a staff member, families, or visitor or any other persons refuses to comply with directions given by Emergency Incident Controller, the supervisor will:*

- Ensure the person or persons have been clearly advised they are required to evacuate the building or area as the emergency situation, may be life threatening.

- Notify the Officer in Charge of the Emergency Service who, at their Discretion, may take the appropriate action under the Emergency Services Act 1986 to remove the person.
San Remo Primary School, Outside School Hours Care Community Fire and Emergency Evacuation Procedures.

**FIRE AND EMERGENCY EVACUATION PLAN – Outside School Hours Care Room 7**

1. Gather children to the front door, lining up in two lines (quietly)
   Note: If there is a separate group outdoors, move via the safest possible route to the basketball court.
   There you will be met by the rest of the group and the roll will be marked

2. Gather the attendance roll, Emergency Evacuation Bag and mobile phone.

3. Close windows if it applies.

4. Close doors as leaving.

5. Move via nearest pathway as shown on the evacuation plan diagram, to the basketball court. (Do not run)

6. Mark the roll and assist if necessary.

**PROGRAM ACTION CARD**

**REPORT OF AN EMERGENCY**

1. **Notify the general office immediately** about an emergency observed by you or your children. In the absence of Office Staff, OSHC Nominated Supervisor will phone Emergency Services.

2. **A warning signal will be broadcast** on the public address system or on the portable warning system when an emergency has been reported.

3. **An announcement will follow the warning signal** which will advise staff and students and Children what to do.

**EVACUATION**

4. **Listen for instructions** to evacuate, whether to close doors and windows, and whether to turn off electrical and gas appliances.

5. **Personally check the storeroom, toilets next to your classroom for children**

6. **Take the attendance roll, and children’s medication** with you to the evacuation area.

7. **Students and Children of OSHC should take essential protective clothing** with them if evacuation is required. Leave other belongings in the classroom.

8. **Leave the building by the doorway of OSHC Service** when instructed to evacuate in a quiet and orderly manner, never run.

9. **Move away from the danger zone at all times when evacuating.** If the shortest route to the evacuation area moves you closer to the danger zone, then take an alternative route. Monitor children of OSHC for effects of heat or cold if evacuation is likely to be prolonged.

**WHEN SAFELY AWAY FROM THE DANGER ZONE**

10. **Mark the attendance roll** and account for all children and Educators.

11. **Ensure Children remain together.**

12. **Do not leave children unsupervised.** If instructed to attend to a task, arrange for alternative supervision before leaving.

**RELEASE OF CHILDREN TO FAMILIES OR OTHER AUTHORISED ADULTS**

13. **Children are not to be dismissed or released to Families or Authorised adult** without the specific authority of the Nominated Supervisor, who would have been given and “Ok Safe” from the Emergency Service attending.

14. **Record the name of the children, the adult, destination and time of release** if the Incident Controller and Nominated Supervisor has authorised the release of any of the children.
16.13 **LOCKOUT and LOCK DOWN**

Lockout occurs when circumstances dictate that the safety of persons is better ensured inside the buildings, behind locked doors.

When a Lockout warning has been given, quickly, calmly and quietly:

- Ensure all children remain indoors or are directed from outside to indoors and are supervised at all times.
- Ensure that windows are closed and locked.
- Doors are to be locked so that they cannot be opened from the outside, whilst ensuring the group inside can evacuate, should they require doing so.
- Air conditioning units to be switched off.
- Blinds and curtains are to be drawn.
- Children should be directed to stay quiet, calm and sit on the floor, out of sight of windows where possible.
- If a group of children and staff are outside, they are to move immediately to Service OSHC room or to nearest available room.
- Staff in charge are to mark Attendance roll so that all children and staff are present and accounted for.
  
Any children/staff not accounted for will be noted and advise the Incident Controller and/or Nominated Supervisor.

---

16.14 **MOBILITY IMPAIRED PERSONS**

Families with a mobility impaired child with a physical, mental or sensory impairment, either temporary or permanent, who requires assistance during an emergency evacuation, must inform the Outside School Hours Care Coordinator and the Emergency Control Supervisor of their Situation.

Educators who have a mobility impairment will be added to a Mobility Impaired Person List. i.e. Broken Arm Information will be kept with the Emergency Management Plan. The procedures for assisting Mobility-impaired persons should be discussed with the individuals and families concerned.

16.15 **ASSEMBLY AREAS**

When advised for all persons within the building to make their way to the Internal Assembly Point or evacuation to required external Emergency Assembly Areas, the Emergency Incident Controller will select the appropriate Emergency Assembly Area, taking into account:

- Location of the emergency.
- Type of Emergency.
- Wind Direction.

Consideration for evacuation further from the nominated Emergency Assembly Areas may be required to move persons to further safety off site.
16.6 VISTORS and CONTRACTORS
All visitors/Contractors must remain with the Children, Educators at the Service in the event of an Emergency Evacuation, and must proceed to the Emergency Assembly Area when required. Visitors and Contractors are required to sign the visitor book to ensure there is a record that they are on site, and signing out when they leave the site.

PROCEDURE: VISITORS TO THE CENTRE

This procedure includes all persons at or near the centre including, but not limited to:
- Community Service Advisors
- Suppliers and/or sales representatives
- Volunteers
- Work experience Students
- Work placement Students
- Accreditation Validators
- Contractors
- Parents and Family Members

Regular visitors:
- Must be inducted into the centre’s OHS procedures as appropriate including emergency evacuation procedures

All visitors:
- Are only permitted in the centre after identification is seen and approved by a permanent staff member
- Are to be given an identification tag on arrival (if they are without one e.g. badge). Tag to be returned on leaving
- Must sign IN on arrival and OUT on departure in the attendance register (this register is located in the foyer area)

The Authorised Supervisor will:
- In an event of an emergency, advise all visitors of the evacuation assembly area
- Review this procedure annually

16.7 STAFF TRAINED IN FIRST AID

Qualified First Aid trained staff will:
- Provide immediate assistance before the arrival of the Emergency Services.
- Treat minor injuries at the Emergency Assembly Area.
- All medical incidents that require response by first aid should be recorded.

16.8 EMERGENCY EVACUATION BAG

An Emergency evacuation bag will be located near the exit door of the Service, this will include:
- The Emergency Management Plan.
- Children’s Details [including required medication, emergency contact information.]
- First Aid Kit.
- Asthma Inhaler
- Torch
- Pen and Paper
- List of Emergency Numbers and Contacts
- Blanket.
- Torch
- Water
- Dried and Long Lasting “Snack food”
- Change of clothes.
- Bottle Water.
### 16.9 IDENTIFYING RISKS

#### RISK ASSESSMENT

<table>
<thead>
<tr>
<th>HAZARD</th>
<th>LIKELIHOOD</th>
<th>CONSEQUENCE</th>
<th>RATING</th>
<th>COMMENTS &amp; RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire/ Internal</td>
<td>Possible</td>
<td>High</td>
<td>Extreme</td>
<td>Fire Extinguisher, Blanket, Fire Brigade, Evacuation</td>
</tr>
<tr>
<td>Fire/External</td>
<td>Possible</td>
<td>Moderate</td>
<td>High</td>
<td>Fire Extinguisher, Blanket, Fire Brigade, Evacuation or Lockdown</td>
</tr>
<tr>
<td>Bushfire</td>
<td>Unlikely</td>
<td>Major</td>
<td>High</td>
<td>Planning adequate Evacuation or Lock down, Emergency Providers.</td>
</tr>
<tr>
<td>Intruders</td>
<td>Likely</td>
<td>High</td>
<td>High</td>
<td>Lock down, Police</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td>Unlikely</td>
<td>Major</td>
<td>High</td>
<td>Planning adequate Procedures, Police, Fire Brigade, State Emergency Service.</td>
</tr>
<tr>
<td>Structural</td>
<td>Unlikely</td>
<td>Major</td>
<td>High</td>
<td>Evacuation Procedure, Police, Fire Brigade, SES Emergency Service.</td>
</tr>
<tr>
<td>Transport Accident</td>
<td>Possible</td>
<td>Moderate</td>
<td>High</td>
<td>Ambulance, Police, Fire Brigade, SES</td>
</tr>
<tr>
<td>Medical Emergency</td>
<td>Likely</td>
<td>Moderate</td>
<td>High</td>
<td>Trained 1st Aid Staff, Medical Centre, Close to Service. Ambulance for serious Injuries, Medical centre at Wonthaggi.</td>
</tr>
<tr>
<td>Utility Outage</td>
<td>Likely</td>
<td>Minor</td>
<td>High</td>
<td>Safety, Torch available.</td>
</tr>
<tr>
<td>Armed Hold Up</td>
<td>Unlikely</td>
<td>Moderate</td>
<td>Medium</td>
<td>Lock down Procedure, Police</td>
</tr>
<tr>
<td>Evacuation Routes</td>
<td>Likely</td>
<td>Moderate</td>
<td>High</td>
<td>Communication and Evacuation Procedures, Internal Assembly points.</td>
</tr>
<tr>
<td>Hazardous Substance</td>
<td>Unlikely</td>
<td>Moderate</td>
<td>High</td>
<td>Small quantities cleaning chemicals on Site, Evacuation or Lockdown</td>
</tr>
<tr>
<td>Gas Leak</td>
<td>Possible</td>
<td>High</td>
<td>High</td>
<td>Surrounding Residential Homes may Have Impact, Evacuation, Lockdown Fire Brigade, SES, Police.</td>
</tr>
<tr>
<td>Storm</td>
<td>Likely</td>
<td>Minor</td>
<td>High</td>
<td>Minor Building damage, Localised Flooding. SES, Fire Brigade</td>
</tr>
<tr>
<td>Windstorm</td>
<td>Likely</td>
<td>High</td>
<td>High</td>
<td>Falling Trees may effect building. Evacuation/Lockdown, Fire Brigade, SES, Possible Ambulance.</td>
</tr>
<tr>
<td>Earthquake</td>
<td>Rare</td>
<td>Major</td>
<td>High</td>
<td>Emergency Procedures, Fire Brigade, SES</td>
</tr>
<tr>
<td>Explosions</td>
<td>Possible</td>
<td>Major</td>
<td>High</td>
<td>Emergency Procedures, Emergency Services</td>
</tr>
</tbody>
</table>
16.10  ACTIONS FOR FIRE

Fire in the Building

Staff must respond immediately to smoke/fire. Staff will alert Nominated Supervisor and/or Incident Controller of the Service. Alarms will be activated to warn of Emergency Evacuation Procedure.

The response to fire or smoke may vary in order, depending on the circumstances of the fire [including location and time of day]. Incident Controller and/or Nominated Supervisor of Service and all Staff must give priority to life safety.

1. Assist any person in immediate danger, only if safe to do so.
2. Evacuate children, staff and visitors from immediate danger.
3. Collect Children’s Roll and Visitor Roll, Emergency Bag, Mobile Phone and any urgent required Medication if safe to do so. i.e. Anaphylaxis Epi Pen is situated at Premises.
4. Conduct a search of room for persons if safe to do so and conduct a search in any buildings in the vicinity of the fire.
5. Close windows and doors; turn off any electrical appliances and lights if safe to do so.
6. Proceed to the Assembly Area and remain there until “All clear’ is provided by the Emergency Services.
7. An Incident report is to completed as required.

16.11  FIRE EXTINGUISHERS

Most Fires, on a small scale and if quickly detected, can be controlled. A portable fire extinguisher is available at the Service.

Procedure for using Fire Extinguishers.

1. Remain Calm.
2. Warn everybody in the immediate vicinity and evacuate them if required
3. Instruct a person to alert the Fire Brigade on 000
4. Instruct a person to alert the Emergency Control Supervisor, if possible.
5. Determine type of fire and exact location.
6. Select correct extinguisher.
7. If in doubt read the instructions.
8. Have another person back you up with another extinguisher if possible.
9. Where possible keep the doorway at our back or behind you.
10. Keep low to avoid smoke.
11. Do not go to close to the fire.
12. Direct extinguisher agent at the base of the fire **NOT** at smoke.

13. Ensure the fire is extinguished.

If the fire extinguisher was not successful in containing the fire, or the fire becomes too large, leave and close the door behind you.

**Using the extinguisher**

1. Remove the extinguisher from the wall.

2. Walk briskly to the fire- NEVER RUN.

3. Use correct extinguisher for the class of fire.

4. Step 1. **Pull the Pin**

   Step 2. **Aim** the extinguisher at the base of the fire.

   Step 3. **Squeeze** the trigger.

   Step 4. **Sweeping motion** at base of fire.

**16.12 Fighting Fire with Fire Blankets**

Fire blankets may be used on small electrical appliance fires and flammable liquid containers such as the use of cooking oil.

1. Remove fire blanket from container and carry to the fire.

2. Grasp blanket by fitted tabs and wrap hands into blanket.

3. Approach fire with arms straight and using the blanket for protection.

4. Gently lower blanket onto fire by bending legs and keeping head at hand level.

5. Turn off the source of the heat, if possible.

6. Leave the fire blanket on the pot or appliance. Do not remove a pot from the stove until it cools down, and leave appliances until the fire Brigade arrives.

7. Call the Fire Brigade.

**16.13 ACTION FOR BOMB THREATS**

**Telephone Threat**

1. REMAIN CALM. If possible, attract the attention of a staff member.

2. Keep the caller on the line as long as possible.

3. After the caller has hung up, leave the phone off the hook. **DO NOT HANG UP THE PHONE.**

4. Let the caller finish the message, and try to ascertain the location of the bomb and the expected time of explosion.
5. If asked for a response, keep answers as short as possible;


7. Listen carefully for any background noises, speech mannerisms, and accents that might give a clue to the age, sex and location of the caller. The time the caller phoned.

8. Immediately after the bomb threat contact the Coordinator and/ or Emergency Control Supervisor who will contact Emergency Services, 000

9. Do not attempt to locate the bomb or remove it.

10. All doors and exit points should remain open.

11. Do not use a mobile phone within immediate vicinity.

12. Emergency Procedure will be on advice from Emergency Services or Police

13. Remain in safe area until ‘All Clear’ has been given by Emergency Services.

14. Support for persons involved will be arranged by the Emergency Control Supervisor.

15. An Incident report is to be completed as required

<table>
<thead>
<tr>
<th>16.14</th>
<th>INTRUDERS</th>
</tr>
</thead>
</table>

**Definition:**

An Intruder is an individual or individuals presiding in the grounds or entering the facility where staff and Children of Outside School Hours Care are operating. They have not or refuse to identify themselves, appear to be suspicious or out of place. They may abuse verbally, threaten violence or may be under substance affected behaviour.

**Procedure**

**Action of Nominated Supervisor or Staff**

Identify the person or persons and determine their purpose or need for being in the area. Staff making contact with these individuals must determine if the person or persons poses a Safety hazard or just needs to be made aware of their requirements when entering the area of Carers, Children, Outdoor Playing areas and Buildings attended by Outside School Hours Care.

**Intruder Who Appears Not to Pose a Safety Hazard**

Politely great intruder, identify yourself and ask the purpose and for them to identify themselves and their need to be in the area.

**Intruder Who is armed and Poses a Safety Threat.**

Staff confronted by this Intruder will remain calm. Staff will refrain from sudden moves or gestures.
If the Intruder or intruders appear agitated, irrational or refuses to leave the Area in a peaceful manner, call Police on Emergency 000, immediately if possible.

If Police are called and the individual leaves or attempts to leave prior to the police arriving, **Do not** attempt to physically detain the person will occur.

The Incident Controller will contact Police and that the individual or individuals have left the area and the direction and means of travel if possible. [i.e. On foot or in a vehicle].

*If possible, depending on the situation and cooperation of the offender staff is to Ensure the children are in a safe place. The wellbeing and security of the children and staff are of the highest priority.*

**IF SUSPECTED INTUER IS OUTDOORS**

- Staff will activate “Lock Down Procedure”.
- Staff will direct all children and Carers to go Indoors immediately then
- Lock Doors and Windows.
- Turn off Lights, pull down curtains if safe to do so.
- Sit down in quiet area away from vision of Doors and Windows.
- Remain Calm and quiet and Alert.
- Roll will be taken.

Staff directed by the Nominated Supervisor / Incident Controller will immediately call Emergency 000 and inform of “Lock Down” and stay on the phone until help arrives.

Staff will await further instructions from Emergency response personnel only. The Nominated Supervisor will not release Children or Carers until clearance from Emergency personnel.

Incident Controller will organise debriefing for effected persons when the incident is over.

An Incident report will be completed as required.

**16.15 DEFINITION OF A ‘LOCK DOWN’**

Lock down may be the chosen response to a potentially violent situation.

1. Intruder.
3. Parent/guardian under the influence of a substance.
4. Hostage situation.
5. An individual with a Weapon or a potential weapon.

**16.16 ACTION FOR ARMED OR THREATING HOLD UP**

**PRECAUTIONS**

1. Be aware of people loitering.
2. Advise Emergency Control Supervisor if you see anyone acting strangely or suspiciously.
3. No cash to be kept on the premises.
4. Record information about an Offender on the ‘Offender Description Form’.
DURING A HOLD UP

1. Remain Calm.
2. Obey all instructions given by the offender.
3. Do not make any sudden movements.
4. Do not take any action to excite the person.
5. Answer any questions asked calmly.
6. Do as requested in handling over any property.
7. The Safety of Children, Staff and Visitors of the Service is to be of the highest priority at all times.

AFTER THE HOLD UP

1. A ‘Lock Down’ will take place, and the Incident Controller will contact the Emergency Services 000.
2. The Nominated Supervisor will contact the Principal/Licensee and inform of the situation.
3. Staff will not enter any area where offender was and will be restricted to persons entering this area, if possible.
4. All persons involved in incident will remain until Emergency Services arrive.
5. An Incident Report will be completed as required.

16.17 HAZARDOUS SUBSTANCES

**Toxic or Noxious fumes**

1. Inform the Incident Controller of any Toxic or Noxious Fumes.
2. The Incident Controller will contact the Emergency Service, 000 and will provide as much information about the hazardous material as possible.
3. Notify all persons of the Emergency Procedures to Assembly Arrears. [Ensure an Emergency Assembly Area is Upwind if used]
4. Ventilate an indoor area with fresh air if possible
5. Turn off air conditioning, central heating.
6. Remain at the Emergency Assembly Area until and ‘All clear’ by Emergency Services.
16.18 **SUSPECTED FLAMMABLE MATERIAL**

1. Remove any ignition sources, if safe to do so.

2. Evacuate all persons in immediate danger, under instruction from the Incident Controller. Ensure Emergency Assembly Area is well away from the hazard.

3. Remain at the Emergency Assembly Area until advised ‘All Clear’ by Emergency Services.

4. An Incident report will be completed as required.

16.19 **GAS LEAKAGE**

*In the event of a Gas Leak.*

1. Inform Emergency Incident Controller of the situation.

2. Notify the Emergency Services, 000.


4. Shut down air conditioning to prevent the spread of any flammable and/or toxic gasses.

5. Remove all ignition sources, if safe to do so. Turn off the Electrical Supply.

6. Remain at Emergency Assembly Area until ‘All clear’ has been advised by Emergency Services.

7. An Incident Report will be completed as required.

16.20 **NATURAL DISASTERS**

**EARTHQUAKE**

1. Remain Calm.

2. Move away from the windows and outside walls.

3. Keep away from light fittings, bookcases and other furniture which may fall or slide.

4. If possible, take cover under a desk, or move to internal corner or a room, sit down and protect face and head.

5. Use telephones only to report serious injury.

6. An Incident Report will be completed as required.
ONCE TREMOR HAS STOPPED

1. The Emergency Incident Controller will assess damage to the building site.
2. Ensure First Aid is given to those injured.
3. Notify Emergency Services, 000
5. Conducting a search of the site, it safe to do so.

FLOOD /SEVERE STORM

1. Store or secure all loose items external to the building.
2. Secure windows, close blinds and external doors. If necessary, tape windows and glass entrances.
3. Isolate / Shut off electricity and water if required.
4. Disconnect electrical equipment, or cover and / move this equipment away from external windows.
5. In a severe storm, remain indoors and keep away from windows. Restrict use of Telephone to Emergency calls only.
6. When storm has passed, evaluate the need to Emergency Evacuation if there are fires, or structural damage has occurred as a result of the storm.
7. Inform Emergency Control Supervisor of all information.
8. Contact Emergency Services, 000 if required.
9. Remain at Emergency Assembly Area or Remain indoors until Emergency Services give ‘All Clear’.
10. An Incident report will be completed as required.

16.21 STRUCTURAL / BUILDING DAMAGE

1. The Incident Controller will need to be aware of any building structural /damage and will assess the damage.
2. Contact Emergency Services, 000.
3. Initiating a controlled Emergency Procedure to Emergency Assembly Arrears.
4. Conducting a search for further damage, if safe to do so.
5. Complete and Incident report as required.
6. 
16.22 **MEDICAL EMERGENCIES**

1. Remain Calm.

2. CONTACT THE EMERGENCY SERVICES, 000 [Ambulance] or direct other persons to contact Emergency Services, 000.

3. Provide 1st Aid

4. On Telephone State the nature of the situation

5. Give the correct address of the location.

6. Give your name and the contact telephone number.

7. Do not hang up, stay on line.

8. If the affected person is conscious, remain or direct other persons to remain with them to provide comfort and reassurance until the ambulance arrive.

9. Direct other persons to wait for Ambulance to arrive.

10. Complete and Incident report as required.

16.33 **ACTIONS FOR BUSHFIRES**

**HIGH FIRE RISK DAYS**

*High Summer Temperatures, with Strong Winds, [Especially Northerly]*

When the Service is made aware of a Bushfire in the vicinity or advised by appropriate authorities of the possibility of a Bush Fire Risk to the service, the Nominated Supervisor of the Service and the Principal of San Remo Primary school will assess the risk of remaining at the service or closing the service or not opening the Service. This will be in conjunction with Emergency Services, 000.

**IF a Bush Fire is in the Area or possibly could be in the area of the Service while operating.**

1. All persons at the Service are to remain indoors.

2. Decide whether to evacuate or remain at the service with directions from Emergency Services and the Principal.

3. Obtain information regarding any fires in the area through the Bushfire Information Line, **1800 240 667** or check CFA or DSE websites.

4. Listen to ABC Radio, regular updates on current emergencies if able to do so.

5. If the requirement to relocate to another facility, will prepare early and will leave before the emergency is affecting the Service.

6. Contact Local Government Authority to ascertain what assistance they can provide to an Emergency Recovery Centres available.

7. If advised to close the Service and safe to do so, the Service will contact Families / Guardians and Authorised Emergency Contacts and Contacts to collect children from Service.
8. Where time permits, all Families / Guardians and/or Authorised Emergency Contacts and/or Contacts of the children will be kept informed as much as possible of the situation.

9. The Licensee will be informed of all situations.

**Staying at the Service**

1. If time permits, wet outside of building.

2. Place wet towels under external doors.

3. Close all window and curtains.

4. Fill buckets with water and wet brooms or mops to assist with spot fires.

5. Dress in clothing that covers all skin, lie on floor and put a cover over.

6. Assemble all persons at Service to the furthest point from the direction the fire is coming.

7. Monitor for any penetration of embers or smoke, and put out fires with mops and water in buckets.

8. Stay inside as long as possible – only go outside when the ‘All clear’ has been given.

9. If Emergency evacuation is necessary assembly at the best Emergency Assembly Area far from the fire.

10. Follow all advice from the Emergency Services.

**Leaving the Service**

1. Take the Emergency Bag with all necessary information

2. Take Roll, important required medications, and mobile phone.

3. If possible take additional items of,
   
   i] Water
   ii] Snacks
   iii] Fire extinguisher and fire blanket

4. Evacuate to area advised by Emergency Evacuation procedure or from Information from Emergency Services.

5. Maintain communication to Emergency Services and Principal.

6. Remain at Emergency Evacuation Assembly Area until ‘All clear’ is given by the Emergency Services.

7. Emergency Control Supervisor will arrange support for any persons affected by incident.

8. An Incident report will be completed as required.
16.34 HOSTAGE KIDNAPPING

Staff are advised to avoid upsetting the assailant in any way, to minimise contact between captors and extraneous children or carers and to try to maintain telephone contact.

1. Implement Emergency procedures, Evacuation, Invacuation, Lock Down.
2. Contact Emergency Services, 000.
3. Remain in safe Area until advised by Emergency Services of ‘All Clear’.
4. Support will be arranged for persons involved in Incident.
7. An Incident report will be completed as required.

16.35 ATTEMPTED ABDUCTIONS

2. Contact Emergency Services, 000, Police
3. Check children’s and Staff names to Rolls.
4. Remain in Safe Area until ‘All Clear’ has been given by Emergency Services.
5. Support will be arranged for persons involved in Incident
6. An Incident report will be completed as required

16.36 CHEMICAL SPILLAGE

1. Action regarding chemical spillage can only be taken on advice of appropriate personnel after the type of spillage and the consequences have been carefully evaluated.
2. Because of the diversity of chemicals that could cause damage, appropriate procedures cannot be decided beforehand.

16.37 HIGH WINDS

1. Implement Emergency Lockout, Lock Down procedures.
2. Secure any loose materials.
3. If necessary lie children under desks or tables until storm passes.
4. If the building is obviously about to collapse or disintegrate evacuate the room. Children should be transferred to another building e.g. Recreation Centre or another class room.
5. Contact Emergency Services, 000
6. No children should be allowed outside unsupervised until the area is found safe and free of debris, power lines, etc.
7. Under no circumstances are children to be sent home or permitted to leave the Service or school grounds unaccompanied during such conditions.
8. An Incident report is to be completed as required.
16.38  **EXPLOSION**
1. Implement Evacuation/ Lockout Emergency procedures
2. Contact Emergency Services, 000
3. If injuries are sustained first aid should be given immediately.
4. All persons will remain in Emergency Safety Area until the “All Clear” is given by Emergency Services.
5. An Incident Report will be completed as required.

16.39  **SNIPER ATTACK**
1. Implement Evacuation, Lockout, Lock Down Emergency procedures.
2. Contact Emergency Services, 000
3. Remain in safe area until advised by Emergency Services of ‘All Clear’.
4. An Incident report will be completed as required.

16.40  **LIGHT PLANE AND HELICOPTER CRASH**
1. Crash on buildings - As for explosion.
2. Crash on oval - As for Lockout or Lockdown
   i. Contact Emergency Services, 000
   ii. Assist with first aid.

- Very few natural risks are prevalent: Flood, bushfire, storm hazards are almost non-existent. There is a helipad next to the bowling green and also an airport at Newhaven.
- Because of a very busy highway in close proximity to the service, exposure to transported hazardous chemicals may be a problem.
- Homes within close proximity may expose the service to fires, hazardous fumes or explosions.
- The OSHCS Service participates in excursion programs to locations in local area. In accordance with Department of education guidelines, the Nominated Supervisor of the excursion and the staff must be satisfied that the appropriate precautionary safety measures are taken and evaluated before the excursion.
- All local emergency services, i.e. Doctor, Fire, S.E.S and Police are in local proximity. Police and ambulance usually come from the Wonthaggi base (20 minutes) there is a Police Station in San Remo and Ambulance Service at Cowes. The S.E.S. and Fire Brigade are local. There is a local doctor and health clinic. The Department of Human Services are allocated at Moe.
16.41 **SPECIFIC ACTION PROCEDURES.**

- A plan for the OSHC Service containing procedures to be followed in an emergency is included as an attachment to the plan. Nominated Supervisor of OSHC Service is responsible for maintaining a current plan in the room and for familiarity with its contents.
- While the OSHC Service are expected to follow general procedures during an emergency, different procedures may need to be followed for particular types of emergencies.

16.42 **DRILL PROCEDURES**

One per term. For Before School Care, After School Care, Vacation Care.

16.43 **DRILL REVIEW**

One per year or after an Emergency has taken place or changes to the building structure or change of Position of service operation.

16.44 **WARNING SYSTEM**

<table>
<thead>
<tr>
<th>FIRE -</th>
<th>Others -</th>
<th>Bell/Whistle at OSHC Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siren / Whistle / Announcement/Bell</td>
<td>By announcement if possible</td>
<td>Held bell and/or whistle will be activated</td>
</tr>
</tbody>
</table>

16.45 **SPECIAL DUTIES LIST**

**Principal / Incident Controller**
- Offices, Security room, Staff toilets, Sick bay, Multi-purpose room/After School Care room, Shed, Children’s toilets.
- Obtain keys to all buildings.

**Secretary**
- Verify Emergency telephone calls to Police; Fire-Brigade; SES; Ambulance; (000) and Hospital; Department of Emergency & Security Management
- First Aid Kit.

**Teachers**
- Take charge of group they are directly responsible for and follow appropriate evacuation or other procedures.

**Outside School Hours Care Nominated Supervisor, Incident Controller.**
- Take charge of group they are directly responsible for and follow appropriate evacuation or other procedures.
- Emergency Evacuation Bag, First aid Kit, Children’s Medication, Roll.

**In the Absence of Principal/Incident Controller and Teachers. The Outside School Hours Care Nominated Supervisor will assume the role of Incident Controller position.**

- The telephone number of the Poisons information line will be displayed next to the telephone along with all important emergency numbers.
ORGANISATION

1. STAY CALM
   Take a few moments to collect your thoughts. Overacting can make it harder to get the facts. The first priority is to ensure the safety of children and others.

2. COLLECT THE FACTS
   You may need to talk to the persons involved or others to find out details of the incident.

3. ENSURE SAFETY
   Consider the recovery response required. Discuss this with a colleague or member of the administration team.
   Refer to:
   - San Remo PS Disaster Plan
   - Outside School Hours Care Emergency Management Plan
   - Regional Office of DEECD, Moe.

4. SEEK ASSISTANCE
   Contact:
   - Regional Office DEECD Moe.
   - Principal/Approved Provider, San Remo Primary School.
   - School Council President

5. SERVICE RESPONSE
   Contact:
   - Parents of those directly involved.
   - Siblings of those directly involved
   - Inform all staff
   - Police / Ambulance for up to date information

EVALUATION
This policy will be reviewed by School Council annually. In the event of an emergency, the plan is to be reviewed as soon as possible after the event to determine whether procedures were followed and whether they were adequate.
CHEMICAL SPILLS – [Low Risk Substances]

Aim

- Staffs to prevent cross contamination to food or contact with children and those who enter the service.
- To remove the risk of slips/falls.

Procedure

- Chemical Spill/Bodily Fluids Cleaning Kit available.
- Latex or vinyl gloves, apron and face mask [if required] in Cleaning Kit to be used by staff.
- Area of Spill will be restricted to others at service and or removed to safer area if required.
- Open window and doors to ventilate room if required.
- Paper towel from spill kit to “soak, wipe up spill,” place paper towel in plastic bag, seal and place in outside covered waste container.
- Wash area with warm soapy water.
- Mop to be soaked in required disinfectant before storing.
- Apply approved surface spray to area.
- Dispose gloves, apron in sealed plastic bag and dispose in the outside bin.
- Wash hands thoroughly.
- Clothes that may have been in contact with chemical is to be changed, placed in bag and sealed and placed in Biohazard container in Disabled Toilet.
- Place “Wet Surface” Sign in area.
- Complete OH&S forms.
17. PRIVACY POLICY

1. Scope
This policy applies to members of OSHC and the school council at San Remo Primary School. This policy will be made available on request.

2. Authorisation
This policy was adopted at San Remo Primary School council meeting on 24th June, 2003.

3. Review date
This policy shall be reviewed regularly and updated if required.

4. Background
All staff of San Remo Primary Outside School Hours Care is required by law to protect the personal and health information the service collects and holds.

The Victorian privacy laws, the Information Privacy Act 2000 and the Health Records Act 2001, provide for the protection of personal and health information.

5. Definitions
**Personal information** means information or opinion that is recorded in any form and whether true or not, about an individual whose identity is apparent, or can be reasonably determined from the information or opinion. For example, this includes all paper and electronic records, photographs and video recordings.

**Health information** is defined as including information or opinion about a person’s physical, mental or psychological health, or disability, which is also classified as personal information. This includes information or opinion about a person’s health status and medical history, whether recorded or not.

**Sensitive information** is defined as information relating to a person’s racial or ethnic origin, political opinions, religion, trade union, or other professional, or trade association membership, sexual preferences, or criminal record that is also classified as personal information about an individual.

In this policy **personal information** refers to personal information, health information and sensitive information unless otherwise specified.

**Parent** in this policy in relation to a child, includes Step parent, an adoptive parent, a foster parent, guardian, or a person who has custody or daily care and control of the child.

**Staff** in this policy is defined as someone who carries out a duty on behalf of OSHC, paid or unpaid, or who is contracted to, or directly employed by the school or the Department of Education and Training (DE&T). Information provided to a school through job applications is also considered staff information.

**Policy context**
Personal information is collected and used by San Remo Primary School OSHC to:
- provide services or to carry out the OSHC statutory functions
- assist the school services and its staff to fulfil its duty of care to the children
- plan, resource, monitor and evaluate school services and functions
- comply with Department of Education and Training reporting requirements
- comply with statutory and or other legal obligations in respect of staff
- investigate incidents or defend any legal claims against the school, its services, or its staff, and
- Comply with laws that impose specific obligations regarding the handling of personal information.

17.1 **Collection of personal information**

OSHC collects and holds personal information about the children, families and staff.

**Use and disclosure of the personal information provided**

**The children and families.**

The purposes for which the San Remo Primary School, Outside School Hours Care uses personal information of the children and families include:

- keeping families informed about matters related to their child’s time at OSHC
- looking after the children’s educational, social and health needs
- celebrating the efforts and achievements of the children
- day-to-day administration
- satisfying the Service legal obligations, and
- allowing OSHC to discharge its duty of care.

**Staff**

The purposes for which the San Remo Primary School, Outside School Hours Care uses personal information of job applicants, staff members and contractors include:

- assessing suitability for employment
- administering the individual’s employment or contract
- for insurance purposes, such as public liability or Work Cover
- satisfying the school’s legal requirements, and
- investigating incidents or defending legal claims about the school, its services, or staff.

Outside School Hours Care, will use and disclose personal information about the children, family and staff when:

- it is required for general administration duties and statutory functions
- it relates to the purposes for which it was collected, and
- for a purpose that is directly related to the reason the information was collected and the use would be reasonably expected by the individual and there is no reason to believe they would object to the disclosure.

Outside School Hours Care, can disclose personal information for another purpose when:

- the person consents, or
- it is necessary to lessen or prevent a serious or imminent threat to life, health or safety, or
- is required by law or for law enforcement purposes.

Where consent for the use and disclosure of personal information is required, OSHC will seek consent from the appropriate person. In the case of the children’s personal information, the school will seek the consent from the children and/or family depending on the circumstances and the children’s mental ability and maturity to understand the consequences of the proposed use and disclosure.

San Remo Primary School OSHC will generally seek the consent of the children’s parents and will treat consent given by the parent as consent given on behalf of the children.

17.2 **Accessing personal information**

A parent, the children or staff member may seek access to their personal information, provided by them, that is held by OSHC.
Access to other information may be restricted according to the requirements of laws that cover the management of records. These include the Public Records Act and the Freedom of Information Act.

**WHO HAS ACCESS?**

<table>
<thead>
<tr>
<th>Role</th>
<th>Access Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>Have access to their child’s records on request. Access will be in consultation with the Nominated Supervisor or Educator Delegated by the Nominated Supervisor.</td>
</tr>
<tr>
<td>Nominated Supervisor</td>
<td>Has access to all children’s records.</td>
</tr>
<tr>
<td>Permanent Educators</td>
<td>Has access to all children’s records unless specified by the Nominated Supervisor.</td>
</tr>
<tr>
<td>Approved Provider</td>
<td>Has access to all children’s records.</td>
</tr>
<tr>
<td>Special Needs Aid</td>
<td>Access to specific children’s records and in consultation with Nominated Supervisor</td>
</tr>
<tr>
<td>Department of Education</td>
<td>CSA Officers have access on request. Access will not be provided unless identification and Early Childhood stating the position of the person is produced.</td>
</tr>
<tr>
<td>Development [DEECD]</td>
<td></td>
</tr>
<tr>
<td>Professional Support</td>
<td>In consultation with Nominated Supervisor, Approved Provider, nominated Educator</td>
</tr>
<tr>
<td>Groups</td>
<td>parents and guardians. Written authorisation from families to release information is Required.</td>
</tr>
<tr>
<td>Authorised Officer – from Funding bodies</td>
<td>Have access to all Files. Identification stating the position of the person is produced.</td>
</tr>
</tbody>
</table>

**Updating personal information**

OSHC aims to keep personal information it holds accurate, complete and up-to-date. A person may update their personal information by contacting the Coordinator, Principal or Office Manager.

**17.3 Security**

OSHC staff and the children have use of information and communications technologies (ICT) provided by the school. This use is directed by:

- Department of Education and Training’s acceptable use policy for Internet, email and other electronic communications
- Department of Education and Training IT security policy.

**17.4 Complaints under privacy**

Should San Remo PS OSHC receive a complaint about personal information, this will be investigated in accordance with the Department of Education and Training’s privacy complaints handling policy.

**17.4 Critical Incidents**

The Outside School Hours Care Program adopts the Critical Incidents Policy of San Remo Primary School.
To promote the health and well-being of the San Remo PS community and ensure a safe response to any incident which puts the health and safety of staff and students at risk or which breaks Department of Education regulations, the law or school rules, the following guidelines apply:

**GUIDELINES**

- The general Outside School Hours Care and Primary School environment will be as practicable as possible a secure and safe area for all members of the community.
- All incidents likely to affect the safety and well being of children, educators, teachers or visitors are to be reported immediately and responded to as soon as possible. The safety of all people exposed to the emergency, are to be considered all stages ie. intervention and post-vention.
- An emergency may have effects on those involved lasting long after the initial crisis and support to assist the school community and Outside School Hours Care may be required.
- The San Remo Primary School, Outside School Hours Care, will establish positive links with community and other external agencies to support this policy.

18. **COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES**

The program will foster open two-way communication with a view to enhancing the ‘Home Away From Home’ atmosphere for each child.

**Communication**

- The Service is committed to open communication with families to ensure the service continues to provide high quality care that meets the needs of families and the children
- Communication will be shared via, notices to families, Weekly School newsletters, informal meetings with parents on the collection of their child/ren, formal meetings when discussing issues pertaining to a specific child/ren, email and telephone.
- Families are encouraged to share with staff any information about their child/ren’s interests, skills and abilities, information about their home life, family or work that may be of interest to staff and/or other service users.
- Families are invited to participate in the service by contributing their skills in the program sessions or at Committee level if they are able.
- Families are able to communicate opinions on;
  - Program activities
  - Safety of buildings and equipment
  - Nutrition
  - Any other aspects of the service that concern them or their child/ren.

Families will do this via meetings, suggestion box, surveys and the Committee.
- All users of the program will be given the Policies and Procedures Handbook containing relevant Outside School Hours Care Program and operation.
- Every effort will be made to communicate to parents with children of Non-English speaking background.
- Information boards
- Programs including, menu, activities, objectives are displayed on information board
- Daily, verbal and positive communication between Educators and Families.
Involvement

- San Remo Primary School, Outside School Hours Care supports families to participate in the care of their children, through involvement in decision making with regards to their child’s care and education.

- Families may be involved in the program by assisting staff, helping with activities and/or providing suggestions for activities for the program.

- Contribute your time and expertise to an Activity in the Program.

- Recycle items for Activities: art, craft materials, dress ups, woodwork.

- Supporting School Council Committee.

- Parents do not have authority to intervene in disputes between the children in the program.

- Any concerns about the day-to-day operation of the program should be reported to the staff that will take appropriate action.

The service provides:

- Resources for parents and guardians to assist in their parenting.

- Linking to Community based programs, in respect of individual families needs and differences.

- A friendly comfortable and co-operative relationship between parents and Educators through daily contacts.

Access to Children’s Records

- Individual development records are maintained on the children attending the service. These are observations of children at play and communication between families and educators.

- A photo portfolio is also available, which the children create themselves.

- These records are available, at parents request, for discussion with a staff member. An appointment may need to be arranged at a suitable time for Families and Staff.

- Parents do not have authority to intervene in disputes between the children in the program.

- Any concerns about the day-to-day operation of the program should be reported to the staff and will direct any information through the correct procedures.

Family Contact

- Staff will communicate with families in a positive and supportive manner that encourages the parent/child relationship and the parent/ staff relationship. Information about family issues and personal lives will be handled confidentially. Every effort will be made to treat both parents equally.

- Families will have access to Coordinator at any reasonable time. This may be, on the spot, by telephone or by appointment. Staff will not discuss with families any confidential information regarding any other child/ren or family within the service.

- Where a child attending the service is not living with both parents, and where disputes arise or have arisen regarding who is responsible, it is deemed that parental responsibility remains with both parents jointly and individually, except where this responsibility is altered by a Court Order. The service will comply with Court Orders. In the absence of a Court Order, the child may be collected by either parent.
In the case of an authorised person collecting the child, is believed to be intoxicated, impaired by substance abuse, or otherwise thought to be in an unfit state to care for the child, the person will be encouraged to make other arrangements for the safe collection of the child. If the person is uncooperative, the Coordinator may ring police or Child Protection Unit of the Department of Human Services.

19. **COMPLAINTS AND GRIEVANCE POLICY**

**Rationale:**
Positive, clear and effective processes for resolving grievances between the Service and Community members assists in the building of strong relationships, dispels anxiety and ultimately provides children with an enhanced environment.

**Aims**
San Remo Primary School O.S.H.C Program will seek to foster positive relations between all Parents/Guardians, the children and staff and welcome all types of feedback and enquiries. Every Parent/Guardian and the children have the right to a positive and sympathetic response to his or her concerns. Solutions will be sought to resolve all disputes, issues or concerns that impact or affect the day-to-day well being of the program in a fair, prompt and positive manner.

**OSHC responsibilities for families**
Families have the right to expect that their children will be safe and appropriately supervised while in child care. Grievances and Complaints will be taken seriously, given prompt attention and accorded confidentiality.

**19.1 Management of Complaints and Grievance**

- Parents can expect reasonable access to staff of Outside School Hours Care.
- Respectful, open and extensive communication will be of high priority in resolving issues of Grievance and Complaints.
- Before and official written Grievance or Complaint is lodged, the Families are encouraged to discuss the issue with the Nominated Supervisor of the Outside School Hours Care and attempt to settle the matter in his or her professional judgment.
- Where the Grievance or Complaint cannot be resolved by the Nominated Supervisor the matter will referred to the Approved Provider/Principal of the San Remo Primary School who will be asked to resolve the matter in his or her professional judgment.
- Where the Grievance or Complaint cannot be resolved, the matter will be referred to the Department Education and Early Childhood Development Gippsland Regional Offices where they will investigate the Grievance or Complaint to resolve the issue.

Moe Office of DEECD
Crn Kirk & Haigh Street
MOE 3844
Telephone: 51270400

- All complaints and grievance are to be confidential.
- All discussions and processes involving complaints and grievances will be documented.
• Communication may be verbal or alternatively the Family may write directly to the Coordinator, Principal or School Council.

Families will be informed of the final decision either written or directly.

Grievance and Complaints have the potential to assist in the continual improvement of the Service for all Families.

19.2 Grievance and Complaints for the Children

All the Children of the San Remo Outside Schools Hours Care Program are entitled to feel Safe, Respected and appropriately supervised. Their Physical, emotional, intellectual and social aspects will be of high priority.

• The Children will at all times have access to Staff of the Out School Hours Care if they have a Grievance or Complaint. Any concerns that they may have, will be attended to in a timely manner.

• The Children’s Grievance and Complaints will be attended to in a fair and consistent manner and duty of care will be maintained.

• All Children have the right of being treated fairly and heard in respect to all issues being brought to the attention of staff.

• All staff will prevent any unnecessary escalation of the Grievance or Complaint by implementing strategies to communicate with others concerned in resolving the issue.

• The Children may give a written Grievance or Complaint, either written by themselves or by support of Staff or their Families.

• Appropriate confidentiality will also be observed in relation to the management of any Grievance or Complaint if The Child requests.

• The Child’s Grievance or Complaints may be taken to the Coordinator and/or Principal and /or School Council for discussion to resolve the Grievance of Complaint.

• Where formal procedures are used in resolving a Grievance or Complaint, these should be documented.

• Every attempt should be made to resolve grievances in ways which are agreeable to all the parties concerned.

• Coordinator and Staff of Out School Hours Care, the San Remo Primary School Principal and School Council will ensure that appropriate confidentiality of and Grievance or Complaint. Every effort should be made to respect the confidentiality rights of the parties involved. This should be done as discreetly as possible.
20. **STAFFING ARRANGEMENTS POLICY**

The San Remo Primary School, Outside School Hours Care encourages equality of staff, sharing of duties as directed by Service management and valuing of individuals’ input and opinions. Mutual respect of co-workers being the central quality.

Team work and support in improving skills, and problem solving. Communication, sharing of information, willingness to listen are promoted. We aim for an environment where staff experience support, praise and encourage each other to grow in our experiences.

**QUALIFICATIONS AND TRAINING OF EDUCATORS**

This children’s Service requires that each staff member holds a qualification or has training caring for or educating children:

[a] Holds a Certificate 111 in Children’s Services; or
[b] Holds a qualification or has training the Secretary is satisfied is substantially equivalent or superior to the qualification referred to in paragraph [a]; or
[c] Is a qualified staff member or a teaching staff member; or
[d] Holds a Primary School Teaching qualification; or
[e] In the Case of an early childhood intervention staff member. Holds a qualification in a field the Secretary is satisfied is acceptable; or
[f] Commences obtaining a qualification or training as referred to in [a], [b], [c], [d], within six months of commencing to care for or educate children at the service.

**Educators Actively working towards a Qualification**

Educators are enrolled in the course for qualification and provides the approved provider with documentary evidence from the provider of the course that:

- The educator has commenced the course and is making satisfactory progress towards completion.
- is meeting the requirement for maintaining the enrolment.

In the case of an approved diploma level education and care qualifications the educator:

- holds an approved certificate 111 level education and care qualification,
- has completed the units of study in an approved certificate 111 level education and care qualification determined by the National Authority.

**Educators Recruitment Procedure.**

The San Remo Primary School, Outside School Hours Care Service aims to attract and employ the best available Staff through fair advertising and selection Procedures. The Service strives to follow its transparent process to ensure the best possible outcomes through Staff Recruitment and selection process.

**Procedure.**

Positions will be advertised and conducted according to Department of Education, Employment, and School Council Employees Guidelines.
Successful applicants will be San Remo Primary School Council Employees and all confidential records will be kept according to Department of Education, Early Childhood requirements.

All positions available shall be advertised. This may be achieved by the following and appropriate sources.

- District and Local Community Newspapers, School Newsletter.
- Employment sections in Child Care Publications and employment.
- Networking at in services.
- Notice boards at Community and Educational Institutions.
- Appropriate Websites.

Advertisements will include,

- Description of Position.
- Hours/Days Required.
- Personal Attributes.
- Qualifications.

Applications received by the due date shall be reviewed by the Coordinator and Management.
Suitable candidates will then be called to arrange an interview. A letter confirming receipt of the application shall be sent to unsuitable applications to inform them that their application has not met with selection criteria.

All successful applicants will be advised that a three month probationary period will apply for those Employed for more than three months duration. This will be informed at or before the offer of an appointment.

The interview process will include a panel of up three personnel of Principal, Service Coordinator and School Council Representative.

Selection criteria and interview questions based requirements for the position will be reviewed prior to the interview date by the selection panel.

Selection Panel will:

- Conduct the interview in a professional manner, using questioning techniques to ascertain the candidate’s suitability for the position.
- Should the panel be unable to agree on a suitable candidate, and then Further interviews may be required.
- Staff will only be employed (including as volunteers) if, after reasonable enquires, Including reference checks, they are appropriate for the job, as completed by the Role and expectations of Staff Policy.

Suitable Candidates shall be contacted by a member of the selection panel to make offer of the available position and to negotiate starting date and inform of the orientation and induction process.

A letter of offer will be sent to the successful applicant informing them of the decision. Unsuccessful interviewees will
be notified as soon as possible by a nominated person on the interview panel. Feedback will be available from the Chairperson.

Certified copies of staff qualifications, suitability notices, and first aid qualifications will be requested by the service and kept confidentiality by the Service in individual staff files.

The ‘reasonable enquires” required for employing staff include:

- Requesting and appropriated resume from the candidate, including three character referees with at least two referees being contacted.
- Making and obtaining relevant clearance checks such as Working With Children check.
- Determining, and obtaining a copy of the appropriate qualifications of the person for the relevant job.
- Prior to being selected for a job, whether as a paid employee or a volunteer, the person will be given a Job description and terms of Employment, prepared or approved by the Nominated Supervisor, full copies of Policies and Procedures.
- The successful candidate will be required to sign a declaration that they received and Agree to accept the job on the basis of the material given to the candidate, and agree to observe strictly the Policies and Procedures of the Service modified time to time.

All new staff (including volunteers) will be given an induction session by the Nominated Supervisor or another suitable staff member nominated by the Nominate Supervisor, to ensure that the new staff member is aware of (and where relevant) obtains copies of:

- Their terms of employment or engagement (including role description)
- All policies and Procedures Hand Book
- Information about the Philosophy and goals for the Service.
- The basic operation of Quality Assurance for OSHC.
- The physical facilities of the Service.
- Other staff in the Service and their roles.
- The Duty of Care owed by staff of Outside School Hours Care to the children and others.

- Any other matters which are necessary to enable the staff member reasonable wishes to know.

The Nominated Supervisor shall, ( e.g. job performance indicators which have been agreed with the staff member), at least once each year and shall ensure that Any resulting changes to the job description, performance indicators or terms of employment are recorded and accepted by both parties.

The Management committed shall review the job description of the Nominated Supervisor and any other requirements relating to the job (e.g. job performance indicators which have been agreed), at least once each year and shall ensure that any resulting changes to the job description, performance indicators or terms of employment are recorded and accepted by both parties.
PROCEDURE

20.1  Staff: Child Ratios
- There shall be a maximum of 15 children to one staff member.

20.2  Emergency Staff
A list of emergency staff is to be held by the Nominated Supervisor and management committee. Every attempt should be made to establish the suitability of emergency staff before employment.

The list of emergency staff should be updated regularly and approved by School Council. Names should be recorded in the minutes.

All emergency staff will need a Working with Children Check.

20.3  Payment of wages
Wages are to be paid in accordance with the day Childcare Workers Award. Wages are paid every Friday fortnightly by direct payment to their account.

20.4  Accountability system
Staff is employed by School Council, which has ultimate responsibility for the program. School Council delegates operation procedures to a sub-committee, the Management Committee.

This Management Committee makes recommendations to School Council, but does not have the authority to make decisions affecting the program. School Council makes these alone.

The school Principal does not have authority in the program, except when acting as a member, or under the direction of School Council.

20.5  Grievance and Complaints about staff
Any grievance and complaint about staff will be investigated without bias and respecting anonymity of the grievance/complaint with a satisfactory resolution sought. Grievance and complaints may be directed to the School Council or management Committee. Staff will be informed immediately the Management Committee decides to act on a complaint.

All grievance and complaints should be submitted in writing, preferably by the complainant or by a Management Committee member and the complainant. The person making the complaint should be informed of the outcome of any investigation. Substantiated complaints are to be recorded on the staff member’s file and Grievance Procedures implemented.

20.6  Grievance Procedures
These are to be in accordance with the appropriate award. They are to be instigated by School Council where safety and well being of the children or program is believed to be at risk.

20.7  Termination of Employment
Employment may be terminated at any time by mutual agreement. At least two weeks’ notice is required. Staff shall be dismissed if the outcome of Grievance Procedures so recommends.
20.8 Consultation

Effective decision making, staff morale and employee job satisfaction are enhanced when the views of all employees are taken into account before decisions that affect their working lives are made.

Aims

- To establish workplace consultative arrangements that ensure the principal’s responsibility to make school based decisions is carried out in a framework that enables all staff to have input into the decisions that affect their working life.
- To optimise opportunities for effective and informed decision-making.
- To enhance staff morale and employee job satisfaction.

Implementation

- The School Council president will be kept informed of all consultation.
- The principal has ultimate administrative and operational responsibility for decisions at the school level, after the following locally agreed formal consultative process has been carried out.

- The consultative committee includes the union sub-branch representative. ESO and OSHC staff are consulted when topics for discussion involve them. School Council members are consulted at School Council meetings and especially when a decision involving the various sub committees is needed.
- Every endeavour is made to allow sufficient time to discuss topics with the various groups they represent, so as to give the opportunity for all to be involved in the consultation process.
- The consultative committee will make recommendations to the principal, who will then make decisions and provide reasons for those decisions.
- Employees who disagree with the principal’s decisions may refer the matter to the Merit Protection Boards.

20.9 Staff Discipline

San Remo Primary School OSHC aims to achieve high standards of conduct and professional behaviour. We encourage and support staff to maintain these standards by fostering self-discipline and commitment to high quality care and good working relationships.

HOW POLICY WILL BE IMPLEMENTED

1. Definition - staff discipline refers to the personal behaviour and conduct of staff.
2. Staff need to understand the conduct expected of them. The Staff Professionalism policy (code of conduct) will be provided to each new staff member in her/his induction kit, discussed with her/him by the coordinator, and a copy kept in an accessible place for all staff at all times.
3. Where it appears that staff are unsure about the conduct expected of them, the coordinator should clarify this either personally or at a staff meeting.
4. Where a breach is reported or observed the disciplinary procedures should be used according to the following principles:
   i. In general, minor breaches of conduct should be handled informally by the team leader or the coordinator, before formal procedures are used.
   ii. The incident should be investigated to establish if a breach actually did occur.
   iii. If so, the expectations of the Service should be clarified to make sure that the staff member understands her/his responsibilities.
   iv. The staff member should be given guidance and the chance to improve.
   v. Where her/his behaviour improves to the required level no further action should be taken.
5. Where the disciplinary procedures fail to achieve the standard of behaviour expected of a staff member, that employee may, as a last resort, be dismissed.

6. Where after investigation and interview a staff member is found guilty of gross misconduct, being serious and wilful misconduct, s/he may be summarily dismissed.

7. A decision to dismiss an employee will be made by the management body, based on full information from those involved in the disciplinary procedure.

8. A staff member undergoing disciplinary procedures will be informed from the beginning of her/his rights which will include
   i. a right of appeal to the management body
   ii. a right to assistance from her/his union or from another person of her/his choice.

9. Formal procedures must be clearly documented, with the documentation being kept securely and confidentially.
   i. All members of staff or the management body involved in a disciplinary process shall keep all information about the process confidential.

20.10 **Staffing Policy Objectives**

San Remo Primary School OSHC recognises that in providing high quality care for the children our staff are our most valuable resource.

**HOW POLICY WILL BE IMPLEMENTED**

1. As a minimum we will treat all staff in accordance with the relevant legislation and industrial awards.

2. We seek to attract, employ and retain professional staff through:
   2.1 fair selection procedures based on merit
   2.2 comprehensive induction of new staff
   2.3 maintaining a happy work environment and high staff morale
   2.4 providing as much job security as possible.

3. We aim to maintain a work environment that supports the physical, professional and personal needs of staff, to enable them to provide high quality care to the children and parents using the Service. We believe we can best achieve this by:
   3.1 good communication between staff, between staff and management, and between staff, families and the children
   3.2 a commitment by staff to developing good, supportive working relationships with each other
   3.3 staff involvement in decision making at all levels
   3.4 respect for the contributions of all staff, including different backgrounds, cultures, beliefs, levels of experience and qualifications
   3.5 maintaining skilled staff through staff development and training
   3.6 maintaining a work environment and work practices which are healthy and safe
   3.7 a commitment to equal employment opportunity
   3.8 recognising the role of unions in representing the industrial interests of staff
3.9 making sure that staff, management and parents understand and follow Service policies and procedures.

**Staff Participation**

San Remo Primary School OSHC aims to operate as an effective partnership between families and staff. We encourage staff to participate in the decision making of the Service both formally and informally.

**HOW POLICY WILL BE IMPLEMENTED**

1. The management body encourages staff to participate in its discussions and decisions through:
   1.1 Allowing staff to attend meetings of the management body as observers by prior agreement of the management body;
   1.2 involving staff in subcommittees and working parties.

2. Where practicable, selection panels will include an elected staff representative who is equal in all respects to the other panel members.

3. Staff meetings are the most practical means of enabling communication, consultation, support and some training and development within the staff team.
   3.1 Staff meetings will be convened regularly by the coordinator.
   3.2 All staff are required to attend staff meetings, and will be considered to be on duty for the duration of the meeting.
   3.3 The duration and time of meetings should be agreed between the staff, coordinator and management body.
   3.4 All staff are encouraged to place items on the agenda and to discuss issues of concern to them.

4. Union representation - we recognise the right of staff to join their relevant unions, and to be represented by their unions both within and outside the Service.
   4.1 The coordinator and management body will recognise a union job delegate who is elected by union members at the Service, in accordance with the Child Care (SA) Award.
   4.3 Where a job delegate assumes the role for the first time, Leave will be arranged so as for staff member to receive training.
   4.4 Where the job delegate in her/his role meets with the coordinator or the management body or any of its subcommittees s/he will be considered to be at work for the duration of the meeting.

5. Staff representatives and any member of staff required to attend meetings of the management body, or any of its subcommittees or working parties will be considered to be at work for the duration of such meetings.
20.11 Staff Professionalism – **CODE OF ETHICS AND PRACTICE**

The Educators **Code of Ethics** provides a basis for critical reflection, a guide for professional behaviour, and principles to inform an individual and collective decision making.

The protection and wellbeing of children is paramount. The quality of care for children and good, respectful relationships among staff, the confidence and respect of families and the reputation of San Remo Primary School, Outside School Hours Care. This policy aims to provide clear guidance to staff about the standards the Service requires as a condition of employment.

The following values and processes are considered central to the Code of Ethics:

- respect
- democracy
- honesty
- integrity
- justice
- social and cultural responsiveness
- inclusivity
- education

**In relation to children the Educator will:**

1. Act in the best interests of children.
3. Recognise children as active citizens participating in different communities such a family, children’s services and schools.
4. Work with children to help them understand that they are global citizens with shared responsibilities to the environment and humanity.
5. Create and maintain safe, healthy environments, spaces and places, which enhance children’s learning, development, engagement, initiative, self-worth, dignity and show respect for their contributions.
6. Respect the special relationship between children and their families and incorporate this perspective in all out interactions with children.
7. Work to ensure children and families with additional needs can exercise their rights.
8. Acknowledge the uniqueness and potential of all children, in recognition that enjoying their childhood without undue pressure is important.
9. Acknowledge the holistic nature of children’s learning and the significance of children’s cultural and linguistic identities.
10. Work to ensure children are not discriminated against on the basis of gender, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture or national origin.
11. Acknowledge children as competent learners, and build active communities of engagement and inquiry.
12. Honour children’s right to play, as both a process and context for learning.
13. Children arriving or departing from the Service should be welcomed or farewelled by name and Educators will be sensitive to the rights and feelings of the children.
In relation to Families, the Educator:

1. Listen to and learn from families, in order to acknowledge and build upon their strengths and competencies, and support them in their role of nurturing children.
2. Assist each family to develop a sense of belonging an inclusion.
3. Develop partnerships with families and engage in shared decision making where appropriate.
4. Develop positive relationships based on mutual trust and open communication.
5. Acknowledge the rights of families to make decisions about their children.
6. Respect the uniqueness of each family and strive to learn about their culture, structure, lifestyle, customs, language, beliefs and kinship systems.
7. Develop shared planning, monitoring and assessment practices for children’s contribution in Outside School Hours Care and communicate this in ways the families understand.
8. Acknowledge that each family is affected by the community contexts in which they engage.
9. Be sensitive to the vulnerabilities of children and families and respond in ways that empower and maintain the dignity of all children and families.
10. Maintain confidentiality and respect the right of the family to privacy.

In relation to Colleagues, the Educator:

1. Encourage colleagues to adopt and act in accordance with the Code, and take action in the presence of unethical behaviours.
2. Build collaborative relationships based on trust, respect and honesty.
3. Acknowledge to use constructive methods to manage differences of opinion in the spirit of collegiality.
4. Share and build knowledge, experiences and resources with colleagues.
5. Collaborate with colleagues to generate a culture of continual reflection and renewal of high quality practices.
6. Uphold and complete Employment requirements that support colleagues and the running of the service.

In relation to Communities, the Educator:

1. Learn about the communities that they work within and enact programs which are responsive to those contexts and community priorities.
2. Connect with people, services and agencies within the communities that support children and families.
3. Promote shared aspirations amongst communities in order to enhance children’s health and wellbeing.
4. Advocate for the development and implementation of laws and policies that promote child-friendly communities.
5. Utilise knowledge and research to advocate for universal access to a range of high quality childhood programs for all children.
6. Work to promote community understanding of how children learn in order that appropriate systems of assessment and reporting are used to benefit children.

In relation to my Employer, the Educator:

1. Support workplace policies, standards and practices that are fair, non-discriminatory and are in the best interest of children and families.
2. Promote and support ongoing professional development within the work team.
3. Adhere to lawful policies and procedures.
4. Will attempt to effect change through constructive actions within the organisation or seek change through appropriate procedures. Discuss it at a staff meeting and the Nominated Supervisor will
Suggest the change to the management body. Meanwhile continue to follow the existing policy and procedures.

5. Educators duties are described in their job descriptions. An Educator should perform their duties to the best of their ability. If staff have difficulty performing these duties to the required standard, they should ask for help from the Nominated Supervisor.

6. Staff are expected to comply with their legal and industrial award obligations.

7. Staff should seek help from the Nominated Supervisor, or use the grievance and complaints procedures, if they are unable to resolve differences between themselves.

In relation to the Professional Educator themselves:

1. Base work on contemporary perspectives on research, theory, content knowledge, high quality Childhood practices and understandings of the children and families with whom we work.

2. Regard as a learner who undertakes reflection, critical self-study, continuing professional Development and engages with contemporary theory and practice.

3. Build collaborative professional relationships.

4. Act in ways that advance the interests and standing of the profession.

5. Work within the limits of my professional role, competence and qualifications.

6. Mentor other childhood professionals.

7. Advocate in relation to issues that impact on this profession and on young children and their families.

8. Encourage qualities and practices of leadership with in the early childhood profession.

9. It is particularly important that Educators know and follow the Child Protection Policy and Procedures, Medical Conditions Policy. Emergency Evacuation Policy, Infectious Disease Policy and the Health and Safety Policy.

10. Must observe privacy and confidentiality in all circumstances involving the children, families, staff and visitors. Educators must not discuss any child or parent with any other parent or visitor, within or outside the Service. In any situation where an Educator is not sure if information is confidential or not, s/he should check with the Nominated Supervisor to verify this situation.

11. Observe privacy and confidentiality in all circumstance involving staff and not discuss private matters with any parent or visitor within or outside the Service. In any situation where and Educator is not sure if information is confidential or not, s/he should check with the Nominated Supervisor to verify this situation.

12. Are to attend work and return from breaks on time.

13. To dress appropriately for their duties, with particular attention to safety.

14. Use language which will not offend other Educators, Families, especially within hearing range of children.

15. Attend work free from the influence of alcohol or drugs, [including intense prescription medication] so as to impair his or her capacity to supervise or provide education and care to children being educated and cared for by the service. Educator is required tell the Nominated Supervisor if they are taking any prescription medication which may affect their capacity for work (e.g. causing drowsiness).

16. Smoking is not permitted in the building or on school grounds or anywhere within sight of the children.

17. Are expected to come to work when they are fit enough to do so without risking injury or infection to themselves or the staff or the children at the Service.
18. Educators duties are described in their job descriptions. An Educator should perform their duties to the best of their ability. If staff have difficulty performing these duties to the required standard, they should ask for help from the Nominated Supervisor.

19. Staff are expected to comply with their legal and industrial award obligations.

20. Staff should seek help from the Nominated Supervisor, or use the grievance and complaints procedures, if they are unable to resolve differences between themselves.

In relation to the conduce of research, an Educator:

1. Recognise that research include the routine documentation and investigations of children’s learning and development.

2. Be responsive to children’s participation in research, negotiating their involvement taking account of matters such as safety, fatigue, privacy and their interest.

3. Ensure that images of children and other data are only collected with informed consent and are stored and utilised according to legislative and policy requirements.

4. Represent the findings of all research accurately.

20.12 Staff Induction

Induction
The induction process will be an ongoing process and should include

• written information – Policy of Service.
• introductions to existing staff
• guided tour of the Service, and
• discussion of working arrangements and expectations.

Before commencement the coordinator will provide new staff with an induction kit including

• the Service’s philosophy and policies
• code of conduct
• confirmation of Wages amount.
• Holiday’s
• a list of all current staff and their positions
• a current list of management body members and their positions
• the terms and conditions of employment
• union membership information
• job description
• All details of a child at Risk of Anaphylaxis or serious allergies children with medical detail children with special requirements.

• The Nominated Supervisor will show the new staff member the facilities at the Service and introduce him/her to any other staff.

• The Nominated Supervisor will explain the operations of the Service and answer any questions the new staff member may have, before s/he commences duties in her/his new role.

Orientation Checklist.

The Nominated Supervisor will meet with the new staff member and discuss and complete the orientation Checklist. Feedback of the orientation period will be obtained at the completion of three months service.

Staff Re-Commencing work at Service.

Staff who have had a period of absence [over 2 months] will undergo the orientation procedure as above.

Personal Files

On commencement, staff are required to provide:

• a resume together with certificates of attainment.

• Working with Children Check.

• Emergency contact information.

• Tax declarations.

• Employment Contracts.

This information is confidential and release of this information will be on request to the Nominated Supervisor and with the permission of the staff member involved.

Dress Requirements.

• Staff will be expected to present themselves in clothing that is neat, comfortable, practical and appropriate.

• Wear a hat for sun protection.

• Work cover legislation requires that staff have proper footwear at all times, for this reason bare feet and thongs are not allowed. Open shoes in warmer weather are permitted, but must protect the toes and secured appropriately to the foot.

Staff Immunisations

Staff are encouraged to have all childhood immunisations up to date. Hepatitis A and B and Influenza Injections annually are recommended for staff wanting to be protected.

Smoking, Drugs and Alcohol.

Staff are not permitted to smoke anywhere on the Service property or within sight of the children. Alcohol is
Prohibited during working hours. Any staff under the influence of drugs or alcohol at any time during working hours, will be instructed to go home and appropriate disciplinary actions will be undertaken by Nominated Supervisor, Approved Provider and Management Committee.

**Private Phone Calls and Text Messages.**

During working hours, messages will be recorded and given to the staff so that they can contact the caller in their breaks. Emergency or Highly important messages are to be given to a staff member immediately, all staff are to ensure that the children are supervised appropriately and the Staff member contact the caller immediately.

**Parent/Guardian Phone calls and Text Messages:** Can be answered or returned when all children are supervised appropriately. This can only be done using Landline in Kitchen area of Service or the OSHC Mobile Phone.

**Duration of Breaks.**

Staff working an 8 hour shift will be entitled to a 1 hour lunch break and a 15 minute tea break. No hot drinks or hot water is to be accessible to children.

Staff working split shifts will be entitled to an ½ hour break after 6 hours of work and 15 minutes tea break.

**Private Childcare Arrangements.**

Parents and Guardians may ask Service staff to care for children outside San Remo Primary School, Outside School Hours Care. Families and staff members are notified that the Management Committee accepts no responsibility for arrangements and should not be arranged during working hours while supervising children.

**20.13 Probation**

A new permanent staff member's employment will be confirmed if s/he successfully completes the three months probationary period.

The probationary period should be viewed as an opportunity to give and receive constructive feedback with the new employee, and to allow for adjustment within the new work environment.

A structured process of assessment and guidance should be followed.

The management body will decide whether to confirm or terminate appointment after the probationary period, based on the recommendation of the coordinator.

Where the coordinator intends to recommend termination of employment, s/he must advise the staff member in enough time to allow the staff member to prepare her/his point of view for the management body. The management body will give the staff member the opportunity to present his/her point of view personally or in writing.

**20.14 Fixed term positions**

Where a vacancy is for a fixed term due to the extended absence of a staff member on maternity, study or other leave, the vacancy may be filled by employment of a staff member for the duration of the absence.
If the vacancy is for a period of less than three months, the Approved Provider/Principal may fill the position on a casual basis through the use of relief staff and/or temporary performance of higher level work or alternative duties by existing staff.

Where a position is to be filled for a fixed term, this must be clear in any advertising and the dates of the term described clearly in the offer of employment.

20.15 **Casual Staff**

Where the regular hours of duty of a position are expected to be less than 15 hours per week, staff may be appointed on a casual basis.

Casual positions should be clearly advertised as such.

Staff appointed on a casual basis should have the casual basis of their position clearly explained to them personally and stated in their letter of offer, including casual pay loading, entitlement to long service leave, lack of sick leave and lack of annual leave.

Except where stated otherwise, the provisions of these policies and procedures apply equally to casual and permanent employees.

20.16 **Relief staff**

The Service will employ relief staff on a casual basis to fill short term vacancies or emergency absences.

The Nominated Supervisor will keep a register of relief staff that is suitable for work at the Service.

Before a potential relief staff member is placed on the register, the Nominated Supervisor/delegate will:

- Interview the person
- Check referees
- See the originals and take copies of qualifications
- Establish fitness for childcare duties
- Ensure a formal written offer of employment is made.
- The Nominated Supervisor will provide a modified induction for all new relief staff which will include:
  - A copy of the induction kit
  - An introductory tour of the Service
  - Making sure the relief staff person is familiar with the code of conduct, the Child Protection Policy, the Occupational Health and Safety Policy, Emergency Management Plan before s/he starts work at the Service.
  - If in an emergency no relief staff are available to work at the Service, the coordinator may contact another childcare or OSHC service and employ someone from its relief staff register.
  - Current staff contact numbers.
• Tour of the facilities.
• Introduction to all staff.

20.17 Professional Development

- All Staff will be encouraged in professional development, which may include enrolment in formal qualifications, attendance at seminars held in conjunction with the school, seminars provided by an external service provider, attendance at Network meetings and briefings at internal staff meetings.

- There will be a professional development budget that will cover seminar registration costs and some staff replacement costs but not HECS or tertiary institution course fees.

- A written professional development plan will be negotiated between each staff member and the Nominated Supervisor.

- New staff members will be appraised within the first 6 months of starting.

- Nominated Supervisor and staff member compare and discuss performance, development issues and goals when mutually required.


Where the performance of an employee is below expectation and informal mechanisms have not been successful in recovering performance the following process will be implemented.

**Stage 1 - Verbal Warning.**

- Counselling and Verbal warning. Staff member will be notified that further breaches will result in a written warning.

- Written documentation of the discussion and signed by Staff member and Nominated Supervisor.

- Approved Provider notified of outcome of meeting.

**Stage 2 - Written Warning.**

- Written information is presented to staff member outlining the issue of offence. Documented examples of continued breaches will be discussed with staff member. Staff member will opportunity to explain these breaches. Nominated Supervisor, Approved Provider and staff member will attempt to find a way to amend any breaches.

- All parties to sign documentation and receive a copy.

**Stage 3 - Second Written Warning.**

- Written information is presented to staff member outlining the issue of offence.

- Documentation of examples of continued breaches will be discussed with staff member.

- Staff member will have opportunity to explain the continued breaches.
• Nominated Supervisor, Approved Provider and staff member will attempt to find a way to amend any breaches.

• All parties to sing documentation and receive a copy.

**Stage 4 - Letter of Dismissal.**

• If performance has continued to be unsatisfactory and there is no validated justification given by the employee for the under performance, the employee will be advised that his/her services will be terminated.

• Noted on documentation that a verbal and two written warnings have been issued in the past.

• Reasons will be provided for dismissal.

• Final explanations or reasons from Employee.

**Documentation of Meetings.**

All documentation of the Employee, will be kept in the personal file for 12 months.

A copy of the records of the complete performance appraisal process and Warning/Disciplinary Process will be retained in the employee’s personal file. The Management Committee will within two days, ratify the documentation of the dismissal occurring.

**Resignation.**

Employees shall give the appropriate notice of 2 weeks in writing to the Management Committee, through the Nominated Supervisor. If adequate notice is not given then pay up to the notice requirement may be withheld from the final salary payment.

**ATTENDANCE and LEAVE.**

**Attendance Record.**

Staff are required to sign an attendance register, starting the time of arrival and departure. Failure to do so may result in non payment of relevant pay.

**Annual Leave.**

Staff members are entitled to annual leave starting end of Term 4 of each Year to 2 weeks [10 working days] before school commences at the beginning of Term 1 of the new year.

**Staff Meetings.**

Meetings are held quarterly or more often if required. Staff will be contacted directly to arrange a mutual time for all. Staff will be able to add to the agenda any items that they feel are important to the service and staff.

**Communication**

Forms of communication at the service are available in the form of a Staff Notice Board, Communication Book, Memos and Note Taking.
Discussions of day to day issues are encouraged between staff members and the Nominated Supervisor. Verbal and Note taking information sheets are used in the every day running of the program.

Staff are supported to share information about children to their families when they come to collect their children.

**Injury, Incidents and Illness to Staff.**

These are required to be notified to the Nominated Supervisor, recorded on an Injury, Incident and Illness Form.

Injuries requiring Work Cover will need a Work Cover form and submitted as soon as possible.

### 21. RELATIONSHIPS WITH CHILDREN

**DIVERSITY and INCLUSION POLICY**

Children can realise their full potential regardless of Culture, Religion, or Gender. To achieve this the San Remo Primary School, Outside School Hours Care will support the Diversity of Cultures and the Inclusion of children through our Program to the children.

- Multicultural experiences will be introduced through, books, music and song, cooking, art and craft.
- Encourage family participation in the areas of language development and cultural awareness.
- Encourage, nurture and support children to maintain their culture and to share their experiences with others.
- Provide appropriate resources for staff and families, and be a part of the children and their families culture.
- Families are welcomed to contribute knowledge of their culture to enhance the program provided to all children.

**Inclusion** will be a positive experience for all the children, ensuring programs promote the equality of children. Children will be encouraged to express their emotions, opinions and to make choices.

- Provide programs that value children equally.
- Ensure that all children have equal opportunities to participate in all aspects of the program and be supported by educators to achieve a positive outcome.
- Encourage children to actively participate in a wide range of learning experiences and activities.
- Encourage nurturing, caring and leadership roles.
- Through program resources, children to feel comfortable to play, interact and explore different role plays.
- Ensure that activities and tasks provide equality for all the children.
- Language between children and Educators are supportive and respectful.
- Questionnaire available each term for a feedback from children in regards to the Service Operation.
“Have your Say” is a box to place children’s comments on their experiences, opinions, information or requests, for Educators to have access only.

Clip Board for children to place requests for the program for each term.

**DISABILITY POLICY**

San Remo Primary School, Outside School Hours Care, supports children to have the right to develop to their full potential. Children and their families using the service will appreciate the positive attitude to those with different abilities. The service strives to manage and maintain a program and environment to support children and their families to participate and be active at the service.

**Enrolments**

There will be a joint consultation between the Nominated Supervisor, Educators, disability resources representative and parents to prepare a management plan for the child’s needs, and the services available resources, required to support those needs. All resource options will be investigated in relation to the child’s needs.

From the Management Plan, identifying what resources are available and what actions may be required:

- The environment and experiences provided are modified in accordance to the child’s abilities where possible.
- Resource and materials, display children and families with different abilities.
- Educators will support comments and behaviours that are positive in regards to disabilities.
- Ensure all children have the opportunity and the encouragement to develop a positive self esteem.
- Educators will have relevant training and resources, in relation to children with additional needs.
- Feedback and family involvement will be sought in all aspect of the services function and program.
- The program will reflect the individual needs of the child and promote integration and acceptance.
- Assistance and advice will be sought from Wider Community Support when required, in order to support the Individual needs of the child with the rest of the group.
21. **MANAGEMENT**

The Outside School Hours Care Program shall be managed efficiently and effectively, within government operational guidelines. It shall respect the rights of the children, parents and staff associated with it.

**School Council Management Committee Relationship**

School Council sponsors, runs and has overall responsibility for the management of the Outside School Hours Care Program. The Management Committee, a sub-committee of School Council is established annually, following School Council elections. Membership of the Management Committee would include at least one School Council member, the Principal and 2 parents of children who use the program.

21.1 **Role & Responsibilities of the Management Committee**

- Prepare the Annual Outside School Hours Program report for the School Council and users of the program.
- Conduct an Annual General Meeting each year.
- Prepare monitoring quarterly and audit reports as required.
- Ensure effectiveness of the program.
- Ensure that this policy is implemented and adhered to.
- Receive and act upon the co-ordinators report at each ordinary Management Committee meeting.
- Report on the operation of the program to each School Council Meeting.

**Role & Responsibility of Staff**

- Maintain records as required.
- Report any problems to the management Committee through the co-ordinator’s report.
- Serious matters are to be reported to the Management Committee convenor or the Approved Provider/Principal as a matter of urgency.

**Leadership and Service Management.**

- San Remo Primary School, Outside School Hours Care is committed to protecting the privacy of the children, families, educators and committee members of the service, in accordance with the Information Privacy Act and Health Records Act.
  - All persons has the right to query the handling of information about their child or themselves. Queries should initially be directed to the Nominated Supervisor.
  - Information is collected upon enrolment about the child attending the service and documented on the Service files.
  - Reminders will be published in the newsletters for any changes to personal information of families.
  - Confidentiality of all information documented will be maintained in the highest regard.
  - Access to Individual Records will not be given to Management Committee members, relief staff, students on Job Skills and volunteers.
  - Nominated Supervisor will ensure that Educators who have access to children’s records are informed at the time of receipt that any information contained in these records is strictly confidential.
  - Nominated supervisor will support Educators in further development of skills and education.
  - Ensure new families receive relevant information in regards to the service operation and policies.
  - Nominated Supervisor to apply, maintain and monitor Legislations and Regulations.
SUB-COMMITTEE ROLES AND RESPONSIBILITIES

The sub committee can provide support for, and share the responsibilities with the Nominated Supervisor of the service. The subcommittee members consist of: Approved Provider, Nominated Supervisor, School Council Member Parent Representative and Parent Representative.

Roles of Sub Committee

- Communicate with Nominated Supervisor before School Council Meeting.
- Review Philosophy, Policies and Procedures with Nominated Supervisor and/or Approved Provider. Any changes will be presented to School Council.
- Provide support for Service needs and requirements.
- Provide support with Service grants and funding.

Within any meetings the Nominated Supervisor will chair the meeting. Minutes of the Meeting will be recorded. Information and/or recommendations will be submitted by a member of the Sub Committee to Council Meeting.

An Agenda will be handed out 1 week before meeting to enable to add or adjust any changes/suggestions.

23. ADMINISTRATION

The program will be administered effectively and responsibly to ensure good financial control in compliance with the Service Agreement.

Holding Monies

Monies will be banked at least weekly, including fees paid in advance. A receipt will be issued to the Nominated Supervisor.

Petty cash, up to the limit set from time to time by the School Council will be controlled by the Nominated Supervisor.

Administrative Records

Daily records of each child’s attendance and time of pick up, and weekly records of fees incurred, fees paid and fees outstanding will be processed by the Nominated Supervisor, in a form approved by the Management Committee.

Details of the scale of fee relief and of fees outstanding will be kept confidential, and will only be available to the Outside School Hours Care staff, the Management Committee and School Council.

The Nominated Supervisor will be responsible for compiling childcare assistance reports each week for Centrelink. The Management Committee will be responsible for compiling the statistical audit reports required by the Office of Childcare Services.

22.1 Role & Responsibility of the Approved Provider/Principal.

The Principal/Approved Provider is a member of the Management Committee and has no role beyond this in supervising the staff of the program.

In the day-to-day operation of the program the Approved Provider/Principal is expected to:

- Relay information, queries from parents or staff to or from Management Committee.
- Handle any urgent matters which can not be dealt with by the program’s staff, and which in the principal’s judgement need attention before the next management Committee meeting.
- Collaborate with Nominated Supervisor to ensure the operation of the program is attained and that all Legislation is followed by the Service.
Where the behaviour of a child in the program is of grave concern, the Principal is to be involved in accordance with Policy Guidelines for School Councils Operating Out of School Hours Program.

The Approved Provider/Principal will ensure that:

- The Management Committee is informed of its reporting and monitoring obligations as communications from funding bodies is received.
- That the treasurer of the program receives records of receipts and payments on request.
- Staff have arrived prior to the commencement of the program, every day.
- Organising emergency staff in the case of the Nominated Supervisor is absent.

### POLICY & DOCUMENT RECORDS REVIEW SCHEDULE

<table>
<thead>
<tr>
<th>POLICY</th>
<th>REVIEWED</th>
<th>NEXT REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy</td>
<td>November 2013</td>
<td>November 2014</td>
</tr>
<tr>
<td>Fee Structure</td>
<td>November 2013</td>
<td>November 2014</td>
</tr>
<tr>
<td>Children’s program</td>
<td>November 2013</td>
<td>November 2014</td>
</tr>
<tr>
<td>Health &amp; Safety</td>
<td>January 2013</td>
<td>January 2014</td>
</tr>
<tr>
<td>Collaborating with families</td>
<td>March 2013</td>
<td>March 2014</td>
</tr>
<tr>
<td>Security</td>
<td>February 2014</td>
<td>February 2015</td>
</tr>
<tr>
<td>Staffing</td>
<td>November 2013</td>
<td>November 2014</td>
</tr>
<tr>
<td>Administration</td>
<td>September 2012</td>
<td>September 2013</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>January 2013</td>
<td>January 2014</td>
</tr>
<tr>
<td>Nutrition</td>
<td>April 2013</td>
<td>April 2014</td>
</tr>
<tr>
<td>Privacy Policy</td>
<td>August 2013</td>
<td>August 2014</td>
</tr>
<tr>
<td>Disability Policy</td>
<td>May 2013</td>
<td>May 2014</td>
</tr>
<tr>
<td>Quality Improvement Plan</td>
<td>May 2013</td>
<td>May 2014</td>
</tr>
<tr>
<td>Regular Outing Risk</td>
<td>June 2013</td>
<td>June 2014</td>
</tr>
</tbody>
</table>

**Appendices**

- OH&S
- Staff Induction List
- Injury, Illness, Incident Staff Report

---

*San Remo Primary School* 19-Aug-15
**ACCIDENT, INCIDENT AND ILLNESS REPORT FORM - STAFF**

<table>
<thead>
<tr>
<th>NAME OF SERVICE</th>
<th>San Remo Primary School Outside School Hours Care</th>
</tr>
</thead>
</table>

**Original:** Retained by Service.

**Duplicate:** To Staff Member

[Photocopy a completed report. Staff Member to sign both copies]

<table>
<thead>
<tr>
<th>NAME OF STAFF MEMBER</th>
<th>DATE______/_<strong><strong>/</strong></strong>__</th>
<th>DATE OF INJURY, ILLNESS, INCIDENT______/_<strong><strong>/</strong></strong>__</th>
<th>Time of Incident_____am_____pm</th>
</tr>
</thead>
</table>

Employment Position ________________________________ - GENDER ________________________________

- INCIDENT Involving NON STAFF MEMBER. [Eg. Visitor, volunteer, student, contractor]

| NAME OF NON STAFF MEMBER | | |
|--------------------------| | |

**INJURY DETAILS**

**POSITION OF INJURY** [Mark area of injury]

| FRONT | BACK |

**TYPE OF INJURY**

<table>
<thead>
<tr>
<th>CUT</th>
<th>SPRAIN</th>
<th>BUMP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BURN</th>
<th>ALLERGY</th>
<th>ASTHMA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SCRATCH/GRAZE</th>
<th>BRUISE</th>
<th>FALL/TRIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Type of Injury

________________________________________________________________________________

Details

### SERIOUS INJURY DETAILS

An Incident where there is an immediate threat to life or the requirement of medical intervention, i.e. Emergency 000 is requested or Medical Practitioner. Damage to Buildings or Equipment.

### INJURY SUSTAINED

| ___________________________________________________ | ___________________________________________________ |
| ___________________________________________________ | ___________________________________________________ |
| ___________________________________________________ | ___________________________________________________ |
| ___________________________________________________ | ___________________________________________________ |

### LOCATION OF SERIOUS INCIDENT

| ___________________________________________________ |
| ___________________________________________________ |
| ___________________________________________________ |

### CAUSE OF INJURY

<table>
<thead>
<tr>
<th>OUTDOOR ACTIVITY</th>
<th>INDOOR ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### LOCATION OF WHERE INJURY HAPPENED

| ___________________________________________________ |
| ___________________________________________________ |
| ___________________________________________________ |

<table>
<thead>
<tr>
<th>Art/Craft</th>
<th>Cooking</th>
<th>Paths/Walkways</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doors/Windows</th>
<th>Play Equipment</th>
<th>Room Furniture- Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stairs/steps</th>
<th>Hand Tools</th>
<th>Travelling to/from Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BRIEF ACCOUNT OF INJURY

To be Completed by the Staff Member or someone on their behalf.

Name ____________________________________________

Time of Injury Notified __________ am / pm

Details of Injury

| ___________________________________________________ |
| ___________________________________________________ |
| ___________________________________________________ |
| ___________________________________________________ |
| ___________________________________________________ |
| ___________________________________________________ |

### OTHER STAFF PRESENT AT THE TIME:

NAME: ____________________________________________
ACTION TAKEN FOR INJURED STAFF’S WELFARE

First Aid: Remained at service  []  First Aid: Collected from service  []

1st. Observation Details: am  pm

___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________

2nd. Observation Details:  am  pm

___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________

3rd. Observation Details:  am.  pm

___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________

4th. Observation Details:  am  pm

___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________

5th. Observation Details:  am  pm

___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________
___________________________________________________  _____________________________________________

[Add extra Pages of Observations if Required.]

PRIVATE AND CONFIDENTIONAL
### BRIEF ACCOUNT OF ILLNESS

**Other Staff Present at Time**

<table>
<thead>
<tr>
<th>Name</th>
<th>Time of Illness Notified</th>
<th>am / pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Details of Illness**

___________________________________________________

ACTION TAKEN FOR STAFF'S WELFARE

**First Aid:**

- Remained at service [ ]
- Collected from Service [ ]

**1st. Observation Details:**

- am
- pm

___________________________________________________

**2nd. Observation Details:**

- am
- pm

___________________________________________________

**3rd. Observation Details:**

- am
- pm

___________________________________________________

**4th. Observation Details:**

- am
- pm

___________________________________________________

**5th. Observation Details:**

- am
- pm

___________________________________________________

[Attach additional, clearly labelled pages if required]
<table>
<thead>
<tr>
<th>Name</th>
<th>Time of Incident Notified</th>
<th>am / pm</th>
</tr>
</thead>
</table>

**Details of Incident**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**1st. Observation Details:** am pm

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**2nd. Observation Details:** am pm

________________________________________________________________________

**3rd. Observation Details** am pm

________________________________________________________________________

**4th. Observation Details** am pm

________________________________________________________________________

[Attach additional, clearly labelled pages if required]
NOMINATED AUTHORISED SUPERVISOR OF SERVICE INFORMED OF INJURY, ILLNESS, INCIDENT.

NAME OF NOMINATED SUPERVISOR: ____________________________________________
DATE INFORMED _____/_____/_________ SIGNATURE ____________________________

CONTACTING FAMILY/ EMERGENCY CONTACTS.

Time: _____ am _____ pm Name Of Person Notified: _______________________________________
Telephone [ ] Verbal [ ]

Time FAMILY/ Emergency Contacts, collected STAFF MEMBER ________am________ pm

Staff Who Contacted FAMILIES/ Emergency Contacts.

Name: ______________________________________________________

INFORMING STAFF AT SERVICE OF INJURY, INCIDENT OR ILLNESS.

Name of Staff Informed of Injury, Incident, Illness of Child/Children

Name: ______________________________________________________ Time: ________ am________ pm
Name: ______________________________________________________ Time: ________ am________ pm
Name: ______________________________________________________ Time: ________ am________ pm
Name: ______________________________________________________ Time: ________ am________ pm
Name: ______________________________________________________ Time: ________ am________ pm

SIGNATURES OF STAFF AND FAMILIES/ EMERGENCY CONTACTS.

Signature of Staff Member: ___________________________ Date:___________________________
Print Name: ___________________________ Date:___________________________

Signature of FAMILY/Emergency Contact: ___________________________ Date:___________________________
Print Name: ___________________________ Date:___________________________

COMMENTS OF FAMILY/ EMERGENCY CONTACTS IF REQUIRED

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
### STAFF ASSESSMENT AND COMMENTS

#### ASSESSMENT

Could the injury, illness or incident been avoided? □ NO □ YES

Please Detail

__________________________________________________________________________

__________________________________________________________________________

Was the equipment appropriate. □ NO □ YES

Please Detail

__________________________________________________________________________

__________________________________________________________________________

Can measures be put in place to prevent the injury, illness or incident occurring again? □ NO □ YES

Please detail

#### STAFF COMMENTS If required

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

PRIVATE AND CONFIDENTIAL.

NEXT: Risk Management – Identify Hazard. If required. □
**Induction and Orientation Guidelines - Outside School Hours Care - San Remo Primary School**

Induction is a key part of the training and development of a new employee and involves sharing information about policies, guidelines, systems and support.

**Employee’s Name:** ________________________________________________ Date: __/__/____

**Employment Position:**

**Program Description:** ________________

**Pay Description:**

**Interview:** ________________

**Offer of Employment:**

**PRIOR TO COMMENCEMENT:**

- Personal file created
- Copy of written offer of Employment
- Signed Acceptance of Offer.
- Letter of welcome [including starting date, Hours, Location etc.]
- Announce appointment to other staff members
- Arrange meeting between Management and Employee to discuss induction procedure.
- Organise – Policy and Procedure Handbook of Service
  - Computer Access [if applicable]
  - Passwords [if applicable]
  - Edumail Address [if applicable]
  - Copy of Job Description
  - Pay Details Form, Employment Declaration. Bank Account Details.
  - Personal Details – Emergency Contacts etc.
  - Terms and Conditions of employment. [Detailed in Policy]
  - DEECD Personal Details Form,
- Add new team member name to staff Lists.

**COMPLETED:**

**MEETING:**

- Discuss the induction checklist and give the Employee a copy.
- Discuss the role requirements details.
- Discuss Wages procedure, rates of pay, holiday leave.
- Staff member to tour service facilities, Outdoor areas, toilets.
- Outline OSHC communications procedures, including phone Operations, communication book, List emergency numbers.
- Inform staff member where resource files are kept.
- Explain the use of all equipment - sports, art/craft, photocopier etc.
• Structure of School Council Management, Approved provider.

• Terms and Conditions of Employment.

• Union Membership Information.

• Copy of Working with Children Check.

• Discuss the operations of the Service Program and answer any Questions the staff member may have.

**OH&S INDUCTION**

• Complete OH&S Induction Checklist.

• Staff Member has supplied copy of -
  
  Level 2 First Aid  
  Asthma Certified  
  Anaphylaxis Certified

• Fire and Emergency Safety Orientation Checklist Completed

• Discuss Supervision procedures of children.

• Discuss Risk Assessments and Risk Management of program

• All details of a child at Risk of Anaphylaxis or Serious Allergies, Medical and Special Requirements.

• Discuss food handling and safety procedures.

• Discuss Emergency/Evacuation Bag and Position

• Discuss Cleaning Requirements and Procedures.

• Discuss Bio Hazards procedures.

**UPON COMMENCEMENT**

• Introduce staff member to other staff, families and children

• Discuss any important issues at end of shift, or arrange another Meeting if required.

**WITHIN FIRST MONTH OF COMMENCEMENT**

• Discuss professional development needs.

• Discuss performance standards and review process

• Meet with employee to discuss first month’s Activities and Provide an opportunity for feedback.

**THREE MONTH INDUCTION**

Employee should have a basic understanding of the OSHC environment and received support and training that will enable opportunities for the development of increased knowledge and skills.

• Meet with Employee to discuss Progress.

• Acknowledge the completion of the Induction Program.

• Evaluate the induction process.

**AT SIX MONTHS**

• Ensure mid-cycle performance review has been Conducted.

**AT END OF 12 MONTHS.**

• Ensure end of year performance review has been conducted.