

**MARGARET CRIBB
CHILD CARE CENTRE**

**POLICY AND
PROCEDURE
MANUAL**

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1.0

INTRODUCTION

The aim of these policies is to provide clear guidelines that may assist all members of the Margaret Cribb Community to communicate liaise and coexist in harmony, while providing a loving, warm and caring environment.

We have not tried to "reinvent the wheel" but have borrowed, adapted and created policies that meet the needs and context of the Margaret Cribb Child Care Centre. Acknowledgment is made to the following parties for material used during the compilation of the policies:

- Child Care (Child Care Centres) Regulation 2003.
- Department of Human Services and Health, *Staying Healthy in Child Care*.
- NSW Children's Services Health and Safety Committee and the School of Community Medicine UNSW, *Health and Safety in Child Care Centre's, Model Policy and Practices*.

OTHER SOURCES HAVE BEEN ACKNOWLEDGED THROUGHOUT THE TEXT.

Many Policies were first created by the Parent Management Committee & our founding Director Sandra Falconer, during the early years of the centre's operation. We would like to recognize their hard work & that of the past & present staff in creating these policy documents which form the foundations of the Margaret Cribb Child Care Centre Policy & Procedures Manual.

1.1 CENTRE PHILOSOPHY

THE PHILOSOPHY OF THE MARGARET CRIBB CHILD CARE CENTRE

MISSION STATEMENT

The Margaret Cribb Child Care Centre endeavours to provide care and education in a friendly, safe and stimulating environment, recognising the diversity of the children and ensuring that each child is considered as an individual. Accordingly, the program aims to develop self-confidence, initiative and responsibility whilst allowing for personal autonomy and self-direction.

Our documentation is guided by the Early Years Curriculum Guidelines (QSA, 2006) using the key learning areas as follows:

Social and Personal Learning

Sustaining relationships:

Children sustain relationships by:

- acknowledging and negotiating rights, roles and responsibilities in a range of contexts
- cooperating with others in social situations.

Understanding diversity:

Children build early understandings about diversity by investigating and communicating positively about the social and cultural practices of people in their community.

Personal learning:

Children build a positive sense of self by:

- developing a sense of personal identity as a capable learner
- acting with increasing independence and responsibility towards learning and personal organisation.

Health and physical learning

Making healthy choices:

Children build a sense of wellbeing by making choices about their own and others' health and safety with increasing independence.

Gross motor:

Children build a sense of wellbeing by using and extending gross-motor skills when integrating movements and using equipment.

Fine motor:

Children build a sense of well being by using and extending fine-motor skills when integrating movements

and manipulating equipment, tools and objects.

Language Learning and Communication:

Oral language:

Children expand their oral language by:

- using spoken language (including home language or signed or augmentative communication) for a range of purposes
- exploring the patterns and conventions of spoken, signed or augmentative language
- interacting with peers and familiar adults using, with support, the conventions associated with formal and informal group settings including attentive listening.

Reading and viewing:

Children become readers and viewers by using emerging understandings to predict and make meanings

from a variety of written, visual and multimodal texts.

Writing and shaping:

Children become writers and shapers by experimenting with emerging understandings of written, visual

and multimodal texts to communicate meanings.

Early Mathematical Understanding

Children build early mathematical understandings about number, patterns and algebra, measurement, chance and data and space by:

- investigating and communicating ideas about quantities and their representations, and attributes of objects and collections
- investigating and communicating ideas about position, movement and direction
- investigating and communicating ideas about order, sequence and pattern.

Active Learning Processes

Thinking:

Children think and enquire by generating and discussing ideas and plans and solving problems

Investigating the Natural World:

Children think and enquire by:

- investigating their ideas about phenomena in the natural world
- developing shared understandings about these phenomena

Investigating Technology:

Children think and enquire by investigating technology and considering how it affects everyday life.

Investigating Environments:

Children think and enquire by investigating features of, and ways to sustain, environments.

Imagining and Responding:

Children generate, represent and respond to ideas, experiences and possibilities by:

- experimenting with materials and processes in a variety of creative, imaginative and innovative ways

- discussing and responding to the qualities of their own and others' representations, experiences and artistic works.
-

IMPLEMENTATION OF OUR PHILOSOPHY

Our aims, beliefs and the way we view children's learning make a foundation from which we draw our goals and objectives.

The curriculum is specific to the needs, interests and abilities of the children within the centre. It is based on the individual needs of the children and is generated through qualitative documentation. The programs can be viewed in the respective playrooms.

The evaluation of these programs not only forms a basis for the continuation of planning but also is used by the staff to formulate the children's ongoing experiences.

Staff, parents and children create journals that document each child's journey through their learning at our centre. These journals are then in turn used to help create a daily program. They also provide an opportunity for open communication between families and our centre community.

Source: Queensland Studies Authority. (2006). *Early Years Curriculum Guidelines*.

Reviewed: June 2008

Next review: 2010

2.1 ADMISSIONS POLICY

AIM

- To allocate care time within the Centre in an equitable and reasoned manner.
- To maximise the use of available space.

RATIONALE

The Centre is governed by the Department of Communities licensing agreement stating that the enrolment is for seventy-five places.

The Centre is open to all members of the community. The Centre welcomes all children regardless of cultural, social, physical, intellectual or emotional attributes.

PROCEDURE

Priority of access to the Centre is according to the Federal Government's Priority of Access Guidelines. These are as follows:

1. A child at risk of serious abuse or neglect
2. A child of a single parent who satisfies, or of parents who both satisfy, the work / training / study test under section 14 of the Family Assistance Act
3. Any other child

We endeavour to balance our intake between children of University of Queensland staff, students and the Non-university community.

Children maybe enrolled on a weekly basis (5 days) or minimum 2 day basis. Varying enrolments, such as nine day fortnights are not acceptable.

Children and parents attending the Centre will have priority of placement over new enrolments. This shall also extend to the placement of siblings within the Centre.

The Centre will endeavour to fill a place should a parent be compelled to take extended leave but no guarantee can be made. If the Centre is unsuccessful the parent will need to pay the fees in order to hold their position

Exceptional circumstances will be considered at the Director's discretion.

Source: Priority for Allocating places in childcare, Commonwealth Dept. of Family & Community services

Reviewed: July 2008

Next Review: 2010

2.2 ADMISSIONS POLICY - ENROLMENT

AIM

To welcome and inform prospective enrolments to the Margaret Cribb Child Care Centre.

RATIONALE To promote easy, well informed enrolments into child care.

PROCEDURE

1. Enquiries
 - Send/give flyer and waiting list application
2. Waiting List Application returned
 - Place details on Waiting List
 - Letter of confirmation of placement on the waiting list.
3. Position becomes available
 - Parents notified of available space.
 - Tour with Director
 - Parents fill in Admission Forms
 - Admission Forms include Enrolment Application, Child's Personal History, Financial Agreement, Medical Administration Form, Emergency Form, Access Form, Information Booklet, Health Booklet, Curriculum Booklet, Playroom Brochure, Multicultural Booklet.
4. Forms received
 - Director confirms enrolment and starting date
5. Child Orientation
 - Three (3) visits
6. Child commences

Towards August/September present parents will be surveyed to ascertain their enrolment requirements for the following year. After which Round 1 offers will be made to families on the Waiting List. This may be followed by further offers as the enrolment trends become clearer.

Source: Parent Management Committee 1995

Reviewed: July 2008

Next Review: 2010

2.3 ADMISSIONS POLICY - SIBLINGS

AIM

To assist family unit cohesion and to lessen the burden of combining roles inside and outside the family.

RATIONALE

To simplify child care problems for families by ensuring that siblings attend child care at the one centre. It is the expressed rationale of this policy to expedite the process of obtaining care at Margaret Cribb Child Care Centre. This policy does not override the need to make an application for care at the earliest stages of pregnancy.

PROCEDURE

By giving waiting list priority to siblings of children already attending the centre.

An application received for a sibling shall be elevated on the list by a period sufficient to ensure placement of the child upon the parent's required return to work/study/job seeking.

Care may still only be available according to the Director's assessment of existing demands in the centre with particular regard to licensing regulations and staff workload.

All the above presumes that the sibling has a demonstrated need for care consistent with general priority of access guidelines.

Source : Parent Management Committee Meeting 1995

Reviewed: July 2008

Next Review: 2010

2.4 ADMISSIONS POLICY - STAFF MEMBERS' CHILDREN

AIM

To assist family unit cohesion and to facilitate the retention of staff members.

RATIONALE

To ensure a worry-free return to work for experienced staff members.

PROCEDURE

By giving waiting list priority to children of staff members.

Parent/employee must observe all usual requirements for making a Waiting list Application. An application received shall be elevated on the list by a period sufficient to ensure placement of the child upon the parent's required return to work. The staff member must have been employed a minimum of one year full time with Margaret Cribb Child Care Centre.

Care may still only be available according to the Director's assessment of existing demands in the Centre with particular regard to licensing regulations and staff workload.

All the above presumes that the child has a demonstrated need for care consistent with general priority of access guidelines.

Source: Parent Management Committee Meeting 1996

Reviewed: July 2008

Next Review: 2010

2.5 ADMISSIONS POLICY - WAITING LIST

AIM

To endeavour to provide equal access to enrolment at the Margaret Cribb Child Care Centre by placing names according to date of application.

PROCEDURE

- Parents will be supplied with a Waiting List Application form and an Information brochure.
- Parents are required to complete a Waiting List Application form.
- Upon receipt of the completed Waiting List Application form the name will be placed on the Waiting List. Parents will receive an official receipt notifying them of their placement on the Waiting List.

All families are eligible to enrol their children at the centre. However, we are required to follow guidelines stated by the Department of Health and Family Services.

Under these guidelines, priority is given to children whose parents are working, studying or seeking employment. Consideration will be given to children who are intellectually or physically disabled or whose parents are intellectually or physical disabled, children who are at risk of abuse or neglect, children who have parents at home with more than one child below school age and single parents at home. We endeavour to balance our intake between children of University of Queensland staff, students and the non-university community. We give priority to the children of the Margaret Cribb Child Care Centre staff and to siblings of children already attending the centre.

Prior to admission, an interview and tour of the centre will be conducted by the Director. At this time parents will complete all necessary documentation for enrolment. All information about individual children and families is strictly confidential. The Centre must be notified of any changes to these details, including updating immunizations immediately.

Enrolment at the Centre may be either full time or part time. Children attend the centre on their specified days and any changes to enrolments may not be possible until a vacancy occurs.

Source: Parent Management Committee 1996

Reviewed: July 2008

Next Review: 2010

2.6 EXCLUSION

If, in the opinion of the Director it is necessary to exclude a child from our Centre because the continuing enrolment of that child is detrimental to the well-being of:

- The child
- Other children enrolled at the Centre
- Staff of the Centre
- The proper functioning of the Centre

The Director can terminate that child's enrolment by giving notice in writing to a parent stating the date from which time the child is to be excluded "without assigning any reasons". The decision of the Director in this regard will be final.

Source: Parent Management Committee 1995

Reviewed: July 2008

Next Review: 2010

2.7

FEES - LATE FEE

AIM

To maintain high quality of care for the children with consideration to the rights of the staff.

RATIONALE

Although the Centre is open until 5.30pm parents are often running late to collect their child/children. Two staff members are rostered on to care for the children until 5.45pm. Should they be required to stay after this time they are entitled to overtime.

PROCEDURE

Should a parent arrive after 5.45pm according to the clock in the main office a late fee will be charged. The fee is stated in the Agreement Form which is signed by the parent upon enrolment. It states:

"There is a surcharge of \$15.00 per quarter hour or part thereof and \$30.00 per quarter hour thereafter for each child not collected from the Centre by closing time. This is to cover the cost of staff overtime."

A late book containing the following information will be completed:

- The date
- Child's name
- Signature of two (2) staff members
- Signature of parent
- Time collected
- Cost (to be completed by office)

An account will be forwarded to the parent requesting payment.

Staff will be paid in the following pay for the overtime accrued.

Source: Parent Management Committee 1996

Reviewed ; 2008

Next Review; 2010

2.8

ACCESS POLICY

AIM

To ensure the child's safety access is restricted to those people who have been identified by the parent as having access to collect the child from the Centre.

RATIONALE

The need to restrict access comes from the nature of today's society where families are often non-traditional.

PROCEDURE

Parents are required to arrange for the nominated adult to sign the access form presented at the time of enrolment. Parents must inform staff that someone, other than themselves will be collecting the child. The nominated adult must make themselves known to the child's carers and identify themselves as the nominated adult before being allowed to remove the child from the centre. The nominated adult will be required to identify themselves by signature on the sign in/out sheet and show photographic identification.

If the nominated person is unknown to the carer, he/she must contact the Director who will check the Access Form. Should the name not appear on the form the Director will make contact with the parents. If parents are not available the child cannot be released into the person's care.

Emergencies only

In the case of an emergency parents may make phone contact to the Director should they wish someone who is not nominated on the Access Form to pick up their child. However, it is preferred that an Access Form be filled out. The Director has the right to refuse this request should he/she feel unsure.

Source: Parent Management Committee 1994

Reviewed: July 2008

Next Review: 2010

2.9

CONSENT FORMS

AIM

To ensure informed consent is obtained from parents before a child receives any medication, first aid or emergency treatment, and to allow the child to be transported to hospital by ambulance if necessary.

RATIONALE

Children attending centres frequently require administration of medications for minor conditions and application of sunscreen lotion to prevent sunburn. As sunscreen lotions can cause allergic reactions they should not be administered without parental consent.

PROCEDURE

On enrolment the Director will ask parents to sign consent forms for

- First aid and emergency treatment
- Transportation to hospital by ambulance, if necessary
- Administration of:
 - any prescribed medication at parent's request (Prescription, dose & child's name must be on pharmacy label)
 - paracetamol in the case of fever with parent's permission
 - teething ointment in the event of teething discomfort
 - any other specific requirement of the parent
- Contacting the child's doctor, if necessary

In the event of a child becoming unwell at the centre, a parent will be contacted by telephone for verbal instructions by a staff member or the Director before medication is administered. If such contact cannot be made, the Director will act in the best interests of the child.

Source: Staying Healthy in Childcare
Queensland Health (Drugs & Poisons) Regulations 1996 Authority, Section 269,
July 2000.
Child Care Regulation 2003

Reviewed: Parent Management Committee September 2008

Next Review: 2010

2.10 ORIENTATION POLICY - NEW ENROLMENTS

AIM

To familiarise parents and children with staff, routines and the context of the Centre.

RATIONALE

For a successful start to the child's placement at the Centre it is necessary for the child and parents to take advantage of this time.

The children will settle easier seeing the staff and parent interacting in a positive social context.

PROCEDURE

1. Parents and children are required to visit and participate in the program for at least three (3) visits prior to commencement.
2. Parents consult with staff on information regarding the child. The child's routine and development will be discussed and recorded so that a program suitable to the child's needs can be planned.
3. Staff familiarise parents with the Playroom routine.
4. Parents are made aware of the policies and philosophy of the Centre during the visits.
5. The staff will make the parent and child feel welcome sharing with them information about planning and the educational aspects to the program.

Source: Separation Anxiety - D'Arcy. Kids Healthline.

Reviewed: July 2008

Next Review:2010

2.11 ORIENTATION POLICY - WITHIN THE CENTRE

AIM

When children are moving from one Playroom to the next:

- parents need familiarisation with staff, routines and the requirements of the new playroom.
- children need to feel secure, confident and accepted as one of the group.

RATIONALE

The Centre ensures to provide a positive transition from Playroom 1 all the way through to Playroom 6 by providing continuity and support.

PROCEDURE

1. Staff consulted on the selection of children to be moved.
2. Parents consulted on the reasons for the transition and the orientation procedure.
3. Staff are notified of the date and names of children to be moved.
3. Parents and children introduced to Staff and setting. Curriculum and Brochure for new play group to be issued to parents.
5. Children encouraged to visit and participate in the new program for short visits, extending to longer visits over a period of one to two weeks.

This procedure needs to be viewed with flexibility on the part of carers and parents.

Source: Staff Meeting, 1995.

Reviewed ; Parent Management Committee September 2008

Next Review; 2010

2.12

ABSENCES

AIM

To maintain clear and correct records of absences.

RATIONALE

The signing in/out procedure provides an official record of the children's attendance at the Centre. It is a government requirement that this action be followed. It assists staff as a way of communication, enables a roll call for excursions and in case of an emergency evacuation.

PROCEDURE

It is necessary for parents to record a reason for a child's absence from the Centre. Parents receiving Child Care Assistance will continue to receive their assistance if their child is away for one of the following:

- Sick days by providing a medical certificate
- Holiday/Occasional/Sick without a medical certificate - 30 care days per calendar year
- Rostered day off - by providing a letter from the employer,
- Non-immunisation of a child - when there is an out break of an infectious disease against which the child has not been immunised.

Upon arrival parents must complete the signing in/out form placed near the entrance to each playroom. If parents are away from their contact number for any length of time they must let the centre know and provide an alternate contact number.

When collecting their child parents must sign the in/out form again. This is a time for parents to be part of their child's day and for the parent to communicate with the staff about their child's development. Please always notify a staff member when collecting your child.

Source: Dept. Family & Community Services

Reviewed: July 2008

Next Review: 2010

2.13

GRIEVANCES - PARENTS

AIM

To design methods where all members of the centre community have an understanding of the issues pertaining to the creation of a happy environment.

To maintain clear avenues of communication.

RATIONALE

Often parents are unaware of the steps to take when faced with a difficulty. Questions arise as to who is the right person to approach in order to obtain an answer.

PROCEDURE

Issues pertaining to the child or playroom management maybe directed to the Group Leader who may refer the parent to the Director.

Issues of fees, policies or management should be directed to the Director.

If satisfaction is not forthcoming the parent has the right to approach the Management Committee through their parent representatives.

Finally, the parent may refer the query to the Board of Management or the Department of Families, Youth and Community Care.

Source: How Does it Feel? – Anne Stonehouse 1994.

Australian Early Childhood Assoc.

Reviewed ; 2008

Next Review; 2010

2.14

PRIVACY POLICY STATEMENT

We Respect Your Privacy

In order to provide you with the highest standard of service our organisation is required to collect personal information from you about your children and parents/guardians before and during the course of a child's enrolment in our service. We are committed to protecting your privacy and we abide by the National Privacy Principles contained within the Privacy Act. Privacy of your personal information is important to us and we conduct our service with respect and integrity.

What information do we collect, why and how is it used?

Basic details are usually collected directly from parents such as your names, birth dates, address, phone contacts. It is also necessary for staff to collect details regarding your child's name, date of birth, medical details, health, routines, likes and dislikes which make up a personal profile for the staff.

In addition, we are required to hold information regarding your child's Child Care Benefit entitlements. All this information is vital in assisting us to provide the best possible individual care for your child and for processing payments. Some of the information we collect is to satisfy the service's legal obligations under the relevant child care legislation.

We assure you that:

- This information will only be used by our child care professionals in order to deliver your child's care to the highest standards.
- It will not be disclosed to those not associated with the care of your child without your express consent.
- You may ask to seek access to the information held about you and your child and we will provide access without undue delay.
- This access might be inspection of your child's records or by providing copies of information.
- There will be no charge made for requesting this information but there may be a fee levied to cover the cost associated with the processing of this request.
- We will take reasonable steps to ensure at all times that the details we keep about your family accurate, complete and up to date.
- We will take reasonable steps to protect this information from misuse or loss and from unauthorized access or disclosure.
- Our staff are committed to respect these principles at all times.
- If a student has a valid training requirement that involves the gathering of certain information pertaining to your child or family, the student must have written consent from you and the Director of the Centre.

All privacy related comments, feedback or complaints should be directed to the Centre's Director. We will follow up all comments, feedback or complaints within 14 days and resolve them to maintain our high standards of service provision.

Source: A Privacy Checklist for Small Business, Office of the Federal Privacy Commissioner, New Policy Introduced February, 2003

Accepted at Staff Meeting February 2003

Reviewed: July 2008

Next Review: 2010

2.15 PAYMENT OF FEES POLICY

Policy Developed:	January 2004
Approved by Management Committee:	March 2004

Overview:

The Margaret Cribb Child Care Centre relies on fees as its main source of income. The Management Committee of the Centre has a responsibility to ensure that fees are determined within the annual budget so that the Centre is able to operate efficiently.

Families have a responsibility upon enrolment to pay fees up to date at all times. The Margaret Cribb Child care enrolment form states that:

*“I acknowledge and agree to be bound by the following terms and conditions in consideration of the Margaret Cribb Child care Centre Fees are payable at the end of each week **in advance** and shall be paid by the due date. **Non payment of fees may result in the exclusion of the child from the Centre.**”*

Implementation

- Fees are to be paid one week in advance.
- Statements of fees are issued in the first week of each month.
- If accounts are not paid in full by the end of the third week of each month, the matter will be referred to the Management Committee.
- Parents are to be notified if fees are outstanding by more than one month.
- If no payment is received by the first week of the following month, the Management Committee may reduce the number of days a family may access care.
- If fees are consistently in arrears for a period of eight (8) weeks, the Management Committee may terminate the family’s enrolment and an additional two weeks fees will be charged in lieu of notice.
- If the debt is not settled within four (4) weeks of the child leaving the Centre, an external agency will be commissioned to collect the debt.

Source: Parent Management Committee 2004

Reviewed: Parent Management Committee March 2008

Next Review: 2010

2.16 PARENT INVOLVEMENT POLICY

Aim

This centre operates on an open door policy. Open communication between parents and staff is essential. Your child will benefit from parent/teacher communication

Rationale

We actively encourage parents to participate and become involved in centre life to whatever extent they can. All parents who volunteer at the centre must be eligible to obtain a blue card from the Commission for Children and Young People and Child Guardian. If you have a cultural activity or a skill to share please let us know so we can involve you in the centre. We feel that a positive and warm environment is encouraged when parents and staff work together as partners. Parents can provide valuable input, which can assist in improving the program even more. Grandparents and other family members are welcome to volunteer for excursions however after their second outing they are required to hold a blue card from the Commission for Children and Young People and Child Guardian.

Procedure

Parents are encouraged to make comments and suggestions in regard to centre program, policies and practices. We as a centre appreciate parent's contributions.

STAFF WILL:

- Communicate with parents in a positive and supportive manner that encourages the parent-child relationship.
- Every effort shall be made daily to communicate with parents when they drop off and pick up their child.
- Daily contact between parent and teacher is an important part of the program. By sharing information concerning your child's activities and welfare, we can work together to meet the child's needs.
- Parent-teacher conferences are offered regularly. The purpose of these conferences is to establish understanding, co-operation and consistency between the home and program.
- The staff will discuss your child's intellectual, physical, social and emotional development during these conferences.
- A newsletter will be published periodically to keep parents informed of upcoming events, changes in policy and recent program happenings.

PARENTS CAN:

- Parent participation and observations are encouraged.
- Parents who have a child enrolled in the Centre are encouraged to visit at anytime during the day. In this manner, parents can gain a deeper understanding of their child and the program.
Some parents have special talents, skills or experiences which they can share with the children. Others may have some time to spend helping in the classroom or attending an excursion.
- Yearly, a parent questionnaire will be sent home. We encourage you to answer the questions honestly and let us know 'what you are feeling'. We encourage and respect parent feedback so that we can provide the best early childhood experiences for all children. At any other time throughout the year please communicate any suggestions, comments or concerns. There is a suggestion box available for you to put in suggestions concerning any aspect of the centre.

Source: Safe Environments for Young People, Child Protection-Managing the Risks Training, Commission for Children and Young People and Child Guardian, December 2007.

Reviewed: Parent Management Committee September 2008

Next Review: September 2010

3.1

PROGRAMMING POLICY

AIM

The Centre aims to provide a program which encourages children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, to pursue their own interests in the context of life in the community and world.

RATIONALE

A high quality early childhood program provides a safe and nurturing environment that meets the needs and promotes the physical, social, emotional, cognitive and creative development of the children involved in the program.

PROCEDURE

1. All staff will work as a team in preparing and/or implementing the curriculum. The curriculum will be planned to reflect the Centre's philosophy and goals for children in consultation with parents.
2. Staff all plan realistic curriculum goals for children based on assessment of individual needs and interests. Staff will keep an individual development program on all children including regularly updated checklist.
3. The Centre will display a written weekly program for the parents' information.
4. Modifications will be made in the environment for children with special needs. Staff will make appropriate, professional referrals where necessary with parental permission.
5. The daily schedule is planned to provide a balance of experiences on the following dimensions:
 - a) indoor/outdoor;
 - b) active/passive;
 - c) individual/small group/large group;
 - d) large muscle/small muscle;
 - e) child initiated/staff initiated/teacher directed.
6. Materials and equipment will reflect the cultural diversity that exists in our society and will avoid stereotyping of any group.
7. Staff will provide a variety of developmentally appropriate experiences and materials that are selected to achieve the stated aims and beliefs of the Centre.
8. Children may choose from among several experiences the staff have planned or the children initiated.
9. Staff will respect the child's right to choose not to participate at times.
10. Staff will conduct smooth unregimented transitions between activities. Transitions are integrated into the program as learning opportunities.
11. Staff will be flexible enough to change planned or routine experiences according to the needs and interests of the children, to cope with other situations, eg weather changes.
12. Routine tasks will be incorporated into the program as a means of furthering children learning self help and social skills.
13. Information on the daily activities is provided in each playroom.

Source: Developmentally Appropriate Practice in Early Childhood Programs Serving Children, Birth Through Age Eight. – Sue Bredekamp (Editor) National Assoc. for the Education of Young Children.

Reviewed: 2008

Next Review: 2010

3.2

MULTICULTURAL POLICY

AIM

The program, approach and environment should reflect implicitly and explicitly the different cultures and perspective in the Centre and community. Aspects of various cultures, languages and ethnic groups should be incorporated into everyday life of the Centre.

RATIONALE

This provides various ethnic groups with pride, familiarity and recognition of their background and enables all children to benefit from richer and broader learning experiences.

PROCEDURE

Cultural perspective will be taken primarily from those within the Centre as an extension of the children's experiences; attention should be paid to cultures within the broader community particularly Aboriginal and Torres Strait Islander traditions. Where possible members of these ethnic communities should be invited to participate and contribute to the program.

Eg. Storytellers
 Musicians
 Artists
 Cooking

Most importantly the needs, interests and previous experiences of the children inform the program and these are strongly influenced by their cultural background. It is inappropriate to encourage children to participate in activities which go against their or their parents' cultural perspective. It is the responsibility of the staff to establish communication with parents to develop understanding of these needs and differences and to acquire a basic awareness of the cultural perspective of the children in their care.

*Support Agencies: Noah's Ark Toy Library
Diversity.*

Last reviewed: 2007

Next Review: Staff In-Service Workshop: Diversity 21st March 2009

3.3 BEHAVIOUR MANAGEMENT POLICY

AIM

To instil in children an understanding of the limits of acceptable behaviour and the reason for these limits. Discipline and expectations of behaviour vary greatly among different cultures, social groupings and child rearing practices. Combined with this an adult's feelings about discipline are affected by what he/she experienced as a child. Margaret Cribb Child Care Centre aims to be sensitive to these and people's feelings in the consideration of this.

RATIONALE

We believe setting limits for behaviour is important for the safety and protection of children, others and the environment. We believe consistency is important in order to maximise the benefits of our socialising. We believe that there is **no occasion on which physical punishment should be used against a child**. The need for a Behaviour Management Policy arises from the need for all members of the Child Care Centre community to be consistent, clear, and coordinated about expectations of behaviour. An atmosphere of clarity and consistency enhances the centre's ability to help children to learn and to be safe and secure. **Children need guidelines** in relation to themselves, their environment and those around them as well as for the world at large.

We believe consistency is important in order to minimise confusion amongst us all. Ultimately, setting limits for behaviour aims to teach children self-discipline.

Setting limits helps children to:

- feel secure;
- find appropriate expression for feelings that are hard to control, and thus satisfaction
- start a process that is a long time in the learning.

We aim to help children to learn the consequences of their behaviour so that they understand how their actions affect those around them. The aim is to enable children to become self-disciplined and self-directed so that their needs and interests become clearer to themselves and those about them.

PROCEDURES

By setting appropriate and consistent limits to behaviour we provide a secure environment in which children can explore their physical and social world. Discipline is instructive when:

- it supports self-esteem and allows children to feel capable, competent and a pleasure to others;
- it takes into account a child's developmental level of understanding and ability, needs and behaviour change as children grow;
- it praises and acknowledges caring, cooperative, desirable behaviour;
- it is expressed positively;
- it teaches, gives simple explanations, and offers alternatives so that a child can make choices;
- it is consistent;
- it is based on self discipline and self-control - not coercion. It recognises that this is a gradual and developmental process.

We respect other people and ourselves

We show this respect by treating others as we like them to treat us. We all have a wide range of emotional reactions to situations. It is important to respect these reactions as valid. It is OK to be angry. However we do not translate this anger into inappropriate aggression against others. It is fine to punch cushions, bean bags or the like but not people, animals or plants. Destroying things is also inappropriate.

We are careful with our own and others' work and belongings.

We are respectful with insects, animals and plants.

Like us they are living things.

We keep our surroundings and ourselves clean.

We are considerate to others when we move about our environment. We move calmly inside, and safely outside.

The following are some techniques of behaviour management

Prevention

- Try to get to know the children - they are more likely to respond to your expectations if they sense you know and like them.
- Change the environment to facilitate considerate movement.
- Be aware of the need to settle or redirect play at the beginning and/or end of activities (ie transition times).
- Plan patterns of active and restful activities - prevent overexcitement.
- Provide good modelling behaviour - children learn through imitation.
- Give attention to good behaviour with specific praise (eg, "You waited so well for your turn").
- Remember a child's developmental needs, abilities and behaviour (eg, young children have limited sharing skills - so duplicate toys). Remember also, when children are not yet sure of you they may act inappropriately to get your attention.

If prevention doesn't work

- Try first to distract or defuse a situation, giving children a release.
- Use "do's" rather than "don'ts", and give brief explanations/model and encourage the child to say "Please stop" rather than "don't do that".
- Respond in a calm but firm manner, indicating what you expect from the child and what choices the child has.
- Help the child to realise the consequences of his or her actions.
- Follow through with the consequences.
- Time out maybe an alternative in certain situations. It should be viewed as a time for the child to relax, to regain his/her stability and self esteem. It should never be used as a punishment

When it's all over it is essential to restore a positive relationship between you and the child, before either of you go home.

Source: Staff Meeting – 1994, Review source:2007- Young Children's Behaviour- Louise Porter .

Reviewed: Staff Meeting March 2008

Next Review: 2010

3.4 BEHAVIOUR WHICH COMMONLY CONCERNS PARENTS

Sometimes you will notice that as children go into group settings such as child care, they may develop behaviours which you may not have noticed before. Some of these, such as increased confidence, you will approve of, and others, such as biting or swearing, you will find difficult to relate to.

Often the latter came about because of the increased social demands placed on the child allied with immature interpersonal skills; and sometimes it is because, for the first time, children are being exposed through their peer group to the beliefs and values of other families (eg swearing is an accepted practice in many families).

The early years are a time of learning about self and others, and a time for "reading" social situations and deciding what is, or is not, appropriate behaviour. It is a time when children need considerable understanding and skilful guidance. Discipline in the Centre focuses on providing this in a way which preserves the self esteem of children, helps them understand their own feelings and those of others, and introduces them to strategies which lead them to having control over their own behaviour and to effectively relate to others. The following are common behaviours and the way in which they will be handled in the childcare setting.

BITING

Biting is not uncommon in the behaviour of children under two years and can sometimes still happen with children over two. It appears to be linked to a child's lack of facility to use language and a need for a strategy of quick communication. Whilst staff will seek to anticipate the biter and his/her messages it is often difficult to do this.

When biting occurs much attention is given to the one who has been bitten; staff will indicate in their verbal and non-verbal responses to all around that the bite has caused the child great distress and will apply a cold pack to the sore spot immediately. With little reinforcement to the biters for their behaviour, and growing maturity and language ability of children, impulsive behaviour of this kind becomes less frequent and biting gradually disappears from the group.

However, when biting occurs it is very distressing to parents; if your child has been bitten you will probably feel very angry. If you know that it is your child who has done the biting you may feel most uncomfortable. We ask parents to try and remember that it is a natural phase of development for many children and whilst some phases of children's development are pleasurable to adults other aspects are less so.

Staff also find biting very distressing and often feel guilty that they have been unable to prevent it. Be assured that they will be actively seeking ways of eliminating the problem whilst maintaining the self esteem of all parties involved.

Hair pulling may also be substituted for biting in the discussion above.

SWEARING

Young children are great "consumers" of language absorbing it from the social situations that they are in, and the media, often not realising the social implications of the words that they use. It is inevitable that children will pick up language (for example, swear words) from their peer group that will be unacceptable to their parents. Knowing what language that is appropriate for what situation is a complicated learning exercise. Adults (staff and parents) can help by carefully modelling what is appropriate in child care and by understanding children when their language is inappropriate for that setting.

Source: Staff Meeting, 1994

Reviewed: January 2009

Next Review: 2011

3.5

SUPERVISION POLICY

AIM

To protect the child against the risk of injury.

RATIONALE

When a parent places their child into the care of another adult they pass responsibility for the care and supervision of the child as well. This carer then assumes responsibility and must take reasonable steps to protect the child against the risk of injury. The question of common law liability usually revolves around the degree of supervision exercised by the person caring for the child. Carers of children are providing a service for which a fee is charged therefore they are required to behave as a 'careful and reasonable' parent and to take reasonable steps to protect the child against the risk of injury.

PROCEDURE

General duties include:

Duty to provide adequate supervision.

Children can be injured even when engaged in activities inside a room. These injuries usually occur in the absence of the Carer or due to the Carer's failure to keep adequate order. The Courts have said that young children must be protected even from their own negligent actions. The Carers are expected to use reasonable care to protect the children from injury.

Duty to provide guidance

Carers have the duty to maintain order so that the child does not injure himself/herself or cause injury to others.

Duty to keep pets restrained

Pets can and do cause injury to children. The centre has a duty to ensure that the children are protected from such risks.

Duty to keep premises secure

The Carer has a duty to ensure that the children cannot leave the premises or that strangers cannot enter it and remove children. It is foreseeable that a child may escape through an unlocked gate and cause himself/herself an injury so it is the duty of the Centre to ensure that the child is unable to leave.

Duty to keep the child from harm

Carers are expected to ensure that the child's activities are supervised in such a way that the child is not injured from the actions or omissions of:

- The carers
- Other adults
- Other children
- The child itself

Parents have a right to feel confident that when they leave their child at the Centre that he/she will be safe and cared for as well (if not better) than they would care for them. Encouragement and support for staff members that are perhaps experiencing more difficulties in this area would certainly show the parents that this is a team effort. If you feel that you are and have been providing adequate supervision for the children in your care but you have noticed areas that need improvement elsewhere in the Centre then it is your responsibility to raise these issues as soon as possible with your Director. Failure to do so could also put yourself at risk.

Some situations that have the potential to cause problems are as follows:

- 1 All groups using the outside area at the one time. This can place the smaller children at risk. Early and late mixed groups can be a problem and this needs to be considered.
- 2 When groups are outside and only 1 staff member takes the children out initially while the other staff member cleans up inside. This is not acceptable and the group should remain inside until both staff can accompany them outside. Both staff members should remain outside with the group until all the children are ready to return inside. If an emergency occurs then another staff member should be called to assist. Each staff member is firstly responsible for the children in their group however they should also be looking out for the other children at the centre as well. The children and their needs (and their parent's) **MUST ALWAYS COME FIRST** -cleaning etc can wait.
- 3 Children should have explained to them the appropriate uses of the materials and equipment and if they continue to use equipment inappropriately after having had it explained to them then that piece of equipment should be withdrawn from use not only to protect the child in question but also those around him. Limits for appropriate behaviour should also be set and enforced (ie. not running inside) to protect the children from injury. Explanations should be given to the children so that they can understand the consequences of their actions.
- 4 When staff are outside they should be supervising the children and playing with and helping them and not be engrossed in conversations or attending to other things. Always maintain full view of all of the children and if a parent comes to talk with you make sure you still have total view of the playground and explain that you are happy to talk however you still have to keep an eye on the children and may have to rush off in a hurry to attend to a child. As long as you are not rude and explain the situation they will think better of you for your caring attitude towards the children. It may be necessary to make an appointment at a later time with that parent if they have something important to discuss with you and you can't find someone to relieve you of your duties at the time.

These and any other areas of concern should be taken seriously and acted upon immediately as they are all requirements under the Child Care Act and Common Law and have been highlighted to you for your own protection as you could be held **LEGALLY ACCOUNTABLE** for injuries received by a child while in your care.

Source: Child Care Regulations 2003

Reviewed: October 2008

Next Review: 2010

3.6

EXCURSION POLICY

AIM

For the children to be offered the opportunity to be a part of the community in which the Centre operates.

RATIONALE

Excursions provide the children with experiences that can only be offered outside the Centre such as orchestras, Art Galleries and Museums. Excursions also offer experience of public transport, travelling and following instructions as a group. The children's safety is to be of paramount importance when planning an excursion.

PROCEDURE

Staff must complete a risk assessment before commencing preparation for an excursion. The staff must only leave the Centre with children whose parents have signed a dated excursion permission form specific to each excursion. Parents are welcome to accompany the children on an excursion if they are eligible to obtain a Blue card from The Commission For Children and Young People. Relatives such as grandparents are only permitted to accompany the children twice before being required to obtain a blue card.

- The ratios of children to adults must not exceed those set down by the Department of Communities.
 - 1 adult for each 2 children in age group 0 - 3 years.
 - 1 adult for each 4 children over 3 years but not old enough to attend school.
- Staff are responsible for thorough organisation of each excursion, including investigating transport requirements, determining total cost of excursion prior to the event and establishing the availability of facilities required throughout the excursion, e.g. place to eat, toilet and hand washing facilities, access to drinking water, sufficient shade in hot weather, safe crossings for busy roads, etc.
- Children must wear Margaret Cribb identification bibs whenever they leave the centre on an excursion.
- Children must have hats, shoes and clothing appropriate to the weather.
- Staff must have a first aid kit, tissues, sunscreen, water and spare clothing.
- Staff should be fully aware of the timetables of transport to be used and carry current schedules with them to avoid unnecessary waiting time.
- All staff are to be aware of the total number of children on the excursion and assist in counting the group at regular intervals.

Parent's permission required for excursion

A person must not take a child on an excursion without the written permission of the child's parent/guardian.

The parent/guardian must be given written notice stating -

- the date, proposed destination and times of departure and return to the centre; and
- the names of the persons who are to be in charge of the excursion; and
- the method of transport to be used and the type of safety restraints provided in a vehicle to be used.

Excursion follow up

Upon returning from the excursion the staff member in charge must complete an excursion review form.

Source: Child Care Regulations 2003. Creche and Kindergarten Child Protection Training 2008.

Reviewed: April 2008

Next Review: 2010

3.7

TELEVISION POLICY

AIM

To manage the content and volume of televisual media the children watch in the Centre. To use TV within the program only as a valid teaching aid or entertainment.

RATIONALE

TV is a mass cultural medium portraying a range of ideas about, and responses to the world that may or may not complement the teachings of the Centre. Furthermore it is an area in which family preferences vary widely. For these reasons it is considered necessary to monitor and ration the viewing of all programs and events coming to the Centre via television. *Playschool* is deemed a program with demonstrable learning value. The program is not a part of the centre's programmed experiences; it is however watched in certain situations (eg, cold winter and long rainy days). Videos tend to represent the most saleable values of our culture. These are not necessarily the values we wish our children to absorb away from parental care. We aim to be quite strict about this policy because we do not have a one-to-one staff/child ratio which would more easily allow suitable explanation and discussion of controversial programs.

Staff assess the value of videos/dvd's brought to the Centre.

Source: Staff Meeting, 1999

Reviewed: January 2009

Next Review: 2011

3.8

TOYS

AIM

For parents and children to be aware that the centre discourages the bringing of toys from home.

RATIONALE

Loss and breakage of toys often occurs when children bring toys to the centre and children become extremely upset.

Younger children do not understand the social ramifications of ownership.

PROCEDURE

1. Children are requested not to bring toys into the Centre as they can be easily broken or lost.
2. A security toy for rest time is permitted but must remain in the cot, bag or sleep bag.
3. Staff cannot accept responsibility for loss of or damage to children's toys.

Source: Staff Meeting, 1999

Reviewed: December 2008

Next Review: 2010

3.9 WHAT SHOULD I DO ABOUT CONCERNS FOR THE DEVELOPMENT OF A CHILD IN MY CARE?

As many children attend child care at a young age or as babies, and continue attending throughout their early years, identification of a child's special needs may be picked up by language/speech, gross and fine motor skills, sensory-motor skills, social skills, and self help skills, may require further investigation. If you have concerns about the development of a child, you may need to initiate the process of referring the child.

Steps to be taken include:

- 1 Making and recording observations. Observations need to be viewed and written objectively, in anecdotal form. Appropriate checklists may also aid in collecting information. The person taking observations should have a good knowledge and understanding of children's development, in order to identify whether the child is developing accordingly.
- 2 Discuss what you have observed with the director, or a senior staff member. Together analyze the collected data. If significant developmental delays are clearly identified, then organize a meeting with the child's parents.
- 3 When speaking with the child's parents, remember not to give assumptions, e.g. "I think your child is hearing impaired", as this may not be the case and you will only contribute to parents' anxieties. You are to present your findings and express your concerns, in an honest and sensitive manner. Reassure parents of your support, and that you will act on behalf of the child's benefit.
- 4 Support families, through accessing appropriate referral agents. To do this, you will need to be aware of what resources are available in the area.
- 5 Once the child has been assessed through the referral agent, support and advice on an appropriate intervention program may be given. This may involve the child to continue his/her inclusion in the child care centre environment. Support from caregivers to the child and his/her family is important for their adjustment and well-being.
- 6 Support for the child while attending the centre may be gained from regular communication with the child's parents, and therapists. If further support is required, caregivers may wish to contact their regional SUPS Agency with the permission of the child's parents.

Source: Playcare Newsletters and consultations

Reviewed: December 2008

Next Review: 2010

3.10

SPECIAL NEEDS CHILDREN

AIM

To foster and facilitate the inclusion of children with disabilities into the child care community.

To inform and offer perceptions about the needs of children with disabilities, their families, centre staff and other children in the child care setting.

RATIONALE

To promote positive interactions between children with /without disabilities. How we think of children with disabilities will determine how we care for them. We need to examine our own attitudes towards children and disability if we are going to give children the best possible care. It is important to note whether the child is seen as a disabled child or a child who happens to have a disability. This question will make quite a difference to how we perceive that child and his/her needs.

PROCEDURE

First and utmost, we must see the child with a disability as a child, whose needs are the same as any other child, regardless of abilities or disabilities. All children need to feel the following:

- To feel safe and secure
- To feel wanted and accepted as individuals
- To have an identity
- To express their feelings
- To play
- To be independent
- To experience success
- To have honest and consistent feedback
- To be valued and loved

Each child will be given the opportunity to grow and to develop to his/her potential and to learn from success and failure. Every child needs to be treated with courtesy and respect so that he/she will gain self respect. Every child is an individual and has individual needs and also likes and dislikes. All children require care and attention in order to reach their achievable potential.

It is important to note that just as all children who do not have disabilities are different so too are children who have a disability. No two children with the same disability are the same. There may be certain physical similarities, but the children and their needs may be very different. Caregivers need to get to know all children, their likes, dislikes and interests in order to set realistic goals, which complement children's abilities.

Procedures of enrolment and orientation will not alter for a child with a disability and his/her family.

To make any child feel welcome in a group it is important to get to know that child as an individual. Find out what his/her likes and dislikes are. Concentrate on what the child can do to join in the group.

The other children in the group may ask questions about the child with a disability. It is important to be honest with the children. Tell them what the child can do and what type of games you can all play together. Children are generally accepting of each other's differences. A short explanation is often all that is needed.

Try not to avoid questions or the fact that the child has a disability. The child's disability is part of that child as an individual, and so should be recognised as just that. Talking about the child's disability in a positive way, helps that child develop a positive image of themselves and acceptance of their own abilities.

It is important to remember that children with disabilities are children with the same needs as other children. The procedures which you undertake to meet these needs would not differ from what is normally done.

Source: Handbook for Caregivers – "Caring for Children with Disabilities"

Reviewed: December 2008

Next Review: 2010

3.11

ANTI-BIAS POLICY

Aim: “The Margaret Cribb Child Care Centre endeavors to provide care & education in a friendly, safe & stimulating environment, recognizing the multicultural diversity of the children & ensuring that each child is considered as an individual. Accordingly, the program aims to develop self-confidence, initiative and responsibility while allowing for personal autonomy & self-direction.” – *Philosophy of the Margaret Cribb Child Care Centre*

Procedure:

- The program, approach & environment should reflect implicitly & explicitly, the different cultures & perspectives in the centre & the community.
- To develop children’s understanding & acceptance of similarities & differences between all people.
- To develop children’s awareness of individual strengths, abilities, needs & interests irrespective of cultural backgrounds, gender or physical abilities.
- To encourage children to gain strategies & self-confidence to stand up for themselves & others against biased ideas & discriminatory behaviour.

Our anti-bias program will challenge bias & promote diversity by providing an environment which;

- Reflects diversity positively through resources and materials. Groups are represented, stereotypes are not perpetuated & offensive visual images (e.g. golliwogs) are not used. Images are accurate and sensitive; religious and cultural values are considered.
- Provides activities which encourage children to comment on aspects of diversity. Children are encouraged to explore and ask questions about differences they notice & their questions are answered accurately & honestly, in ways commensurate with their level of understanding.
- Challenges all negative attitudes & behaviours. Any bias or discriminatory behaviour demonstrated by staff, children & parents is confronted, regardless of how incompatible this may be.
- Involves parents and other family & community members.
- Provides “English as a Second Language” support through Access & Noah’s Ark Multicultural Resource Centre.

Sources:

- [The Anti-Bias Approach in Early Childhood](#), Elizabeth Dau (2001)

Reviewed: January 2009

Next Review: 2011

3.12

INCLUSION POLICY

Aim: For the Margaret Cribb Child care Centre to be a community which reflects the acceptance in society of the principles of social justice – that all children, regardless of their ability levels, have the same self worth and are entitled to the same opportunities and rights.

Procedure:

The staff will endeavour to support children with special needs by:

- Providing accessible play at all levels appropriate to all areas of children's development.
- Always giving children honest feedback about their achievements. Be honest with them and give correct information in terms they understand.
- Encourage effort rather than outcome. Praise all achievements & help children to set reasonable goals.
- Researching & accessing information, education, training & additional support through Play C.A.R.E.
- Strive for a team approach with parents, family & support persons & therapists so that they can give information to help provide the best possible opportunities for their children.
- Standing back & letting children be as independent as possible.

We will foster an environment of inclusion by:

- Being aware that children's behaviour is strongly influenced by what they see other people doing. How we relate to a child with special needs will be reflected by the other children in the group.
- By encouraging positive interactions between children and accepting that negative experiences will occur as children explore their feelings and each other.
- Encourage children to be caring and allow them to help other children when it is appropriate. Acknowledge helping behaviours while encouraging independence for all children. This requires sensitivity to all children's needs.

Source:

- Elizabeth Dow (Ed) The Anti-Bias Approach in Early Childhood 2001.
- Play C.A.R.E Caregiver InformationSheet, Volume 1 Issue 1, September 2003.

Reviewed: Parent Management Committee Feb 2008

Next Review: 2010

4.1

FOOD & NUTRITION POLICY

AIM

- To educate parents on the food groups and the importance of healthy eating.
- To assist in ensuring that children receive a healthy and nutritious diet
- To help the children develop independence in the eating process and to provide a climate that encourages them to enjoy good nutritious food
- To teach the children how food and nutrition relate to their growth, development and health as part of their understanding of self.
- To learn from and support parents multicultural values in food and preparation.

RATIONALE

PROCEDURE

This will be provided in the following ways:

- a) Verbally (via staff and guest speakers)
- b) Written (via newsletter, noticeboards, books and pamphlets)

Eat most – vegetables, dried peas, beans and lentils, cereals, bread, fruit, nuts.

Eat moderately – lean meat, eggs, fish, chicken (no skin), milk, yoghurt, cheese.

Eat in small amounts – oil, margarine, reduced fat spreads, butter, sugar.

Drink plenty of water. Salt should not be added to food.

Staff will teach the children the importance of healthy eating and encourage them to experiment with new tastes through cooking. Information on presentation and freshness will be offered along with feedback to parents on food that their child favours.

Parents will be encouraged to provide interesting and balanced meals for their children using food from these groups. Parents will also be encouraged to bring foods for special occasions unique to their culture.

Children will be given every opportunity to learn about different foods and how they are prepared. They will also be allowed to role play with pretend cooking using a wide and varied assortment of cooking utensils. They will participate in cooking activities.

A food section will be established in the newsletter, *Connections*, where up to date information, ideas and recipes will be published.

Water bottles are to be supplied by the parents. These bottles are to be taken home daily for washing and refilling.

Due to the possibility of allergic reactions we request that all children **do not** bring any nuts or products (including Nutella) in their lunch boxes. Any queries or questions can be directed to either the staff or the Director.

Some food and drinks that are not suitable are: Biscuits, cakes and packaged food that is high in sugar and salt, chocolate coated biscuits, “dunkaroos”, roll ups, fruity metres etc, potato chips and other like products. Soft drinks and others that contain preservatives, added sugars or colourings.

Parents will be informed of the Centre food policy on enrolment. Information on balanced and nutritious foods is available to parents.

Source: Nutrition Australia Foundation Inc

Reviewed: 2008 (At Nutrition Australia -Nutrition and Food Handling Workshop)

Next Review: 2010

4.2 FOOD HANDLING POLICY

AIM

To ensure that food is prepared, kept and served hygienically.

RATIONALE

Bacteria such as those causing food poisoning grow well in food. Certain infectious diseases such as gastro-enteritis can be spread by food. Germs can be spread from the food preparer or from utensils or surfaces on which the food is prepared.

FACILITIES

In the kitchen, there should be

- a hand washing basin which is separate from the sink, and soap.
- disposable towels for hand drying.
- a refrigerator regulated to below 4°C.
- a dishwasher, or double bowl sink.
- adequate containers with tight sealing lids for storing foods.
- Fly-proof screening on window
- preparation area which can be treated hygienically.

PROCEDURE

Food Preparation

- Staff must wash hands before and after preparing or handling food
- Staff should be excluded from food handling when ill.
- Choose foods processed for safety.
 - Only pasteurised milk may be used.
 - Home preserved food, food from unlabelled, dented, rusted or bulging cans must not be used.
 - Fruit and vegetables are to be washed thoroughly, even if the skin is to be removed.
 - All perishable food should be stored in sealed containers in the refrigerator, and kept at below 4° C.
 - Cook food thoroughly.
 - Frozen meat, fish and poultry must be thoroughly thawed before cooking. Use a microwave oven or refrigerator for thawing. Do not thaw on bench or sink.
 - All parts of cooked foods must reach a temperature of 70° C during the cooking process. Cooked poultry which appears raw near the bone should be returned to the oven until it is done.
- If possible, eat cooked foods immediately. Avoid keeping foods hot for long periods of time. Cooked foods prepared in advance are to be kept hot at 60°C or over, or kept cold at 4°C or below.
- Reheat cooked foods thoroughly. All parts of food being reheated must reach 70°C, then set to cool before serving. Reheat food only once.
- Cold food to be served hot should be at 60°C within an hour of removing from fridge. Hot food to be served or stored cold must be at 4°C within 4 hours of completing cooking.
- Avoid contact between raw and cooked foods. Cooked foods are easily contaminated by raw foods. They should be stored apart and utensils should be washed between use on raw and then ready to eat food.
- Wash hands repeatedly and do not handle foods if you are sick
- When preparing food, disposable gloves must be worn if there are cuts or abrasions on the hands. Tongs or serving spoons should be used when serving food. Use disposable hand towels to dry hands after washing thoroughly.

- Keep all kitchen surfaces, dishes cups and utensils, meticulously clean.
- Protect food from insects, rodents and other animals
 - Store foods in tightly sealed containers for best protection.
 - All food should be kept covered until served.
 - Pets must not be allowed near food preparation areas.

Serving food

- Clean tables before meal is served.
- Make sure children's hands are washed before eating.
- Staff should wash hands before serving food or spoon-feeding a child. If interrupted to attend to another child while spoon-feeding, wash hands before resuming.
- Make sure children do not share food, plates, cups or utensils, and explain that sharing food can spread germs.
- If children are choosing foods from a central serving platter, several sets of tongs should be provided for the children's use.
- Throw out left overs.

Milk, formula and breastmilk

- Warm bottles according to parents wishes.
- Prepare formula strictly according to instructions on container
- Once warmed to room temperature formula should be discarded after 1 hour.
- Breast milk should be stored in the refrigerator no more than 48 hours, or in a deep freezer for no longer than 3 months. It should be labelled with the child's name and date of expressing.
- Care should be taken to ensure breast milk is never given to another child.
- Defrost breast milk in the refrigerator or by running under cold water. Never put breastmilk in boiling water as it will curdle. Never reheat or refreeze breast milk.
- Ask mother to supply breastmilk in separate small quantities to prevent wastage.
- Always encourage and support any mother supplying breastmilk or coming to the centre to breastfeed her baby.
- Encourage parents to use plastic bottles for breast milk.

Cooking activities for children

- Ensure children wash hands before the cooking activity.
- Exclude from the cooking class any child who has been ill recently.

Source: " Food and Nutrition for Children in Early Childhood Settings" – The Gowrie (Qld) Inc., Nutrition Australia, Qld Health.

Reviewed: February 2008

Next Review: 2010

4.3 DEALING WITH SPILLS OF BLOOD AND OTHER BODY FLUIDS

AIM

To eliminate the risk of infection from blood and body fluids and the transmission of disease to others (children, staff and parents).

RATIONALE

At the centre, you should treat all blood and body fluids as if they could possibly be infectious.

When a child is injured at child care, you will need to:

- look after the injured child
- send for the Director or First Aid Officer
- check that no-one has come in contact with the injured child's blood or body fluids,
- clean up the spill.

REMEMBER

Avoid direct contact with blood or body fluids.

Wear disposable gloves and discard correctly.

Cover any cuts and abrasions on your hands with a bandaid. Your skin is an effective barrier against you becoming infected from spilled blood and body fluids.

PROCEDURE

The Child

- When attending an injured child who is bleeding, take care to avoid contact with the blood.
- Comfort the child and move them to safety.
- Wear disposable gloves. Apply pressure to the bleeding area. (If gloves are not available, take the first opportunity to get someone wearing gloves to take over from you. Then wash your hands.)
- Elevate the bleeding area, unless you suspect a broken bone or fracture.
- Send for the first aid officer/Director.
- When the wound is covered and no longer bleeding, remove gloves. Put them in a plastic bag, seal the bag and place the bag in the rubbish bin.
- ***Wash your hands with soap and water and dry well with disposable paper towel.***

The first aid officer

- Wear disposable gloves.
- Dress the child's wound with a bandage or suitable substitute and seek medical assistance.
- Remove gloves. Put them in a plastic bag, seal the bag and place the bag in the rubbish bin.
- ***Wash hands thoroughly with soap and warm water, and dry well with disposable paper towel.***

Contact with blood or body fluids

Because of the risk of infection, it is important for everyone to avoid contact with an injured child's blood and body fluids. But if these do spill onto another adult or child, take the following precautions.

- Wash the area of contact thoroughly with soap and warm water.
- If contact has been with an open wound, broken skin, mucous membrane (mouth, eyes, genital) or a penetrating injury:
 - Irrigate the area with water in the case of contact with a mucous membrane.
 - Wash the area thoroughly with soap and water in the case of open wounds and broken skin.
 - Report and investigate the contact according to the centre's policy. Your local

public health workers will be able to give you advice.

Cleaning the centre after a spill

- Wear disposable gloves.
- Place a paper towel over the spill. Carefully mop up the spill. Place the paper towel in a plastic bag, seal the bag and put it in the rubbish bin.
- Clean the surface with warm water and detergent.
- Disinfect the area with freshly diluted bleach. Keep children away from the area. If possible, leave for half an hour before wiping dry. Wear gloves when wiping the area dry.
- Remove gloves. Put them in a plastic bag, seal the bag and place the bag in the rubbish bin.
- Wash hands thoroughly with soap and warm water and dry well with disposable paper towel.

REMEMBER

Blood or body fluids may contain viruses such as hepatitis B or HIV (AIDS virus). Therefore, it is important to disinfect the area where a spill has occurred, using diluted bleach. However, keep children away from the area containing bleach.

*Source: Department of Human Services and Health
Staying Healthy in Childcare*

Reviewed: Parent Management Committee May 2008

Next Review: May2010

4.4

CLEANING POLICY

AIM

- For the staff to maintain a high level of hygiene throughout the Centre.
- To help in stopping the cross infection and spread of disease.

RATIONALE

Cleaning is an important part of infection control in the centre. Cleaning is itself a form of disinfection because it removes all surface dirt. Thorough cleaning reduces contamination to such a degree that healthy children are not at risk of contracting disease. We recommend using detergent and water for cleaning. Use colour-coded sponges in each area.

PROCEDURE

Clean these daily with disinfectant

- **Bathrooms.** Wash tap handles, toilet seats, toilet handles and door knobs at lunchtime. Check the bathroom during the day and clean it if necessary.
- **Toys** and objects put in the mouth.
- **Surfaces** the children have frequent contact with, for example, bench tops, taps, cots and tables.
- **Mattress covers and linen**, if each child does not use the same mattress cover every day.
- **Floors.**
- **Tables and high chairs** cleaned after use.

Clean these weekly with detergent and water

- Low shelves.
- Door knobs.
- Other surfaces often touched by children.
- Beds.

Clean these with disinfectant

- Nappy change table after every use.
- Spills of blood, faeces, vomit and mucus.
- Other areas and toys when there is an outbreak of an easily transmitted disease (for example, gastroenteritis or hand, foot and mouth disease).

Notes on disinfectants

- No disinfectant can be depended upon to kill all germs.
- A disinfectant fluid must touch a germ cell and be absorbed by it in order to kill it. When you apply disinfectants to a dirty surface, many germs inside the dirt will remain untouched and so will survive. That is why it is important to clean surfaces before you disinfect them. This will remove most of the germs, and those that remain will be killed by the disinfectant.
- It is very important to dilute disinfectants correctly before use. Follow the manufacturer's instructions carefully. Disinfectants gradually deteriorate after dilution. Always use freshly diluted disinfectants.

Linen

Wash linen in **Hot** water. Do not carry used linen against your own clothing or coverall. Instead, take it to the laundry in a basket. Treat soiled linen as you would a soiled nappy. If washed at the centre, soiled linen should be:

- soaked in disinfectant (diluted bleach)
- washed separately in hot water
- dried in the sun or in a hot clothes drier.

Sandpits

Sandpits can be a source of infection. They need to be well maintained and kept clean. Sand can become contaminated with faeces and urine, usually from cats and sometimes from the children. Therefore, sandpits need to be constructed properly and have good drainage. The sand should be raked often. When not in use, keep the sandpit securely covered. Sand that is contaminated by human faeces, blood or other body fluids should be replaced or disinfected. First, remove the contaminated sand. Then disinfect the sandpit with bleach if necessary. To disinfect 8 cubic metres of sand, you will need 400 grams of bleaching powder diluted in 20 litres of water. Sprinkle the diluted bleach on the sand with a watering can and then rake the area. The sand is to be changed annually.

Toys

- Buy only **washable toys**. Get rid of non-washable toys. Individual non-washable toys may be assigned to a child and kept in the child's cot for the use of that child only.
- Discourage children bringing personal toys with unknown hygiene history.
- Wash toys daily in **hot water and detergent**, rinse them well and dry them. Some toys can be cleaned in the dishwasher.
- Chemicals used in disinfectants may affect the colour and surface of toys. Usually, **it is not necessary to use disinfectant** when cleaning toys. However, toys that have been in young children's mouths should be disinfected. Toys need to go back into circulation looking clean and feeling dry.
- All toys, including cloth toys and books, can be dried by **sunlight**. This will kill some of the germs not removed by washing.
- It is useful to separate toys into baskets. The toys in each basket can then be **rotated** between washing one day and in use the next.

- Books should be **inspected** for visible dirt and soiling. Books can be cleaned by wiping them with a moist cloth with detergent on it, and then drying them. Leave damp or wet books out of circulation until dry.
- Children's dress up clothes should also be washed regularly. Rotating of dress up clothes allow for weekly washing while children still have access.

Dummies

Dummies must never be shared by children. When not in use, dummies should be rinsed and stored in individual plastic containers. Dummies must be cleaned between use when several hours apart. Each container should have the child's name on it. Do not store dummies where they may come in contact with another dummy or toy. Store dummies out of children's reach.

Cots

If a child soils a crib or cot:

- Put on gloves.
- Clean the child.
- **Wash the child's hands.**
- Clean the cot.
- Remove bulk of soiling/spill with absorbent paper towels.
- Remove any visible soiling by cleaning with detergent and water.
- Disinfect the area.
- Provide clean linen.
- Place soiled linen in a lined, sealable laundry bin.
- Remove gloves.
- **Wash your hands.**

4.5

HAND WASHING

AIM

For the staff to be encouraged to follow a strict hand washing routine, thereby eliminating the spread of infection.

RATIONALE

The consistent washing of hands by the staff not only reduces the spread of infection within the centre, but also provides the children with role models who display the importance of hand washing. In addition this models to the children the appropriate and effective way hands should be washed.

PROCEDURE

Use this method to ensure your hands and the children's hands are as germ free as possible. The process of thoroughly washing and rinsing your hands should take 10-15 seconds. This can be achieved by slowly counting to ten when you wash and then slowly counting to ten when you rinse. This is about as long as it takes to sing 'Happy Birthday' twice.

- Wet hands with running water.
- Use liquid soap and spread over hands.
- Rub your hands vigorously as you wash them **counting to ten**.
- Wash hands all over paying particular attention to:
 - Backs of hands,
 - around wrists,
 - between fingers, and
 - under nails.
- Rinse hands well, **counting to ten**. Thorough rinsing will help prevent dermatitis from suds.
- Turn off the tap using paper towel.
- Pat dry hands with a new paper towel.

When to wash your own hands

- When you arrive at the centre. This reduces the introduction of germs;
- Before handling food, including babies' bottles;
- Before eating;
- After changing a nappy;
- After removing gloves;
- After going to the toilet;
- After cleaning up blood, faeces or vomit;
- After wiping a nose, either a child's or your own;
- Before giving medication;
- After handling garbage;
- After coming in from outside play; and
- Before going home. This prevents taking germs home.

When to wash children's hands

- When they arrive at the centre. This reduces the introduction of germs. Parents can help with this;
- Before and after eating and handling food;
- After having their nappy changed. Their hands will become contaminated with germs while they are on the change mat. This is also a learning experience;
- After going to the toilet;
- After coming in from outside play;
- After touching nose secretions;
- After coming in contact with blood, faeces or vomit;
- Before going home. This prevents taking germs home. Parents can help with this.

their hands
basin,

Babies need their hands washed as often and as thoroughly as older children. If the baby is able to stand at an appropriate sized hand basin, staff need to wash and dry just as they would for themselves. If the baby is unable to stand at a hand wash their hands with either baby wipes or a wet face washer.

The staff supervise all hand washing before morning tea, lunch & afternoon tea. During the rest of the day, the children are reminded by the staff to wash hands & the staff model correct hand washing procedures. Staff are encouraged to create a positive experience by involving the children in rhymes and games while washing their hands. This will create the opportunity for learning on a number of levels.

*Source: Staying Healthy in Childcare
National Health and Medical Research Council
Reviewed: April 2008
Next Review: 2010*

4.6 NAPPY CHANGING AND TOILETING

AIM

For the staff to ensure that the changing of nappies and toileting is a safe, hygienic and pleasant routine for both the children and themselves.

RATIONALE

The importance of a clean and pleasant routine for toileting and nappy changing helps ensure that both the children and the carers are safe from the spread of disease through contact with faeces. It is also important that nappy changing and toileting are viewed as a pleasant time for children as this helps the procedure to run smoothly, therefore making it more hygienic.

PROCEDURE

Hygienic nappy changing

Remember

Have an area specifically set aside for changing nappies.

Check to make sure that the supplies you need are ready, including disposable paper towel, baby wipes, disposable gloves, plastic bags(out of reach of children), fresh nappies, nappy cream and pins (out of reach of children), clothes, rubbish bin with bin liner;

Encourage a walking child to walk to the change area. Have steps available so that the child can reach the change mat.

Carrying a child away from your body is only necessary if there is faeces on the child and/or their clothing.

Use the following method to stop disease spreading through contact with faeces -

- Place paper on the change table.
- Always wear gloves when changing nappies, including wet nappies.
- Remove the child's nappy and any clothes with urine and/or faeces on them.
- Clean the child's bottom.
- Remove the paper from beneath the child and place it in the bin.
- Remove gloves now, before you touch the child's clean clothes. Remove gloves by peeling them back from your wrists, turning them inside out as you go. Do not let your skin touch the outer contaminated surface of the glove. Put the gloves in the bin.
- Place clean nappy on child.
- **Wash and dry the child's hands**, even if they are not visibly soiled with faeces.
- Take the child away from the change table.
- Clean the change table.
- When dealing with soiled clothing shake out faeces into the sluice with gloved hands and flush away. Place clothes into plastic bag.
- **Wash and dry your own hands thoroughly.**

Cleaning the nappy change table

the
week the

After each nappy change the change mat must be cleaned and dried. At the end of each day change mat is to be sprayed with bleach solution and left to dry. At the end of each change area is also to be sprayed with bleach solution and left to dry.

Mattresses and covers used on the nappy change table need to be smooth because germs can survive in cracks, holes, creases, pleats, folds or seams.

Toilet-training

- Ask parents to supply three clean changes of clothing.
- Place soiled clothes in a plastic bag for parents to take home at the end of the day. Soiled clothes will not be rinsed or washed at the centre. Explain to parents that washing soiled clothes at the centre can spread germs.
- Help the child use the toilet.
- Spray toilet seat with disinfectant.
- Help the child **wash and dry their hands**. Ask older children if they washed and rinsed their hands counting to ten or singing for this length of time. Explain to the child that washing their hands will stop germs that might make them sick.
- If the centre uses a potty chair, empty the contents into the toilet and wash the chair. Do not wash it in a sink used for washing hands.
- **Wash and dry your own hands.**

**

* Plastic bags must be kept out of reach of children and not in their bags.

** All staff are required to give parents toilet training questionnaire before toilet training begins.

Toilet training questionnaire must be included in child's journal after it has been completed and returned by the parent.

Source: Staying Healthy in Child Care

National Health and Medical Research Council

Reviewed: April 2008

Next Review: 2010

4.7

FIRE AND EVACUATION POLICY

AIM

To ensure that all staff and children are thoroughly drilled in fire and emergency evacuation procedures and that staff are able to operate fire extinguishing equipment, so that no person is put at risk in the event of an emergency of fire.

RATIONALE

Evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, gas leak, siege, flood, bushfire or other emergency.

An evacuation drill will be practised monthly where an alarm is activated and everyone is encouraged to drop whatever they are doing and go outside. It is best not to panic the children by telling them what the evacuation is for. The more regularly fire drill is practised, the less likely that things will go wrong through panic and other mishap.

The emergency procedure should be short and simple, but cover all necessary steps. All members of staff need to know the total plan and know their role within the plan.

PROCEDURE

Assembly Area

Staff will carefully choose an assembly area and an alternate assembly area to be used if the first area is unsuitable because of circumstances. These assembly areas will be:

- Well clear of the building and any area required for the access and operations of emergency services;
- An area which children can be moved from without going back toward the danger area;
- Not the rear yard, unless there is gate and an access route away from the danger.

Escape routes to assembly areas will be kept clear of obstructions at all times.

Fire Wagon

There is a wagon that is to be used for evacuation of babies. This wagon is kept in the Playroom One cot room. There is an additional wagon in the Playroom Two cot room.

Emergency provisions, roll and contact numbers

There will be an emergency pack with nappies and other necessities readily accessible in each Playroom.

The Director will maintain an up-to-date and compact register of emergency contact numbers, to be taken in case of evacuation.

Emergency evacuation procedures

The centre will display a notice clearly marked "Emergency Evacuation Procedures" in a suitable location near the main entrance and in each playroom, which shows:

- A floor plan marked with the location of all exits, direction of escape routes,
- and the evacuation procedure.

Portable fire extinguishers

There will be a fire extinguisher (red) on a wall bracket near the kitchen, which is installed and maintained in accordance with Australian Standard AS 1846. A fire blanket is located at the same position. A fire hose and extinguisher are located in the foyer and in the passageway next to Playroom 1.

Practice: Evacuation Procedure

Remove children from immediate danger.

Alarm Raise the Alarm.
 Ring Security 53333.

Evacuate Evacuate to assemble area/s and ensure all children are accounted for.

The centre staff will carefully formulate an evacuation plan suitable to the layout of the centre, taking into account the capabilities and requirements of the age groups in the centre, and test and refine this plan by fire drills.

In the event of an emergency, the Director will:

- Notify the relevant emergency service, giving the name and address of the centre and the nearest cross street; Security 53333
- Collect the immunisation roll which registers parents' emergency contact numbers, then check all areas for children, staff or any other person and endeavour to close windows and doors to contain fire;
- Check the attendance roll to account for all children, and ascertain that all staff are present;
- Meet the Officer-in-Charge and inform him of any missing children or staff, the nature and location of the emergency and any relevant information.

In the event of an emergency, other staff will:

- Organise a quiet and orderly evacuation of children in their group, putting babies in a fire wagon, and moving to the first designated assembly area. If that area is not safe, staff will move children to the second designated assembly area taking emergency pack and attendance roll with them;

No one will re-enter the building until advised that it is safe to do so by the Officer-in-Charge.

Use of fire extinguishers

Staff will attempt to extinguish only very small fires, otherwise staff priority will be to remove children from the room and contain the fire by closing the doors, and follow evacuation procedures. If there is no danger to the person who is to operate the extinguisher, the nearest person should remove all children from the room, alert other staff, and then use the fire extinguisher. Staff will be well trained and confident in the operation of fire extinguishers. Water type fire extinguishers will never be used on electrical or flammable liquid fires, as this can cause electrocution or spread rather than extinguish the fire. The Director will ensure that all fire extinguishers will be serviced annually.

Source: NSW Children's Services Health and Safety Committee and the School of Community Medicine, University of NSW

Health and Safety in Child Care Centres, Model Policy and Practices.

Reviewed: Fire Safety Training Professional development September 2008

Next Review: 2010

4.8 HANDLING AND STORING CHEMICALS POLICY

AIM

To ensure that all staff and children are educated and protected from risks from chemical products used in a child care centre.

RATIONALE

Chemical products which are routinely used in child care centres are potentially dangerous, particularly when stored in bulk. Household bleach can be fatal if swallowed, and can cause burns to skin and serious damage to eyes. Dishwasher detergent is extremely hazardous if swallowed. Stove cleaners and some pesticides are highly toxic. Solvent cleaners are dangerous if inhaled. Petrol and two stroke oil from lawn mowers can burn skin and damage eyes, and are a fire hazard.

Information about chemical products is available from the manufacturer, and may be in the form of a Material Safety Data Sheet (MSDS) which sets out the chemical ingredients, its effects on health, details on safe handling and storage, first aid instructions and precautions which should be followed when using the chemical.

PROCEDURE

- Licensees and Management Committees should make available adequate information about any substance used in a place of work, to ensure that the substance will be safe and without risks to health when used properly.
- When using any chemical substance, staff will:
 - read any Material Data Safety sheet, and follow the manufacturer's directions for handling, use and first aid instructions on the label. All bottles must be labelled.
 - use the approved personal protective equipment such as gloves, aprons, goggles, masks etc when using the chemical.
 - ensure that all chemicals which are stored or decanted are labelled with description of contents, hazards and precautions for use, ensuring that any new container is suitable for the type of chemical being stored.
 - store all chemicals in a locked cupboard or room out of the reach of children, and according to manufacturer's instructions.
 - never store chemicals in soft drink bottles, or other food or drink containers.
 - for bulk storage, store different kinds of chemicals with space between the containers.
 - Monthly staff compliance and chemical safety audit to be completed by kitchen floater. Posted in laundry.

*Source: Child Care Regulations 2003
NSW Health and Safety in Childcare Centres
Reviewed: February 2008
Next Review: 2010*

4.9

ANIMALS POLICY

AIM

To avoid risk of infection from contact with pet animals at the centre.

RATIONALE

Animals can transmit some diseases and certain worms to children. Ill animals are more likely to scratch or bite.

PROCEDURE

- Keep pets in enclosed cages which are maintained in a clean condition. When cleaning bird cages, wet the floor of the cage to prevent inhalation of powder from bird faeces.
- Ensure pets are maintained in healthy condition, with regular immunisation, worm and flea control measures.
- Ill animals should be treated by a veterinarian promptly, and isolated from contact with people.
- Animals must be kept away from all food serving and handling areas.
- Cats and dogs should not be fed uncooked meat or offal.
- Dispose of animal faeces and litter daily, using disposable gloves. Discard litter by putting it in a plastic bag, sealing the bag and then putting in the garbage bin. Dispose of gloves by placing in a plastic bag, which is sealed, and then put into garbage bin.
- Always supervise children when they are handling pets. Ensure children do not put their mouths on pets, or put their hands in their mouths after touching pets.
- Staff must wash their hands and ensure children wash their hands after touching pets.
- Food handling staff must not touch animals whilst at work.

If an animal is to visit the Centre a notice needs to be placed in each Playroom notifying parents of the event and allowing parents to object if they wish.

Source: Child Care regulations 2003

Reviewed: Parent Management Committee 2008

Next Review: 2010

4.10

PEST CONTROL POLICY

AIM

To ensure that the Centre provides a clean and safe environment for all users.

RATIONALE

Pests are an almost inevitable part of inner city living, and are a contributing factor to the spread of diseases. Their presence is inconsistent with the aims of the Centre's Health policies to provide a healthy and hygienic environment. Small children are particularly at risk from pest spread disease because of their habits of mouthing objects and their constant close contact with surfaces throughout the Centre.

PROCEDURE

The Centre will regularly (every quarter) obtain safe professional pest control treatment of the Centre environment. This treatment will use non-toxic methods which concentrate on known harbourages of pests (food storage, preparation and serving areas as well as electric motor equipment areas) and exclude the use of pesticides which leave residues potentially harmful to Centre users.

Natural pyrethrins are increasingly recognised as effective, safe and environmentally friendly active ingredients.

The Centre should avoid the use of treatments which are indiscriminate in their application such as bombardment sprays and/or other similar methods.

The Centre will avoid using general purpose surface sprays (such as those available from supermarkets) as they leave residues potentially harmful to Centre users. These will only be used in an emergency and the area will be thoroughly cleared afterwards.

Source: Child Care Regulations

Reviewed: 2008

Next Review: 2010

5.1

HEALTH POLICY

AIM

The Centre aims to provide a healthy and safe environment for the mental, physical and emotional well-being of the staff, children and parents/guardians.

RATIONALE

For parents the Health Handbook provides an account of what action should be taken, and what medication given, in event of the child being taken ill while at the Centre. Further, it outlines the circumstances under which parents/guardians maybe required to remove their child from the Centre and when a doctor's certificate will be requested.

From the staff viewpoint the existence of a written policy provides an explicit statement of responsibility and some guidelines of action in a variety of potential circumstances.

Source: Staying Healthy in Childcare

Reviewed: December 2008

Next Review: 2010

5.2

MEDICATION POLICY

AIM

To comfort the child displaying symptoms of illness.

RATIONALE

If a child develops symptoms of illness whilst at the Centre appropriate measures will be taken to deal with them. Only Panadol, Bonjella, Savlon and Bepanthere will be administered by staff in the event of a parent being uncontactable or an emergency. All other medications require specific written instructions before they will be given to a child.

PROCEDURE

Fever

If a child develops a high temperature all efforts will be made to reduce it naturally by first removing excess clothing and/or sponging the child. However sometimes it may be necessary to reduce the fever by administering Panadol.

The Director will check the "Permission to Administer Medication" form and contact the parent. The Group Leader will administer the medication. Such incidents are to be recorded on the "Staff Medication Administration" form. Parents must sign this form when they collect their child. The Director will sign the form also.

The same procedure is followed for Bonjella, Savlon and Bepanthere.

Prescribed Medication (Short term)

Staff at the Centre will only administer prescribed medications when:

- the parent has filled in a medication form obtainable from the office
- the medication has been presented to the office
- evidence of dosage, dates, child's name needs to be provided on bottle (pharmacists label) or letter from doctor.

The Group Leader who administers the medication is to record the date, time, medication and dosage on the back on the Medication Form. This will be verified by the Assistant.

Prescribed medication (long term)

Where medication for treatment of long term conditions or complaints such as asthma or epilepsy is needed, either intermittently or on a continuous basis, the above conditions also apply.

In addition parents should acquaint the staff (both verbally and in writing) with the particular manifestations of the condition as they apply to their child including such details as likely severity of attacks, warning signs, methods of acute care etc. A letter from the child's doctor or specialist is required detailing the medical condition of the child.

*Source: Childcare Regulations, 2003
Queensland Health (Drugs and Poisons Regulations 1996, Authority Section 269,
July 2000.*

Reviewed: December 2008

Next Review: 2010

IMMUNISATION POLICY

Staff and Children

The Margaret Cribb Child Care Centre is committed to providing its staff with a safe and healthy workplace. It is our aim to create a work environment in which all staff feel safe and secure and find their work stimulating.

Under the Queensland Workplace Health and Safety Act 1995, an employer has an obligation to ensure the workplace health and safety of each of the employer's workers and others are not exposed to risks to their health and safety arising from exposure to vaccine-preventable diseases in the conduct of the employer's business or undertaking.

The Margaret Cribb Child Care Centre has an obligation to ensure other persons are not exposed to risks to their health and safety arising out of the conduct of the employer's business or undertaking.

All vocational students working in the centre, the Director will request the status from the educational provider of the student's immunisation status and update records if required. If the students are not immunised and if an outbreak of an a preventable disease occurs, then possible restrictions could apply, such as exclusions from work, however this needs to be based upon the advice of the Public Health Unit.

Occupational Immunisation

Childcare workers should be up to date with all the vaccinations that are recommended for adults, as well as those special vaccinations which are recommended because of increased risk of exposure in the workplace.

The occupational immunisation requirements for childcare workers are:

- Hepatitis A
- Measles, Mumps and Rubella (MMR)
- Varicella (Chickenpox)
- Pertussis (Whooping Cough)
- Hepatitis B - (May be recommended in specific circumstances, such as when providing child care to populations who have a higher prevalence of Hepatitis B. A combine Hepatitis A/Hepatitis B vaccine exists and should be considered when implementing an immunisation program.)

Hepatitis A – Staff who have not previously been infected with or immunised against Hepatitis A require 2 doses of Hepatitis A Vaccine.

Measles, Mumps and Rubella (MMR) – Workers who have never been vaccinated against MMR require two doses of MMR vaccine. Workers born during or since 1966 may only have received one dose of a measles-containing vaccine and require a second dose of MMR vaccine unless they have evidence of having had 2 doses.

Varicella (Chickenpox) – Childcare workers who have never been infected with chickenpox require 2 doses of varicella vaccine.

Pertussis (Whooping Cough) – Childcare workers require an adult booster dose of pertussis vaccine.

The Director will maintain a current record of the vaccination status of each staff member.

All information is kept confidential.

When a new staff member commences work with the Margaret Cribb Child Care Centre, part of their induction will include an introduction into vaccine-preventable diseases and infection control. The new Employee's vaccination status will be requested and recorded. All information collected is kept confidential.

All current and new staff will be required to fill out a "Staff Immunisation Record" form. All staff will also supply evidence of further immunisations and this is to be supplied to the Director as soon as possible.

The Centre will have an in service education session for all staff once a year. This will be conducted on occupational vaccine-preventable diseases and infection control.

Staff Vaccination History

Any staff member, who is unsure of the vaccination history, will be required to seek this information from a medical practitioner. This may include a blood test to confirm immunity.

If a staff member refuses to confirm their immunity they will be regarded as non-immune. The staff member may be excluded from work or have work restrictions placed upon them in the event of an outbreak of a vaccine-preventable disease to protect themselves and prevent further spread of infection.

Updating Immunisation Records

The Director will be responsible for reviewing staff immunisation records to identify non-immune or incompletely immunised workers.

All staff are required to supply a letter from a medical practitioner with evidence that they have been vaccinated as requested. This letter is to be supplied to the director so your immunisation record is current and up to date.

Under the Queensland Child Care Act 2003, and the Queensland Workplace Health & Safety Act 1995, it is not mandatory for Child Care Workers to be vaccinated. However, the Centre encourages all staff to be immunised as this provides you with the best protection against disease.

Attached to this policy is Qld Health Fact Sheet on the following vaccinated diseases.

- Hepatitis A
- Measles, Mumps and Rubella (MMR)
- Chickenpox
- Pertussis (whooping cough)

Vaccine Refusal

Any staff member who is not vaccinated and refuses to be vaccinated shall be required to consult a medical practitioner to be fully informed of the medical risks. A letter to the medical practitioner outlining the centre's requirements of vaccinations shall be supplied to the staff member to take to their appointment.

A copy of this letter will be kept on the staff member's file.

In the event of an outbreak of a vaccine-preventable disease at a centre, non-immune workers may be excluded from work or have work restrictions placed upon them to protect them against infection and prevent the further spread of disease. The Director will contact the Public Health Unit as soon as an outbreak is detected for advice on whether exclusion, work restrictions or other measures are needed and any recommendations will be enforced.

Prevention of Spreading the Diseases

Good hygiene practices are essential to limit the transmission of infectious diseases.

Hand washing is the single most important infection control procedure.

Hand washing (using warm water and soap, gently rubbing all surfaces of the hands together) is the most important way of controlling infection. Staff must ensure that their hands and the hands of children in their care are worked frequently – most particularly:

- Before handling food or baby formula/breast milk
- After changing a nappy
- After going to the toilet
- After coming into contact with any blood or body substances (vomit, faeces, runny noses)

All centres toys and any other objects should be cleaned every day. Environmental surfaces, such as table tops

and benches, must be regularly wiped down and disinfected.
The nappy changing area must be cleaned after every change.

Environmental Cleaning After Blood or Body Spills

1. Wear Gloves
2. Place a paper towel over the spill. Carefully mop up the spill. Place the paper towel in a plastic bag, seal the bag and put it in the rubbish bin.
3. Clean the surface with warm water and detergent.
4. Where contact with bare skin is likely disinfect the area after cleaning by wiping with bleach (1,000 ppm available chlorine or in a 1 in 10 dilution of bleach) and allow to dry. Spills which occur in a bathroom or toilet area or in other 'wet' areas which have drainage outlets should be removed by carefully hosing or flushing the area with water and detergent.
5. Remove gloves. Put them in a plastic bag and place the bag in the rubbish bin.
6. **Wash hands thoroughly** with soap and warm water.

(Remember: Blood or body fluids may contain viruses such as hepatitis B, hepatitis C or the HIV (AIDS). Therefore, it is important to disinfect the area where a spill has occurred, using bleach. Use **1 part bleach to 9 parts water** (for example, 1 cup of bleach to 9 cups of water). Dilute bleach on the day of use.

Procedures for Handling Body Fluids

1. Treat all blood and body fluids as potentially infectious.
2. If child is bleeding, avoid contact with the blood.
3. Move child to safety and comfort child.
4. First Aid person to put on disposable gloves and apply appropriate first aid.
5. If there is contact with blood or body fluids, observe following procedures –
 - Open wound/broken skin – wash thoroughly with soap and water.
 - Mucous membrane – irrigate with water.
6. Remove and dispose of gloves into plastic bag after first aid completed.
7. Wash hands thoroughly with soap and warm water

Exclusion from Work

A non-immune staff member may be excluded from work or have work restrictions placed on them if there is an outbreak of a vaccine-preventable disease at the centre.

Who to contact in an outbreak

In the event of an outbreak of a vaccine preventable disease the director will contact the Public Health Unit for advice.

The Centre will be guided by the Public Health unit about whether exclusion, work restrictions or post-exposure prophylaxis (PEP) is indicated. PEP is a medication given to a non immune person following an exposure to an infectious disease to prevent infection or reduce the severity of the disease. It usually requires to be given soon after exposure to be effective. PEP is currently available for some (but not all) of the relevant vaccine-preventable diseases in childcare settings including:

- Hepatitis A: PEP of normal human immunoglobulin within 2 weeks of exposure.
- Measles: PEP of MMR vaccine within 72 hours of exposure or normal human immunoglobulin within 7 days of exposure.
- Varicella – zoster: PEP of varicella-zoster immunoglobulin within 96 hours of exposure for high risk persons (eg non immune pregnant workers.)
- Pertussis: PEP of a 7 day course of antibiotics.

Payment Arrangements

Staff will be responsible for cost of all immunisations (except Hep A/B), and other associated medical

expenses.

Leave Arrangements

What happens to unimmunised employees in the event of an outbreak of a preventable contagious disease?

Once an outbreak is identified the local Health Authority will have an officer in control of managing the outbreak. If unimmunised, employees are excluded from the centre for the duration of the outbreak at the direction of the control officer, the period of exclusion will be without pay. The employer would invoke the stand-down provisions of the Queensland Industrial Relations Act 1999, Part 6, section 98 *Permissible stand-down of employee* which states:

- (1) An employer may stand-down an employee on a day, or for part of a day, when the employee cannot be usefully employed because of something that happened---
 - (a) for which the employer is not responsible; or
 - (b) over which the employer has not control.
- (2) The employer may stand-down the employee without pay unless an industrial instrument provides otherwise.
- (3) This section does not apply to an apprentice or trainee.

Can sick leave be used to pay excluded employees? No. Sick leave is only to be used if the employee is sick or injured and unless the employee meets the aforementioned conditions, it cannot be used during a stand-down.

Can any other leave be used during stand-down? Yes. The employer may approve the use of annual or long service leave accrual if available. With annual leave the industrial instrument may stipulate that annual leave is to be taken at a particular time.

Risks to Others

Any person connected with a centre or organisation should be aware of the ways to minimise spread of diseases within the centre and among the children attending the centre.

All vocational students working in the centre, the Director will request the status from the educational provider of the student's immunisation status and update records if required. If the students are not immunised and if an outbreak of an preventable disease occurs, then possible restrictions could apply, such as exclusions from work, however this needs to be based upon the advice of the Public Health Unit.

The adoption of the highest standards of hygiene possible and ensuring that all persons (Directors, Supervisors, Parents, Volunteers and Children) adhere to these standards is the best way to protect everyone from infectious diseases which are common to centres etc.

In particular careful hand washing is important. Attention should also be given to cleaning and disinfection.

A high standard is necessary as all the common infections in centres may spread through person to person contact and may also spread through contact with contaminated surfaces.

When young children touch parts of their bodies and then touch other objects (toys/furniture) and people, infection may spread. If the hands have not been washed then small amounts of body fluids (saliva, nasal discharge, urine and faeces) may remain on the touched surface. If germs reside in these fluids, then all surface that have been touched will be contaminated.

Therefore, the highest standards of good hygiene practice must be adapted to protect carers as well as children.

Parents of all newly enrolled children are requested to provide evidence that their child/children are appropriately immunised in accordance with their age. This request is in line with the Department of Health objectives of full immunisation of all children. Exceptions will be made for children who cannot be immunised for medical or religious reasons at the discretion of the Director. Unprotected children will be excluded from the Centre for the period of the outbreak to comply with Department of Health regulations.

The current guide recommended by the NHMRC for child immunisations is as follows:

AGE DUE	DISEASE AGAINST WHICH IMMUNISED
birth	Hepatitis B
2 months	Hepatitis B*, Diphtheria, tetanus & acellur pertussis (Triple Antigen), Poliomyelitis (Oral Sabin), HiB (b), Pneumococcal conjugate vaccine*
4 months	Hepatitis B*, Diphtheria, tetanus & acellur pertussis (Triple Antigen), Poliomyelitis (Oral Sabin), HiB (b), Pneumococcal conjugate vaccine*
6 months	Hepatitis B*, Diphtheria, tetanus & acellur pertussis (Triple Antigen), Poliomyelitis (Oral Sabin), HiB (b), Pneumococcal conjugate vaccine*
12 -18 months	Hib (b), Meningococcal CCV, Mumps/ measles/ rubella (MMR), Pneumococcal conjugate vaccine*
School Entry 4 - 5 years	Diphtheria / tetanus / acellular pertussis (Triple Antigen), Poliomyelitis (Sabin), Mumps / measles / rubella (MMR)

*Total 3 doses required following the birth dose

* Eligible children only – Aboriginal & Torres Strait Islander children

IT IS THE PARENT’S RESPONSIBILITY TO KEEP THEIR CHILD’S IMMUNISATION UP TO DATE.

Parents will be surveyed twice a year - February and August - for an update on the child's current immunisation record. All staff should also maintain, through vaccination, their immunity to common childhood diseases. Other vaccinations are also recommended by NHMRC. For staff in “direct contact with blood or body substances”, Hepatitis B vaccination is recommended. Child care workers should be vaccinated against Hepatitis A because it is an occupational risk.

*Source: Understanding childhood Immunisation
Commonwealth Department of Health and Family Services
Australian Immunisation Handbook, 8th Edition
ACSEA Workplace Health and Safety Manual 2006
Reviewed: 2008
Next Review: 2010*

5.4 ACCIDENT POLICY

In the event of an accident occurring in the Centre the following procedures are to be followed:

1. Comfort child and administer First Aid. (First Aid Kit is located in the office.)

2. Make sure other children are supervised by a staff member.
 2. Depending on the extent of injuries, ring parent. Explain to parent what has happened in a clear manner and what is being done to care for the child. In extreme cases ring security/ambulance immediately, if delayed or unavailable use own car. Two staff members to travel with child in a private car, or one staff member in ambulance. Remaining staff are to advise the parent to meet the staff member at the appropriate destination. Staff member travelling to hospital to take child's enrolment form when seeking medical treatment. Reassure parent to avoid unnecessary panic and confusion.
 4. Once the child is ok fill in the accident report form for the parent to witness on collection of the child.
 5. Make sure all staff in Playroom are aware of the accident so that they can inform the parents. Ensure that the parent signs the accident form on acknowledgment of incident.
1. In cases requiring professional medical attention staff members must compile a report of the accident. Date and sign all entries in case of any future concerns. This full written account will be forwarded to the President of the committee immediately.

Source: Child Care Regulations, 2003

Reviewed: December 2008

Next Review: 2010

5.5

NEBULISERS

The following information is to inform the Director and Staff about the use and safety of nebulisers in the centre.

INFORMATION

- 1 If the child is in good physical health then nebulisers are safe to use.
- 2 Do not administer a nebuliser to a child more often than 4 hourly.
3. If less than 4 hourly is required then the child should be at home or in a hospital

CENTRE POLICY

- 1 Parents/Guardians with children on nebulisers must give signed written permission
- 2 Parents/Guardians must show all staff who will be administering the nebuliser the correct procedure with the child until the child feels secure and comfortable with the process.
- 3 If the child shows no improvement after use or has an acute asthma attack then the parent must be contacted.
- 4 If the Parent/Guardian can not be contacted then normal centre contact procedure will be observed.
- 5 Nebulisers are to be provided by the parents when needed.

Source: Asthma: What You Need to Know - Everychild, Volume 9, #4, E.C.A. Inc., 2003

Reviewed: December 2008

Next Review: 2010

5.6 OUTBREAKS AND EXCLUSION POLICY

AIMS

To effectively manage an outbreak of an infectious disease in the Centre by appropriate exclusion of sick children and staff.

To notify the Public Health Unit when required by law, and as recommended by the National Health and Medical Research Council (NHMRC).

To create a safe and hygienic environment that will promote the health of the staff, children and parents.

To inform all parents when an infectious disease occurs in the Centre.

RATIONALE

Parents will need to make an informed decision regarding the presence of their child in the centre, and of action to take in the event of illness in their own child.

- Child care is labour - intensive, involving many close physical interactions among children and adults each day. Children are particularly at risk of infection because:
 1. They have close contact with a wide range of children and adults in closed spaces for long periods of time.
 2. They have had previously little exposure to many common infectious diseases.
 3. They have increased contact with materials (toys, toilets, etc) that might be infectious.
 4. They are likely to get childhood diseases that previously (before care) occurred in older children. Younger children are more likely to have complications (eg measles) than older children.
 5. They are continuously being introduced to new children (many from differing cultures) who come with their own set of pathogens.
 6. They have age characteristic behaviours which contribute to the spread of infections: eg, lack of toilet training, lack of control over bodily secretions, and inability to correctly wash hands.
 7. They are at risk from some infectious agents which live for many days on surfaces (Hep A) or require only one to a few organisms to cause illness (giardiasis).
 8. The risk of infection can be increased through adult lack of awareness in regard to hygiene procedures and where group sizes are large.

PROCEDURE

- Children and staff with infectious diseases must be excluded from the centre in accordance with the NHMRC guidelines:
- Notices about the occurrence of the infection should be placed in a suitable position in each Playroom.
- Parents should be informed verbally of the presence of the infectious disease.
- When serious infections occur, the advice of the local Public Health Unit should be sought requesting that a letter be provided to each child's parents. The letter should make the parents aware of the presence of the infection in the centre and provide advice about prevention and any action to be taken in the event of illness in their own child.
- By law any member of staff involved with food-handling who has boils or other pustular infections of the skin on the arms or face, or is suspected of having any gastrointestinal or influenza infection, must be excluded from food handling duties when sick or when they have cuts, wounds or skin lesions on hands which cannot be adequately covered.
- By law the Centre Director must notify the local Public Health Unit when a case of the following diseases occurs in the centre
 - diphtheria, measles, mumps, poliomyelitis, rubella (german measles), whooping cough (pertussis), tetanus and Hib.

- The Centre Director should report to the Public Health Unit
 - any single case of meningitis,
 - food borne illness in two or more persons, or gastroenteritis affecting three or more persons,
 - any of the following conditions affecting three or more persons - chickenpox, cold sores, conjunctivitis, influenza, strep throat or any other condition of concern.
- A medical certificate is required before a child or adult having diphtheria, hepatitis A, polio, tuberculosis, typhoid or paratyphoid can return to the Centre.

Source: Staying Healthy in Childcare

Reviewed: December 2008

Next Review: 2010

5.7 MANAGEMENT OF UNWELL CHILDREN

AIM

To ensure that an unwell child is noticed and cared for swiftly, and that appropriate action is taken to prevent the spread of infection.

RATIONALE

- There will be facilities for keeping medications inaccessible to children and at the recommended temperature for the type of medication.
 - a child proof container for medications kept in the refrigerator,
 - a sturdy, child proof cabinet, will be kept in the Office.
- There will be a medications register in order to keep records of parents' prior consent and orders for their children's medication and to record and witness the dose and frequency of any medication administered to a child.

PROCEDURE

- All staff should be aware of the symptoms of illness throughout the course of day. The following clues can help identify a child who is not well and who may need to see a doctor or nurse.
 - The child may
 - be fretful and listless
 - cry readily but not be comforted easily
 - lose interest in playing
 - be abnormally quiet and inactive
 - not want to eat
 - be irritable when disturbed
 - feel hot to touch
 - look tired and flushed
 - feel cold and look pale
 - be vomiting and have repeated diarrhoea
 - have less than 4 wet nappies in 24 hours
 - If a child does not seem "right", he/she may be unwell even though the exact problem cannot be seen. Children who look and behave as usual are unlikely to be very ill.
 - If a child has a fit or convulsion, vomits green fluid, has a persistent fever, or stops breathing - see the Director immediately.
- If a child is unwell and unable to participate in the normal activities of the Centre, staff will
 - inform Director and the parents of the child's behaviour
 - separate the unwell child from other children, until child is taken home by parent
 - take the child's temperature, and take action to bring fever down if necessary
 - upon diagnosis of illness, decide if the condition requires exclusion
 - inform parent of condition of exclusion and readmission
 - inform Public Health Unit if necessary
- If a child is unwell at home, parents should be asked not to bring the child to the centre.
- If a child becomes ill at the Centre parents/guardians will be contacted and asked to come and collect or make other arrangements for collection of the child. The child will be cared for by an adult until collected.

If parents cannot be contacted the EMERGENCY CONTACTS listed on the enrolment form will be called.

In the case of an accident or emergency resulting in the need for immediate medical attention parents will be contacted and an ambulance/security will be called.

Every effort will be made to contact the parents/guardians before arranging for the ambulance and before treatment is sought.

If parents and emergency contact cannot be reached, approval is requested on the enrolment form for the Director to act on medical advice at the hospital.

If a child has a serious accident or dies at the Centre - the chief executive is to be notified not later than the next working day of the fact and the circumstances of the injury or death.

Asthma Management

- Each child's management plan for asthma will be updated every three months at least, to ensure that medication is appropriate to each child's current asthma status. Details of routine, extra medications and the actions to be taken in the event of increased symptoms must be specified in the child's asthma management plan.
- Parental consent for asthma treatment must cover administration of extra medication in the event of increased symptoms of asthma.
- Parents will be contacted and/or medical assistance sought if the child's asthma symptoms progress whilst at the Centre.

Treatment for Fever

- The child's temperature will be taken by placing a thermometer under the child's arm for at least three minutes. A normal temperature taken by this method is a little over 36°C.
- If the child has a fever the parents or emergency contact should be informed and asked for permission to give paracetamol. If they cannot be contacted, the Director will contact the child's doctor.
- To bring the child's temperature down, give paracetamol, remove the child's clothing if necessary and then sponge or bath the child in lukewarm water.
- Paracetamol will be given to a child with a temperature of 38°C or greater, in the dose specified on the bottle in accordance with the child's weight/age. Aspirin must never be given to a child with a fever. Encourage the child to drink, to prevent dehydration.

Source: "Staying Healthy in Childcare", National Health and Medical Research Council

Reviewed: December 2008

Next Review: 2010

5.8

FIRST AID AND SAFETY POLICY

AIM

To attend to first aid incidents promptly and deliver first aid efficiently, to minimise accident or injury to all staff, children and any others who may be in the centre or its ground, and minimise serious complications as a result of negligence.

To minimise legal liability of the centre.

RATIONALE

The Workplace Health and Safety Act 1995 lays down general requirements which must be met by all workplaces. When staff are trained and aware of illness and occupational health and safety matters, it is more likely that the centre will be a safe environment for staff, children and visitors.

First Aid Equipment

- A notice showing the emergency numbers should be prominently displayed, and easily seen from the telephone.
- There should be a standard First Aid Kit kept in the Centre, plus one for excursions and emergency evacuations.

PROCEDURE

- All permanent staff must hold a current first aid certificate. Copies of first aid certificates should be kept on staff files.
- All staff, volunteers and students are to be trained in the centre's accident and emergency procedures.
- Adequate funds will be allocated each year to ensure that staff first aid certificates are kept current, ie to retrain staff every three years.
- A staff member is to be assigned the task of maintaining the first aid kits, at least monthly.
- Staff will hold regular "first aid drills" at staff meetings. These drills should simulate a real life situation and staff should discuss what they would do in a variety of first aid situations.

Accident Procedure

- Assess the injury.
- If minor, give appropriate first aid, complying with centre's policy for handling spills of bodily fluids, and write report of the incident. Make sure other children are supervised by a staff member.
- If the incident is serious
 - have trained staff apply their expertise in first aid
 - if necessary, call staff trained in cardio-pulmonary resuscitation to assist
 - refer injured or ill child to medical care
 - if necessary, call an ambulance, and have one staff member accompany child or adult in ambulance
 - Staff member to take child's enrolment form when seeking medical treatment.
 - notify parent, guardian, next of kin or emergency contact
 - write report of accident and action taken and give a copy to parent/guardian, staff member and Centre
 - Licensee will contact insurers.

SAFETY CHECKS AND AUDITS

- Yearly safety audits will be conducted in accordance with the CSEAQ Workplace Health & Safety compliance guide lines.
- Weekly check lists will be completed for the Toddler/ Babies & Preschool/Kindy areas.
- Staff are responsible for daily hazard checks.

Source: NSW Children's Services Health and Safety Committee and the School of Community Medicine, University of NSW

Health and Safety in Child Care Centres, Model Policy and Practices.

1997 C.S.E.A.Q Workplace Health & Safety compliance guidelines.

2001 Kidsafe Play – Creating Safer Play – Safe Maintenance (QLD Government)

Reviewed: 2008 (St. John's Ambulance First-Aid Update)

Next Review: 2010

5.9

SUN PROTECTION POLICY

AIM

Queensland has the highest rate of skin cancer in the world. Of all new cancers diagnosed in Australia each year, 80% are skin cancers. Given that children in child care are there during peak ultraviolet radiation (UVR) times throughout the day, early childhood settings play a major role in both minimising children's UVR exposure and providing an environment where policies and procedures can positively influence long term behaviour.

Skin damage, including skin cancer, is the result of cumulative exposure to the sun. Research shows that sunburn contributes to skin cancer and other forms of skin damage such as sunspots, blemishes and premature aging. Most skin damage and skin cancer is therefore preventable.

Ultraviolet radiation (UVR) levels are highest during hours that children are at child care settings. As children will spend a portion of their day outdoors, we are committed to protecting them from the harmful effects of the sun.

With this in mind, the Margaret Cribb Child Care Centre realises the need to protect children's skin and educate them about SunSmart behaviour, thus reducing the risk of skin damage from exposure to the sun (Queensland Cancer Council, Early Childhood Policy Guidelines).

RATIONALE

Current scientific and anecdotal evidence suggests that overexposure to ultraviolet (UV) radiation during childhood contributes to an increased risk of skin cancer throughout an individual's lifetime (Cancer Council Australia, 2005b).

Preventing sunburn and overexposure to UV radiation assists in reducing the probability of skin cancer and further skin damage. Sun protection policies and procedures are a life long commitment to infants, young children and adults to reduce the incidents of skin cancer and eye damage. (Cancer Council Australia, 2005a).

The Margaret Cribb Child Care Centre has a duty of care to ensure that all persons¹ are provided with a high level of sun protection during the hours of the service's operation.

It is understood by staff, children and families that there is a shared responsibility between the service and other stakeholders that the Sun Protection Policy and procedures are accepted as a high priority.

In meeting the service's duty of care, it is a requirement under the Occupational Health and Safety Act ² that management and staff implement and endorse the service's Sun Protection Policy, and ensure a level of protection to all persons who access the service's facilities and/or programs.

PROCEDURE

Managing the physical environment

Times of UV radiation exposure

- The peak UV radiation periods are 10.00am – 3.00pm. Outdoor activity will be limited during these times or when UV levels are 3 and above.
- Staff will utilise the shaded areas of the outdoor environment for play.

¹ Persons – is defined as children, parents, families, staff, carers, coordination unit staff, management, student and volunteers, regardless of age or gender, who access the child care service for any reason.

² There are legislative Acts and regulations for each state and territory that address the issue of Occupational Health and Safety. Services are advised to seek information that is relevant to their jurisdiction.

Shade provision, outdoor play and outdoor play equipment

- The service will consider the availability of shade when planning and programming for outdoor play experiences.
- Outdoor equipment that is not fixed will utilise the shaded areas of the outdoor environment at all times of the day.
- The service will continually assess the shade coverage of the outdoor play environment and seek avenues to improve the conditions if required.
- The service will plan and program for outdoor play experiences during non-peak UV radiation hours of the day.
- Outdoor play equipment that is fixed will be monitored for usability throughout the day by staff.
- Staff will ensure that the infants outdoor play environment utilises as much dense shade as possible.

Protective behaviours and practices

Hats

- All children must wear an approved sun protective hat that is either: a broad brimmed, bucket or legionnaire's style, when outdoors.
- It is recommended that a sun protective hat adequately covers the face, back of the neck and ears.
- Children who do not have a hat will be asked to play indoors or under shade structures, however this may not always be possible due to staffing ratios. Therefore, children without hats will be restricted to shaded areas when outdoors if children cannot be supervised indoors.
- Spare hats may be available for children who do not have a hat. The service will ensure that hats are laundered after each use to minimise cross infection (for example, head lice).

Clothing

- Loose fitting and closely woven fabrics assist in protecting children from exposure to the sun.
- It is recommended that shirts have a collar to protect the nape of the neck and long sleeves.
- Longer style tops and shorts are acceptable items of clothing to protect children from the sun.
- Sleeveless shirts, dresses and singlets are not considered as appropriate clothing to protect children from the sun. Children may need to change their clothing or not be allowed to access outdoor play.

Sunscreen

- Cancer Council SPF30+ broad spectrum water resistant sunscreen is applied to exposed skin of children.
- The service does supply sunscreen.
- Permission will be sought at enrolment from the family for the service to apply sunscreen.
- Sunscreen must be applied at least 20 minutes before commencing outdoor play (or as per manufacturer's instructions).
- Sunscreen must be reapplied every two hours (or as per manufacturer's instructions).
- Some children may present with an allergic reaction to sunscreen. In this situation, the service will stop applying the sunscreen, notify the family and request that a hypoallergenic sunscreen be supplied by the family for the child to use.
- Older children will be encouraged to apply sunscreen themselves.
- Staff will apply sunscreen to infants and younger children as appropriate.

Eye protection

- The service supports the use of a sun protective hat to protect eyes from UV radiation.
- If sunglasses are worn when persons are outdoors, the service recommends that sunglasses meet the Australian Standards AS/NZS 1607:2003 with a category number 2, 3 or 4.
- Sunglasses not labelled with Australian Standards codes are considered toys and do not provide sun protection.
- Sunglasses with a category number of 0 or 1 are considered fashion spectacles and do not provide adequate protection against UV radiation.
- The service does not recommend the wearing of sunglasses inside unless it is for medical reasons.

Maintaining hydration levels

- Infants and children's body/water ratio mass is significantly different than from adults, therefore the risk for dehydration from outdoor play and hot weather is high and can be dangerous.
- Water will be offered to children throughout the day regardless of indoor or outdoor play settings.
- Children are able to bring in water bottles from home and are encouraged to access water to drink throughout the day.
- Cooled boiled water may be offered to infants and young children after bottle feeds if children show signs of continued thirst.
- Staff will monitor and document the input/output of infants and young children's fluids.

Role modelling by staff, carers, students and volunteers

- Children learn through example and role modelling is an important strategy in children's services to maintain quality standards.
- Staff, students and volunteers must comply with the Sun Protection Policy as per Occupational Health & Safety Act.
- Staff, students and volunteers must wear a sun protective hat and clothing, apply 30+ broad spectrum sunscreen, and seek shade whenever possible when supervising outdoors or facilitating children's play experiences and excursions. It is recommended that appropriate sunglasses are worn when outdoors.

Communication with different stakeholders

Children

- Children's play and learning experiences will reflect the importance of sun protection behaviours and practices.
- Children will be encouraged to wear sun safe hats and clothing.

Families

- Sun protection behaviours and practices are outlined in the Parent Handbook, enrolment forms, newsletters and excursion permission forms.
- Signed permission will be sought from families in the enrolment form so that staff can apply sunscreen to children's exposed skin areas (face, ears, arms, hands legs, feet and back of neck).
- Sun safety information will be displayed on notice boards.
- Families will be encouraged to implement the service's sun protection behaviours and practices when engaged in service experiences and excursions. For example, parents must wear a sun protective hat when volunteering on excursions.

Staff/Carers

- Model SunSmart behaviour.
- Enforce a 'no hat, no play' rule.
- Supervise children's application of sunscreen (SPF 30+ 20 minutes prior to outdoor activity).
- Direct children to play in shaded areas where possible.

Management

- Try and provide more shade in the playground.
- Distribute brochures describing sun protection to parents.
- Provide SPF 30+, or broad spectrum sunscreen for children and staff.

Policy review

- The Margaret Cribb Child Care Centre will review the Sun Protection Policy and procedures, and related documents, including behaviours and practices every two years.
- Families are encouraged to collaborate with the service to review the policy and procedures.
- Staff are essential stakeholders in the policy review process and will be encouraged to be actively involved.

Sources and further reading

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Policy Reviewed: May 2008
Next Review: May 2010

5.10 DENTAL HEALTH

AIM

To educate the children, parents and staff on the importance of children brushing their teeth.

RATIONALE

It is important to develop the habit of toothbrushing at a young age because regular toothbrushing helps prevent gum disease.

Children learn basic hygiene principles and develop toothbrushing skills by brushing their own teeth.

Regular application of fluoride via the toothpaste also helps reduce tooth decay.

Tooth cleaning should start as soon as the first tooth comes up (approximately six months).

PROCEDURE

Children.

Dental therapists will be invited to the Centre to educate the children in

- need for brushing their teeth
- need for intake of suitable foods

Parents.

Information evenings will be held. Qualified dental practitioner will be invited to speak with parents.

Staff.

Staff will receive professional development in order that they may impart correct and up to date information to the children and parents. Staff will model good eating and dental care as an example to the children.

Centre.

Posters and leaflets will be displayed and available to the parents.

Remember: By encouraging young children to brush regularly, you will be helping them to keep their teeth for life.

Supervision of snacking habits will help reduce the frequency of intake of sugary or starchy foods and liquids. This is a major factor in causing tooth decay.

Source: Accreditation & Beyond, Highlighting Health – A Discussion of Health Practices and Accreditation (Bell, C 1995 AECA)

Reviewed: January 2009

Next Review: 2011

5.11

MISSING CHILD POLICY

AIM

For the child to be found as quickly as possible with as little disruption as necessary to the other children in the centre.

RATIONALE

The well being of the other children of the centre to be maintained while all that is possible is done by the staff to find the missing child.

PROCEDURE

- Once the child's absence has been detected, the Director must be notified immediately.
- The Director will then notify security.
- If the child is not found the parents and the police will be notified by the Director .

An incident report noting the times and the steps taken to find the child will be prepared by the Director and the staff member in charge of supervision of the child.

Source: Staff and Committee Meeting Minutes, 1995

Reviewed: January 2009

Next Review: 2011

5.12

CHILD PROTECTION POLICY

AIM

To ensure that all staff at the Centre are aware of the Indicators of Harm*, the decision-making process guidelines for the recording & reporting procedures of child abuse and/or neglect.

RATIONALE

Child Protection Act 1999, Part 2 Section 5.

- Principles for Administration of Act
 - a) Every child has a right to protection from harm.
 - b) The welfare & best interests of a child are paramount.
 - c) Families have the primary responsibility for the upbringing, protection & development of their children.
 - d) The preferred way of ensuring a child's well-being is through the support of the child's family.
 - e) Powers conferred under this Act should be exercised in a way that is open, fair & respects the rights of people affected by their exercise &, in particular, in a way that ensures:
 - i) Actions taken, while in the best interests of the child, maintain family relationships & are supportive of individual rights & ethnic religious & cultural identities or values.
 - ii) The view of the child & the child's family are considered.
 - iii) The child & the child's parents have the opportunity to take part in making decisions affecting their lives.

PROCEDURE

Abuse of a child can lead to legal proceedings. The collection of evidence must be done by those qualified to do so, that is, the police or specially appointed Department of Families, Youth and Community Care Officers. This is done to avoid duplication of interview and contamination of evidence and to ensure procedural fairness and natural justice to all parties concerned. A court will not accept the child's evidence if it is thought to be 'contaminated' (eg if a child has been interviewed by someone who uses leading questions, or coaches the child to respond in a particular way).

1. Suspected child abuse or neglect is to be reported immediately to the Director.
2. The observations on the child are to be kept up to date at all times, to provide added information.
3. Staff are not to express their concerns to the child or the parents, only the Director.
4. All information concerning the child and parents is **Confidential**.
5. The decision to notify the Department of Families, Youth and Community Care is to be made by the Director.

* The Director will refer to the following "Indicators of Harm" & the Decision Making Process

INDICATORS OF HARM

THE CHILD or YOUNG PERSON

- Physical harm to a child under twelve months.
- The child is unprotected by self & others (Age may be a critical indicator).
- The child has special needs which increases their vulnerability.
- The child presents as fearful of the parent/caregiver or other household members.
- The child/young person is engaging in self harm/ substance abuse/dangerous sexual behaviours.
- Frequency/ pattern of concerning incidences.
- Suicide attempts
- Homelessness.

THE PARENTS/ CAREGIVERS

The parent/caregiver:

- Has caused serious harm to any child in the past through physical or sexual assault.
- Has behaviour which is presently violent or out of control.
- Is currently unable to meet the child's protective needs because of domestic violence, mental illness, intellectual/physical disability or attachment/dependency on a caregiver who causes harm.
- Is experiencing a high degree of stress.
- Has unrealistic expectations of the child.
- Describes or acts toward the child in a negative way – this includes parent/adolescent conflict.
- Is unable to explain the current injury in a way which appears consistent with the injury or the harm is minimised.
- Has poor attachment to the child.
- Shows an immaturity in caring for the child.
- The parent/ caregiver has a history of childhood abuse.

ENVIRONMENT

The physical & social environment of the young person is:

- Chaotic
- Non-child-safe
- Inadequately supervised
- Isolated
- Lacking in supports
- Unstable
- Lacking in boundaries
- Full of experiences beyond chronological age.

Hazards may include:

- Hot water
- Stairs
- Swimming pools

INDICATORS OF HARM (cont'd)

THE ALLEGED HARM POSES SIGNIFICANT RISK WHERE

- The current injury/ harm/condition is severe.
- The current injury is located on the head or genital region.
- The pattern of harm is escalating.
- The parent/ caregiver has made a threat to cause serious harm to the child.
- Sexual abuse is alleged and the perpetrator is continuing to have access to the child.

Indicators of harm within services may include:

- Overly restricting access to food, staff, amenities.
- Restricting/ discouraging access to medical intervention.
- The use of fear-inducing techniques.
- Verbal abuse, especially labelling and name calling.
- Scapegoating and rejecting a child.
- Failure of staff to deal with allegations or suspicions of harm to the child.
- Singled out for worker's attention (+ve / -ve)
- Bullying by peers allowed to continue.

Concerns about behaviour of other staff

Observe the behaviours about which you are concerned.

Listen to the interactions with children and young people and the discussion about them.

Record any concerns to confirm any emerging pattern.

Consult with an appropriate person in the organization.

Consult the **Policy** about the concerns with other staff.

Identify any **Protocol** about involving Department of Families.

DECISION MAKING PROCESSES/ REPORTING

Where the concern relates to the family

1. List the signs observed.
2. Compare the list with recognised indicators of risk.
3. Decide if reasonable grounds to suspect harm to a child exist.
4. IF YES OR YOUR'E UNSURE

Phone: Department of Families

Local Area Office

Where the concern relates to a staff member

1. Follow the service's policy & procedure
2. It is essential that action is taken.

*Source: "Approaching Child Protection in Your Child Care Service", Shirley Duckett
And Kate Lister – Lady Gowrie Centre, Brisbane.*

Child Protection Act, Queensland, 1999

Crèche & Kindergarten Professional Development Workshop – March 2006

Reviewed: August staff meeting 2008

Next Review: August 2009

CHILD PROTECTION POLICY

(Managing Risks to Protect Children)

AIM

To ensure the children's right to play in a safe environment.

RATIONALE

This policy has been developed in the interests of the safety and supervision of the children in our care. All staff, volunteers, students and Parent Committee members must have a current blue card issued by the *Commission for Children, Young People and Child Guardian*.

Staff will observe and work within the guidelines of the policies in place regarding child safety and protection. All staff will adhere to the Margaret Cribb Code of Conduct at all times.

PROCEDURE

Even though all members of the Parent Committee and the staff must have a blue card this process needs to be managed. This is done through maintaining a register containing all blue card holders names and either their original or a copy certified by a J.P. This register is to be checked monthly to keep track of card validity dates and to ensure that the staff are aware of their obligation to notify the commission of any changes.

Child Safety and Protection Policies

- Child Immunisation
- Staff Immunisation
- Behaviour Management
- Supervision Policy
- Excursion Policy
- Children with Special Needs
- Anti-Bias
- Inclusion
- Food and Nutrition
- Cleaning
- Hand Washing
- Fire and Evacuation
- Accident
- Out Breaks and Exclusion
- Management of Unwell Children
- First Aid and Safety
- Sun Protection

- Dental Health
- Rest Time
- Staff Training and Professional Development

Margaret Cribb Child Care Centre Code of Conduct

In this code of conduct the protection and wellbeing of children is paramount and therefore speaking out or taking action in the presence of unethical practice is an essential professional responsibility.

In relation to children we will:

1. Act in the best interest of all children.
2. Respect the special relationship between children and their families and incorporate this perspective in all my interactions with children.
3. 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.
4. Work to ensure children and families with additional needs can exercise their rights.
5. Acknowledge the uniqueness and potential of all children, in recognition that enjoying their childhood without undue pressure is important.
6. Honour children's rights to play, as both a process and context for learning.
7. Support workplace policies, standards and practices that are fair, non-discriminatory and are in the best interests of families.
8. Promote ongoing professional development within my work team.
9. Adhere to lawful policies and procedures and, when there is conflict, attempt to effect change through constructive action within the organisation or seek change through appropriate procedures.

Sources: Child Protection training, Creche and Kindergarten Professional Development, 2008.

Early Childhood Australia Code of Ethics

Safe Environment for Young People; Child Protection, Managing the Risks Training, December 2007.

Reviewed: September 2008

Next Review: September 2009

5.13

DEATH AT THE CENTRE

AIM

- For all staff to know their role when faced with a serious incident.
- The Director/ Person in Charge will ensure that all staff have up to date first aid.
- The director/ Person in Charge will ensure that relevant first aid is administered.

PROCEDURE

Due to the seriousness of a death of a child occurring whilst in our care, the following procedure shall always be followed by staff at the Centre:

- Staff must contact the Director/ Person in Charge immediately.
- Director/ Person in charge will contact campus security on Phone Number 53333.
- Briefly explain the situation.
- State the situation is URGENT & a medical officer is required.
- State the medical officer must attend the Centre immediately.

Director/ Person in Charge will delegate a staff member/s to remove all other children, parents and visitors from the area without moving the child.

Director/ Person in Charge will contact the child's parents & direct them to come to the Centre immediately.

- a) Phone parent contact telephone numbers.
- b) If no answer, contact emergency contact numbers as listed on the children's information sheet.
- c) State that there has been a serious incident & a medical officer is in attendance.
- d) Director/ Person in Charge will arrange a quiet area where parents can meet with the medical officer &/or spend time with their child.
- e) The person in charge of the group will be relieved & given opportunity for counseling.

N.B It is the medical officer's duty to inform parents of their child's death. Under no circumstances are staff permitted to disclose this information.

*Source: "Death of a Child in the Centre Policy", - Creche and Kindergarten Association
Reviewed: January 2009
Next Review: 2011*

5.14 HEPATITIS POLICY

AIM

To help ensure the health and well being of the staff of the Margaret Cribb Child Care Centre.

RATIONALE

Child Care staff are in a profession where there is a risk of becoming infected with Hepatitis. Even with our careful hygiene practices, some risk of infection will always exist when working with young children.

PROCEDURE

The Margaret Cribb Child Care Centre will reimburse the cost of the vaccination for Hepatitis B to all full time staff. The staff will be responsible for the cost of having the vaccination administered by their preferred Doctor. An itemized account will be required for the staff to be reimbursed.

Source: Committee Meeting, 2002

Reviewed: July 2008

Next Review: 2010

5.15 REST TIME POLICY

Aim: “To allow, in appropriate circumstances, for supervised periods for the children to rest in or sleep.” (Childcare Regulations 2003)

Procedure:

The primary safe resting and sleeping practices for children in care at this service are:

- All children will be placed on their backs to rest when first being settled for a rest. If a child turns onto their side or stomach during sleep, then allow them to find their own sleeping position.
- All children will rest with their face uncovered.
- Children’s rest environments are free from cigarette and tobacco smoke as detailed in our Smoke-Free Workplace Policy.
- The rest environment, equipment and materials will be safe and free from hazards as detailed in our Occupational Safety Policy.
- Staff monitor resting children at regular intervals and supervise the rest environment as per Child Care Regulations 2003.

Safe Resting Practices for Babies

- Babies will be placed on their back to rest.
- If a medical condition exists that prevents a child from being placed on their back, the alternative resting practice must be directed in writing by the child’s medical practitioner.
- If older babies turn over during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them to rest.
- At no time will a baby’s face be covered with bed linen.
- To prevent a baby from wriggling down under bed linen, they will be placed with their feet closest to the bottom end of the cot.
- Quilts and duvets will not be used as bed linen. Pillows, soft toys, lamb’s wool and cot bumpers are not used.
- Light bedding is the preferred option, which must be tucked in to prevent the baby from pulling bed linen over their head.
- Sleeping bags with a fitted neck and arm holes are an alternative option to bed linen and encourage a baby to rest on their back. Sleeping bags should not have a hood.

Safe Resting Practices for Toddlers

- Toddlers will be placed on their back to rest.
- If toddlers turn over during their sleep, allow them to find their own sleeping position, but always lay them on their back when first placing them down to rest.
- At no time will a toddler’s face be covered with bed linen.
- Quilts and duvets will not be used to cover toddlers in a cot or on a mattress. Pillows, soft toys, lambs wool and cot bumpers are not used.
- Light bedding is the preferred option, which must be tucked in to prevent the toddler from pulling bed linen over their face.

- Sleeping bags with a fitted neck and arm holes are an alternative option to bed linen and encourage a toddler to rest on their back. If parents request to continue using the sleeping bag option when the toddler rests on a mattress, then the service will comply.
- Quiet experiences may be offered to those toddlers who do not fall asleep.

Safe Resting Practices for Preschool Children

- Preschool children will be placed on their back to rest. If they turn over during their sleep, allow them to find their own sleeping position but always ask them to lay on their back when first placing them to rest.
- At no time will a preschooler's face be covered with bed linen when they are sleeping.
- Light bedding is the preferred option.
- Quiet experiences may be offered to preschoolers who do not fall asleep.

Safe Resting Practices for a Child Who is Unwell

Refer to our Management of Unwell Children Policy:

- A child will be placed on their back to rest when displaying signs of being unwell. If a child turns onto their side or stomach during sleep, then allow them to find their own sleeping position.
- All children will rest with their face uncovered.
- Children who are unwell will be given the highest supervision priority and monitored constantly especially if the child has: a high temperature, vomited or received minor trauma to their head.

Protective Behaviours and Practices

Supervision of resting children

- All children who are resting will be supervised by staff.
- Students or volunteers will not be left unsupervised when settling children for a rest.
- All children who have fallen asleep in the service will be monitored regularly with specific attention to breathing patterns.
- Supervision ratios during rest periods must comply with Child Care Regulations 2003.

The service regularly checks the rest environment for children aged from 0-2, 2-3, 3-5 every 10-15 minutes. Staff observe the following:

- the position of each child's body in their cot/on their mattress;
- each child's breathing rate. If a child is not breathing then the staff will commence the First Aid plan for a non breathing child
- the arrangement of bed linen. If a child's face is covered; the staff will immediately uncover the child's face;
and
- the environment. Staff will monitor the temperature, the security of each cot (for example, are the sides of the cot up and/or locked) and environment safety. (for example, location of heaters or hanging cords near cots)

Settling Children for Rest

Rest time must be schedule late enough so that most children are tired.

- Established routines are to be followed, such as reading a book or singing a song just before rest time.
- Remind children of rest time rules (no more than 2), such as stay on your bed and whisper voice only.
- Allow for a transition period where children can lie down and look at books quietly for 15 minutes.
- Reassure new children that they are not going to sleep for the night & that they will be picked up by their parents later in the day.
- Leave at least three feet between beds.
- Darken the room & play soothing music.
- Ask parents to bring in their own linen.
- As children want to do what adults do, staff in the room should lie down for a while.
- Adult to child ratios during rest time must comply with the Childcare Regulations 2003.

The Rest Environment and Equipment

Provision and maintenance of rest and sleep equipment and environment

- Every 10-15 minutes the service will conduct a safety check of the resting environments, equipment and/or aids. If staff/carers identify any hazards they will lodge a report as instructed in the First Aid and Safety Policy.
- Hanging cords or strings from blinds, curtains, mobiles or electrical appliances must be tied away from cots or mattresses to prevent a child from choking or hanging.
- The service does not permit the use of hot water bottles, electric blankets or heated wheat bags in children's cots or on mattresses. These items present a risk of children either being scalded or developing hyperthermia (overheating).

Cots

The following information is directly referenced to: SIDS and Kids. (2005c)

- All new and second hand cots sold in Australia must meet the Australian Standards for Cots and be labeled AS 2172. Cots that are not labeled with the Australian standards will not be used by the service.
- Staff will ensure that all cots are placed in an area that is a safe distance from heaters, electrical appliances and hanging cords or strings.
- Staff will not place an extra mattress or padding under under or over the manufacturer's cot mattress.
- Staff will look for the following hazard signs:
 - loose or broken parts;
 - missing or loose knobs, screws or sharp catches;
 - peeling, cracking paint or splintered wood; and
 - any design flaw that reduces the safety of the cot. For example – missing or broken safety latches to sides.
- Staff will report any hazards as detailed in our First Aid and Safety Policy.
- Note: Staff should assess whether older babies or toddlers have the ability to climb over the sides of the cot as this prevents a safety risk.

Mattresses

- Cot mattresses should be in good condition, clean, firm, flat and must fit the cot base with no more than a 25mm gap between the mattress and the sides of the cot.
- Soft mattresses increase the risk of SIDS as it encourages a baby to roll onto their stomach.
- A poor fitting mattress increases the size of the gap between the mattress and the sides of the cot. If lodged in the gap, a baby is unable to move their neck and head, which may cause them to stop breathing.
- Staff will report any hazards as detailed in our First Aid and Safety Policy.

Hygiene practices

- Every week the babies' cots are cleaned with hot soapy water.
- Every week the children's resting beds are cleaned with disinfectant weekly and hot soapy water monthly.
- Each child has their own bed linen.
- Bed linen is supplied and washed weekly by the child's family.

Rest environment aesthetics

- Rest rooms are air conditioned and the temperature is monitored
- Rooms are darkened
- Soft/calming music is played.

Rest and sleep times of the day

- Rest times for babies are flexible, the home routine is followed.
- Toddler, Kindy and Pre-prep children rest after lunch time.

Sources:

Childcare Regulations 2003

1993 Sleeping Safer – Practical Solutions.

SIDS & KIDS Safe Sleeping website www.sidsandkids.org

National Childcare Accreditation Council Inc. (2005). Quality Improvement and Accreditation System (QIAS) Quality Practices Guide. NSW: Author.

SIDS and kids. (2005b). SIDS & Kids: Safe sleeping in child care kit. NSW: Author.

Australian Competition and Consumer Commission (ACCC). (2006). Keeping baby safe: A Guide to Nursery Furniture.

Date of Implementation: see Parent Committee Agenda Feb 2004.
Reviewed December 2008
Next review 2010

5.16 ANAPHYLAXIS (Allergic Shock) POLICY

BACKGROUND

Anaphylaxis (allergic shock) is the most severe form of allergic reaction and is potentially life threatening. The most common triggers are food, insect stings and sometime medication.

Several children at the centre are known to be very sensitive to nuts and nut products. Exposure is almost certain to trigger an anaphylactic reaction.

A large variety of foods contain nuts and nut products and there are different ways of describing this content on the food label. If the list of ingredients on the food label includes nuts (eg. many muesli bars), or the label says that the food was cooked in nut oil, this is a 'high risk' food, likely to trigger anaphylaxis in susceptible people.

Other food labels include statements such as 'may contain traces of nuts' or 'produced on machinery that is also used to process nuts' or 'produced in a factory that also produces nut products'. These foods represent less risk.

POLICY

The centre will make every effort to exclude from the centre foods that include nuts and nut products in the ingredient list.

Students are actively discouraged from sharing food.

Students are taught to wash their hands thoroughly before and after eating.

An Anaphylaxis Emergency Treatment Plan is written for each child who is known to have a severe food allergy.

Staff are trained regularly in emergency response procedures, including the use on an *Epipen* to administer adrenaline.

Staff will check lunches daily and any sandwiches or snacks containing identifiable nut products will not be given to the children. An alternative will be offered to the child.

GUIDELINES

The centre conducts a range of anaphylaxis awareness activities throughout the year. These include:

- Letter to all parents
- Signs around the centre
- Active teaching about food allergies, the anaphylaxis reaction and emergency procedures. This teaching includes the use of video, books and other resources.

The centre provides annual training to all staff on the recognition of signs and symptoms of anaphylactic shock and appropriate first aid measures.

Source: Australian Society for Clinical Immunology and Allergy Incorporated.

Introduced: Parent Committee Meeting/Staff Meeting and Parent Newsletter February/March 2006

Reviewed: 2008

Next Review: 2010

6.1

VACANT POSITION POLICY

AIM

To provide every opportunity for the appointment of the highest quality staff at the Centre.

RATIONALE

The Margaret Cribb Child Care Centre is an equal opportunity employer.

PROCEDURE

- All vacant positions for a Group Leader or Assistant will be advertised.
- Where an applicant has provided care in the centre, either on a full time, part time, casual or voluntary basis and the performance of this person has been satisfactory, then that applicant will be considered for that position, subject to the same interviewing and screening process as all other applicants.

Where that person has similar or better qualifications and is otherwise as suitable for the position as other applicants may be, then due to their experience and demonstrated suitability for the position within the centre they will be the preferred candidate.

- All applications will be considered by the Director and short listed.
- Interviews will occur. Interview panel will consist of the Director, member of Staff and Parent.
- Successful applicant will be offered the position by phone, followed by letter.
- The Director has the discretion to move staff into different positions when available.

Source: Parent Management Committee Meeting, 1994

Reviewed: December 2008

Next Review: 2010

6.2

STUDENTS AND VOLUNTEERS

AIM

For students and volunteers to learn and enjoy their visits, and for the children to feel calm and secure in their company.

RATIONALE

Student and volunteers will be working with the children from time to time. Early childhood students visit our centre to fulfil requirements for their practicums.

We often receive requests from University of Queensland and other educational establishments for students to observe the children's development.

PROCEDURE

All volunteers will need to produce a **suitability card** issued by the Commissioner for Children, Young People and Child Guardian.

Students and volunteers must always be supervised by a qualified staff member.

All visitors or volunteers must carry a current blue card and sign in to the visitor's book in the office.

Students will receive a package from the office giving them details of routines, policies, programming procedures.

Any requests that students may have to test or observe an individual child requires authorisation from a lecturer and written permission of the parent

Source: Commissioner for Children, Young People and Child Guardian.

Reviewed: July 2008

Next Review: 2010

6.3

OCCUPATIONAL SAFETY

AIM

To ensure that the Centre's management and staff cooperate so that the health, physical and mental wellbeing of all employees is promoted and not endangered by their working in the Centre, and that visitors to the Centre are not put at risk by unsafe conditions in the Centre.

To ensure that the Centre complies with all relevant legislation.

To ensure that management and staff are well trained in occupation health and safety matters.

To ensure staff receive all entitlements due under workers compensation.

RATIONALE

The Workplace Health and Safety Act 1995 lays down general requirements which must be met by all workplaces.

Prevention is the main strategy to ensure occupational health and safety.

Staff who are healthy and work in a safe environment are able to give children better quality care.

When staff are trained and aware of illness and occupational health and safety matters, it is more likely that the Centre will be a safe environment for staff, children and visitors.

FACILITIES

- Nappy change tables will be at a height so that babies can be changed without a carer having to bend over.
- Cots should have drop sides.
- Beds should be lightweight and stackable with washable surfaces
- Shelving, filing cabinets and storage cupboards should be at a suitable height so that staff do not have to stretch to reach them.
- Mechanical aids such as ladders and trolleys should be available to minimise lifting and stretching.
- There should be adult size tables for staff to work at, and adult size chairs for staff to sit on.
- The centre should be adequately ventilated to avoid symptoms such as headaches, tiredness and irritability.
- Windows should be kept clean and allow adequate light. Lighting should be supplemented with lights or lamps where necessary, and be located to avoid reflections and glare.

PROCEDURE

Licensee/Management Committee responsibilities

The licensee/management committee will abide by its legal responsibilities under the Workplace Health and Safety Act, 1995 to:

- Provide and maintain equipment and systems of work that are safe and without risk to health;
- Ensure that equipment and substances are used, stored and transported safely and without risk to employees;
- Provide information, instruction, training and supervision that ensures the health and safety of employees;

- Maintain safe places of work, including entrances and exits;
- Provide information about research on and tests of substances used at work;
- Provide for adequate disposal of contaminated waste.

Employee responsibilities

Employees must cooperate with their employer's attempts to meet their legal responsibilities in health, welfare and safety matters by taking reasonable care of the health and safety of others, and be careful not to misuse equipment or substances provided for the health, safety and welfare of others.

Safe work environment

- The Director will encourage the staff and management to form a joint health and safety committee for the centre.
- The Occupational Health and Safety Committee and/or the Director will thoroughly assess the work environment and current work practices, and make any recommendations to the Licensee/Management Committee in regard to the safety of the centre's premises and grounds.
- The Director will ensure that this initial assessment of the Centre's premises is made and that safety audits are conducted at regular intervals.
- Storage will be rearranged so that it is easier and safer to remove and replace objects.
- Staff will be entitled to request a visit from a Workcover inspector to assess whether the workplace meets legal requirements.
- When faults or hazards are detected they will be rectified immediately or if minor, by an agreed time.
- Smoking will be prohibited in the child care centre and its grounds.
- Occupational health and safety issues will be discussed at all staff meetings and recorded in the minutes.

Safe work practices

The occupational health and safety committee and/or the director will conduct a thorough assessment of work practices, particularly in regard to back care and manual handling practices, use and storage of chemicals within the Centre and its grounds, and specify the practices which will be adopted by staff in the centre, referring to the actual facilities and equipment in the centre.

Manual Handling & Back Care

- To avoid neck and back injuries, staff will kneel rather than bend down, wherever possible.
- To do an audit comprehensively the Occupational Health and Safety Committee will:
 - identify risks: check the injury and illness records to identify problems; talk to staff about the risks involved in their job; observe the activity in the Centre.
 - assess risks: how much strain, pressure, stress, weight, force, grip, skill and duration is required by each activity.
 - control risks: when redesigning tasks in order to minimise injury, look at changing the way jobs are done; change the layout of the workplace and change the equipment.
- The Occupational Health and Safety Committee will then designate equipment which will be moved only by a team lift, clearly marked with a label to show how many people are required to move the equipment safely.
 - The equipment which will be moved only by a team lift of two or more people will be designated.
 - Climbing frames, gymnastic mats, stretcher beds and tables will be stacked and moved by a team lift. As far as possible those lifting will be well matched in size and strength, and coordinate the timing of the lift.
- Staff will not be required to stretch when stacking or unstacking equipment.
- Staff will move equipment only when children are not in the area, and ensure that they can see where they are going clearly when carrying equipment or a child.

Safe Lifting Procedure

- Staff will never twist while lifting.
- All staff will take care when lifting or carrying a child or other object by following these procedures:
 - When lifting a baby out of a cot do not stretch over and lift, but lean close against the cot and raise the child as close as possible to your body.
 - To lift a child safely:
 - place feet apart in a striding position
 - keep your breastbone elevated
 - bend knees, putting one knee on or close to the ground
 - brace stomach muscles
 - hold the child or object close to your centre of gravity
 - move your feet, not your spine, to stand up with the child
 - prepare to move in a forward direction.
 - To carry a child safely
 - put one arm under the child's buttocks and the other arm supporting the child's back
 - hold the child facing you, as close to your body as possible.
 - Do not simply bend over and pick up the child, and avoid carrying a child on your hip, as these actions are likely to strain your back, particularly when repeated frequently.
 - When a child needs comforting, instead of bending over to pick up a child sit, kneel or squat down and encourage the child to climb on to your lap.
 - Staff will seek assistance to lift a child with special needs when necessary
 - Staff will carry only one child at a time.

Stress management

- The Licensee/Management Committee will monitor the levels of stress reported by Staff in the centre, and take positive steps to understand and alleviate the stress suffered by individual staff members acknowledging that stress levels differ for each person.
- The Health and Safety Committee or Director in conjunction with the Licensee/Management Committee will assess situations which cause stress, eg:
 - low ratios of staff to children
 - length of shifts and length of breaks away from children throughout the day
 - lack of preparation time
 - unrealistic rosters and workloads
 - communication problems within the Centre, between staff and with parents
 - inadequate policies for relief staff
 - lack of recreation leave
 - lack of staff development policies
 - low salaries
 - undervaluing of the importance of the role of child care workers and their professional status
 - high noise levels
 - badly designed environment and equipment
- The Licensee/Management Committee will be responsible for carrying out measures to prevent stress arising in the Centre, such as:
 - including Staff in determining changes in the running of the Centre, so that Staff willingness and commitment to change is greater than if change is imposed upon them without discussion

- providing appropriate training when changes are to be made
- implementing effective communication channels so that misunderstandings are avoided and Staff feel safe, secure and confident in their workplace
- ensuring breaks provided in various awards are taken by employees
- ensuring rosters and work loads are realistic and include staff planning and preparation time
- conducting regular reviews of changes and programs for impact and effectiveness
- ensuring duty statements reflect changes when work procedures or practices are modified
- Staff will be encouraged to report stress above their personal comfort level to the Director, or immediate supervisor.
- Staff will be encouraged to recognise and handle situations which cause stress by:
 - making a list of the aspects of the situation which cause stress such as changes, demands or threats which they perceive or feel will occur
 - trying to change these aspects by discussion and negotiation, without blaming or criticising others
 - assessing the extent to which negative attitudes exacerbate stress
 - using a stress reduction techniques such as relaxation, a physical activity which provides an outlet for tension, counselling or talking with a friend
 - changing habits to plan their use of time better, have a better diet, and ensuring that they take the time to relax.
- When tensions are high, problem solving techniques will be employed to resolve difficulties. Staff will meet and work together to:
 - describe the situation as a problem without attributing blame to an individual or group
 - brainstorm solutions, ensuring that all have an opportunity to have their say
 - discuss the advantages and disadvantages of all suggestions
 - come to a consensus about which new approaches to try out
 - discuss how these approaches can be implemented
 - set a time for another meeting of Staff to evaluate to actions taken

Smoke free environment

- A non smoking environment will be established in the centre in consultation with staff and parents.
- Staff who are smokers will be encouraged to access a stop smoking program
- Job recruitment advertisements will clearly state that employees will be working in a smoke free environment
- Non smoking signs will be displayed in the centre.
- Parents will be informed of the non-smoking policy when enrolling their child
- Staff will ask visitors or parents not to smoke on the premises, if necessary

Source: The Workplace Health and Safety Act 1995

Child Care Regulation 2003

CSEAQ Workplace Health and Safety Manual

NSW Children's Services Health and Safety Committee and School of Community Medicine, University of NSW, Health and Safety in Childcare Centres, Model Policy and Practices

Reviewed: Jan 2008 during Department Workplace Health and Safety Visit

Next Review 2010

6.4 RECORD AND REPORTING POLICY

AIM

To record workplace illnesses and injuries accurately, notify insurers and Workcover appropriately, and keep comprehensive records of staff health.

RATIONALE

Well kept records play a central role in identifying areas for review and reorganisation. Collation and analysis of data is a positive step in prevention.

The Notification of Accidents Regulation 1990 requires an employer to notify Workcover of accidents causing death or serious personal injury.

Employers are required to keep up to date sick leave records as part of the time, wages and leave record for each staff member. Various awards set out when employers can ask for medical certificates.

FACILITIES

- Staff records will include emergency contacts.
- There will be a staff illness and injury register with standard forms for recording such events.
- There will be general files for all staff which also contain copies of accident and injury reports and any current immunisation records.

PROCEDURE

- The Director will maintain a Register of Injuries and Illness for work related injuries and illness of any staff member. The register should include date, time, place of occurrence, injury or condition, brief description of events, adult witnesses, and any anticipated treatment or outcome.
- All staff will immediately report any injury or illness they experience.
- All work place illnesses and injuries will be written up accurately, as soon as possible after the event.
- The Licensee will notify the centre's insurance company of accidents, injuries and occupational illnesses.
- The Director will review the illness and accident register on a regular basis to assess the effectiveness of infectious disease control procedures and causes of injuries in the Centre.
- All Staff records will be kept confidentially. Staff will be allowed to see their own records.

Source: Child Care Act 2002

Reviewed: December 2008

Next Review: 2010

6.5 WORKERS COMPENSATION POLICY

AIM

To provide adequate Workers Compensation cover for all staff

RATIONALE

The Workers Compensation Act 1987 requires that staff be covered for compensation. Workcover can inform the centre about who is currently covered by the policy.

PRACTICE

- The Licensee/Management Committee in conjunction with the Director will:
 - ensure that any person who has an occupational injury or disease will be able to access compensation without prejudice
 - ensure that payment of workers compensation insurance is up to date
 - keep Staff informed of the benefits they are entitled to under this Act
 - ensure Staff understand the importance of reporting and that if medical attention is required, the staff member completes the necessary papers
 - inform Staff of the time deadline for completing workers compensation forms
 - give consideration to the Centre covering the gap between workers compensation payments and the employee's wage.

Source: The Workers' Compensation Act, 1987

Reviewed: December 2008

Next Review: 2010

6.6 REHABILITATION

AIM

To provide adequate rehabilitation for all eligible injured or ill staff

RATIONALE

Workers compensation legislation requires employers to provide a general rehabilitation program. The Centre can either adopt the standard rehabilitation program available at Workcover or develop its own in consultation with employees and unions.

PROCEDURE

- The Licensee/Management Committee in conjunction with the Director, will ensure that:
 - rehabilitation and health care services will be readily available to any injured staff person;
 - the Centre develops a flexible rehabilitation program which can be practically implemented in the Centre;
 - ensure employees are aware of the program, their rights and their role in the proceedings.

Source: Management Committee, 1994

Reviewed: December 2008

Next Review: 2010

6.7 STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

AIM

To ensure that all staff receive regular training and are aware of the policies and practices of the centre.

RATIONALE

All staff should understand the need for updating their knowledge and skills.

PROCEDURE

- All staff will receive basic training in infectious diseases control. This will include information on.
 - the infection control policies and practices of the centre.
 - common infectious diseases and how they are spread in a child care centre.
 - exclusion policies.
 - immunisation.
 - food handling.
- All staff will be trained as part of their orientation when commencing work at the centre, and should receive update training at least every 2 years. The centre's policy will be easily accessible to all staff for reference at any time.
- Staff will complete an appraisal survey each year from which training and professional development will be designed to meet their needs.
- Staff are provided with regular professional development opportunities.
- All staff receive annual first aid training.
- Staff are given the opportunity to undertake further study through traineeships/apprenticeships.

Source: Quality Improvement and Accreditation System source book – National Childcare Accreditation Council

Reviewed: 2008

Next Review: 2010

6.8 SMOKE-FREE WORKPLACE POLICY

AIM

To provide a healthy environment for children and staff.
To model healthy lifestyle practices within the Centre.

RATIONALE

Environmental tobacco smoke is a potential health risk, and there is now sufficient evidence that passive smoking (breathing other people's tobacco smoke) increases the risk of heart disease and lung cancer as well as triggering asthma attacks, causing watery eyes, headaches and sore throats (Cancer Council, 1992).

As an employer, Margaret Cribb Child Care Centre Management Committee has a duty under the Occupational Health and Safety Act to provide a safe working environment and to protect the health of all employees from illness or injury arising from the workplace. Consequently, in the interests of health and safety of all employees, our Centre is establishing a non-smoking workplace.

PROCEDURE

Smoking is prohibited:

1. Inside the building
2. In the playground
3. On excursions
4. Whenever you are with or in sight of the children
5. Within five metres of entrance to building.

This smoke-free workplace policy will apply to all staff, parents, students and visitors.

Individuals who wish to smoke during working hours must leave the premises during their rostered breaks. Staff must request permission from the Director to leave the premises during breaks as our staff/child ratio must be maintained at all times

The policy relies on the cooperation of both smokers and non-smokers for its success. It must be stressed; however, that breach of this policy will be regarded as a breach of centre policy and will be dealt with by the Management Committee.

Source: Cancer Council, 1992
Childcare Regulations, 2003
University of Queensland Workplace Health and Safety Notice, December 2003

Reviewed: July 2008

Next Review: 2010

6.9 GRIEVANCES - STAFF

AIM

To design methods where all members of staff have an understanding of the issues pertaining to the creation of a happy environment.

To maintain clear avenues of communication.

RATIONALE

Often staff are unaware of the steps to take when faced with a difficulty. Questions arise as to who is the right person to approach in order to obtain an answer.

PROCEDURE

Issues pertaining to the child or playroom management maybe directed to the Group Leader who may refer you to the Director.

Issues of fees, policies or management should be directed to the Director.

If satisfaction is not forthcoming the staff have the right to approach the Management Committee.

Finally, the staff may refer the query to the Board of Management or the Department of Families, Youth and Community Care.

If a staff conflict arises the Grievance Procedure is to be followed:

- Speak to person involved
- If appropriate (if room related) speak with immediate supervisor eg Group Leader/Teacher
- If unresolved take grievance to Director. Director to speak with all parties together to discuss “difficulty” – work out “solution”
- If necessary and dispute cannot be resolved, Director will make final decision on all parties actions etc
- If one or all parties are not happy with decision they are to make this known to Director
- If and only when the above steps have been taken and individuals are not happy for “valid” reasons, then they may approach the Management Committee Staff Officer
- The Management Committee in consultation with the Director will seek to find a desirable solution (if possible) or stand by the Director’s first decision

N.B. ALL GRIEVANCES TAKEN TO THE MANAGEMENT COMMITTEE WILL BE REFERRED BACK TO THE GRIEVANCE PROCEDURE AND BACK TO THE DIRECTOR.

Source: Staff Meeting, August 2001

Reviewed: 2007

Next Review: To be reviewed at Staff Meeting in May, 2009

6.10 INDUCTION POLICY & PROCESS (New Staff and 'Return to Work')

AIM

New staff members will undergo an Induction phase. The purpose of the Induction will be:

- To provide new staff with information about the Centre and their role in it, including their duties and responsibilities.
- To provide support for new staff during their settling in period.
- To provide new staff with clear opportunities to seek help or express their concerns.
- To enable the Centre to identify problems and to plan action to try to overcome these problems.

RATIONALE

New staff are often lost when entering new employment. Many are straight from college and lack experience in commencing new jobs.

PROCEDURE

Each new staff member will undergo Induction. The program will be divided into three phases:

Phase 1 Induction into the Centre (2 day).

New staff will:

- Tour the centre.
- Fill in appropriate forms
 - Tax declaration
 - Employment forms
 - QIEC Superannuation
 - Form for Department of Families, Youth and Community Care
- Receive Staff Handbook and Policy and Procedure Manual.
- Discuss history and management of the Centre
- Discuss philosophy, programming and policies
- Complete Workplace Health and Safety Checklist
- Spend time in the appointed room interacting with children and staff meeting parents, familiarising themselves with routines, materials and operation of the room.

Phase 2 The mentoring period - (3 months)

Each new staff member may choose or be allocated a Mentor. the role of the Mentor is to provide assistance and support, to be a confidante and a guide. Mentoring is more than a buddy relationship of social support. It has an aspect of training, guiding, supporting and modeling. The Mentor needs to be a person of experience entrusted with the position of respect and recognition in caring for the novice or newcomer.

Phase 3

Ongoing support once the person's position has been made permanent.

Source: CSEAQ Handbook

Reviewed: March 2008

Next Review: March 2010

6.11 ANTIDISCRIMINATION AND SEXUAL HARASSMENT AND RECRUITMENT POLICY

SEXUAL HARASSMENT POLICY

Objective:

The purpose of this policy is to enable the Margaret Cribb Child Care Centre to provide a workplace free of sexual harassment and to uphold laws, which relate to sexual harassment. It is a requirement that all employees comply with this policy.

Policy:

For the purposes of this policy, sexual harassment is where a person acts or behaves sexually towards another such that it could be expected that the other person would be offended, humiliated or intimidated. It includes the behaviours listed below:

- Making remarks or comments of a sexual nature relating to the other person. This includes “jokes” or comments about a person’s sex life, which the person concerned finds offensive or makes them feel uncomfortable.
- Subjecting another person to unwelcome conduct of a sexual nature including through conversation, action or the display of material another person finds sexually offensive. This includes having conversations of a sexual nature in front of a person, which offends, or discomforts that person. It also includes the display of posters or other material of a sexual nature, which a person finds sexually offensive.
- Making unwelcome sexual advances. This includes suggestions or implication that a person would receive special treatment in return, or less favourable treatment if the request was rejected.

The boundaries of what constitutes sexual harassment may vary from individual to individual. In addition, one individual may have different boundaries for different relationships. It is the responsibilities of all employees to recognize and respect the boundaries set by others. Employees should exercise particular caution in relation to any staff in less senior positions, particularly any staff directly supervised.

The provisions of sexual harassment legislation protect employees, prospective employees, contractors, clients, customers or any other people at the workplace. An employee is prohibited from sexually harassing any such person and from assisting others to sexually harass any person in the course of their employment.

Sexual Harassment is a dismissible offence. Disciplinary action will be taken against any employee who breaches this policy. Depending on the severity of the case, this can include an apology, counseling, transfer, dismissal, demotion or other action. Action will also be taken against anyone who victimizes or retaliates against a person who has lodged a complaint.

SEXUAL HARASSMENT EMPLOYER PROCEDURES

When the Director receives a formal complaint of alleged sexual harassment immediate and appropriate action will be taken as detailed below. The rights of all individuals are to be respected and confidentiality maintained wherever possible.

1. Upon receipt of a complaint, a formal record of the allegation is to be noted.
 - Name of person registering the complaint
 - Name of person alleged to have harassed the complainant
 - Details of the specific incident (and any related incidents)
 - Date and place the incidents are alleged to have taken place
 - Any requests or suggestions from the complainant
2. A copy of the above record is to be provided to the Director.

3. A meeting is then held with the person/s alleged to have harassed the complainant. The complainant should not be present at this meeting. Using the Complaint Investigation Form:
 - Explain that a complaint has been made against them without identifying the complainant
 - Explain the nature of the complaint
 - Explain that the employer has a policy on this matter and that there are procedures which need to be followed
 - Record the response to the allegation
 - Ask the person if they can name any witnesses and note these
 - Advise that after checking details further, they will be advised of the outcome of the complaint
4. Discussions are then held with any witnesses and their remarks noted on the record.
5. The Director will then review the various statements and attempt to answer these issues:
 - Did the events and/or related events actually take place?
 - Was the alleged harasser/s in breach of the employer policy on sexual harassment?
 - To what extent might a failure on the part of the employer to make its policy known limit the alleged harasser/s understanding of what constitutes “sexual harassment”?
 - To what extent could the alleged harasser/s, knowing the company policy, be expected to anticipate that their behaviour would offend, humiliate or intimidate the complainant?
 - Had the alleged harasser/s been previously advised by the complainant or other that the behaviour might constitute harassment or that it was unwelcome?
6. Based on answer to these questions, reach a conclusion on whether the incident took place. If so, decide the extent to which the alleged harasser/s deliberately violated the employer policy and knowingly offended, humiliated or intimidated the complainant through sexually harassing behaviour.
7. The Director will recommend a course of action to the Management Committee. This may range from compulsory training and education in issues related to sexual harassment through to dismissal.
8. If it is determined that the incident did not take place, no action may be warranted.
9. If the incident did take place but it is considered that it did not constitute sexual harassment, some action should be recommended to reconcile the parties.
10. The action recommended should ensure that all employees are protected, and seen to be protected from sexual harassment.
11. A written explanation of the findings, results and actions of the investigation should be provided to all those involved, including witnesses.
12. If it is determined that the original complaint was unfounded and that it was made with the deliberate attempt to bring disrepute to the alleged harasser/s, the raising of the accusation should be considered a form of sexual harassment and disciplinary action may be taken against the complainant.

Source: For further information: Office of Gender Equity, University of Queensland, Phone: 3365 3052

Reviewed: December 2008

Next Review: 2010

6.12 Relief Staff Policy

AIM

To give both children and parents the security of familiar trained relief staff.

RATIONALE

To promote close secure relationships between the centre, children and parents.

PROCEDURE

When a staff member is going to be absent the Director will endeavour to use staff from a pool of regular relief staff so that both the children and parents are familiar with the carers in the centre. The parents will be notified of any staff in advance whenever possible.

Source: Rethinking Attachment for early Childhood Practice. Rolfe.S.

Published: Feb 2006

Reviewed: January 2008

Next Review: 2010

6.13 STAFF PREGNANCY POLICY

Under the Queensland Workplace Health and Safety Act 1995, the Employer is obligated to ensure the workplace health and safety of any Pregnant Employee.

Your Role in ensuring a Safe Pregnancy

If you are considering becoming pregnant, you should speak with your Doctor about the kind of work you do and your immunisation status. Ideally you should have all the vaccinations you require for your work environment prior to becoming pregnant.

Most vaccinations should not be given during pregnancy but some are regarded as safe while breastfeeding. If you have any concerns about immunisation that may be required for your work, you should seek Medical advice straight away.

Notify the director as soon as possible about your pregnancy, so that an assessment and appropriate modifications can be made immediately to your work to minimise risks to your pregnancy. You can request that the information about your pregnancy is maintained as Confidential.

Infection Risks and Pregnancy

The following information relates to infections which are both significant in pregnancy and have some possibility being acquired through childcare.

Rubella

It is recommended that all women contemplating pregnancy are tested for immunity to rubella and revaccinated if necessary before becoming pregnant.

The rubella virus generally produces a mild disease in the adult or child, often only causing a transient skin rash. However, the disease during pregnancy may produce serious congenital defects in the unborn baby. Infection during the first trimester is the period of greatest risk for the fetus but there is also a risk of hearing defects and delayed development following maternal infection up to the 20th week. Rubella is spread by droplet infection and the incubation period is 14-21 days.

If a pregnant employee has not been vaccinated for Rubella and an outbreak occurs at the centre, **the employee will be excluded from work** and, will be required to obtain Medical advice in relation to her suitability to work at this time.

Varicella (Chickenpox)

Chickenpox is a viral illness that comes on suddenly. Symptoms include fever, runny nose, cough, fatigue and a general rash. Each sore begins as a small bump which becomes blister-like for 3-4 days then leaves a scab. Chickenpox is highly contagious. It is spread by coughing and contact with a moist rash. One infection gives long-lasting immunity.

Any Staff member who has never been infected with chickenpox and is considering becoming pregnant should consult their Medical Practitioner for vaccination before becoming pregnant.

Non-immune pregnant women should avoid contact with chickenpox or shingles. In an event of an outbreak any non immune pregnant staff shall be referred immediately to a Medical Practitioner for assessment of post-exposure prophylaxis (PEP of Varicella zoster immunoglobulin within 96 hours of exposure).

If an outbreak of Chickenpox occurs at the centre, **the employee will be excluded from work** and required to obtain Medical advice.

Cytomegalovirus (CMV)

Cytomegalovirus infection is a common viral illness. Most CMV infections cause either no symptoms or only mild symptoms. The virus is spread by contact with infectious body secretions (especially saliva and urine) which enter through mucous membranes (eyes, mouth and nose) and cuts in the skin. Infection of infants can also occur before birth, at birth, or early in life. By adulthood 40% or more of the adult population have been infected.

Women of child bearing age working with young children should always practice good personal cleanliness and hygiene, especially – good hand washing after contact with body secretions, and especially after changing nappies or assisting in toilet care. No kissing infants on the mouth (hugging is acceptable). Disposable gloves should be worn where there is contact with urine and saliva and hands washed after glove removal.

Women who are infected with CMV during pregnancy may infect their unborn baby. Infection of the unborn baby occasionally leads to intellectual and physical disability such as deafness, developmental delay. Re-activation of infection and re-infection can occur in a woman has previously been infected with CMV, however the risk to the unborn baby is lower.

All Staff who are considering pregnancy or are pregnant should consult their Medical Practitioner on the risk of the disease.

Staff will be required to see a Medical Practitioner to have a blood test to determine if they have previously been infected with CMV. The Centre will supply a letter to give to the Doctor requesting the test.

All Workers are to insure that they follow safe work practices including hand washing and hygiene when there is contact with body or blood fluids (especially urine and saliva) and spills.

The Centre will relocate any pregnant worker to work with the over-two year olds to reduce risk exposure. If this is not practical, you will be directed to seek advice from a Medical Practitioner about whether you are able to work with children under two years old. The Centre will supply a letter for you.

Parvovirus B19

Parvovirus B19 infection is also known as Fifth Disease, erythema infectiosum and slapped check syndrome. It is a viral infection that is caused by a human parvovirus B19 and is not found in animals.

While there is no evidence that parvovirus B19 infection is a significant cause of foetal defects, some studies have shown that infection may increase the risk of miscarriage in pregnant women.

Parvovirus B19 is spread by exposure to respiratory droplets from the nose and throat of infected people.

Children who are infected with Parvovirus B19 are not considered infectious once the rash appears. However, during an outbreak there may be other children at the facility who are infectious but who have not yet developed a rash.

If an outbreak occurs, all pregnant workers will be required to consult with a medical practitioner to assess immunity via a blood test. Previous infection will protect against further infection. If the pregnant worker is not immune, you will be directed to seek advice from a Medical Practitioner about whether you are able to work with children. The Centre will supply a letter for you.

Prevention of Spreading the Diseases

Good hygiene practices are essential to limit the transmission of infectious diseases.

Hand hygiene is the single most important infection control procedure.

Hand washing (using warm water and soap, gently rubbing all surfaces of the hands together) or applying an alcohol-based hand gel is the most important way of controlling infection. Staff must ensure that their hands and the hands of children in their care are washed frequently – most particularly:

- Before handling food or baby formula/breast milk
- After changing a nappy
- After going to the toilet
- After coming into contact with any blood or body substances (vomit, faeces, runny noses)

All centres toys and any other objects should be cleaned every day. Environmental surfaces, such as table tops and benches, must be regularly cleaned.

The nappy changing area must be cleaned after every change.

Environmental Cleaning After Blood or Body Spills

1. Wear Gloves
2. Place a paper towel over the spill. Carefully mop up the spill. Place the paper towel in a plastic bag, seal the bag and put it in the rubbish bin.
3. Clean the surface with warm water and detergent.
4. Where contact with bare skin is likely disinfect the area after cleaning by wiping with bleach (1,000 ppm available chlorine or in a 1 in 10 dilution of bleach) and allow to dry. Spills which occur in a bathroom or toilet area or in other 'wet' areas which have drainage outlets, should be removed by carefully hosing or flushing the area with water and detergent.
5. Remove gloves. Put them in a plastic bag and place the bag in the rubbish bin.
6. **Wash hands thoroughly** with soap and warm water.

(Remember: Blood or body fluids may contain viruses such as hepatitis B, hepatitis C or the HIV (AIDS). Therefore, it is important to disinfect the area where a spill has occurred, using bleach. Use **1 part bleach to 9 parts water** (for example, 1 cup of bleach to 9 cups of water). Dilute bleach on the day of use.

Procedures for Handling Body Fluids

1. Treat all blood and body fluids as potentially infectious.
2. If child is bleeding, avoid contact with the blood.
3. Move child to safety and comfort child.
4. First Aid person to put on disposable gloves and apply appropriate first aid.
5. If there is contact with blood or body fluids, observe following procedures –
 - Open wound/broken skin – wash thoroughly with soap and water.
 - Mucous membrane – irrigate with water.
6. Remove and dispose of gloves into plastic bag after first aid completed.
7. Wash hands thoroughly with soap and warm water

Exclusion from Work

A non-immune staff member may be excluded from work or have work restrictions placed on them if there is an outbreak of a vaccine-preventable disease at the centre.

Who to contact in an outbreak

In the event of an outbreak of a vaccine preventable disease the director will contact the Public Health Unit for advice.

The Centre will be guided by the Public Health unit about whether exclusion, work restrictions or post-exposure prophylaxis (PEP) is indicated. PEP is a medication given to a non immune person following an exposure to an infectious disease to prevent infection or reduce the severity of the disease. It usually requires to be given soon after exposure to be effective. PEP is currently available for some (but not all) of the relevant vaccine-preventable diseases in childcare settings including:

- Hepatitis A: PEP of normal human immunoglobulin within 2 weeks of exposure.

- Measles: PEP of MMR vaccine within 72 hours of exposure or normal human immunoglobulin within 7 days of exposure.
- Varicella – zoster: PEP of Varicella-zoster immunoglobulin within 96 hours of exposure for high risk persons (eg non immune pregnant workers.)
- Pertussis: PEP of a 7 day course of antibiotics.

Payment Arrangements

Staff will be responsible for cost of all immunizations (except Hep A/B), and other associated medical expenses.

Leave Arrangements

What happens to unimmunised employees in the event of an outbreak of a preventable contagious disease?

Once an outbreak is identified the local Health Authority will have an officer in control of managing the outbreak. If unimmunised, employees are excluded from the centre for the duration of the outbreak at the direction of the control officer, the period of exclusion will be without pay. The employer would invoke the stand-down provisions of the Queensland Industrial Relations Act 1999, Part 6, section 98 *Permissible stand-down of employee* which states:

- (4) An employer may stand-down an employee on a day, or for part of a day, when the employee cannot be usefully employed because of something that happened---
 - (a) for which the employer is not responsible; or
 - (b) over which the employer has not control.
- (5) The employer may stand-down the employee without pay unless an industrial instrument provides otherwise.
- (6) This section does not apply to an apprentice or trainee.

Can sick leave be used to pay excluded employees? No. Sick leave is only to be used if the employee is sick or injured and unless the employee meets the aforementioned conditions, it cannot be used during a stand-down.

Can any other leave be used during stand-down? Yes. The employer may approve the use of annual or long service leave accrual if available. With annual leave the industrial instrument may stipulate that annual leave is to be taken at a particular time.

Risks to Others

Any person connected with a centre or organisation should be aware of the ways to minimise spread of diseases within the centre and among the children attending the centre.

All vocational students working in the centre, the Director will request the status from the educational provider of the student's immunisation status and update records if required. If the students are not immunised and if an outbreak of an preventable disease occurs, then possible restrictions should apply, such as exclusions from work, however this needs to be based upon the advice of the Public Health Unit.

The adoption of the highest standards of hygiene possible and ensuring that all persons (Directors, Supervisors, Parents, Volunteers and Children) adhere to these standards is the best way to protect everyone from infectious diseases which are common to centres etc.

In particular careful hand washing is important. Attention should also be given to cleaning and disinfection.

A high standard is necessary as all the common infections in centres may spread through person to person contact and may also spread through contact with contaminated surfaces.

When young children touch parts of their bodies and then touch other objects (toys/furniture) and people, infection may spread. If the hands have not been washed then small amounts of body fluids (saliva, nasal discharge, urine and faeces) may remain on the touched surface. If germs reside in these fluids, then all surface that have been touched will be contaminated.

Therefore, the highest standards of good hygiene practice must be adapted to protect carers as well as children.

Source: ASCEA Workplace Health and Safety Manual 2006

Reviewed: July 2008

Next Review: July 2010