

BRIGHT BEGINNINGS FAMILY DAY CARE CENTRE POLICIES



Policy and Procedure Manual

ACKNOWLEDGEMENT OF TRADITIONAL LAND OWNERS.

Bright Beginnings Family Day Care Centre would like to acknowledge the traditional custodians of this land, the Wurundjeri people. We respect their spiritual relationship with their country and pay our respects to elders past, present and future, for they hold the memories, the traditions, the culture and the hopes of Aboriginal and Torres Strait Islander Australians.

INTRODUCTION– Who we are?

Bright Beginnings Family Day Care is a network of trained and registered educators who provide affordable care for other people's children in their homes. Our service (Main office is located in Broadmeadows) can provide flexible care, including all-day care, part-time, casual, before and after school care as well as care during school holidays. Educators have been carefully selected, supervised and operate under the Education and Care Services National Regulations and receive regular compliance checks.

Bright Beginnings family day care aims to provide care for children and young people from 6 weeks to 13 years of age. The service may cater for children over 13 years of age in 'regulatory specified circumstances (e.g. disabilities, family's individual needs etc.), however this is not a common practice of the service.

We provide a diverse program that reflects both group and individual needs of children and families. Through ongoing observations on children and critical reflection on children, we aim to provide enriching experiences that encourage and promote learning and development. Our program which is provided by our educators not only covers the areas of language, cognitive, social/emotional, fine motor and gross motor development, but also provides for the universal child.

Families are encouraged to share their culture, language and home experiences with our team at Bright Beginning Family Day Care Centre. We value partnerships with families and the local community and constantly encourage family input and feedback.

It is our mission to continuously provide a loving, caring, nurturing environment that promotes each child's learning and development, self-esteem and individuality.

THE NATIONAL QUALITY FRAMEWORK

The National Quality Framework was the result of an agreement between all Australian governments to work together to provide better Educational and developmental outcomes for children.

The National Quality Framework Aims to raise quality and drive continuous improvements and consistency in children's education and care services through:

- The National Law and Regulations
- The National Quality Standards
- An assessment and Quality Rating process
- National approved learning frameworks
- A regulatory authority in each state and territory responsible for the approval. Monitoring and quality assessment of services in their state or territory
- A national body – ACECQA, which guides the implementation of the NQF and works with regulatory authorities

The delivery of the NQF is guided by a set of objectives and guidelines to ensure consistent and effective function.

Some objectives of the NQF are to:

- Ensure the health, safety and wellbeing of children attending an education and care service
- Improve the education and developmental outcomes for children
- Promote continuous improvement
- participating jurisdictions and the commonwealth in the administration of the National Quality Framework
- Improve public knowledge, and access to information about the quality of Education and Care services
- Reduce the regulatory and administrative burden for education and care services by enabling information

APPROVED LEARNING FRAMEWORKS

NQS (National Quality Standards) is linked to the approved Learning Frameworks that recognise children learn from birth:

1. Victorian Early Years learning and Development Framework (VEYLDF) for children from birth to 8 years
2. Belonging, Being, Becoming (EYLF V2.0) for children from birth to 5 years
3. My Time, Our place Framework for school age children in Australia

BBFDCC Educational program is based on the above mentioned frameworks.

All children will experience learning that is engaging and builds a successful foundation in a safe, nurturing and inclusive environment.

Fundamental element to the Framework is a view of children's lives as characterised by *Belonging, Being and Becoming*. From before birth, children are connected to family, community, culture and place. Their earliest development and learning take place through these relationships, particularly within families, who are children's first and most influential educators.

All Frameworks convey the highest expectations for all children's learning from birth through the transitions to school. It communicates these expectations through the following five Learning Outcomes:

- Children have a strong sense of identity
- Children are connected with and contribute to their world
- Children have a strong sense of wellbeing
- Children are confident and involved learners
- Children are effective communicators.

The Preschool age Framework provides broad direction for early childhood educators in early childhood settings to facilitate children's learning. The program is heavily play based. It underpins the implementation of more specific curriculum relevant to each local community and early childhood setting.

The school age Framework acknowledges the importance of play and leisure in children's learning and development and that their learning is not limited to any particular place or time.

OUR PHILOSOPHY

What we believe

At Bright Beginnings Family Day Care Centre, we are committed to the empowerment of children. We're here to deliver preschools and school aged children with a heavily play based educational program that depicts the NQF and reflects child's unique choices and culture while valuing family and community ties. We recognise that children learn best through play and we'll teach through strategies your child will respond to.

We believe children and young people react and respond better in situations when they form meaningful relationships with those around them. When a child feels secure and has a sense of belonging, they will flourish within environments they are exposed to. We will treat children and young people's opinions as valuable and we will ensure our care environment is always child safe and inclusive. We cater for the emotional, social and physical developmental needs of children, children with additional needs and young people. We accept the rich culture of Aboriginal and Torres Strait Islanders and recognize that they are the traditional owners of the land and this will also be reflected upon within our program planning.

Our Educational program is led by our Educational Leader that is equipped with extensive experience and academics in the child care sector. Our educators are all professionally trained with experience and understanding within the Childcare area. As the world evolves around us, so will our knowledge and teaching strategies around your children. Our monitored and supported Educators will gain as much information and professional development as needed to assist in equipping children and young people with a strong foundation of life skills and knowledge.

We recognise exchanging information with families is important to the health and wellbeing of children, families and educators. Bright Beginnings Family Day Care Centre will always value parent input when decision making and implementing policies and programs. We want all children to receive the right specified care for their continuous developmental needs. We endeavor to work closely with external health services because we believe early intervention will ensure each child receives a holistic approach to fully participate within our program and thrive while they do so.

"Before you achieve, you must believe"- Jake Huard. We believe in children's rights as outlined in the UN convention on the Rights of a child and equipping children with lifelong adaptability skills through respect, recognition, praise and encouragement. We believe all children have greater potential and require direction in a warm and nurturing environment. Our indoor, outdoor and online environments embrace children's holistic nature of exploration in a safe and monitored space. We cater for the whole child and will respect their evolving identities.

Family Day Care Office Location

Bright Beginnings Family Dare care

Head Office

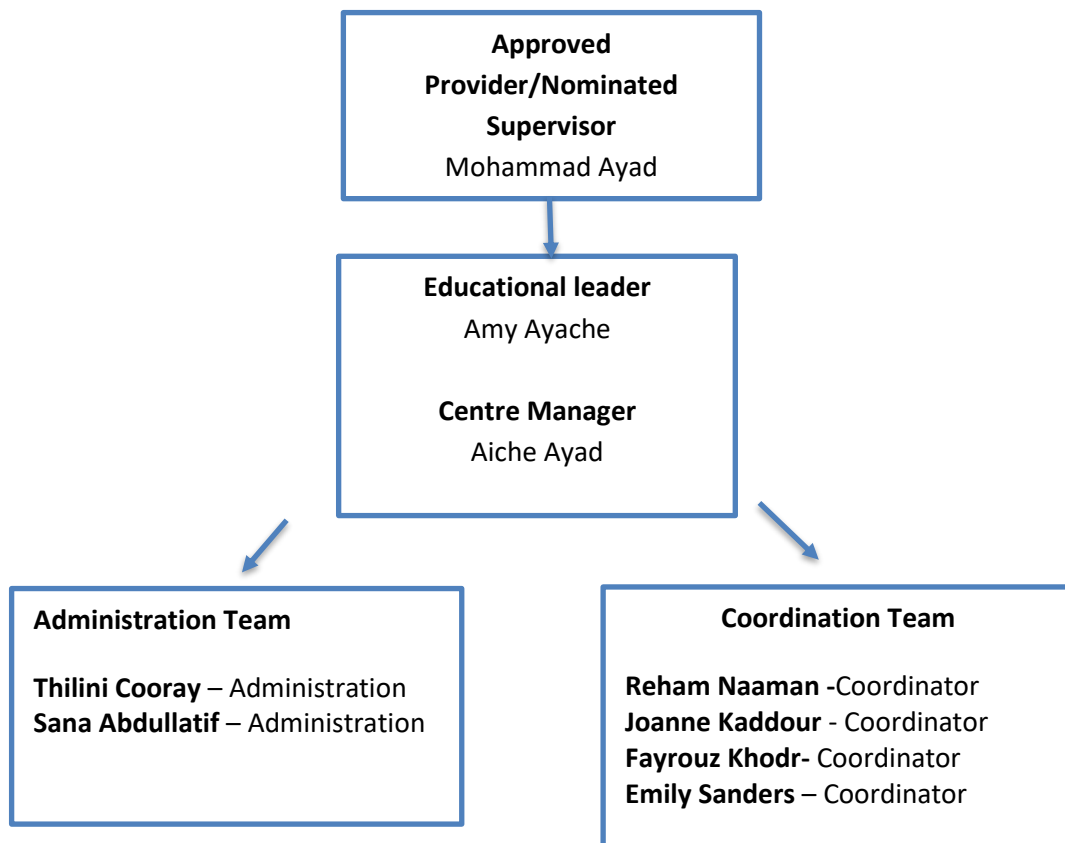
7 central grove Broadmeadows, Vic 3047
Office Operating Hours: Monday – Friday
9am – 5pm

Phone: 9302-1501 **Fax:** 9302-1502

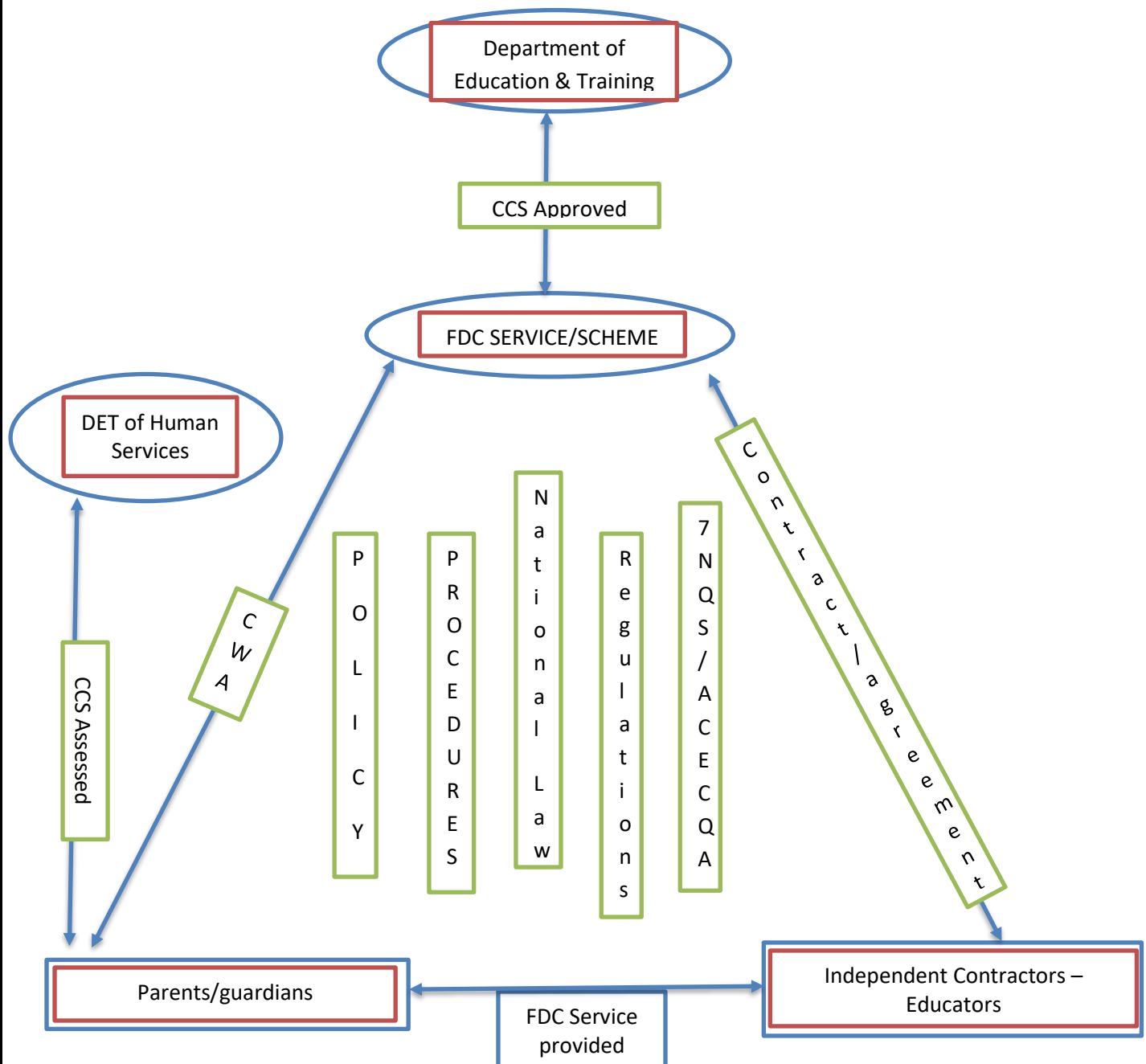
Email: brightbeginningsfdcc@gmail.com

Mobile: 0425 853 732

Organisational Structure



FAMILY DAY CARE SERVICE BUSINESS MODEL



Bright Beginnings Family Day Care Educators are registered as independent contractors via the service. The educators carry out duties adhering to the range of policies and procedures in place which relate to the quality of care support for the families, fee charging practices, debt collection and other administrative arrangements to ensure the service operates effectively. In addition to the services policies and procedures the registered educators are required to abide by all regulatory laws and regulations, at all times.

Policies & Procedures Manual

The policies and procedures contained within this document have been developed by Bright Beginnings Family Day Care Centre to meet the requirements of the Education and care Services National Law [VIC] act 2011 (Modified 1/7/2018). For ease of flow the term, Bright Beginnings Family Day Care Centre will be referred to as BBFDCC in some instances of the document.

Created April 2013

Whole document reviewed 2015 and 2017

Whole document reviewed October 2018

Whole document reviewed July 19

Whole document reviewed Feb 20

Whole document reviewed July 22 version 1.3

Whole document review July 2023 version 1.4

Whole document review March 2024 version 1.5

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EDUCATIONAL PROGRAM POLICY

Research accentuates that high quality educational programs significantly influence children’s development in all areas. We have the opportunity to provide a supportive learning environment and program, gaining inspiration from the children and families. Thoughtfully planned experiences and environments encourage the children to feel a sense of control over their actions, be curious and investigate, and explore their understanding of themselves, others, and the world around them. The United Nations Convention on the Rights of the Child (the convention) (United Nations 1989) states *‘that all children have the right to an education that lays a foundation for the rest of their lives, maximises their ability, and respects their family, cultural and other identities and languages.’* (EYLF, V2.2, 2022, p.5).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1	Program	The educational program enhances each child’s learning and development.
1.1.1	Approved learning framework	Curriculum decision-making contributes to each child’s learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
1.1.2	Child-centred	Each child’s current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
1.1.3	Program learning opportunities	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child’s learning.
1.2	Practice	Educators facilitate and extend each child’s learning and development.
1.2.1	Intentional teaching	Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
1.2.2	Responsive teaching and scaffolding	Educators respond to children’s ideas and play and extend children’s learning through open-ended questions,

		interactions and feedback.
1.2.3	Child directed learning	Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
1.3	Assessment and planning	Educators and coordinators take a planned and reflective approach to implementing the program for each child.
1.3.1	Assessment and planning cycle	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.
1.3.2	Critical reflection	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
1.3.3	Information for families	Families are informed about the program and their child's progress.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.2.2	Educational leadership	The educational leader is supported and leads the development of the educational program and assessment and planning cycle

EDUCATION AND CARE SERVICES LAW AND NATIONAL REGULATIONS	
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RELATED POLICIES

Additional Needs Policy	Interactions with Children, Family and Staff Policy
Behaviour Guidance Policy	Multi-Cultural Policy
Celebrations Policy	Photograph Policy
Code of Conduct Policy	Physical Activity Policy
Cyber Safety Policy	Physical Environment Policy
English as an Additional Language or Dialect (EAL/D) Policy	Privacy and Confidentiality Policy
Environmental Responsibility Policy	Professional Development Policy
Excursion Policy	Record Keeping and Retention Policy
Family Communication Policy	Respect for Children Policy
	Supervision Policy
	Transition to School Policy

PURPOSE

Our Family Day Care Service aims to enhance children's learning and development through the pedagogical practices of educators and families in a positive learning environment, which is promoted across the five learning outcomes from the Early Years Learning Framework (EYLF) (V2.0) and My Time, Our Place: Framework for School Age Care in Australia (MTOP) (V2.0). Educators will gather and interpret information about children as individuals to inform the preparation of the environment and implement experiences that are engaging and meaningful, supporting children's holistic development. We support the vision of the EYLF, V2.0 to ensure '*all children experience learning that is engaging and builds success for life.*'

SCOPE

This policy applies to the approved provider, nominated supervisor, children, families, students, volunteers, visitors, coordinator, educators, and educator assistants of the FDC Service.

IMPLEMENTATION

Under the National Law and National Regulations, approved Family Day Care Services are required to base their educational program on an approved learning framework. The program should focus on addressing the developmental needs, interests and experiences of each child, while considering the

individual differences of each child.

There are two nationally approved learning frameworks in Australia which outline practices that support and promote children's learning:

- [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0, 2022](#)
- [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

There is also a jurisdiction-specific approved learning frameworks for Victoria which is currently under review. [Victorian Early Years Learning and Development Framework](#)

OUR SERVICE IS COMMITTED TO THE APPROVED LEARNING FRAMEWORKS; (EYLF) and (MTOP) (V2.0)

The approved learning frameworks include principles, practices and learning outcomes that guide educational leaders and educators in their curriculum decision making, and assist them in planning, delivering and evaluating quality programs in early childhood settings.

In compliance with the EYLF, MTOP (V2.0) and Education and Care Services National Regulations, the program will contribute to the following outcomes for each child:

- Children have a strong sense of identity
- Children are connected with and contribute to their world
- Children have strong sense of wellbeing
- Children are confident and involved learners
- Children are effective communicators

THE APPROVED PROVIDER WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure FDC educators, educator assistants, coordinators, nominated supervisors, staff, students and visitors have knowledge of and adhere to this policy
- the education leader selected is supported to lead the development, implementation and review of the educational program and assessment and planning cycle within the service
- the educational leader has the skills, knowledge and attributes to mentor and work collaboratively with educators, fostering a shared responsibility and professional accountability of children's learning, development and wellbeing
- the staff record includes the name of the person designated as the educational leader

- the Educational Leader accepts the position of Educational Leader in writing (Reg. 118).

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/COORDINATORS/EDUCATIONAL LEADER WILL:

- ensure that a high-quality program based on an approved learning framework is delivered to all children in accordance with the framework (outcomes, practices and principles)
- ensure the program is evidence based, age-appropriate and supports and extends the developmental needs, interests and experiences of each child
- ensure the program contributes to the five learning outcomes for each child
- ensure planning for learning is a continuous cycle that involves-observation, planning, implementation, critical reflection, assessment, evaluation and critical reflection
- work in partnership with children and families, communities, teachers in schools and other professionals to inform educational practices that are place-based and relevant to that community
- ensure Aboriginal and Torres Strait Islander perspectives are embedded in the program
- ensure educators are intentional in all aspects of their professional practice
- ensure all children have the access to a quality and inclusive educational program that celebrates and makes visible children's diversity (EYLF, V2.0)
- ensure adaptations/adjustments are made in the environment for children with disability and additional needs. The approved provider will assist with making appropriate, professional referrals where necessary with family permission.
- gather information from families upon enrolment regarding the child's needs, interest and family backgrounds
- document family input with the educational program to strengthen connections and partnerships
- ensure each FDC educator plans for a balance between indoor and outdoor experiences with large blocks of unstructured time for uninterrupted child-initiated play
- promote children's physical activity by supporting the development of their gross motor skills and fostering the emergence and refinement of fundamental movement skills through a range of intentionally planned and spontaneous active play learning experiences (See: *Physical Activity Policy*)
- ensure key physical activity recommendations from Australian Government guidelines- Get up & Grow.
- support families through positive, respectful and reciprocal relationships through regular communication
- ensure the educational program is displayed in a place that is accessible to parents and families (reg. 75)

- ensure information regarding the content and operation of the education program is provided to families if requested (Reg. 76)
- provide information regarding the child's participation within the program when requested by families (Reg. 76)
- ensure a copy of the program is available at all times (Reg. 75)
- ensure documentation relating to child assessments or evaluations for delivery of the education program are recorded (Reg. 74), including:
 - assessments of the child's developmental needs, interests, experiences and participation in the education program
 - assessments of the child's progress against the outcomes of the educational program
- for children over preschool age attending the FDC Service, provide evidence of the development of the program (Reg.74A)

FDC EDUCATORS WILL:

- collaborate with the educational leader for curriculum direction and guidance
- collaborate with children to influence the development of the program in response to their own strengths, ideas, abilities and interests
- act deliberately, thoughtfully and purposefully to support children's learning through play-based learning
- plan a contextual program that actively promotes or initiates the investigation of ideas, complex concepts and thinking, reasoning and hypothesising the supports in learning, development and wellbeing of each child
- display cultural responsiveness by learning about multiple perspectives and diversity such as Aboriginal and Torres Strait Islander peoples, ethnic, cultural, linguistic, family and individual's diversity
- implement an ongoing cycle of planning, documenting, responding to and supporting children's learning which will underpin the educational program and involve educators in critically thinking about what is achievable and why
- use multiple sources of information to gather and document different aspects of children's learning, development and wellbeing
- take responsibility to be culturally responsive and be respectful of everyone's backgrounds, beliefs, values, customs, knowledges, lifestyles and social behaviour
- document children's wellbeing and learning, utilising contemporary theories and research concerning children's play, leisure, and learning, and make this visible to children, educators and families

- **respect children's growth mindset and acknowledge children as competent and capable learners**
- provide experiences that include both structured and unstructured learning times catering for children's individual needs and interests and, are age appropriate
- encourage children to act intentionally and with agency in play as they make decisions
- ensure materials and equipment reflect the cultural diversity and family values that exists in our society
- intentionally promote learning about a child's culture, county and community through dance, music, language and dialect, stories, art and craft
- respond to children's ideas and play and use intentional teaching to scaffold and extend each child's learning
- provide experiences that actively promote and initiate the investigation of ideas, complex concepts and thinking, reasoning and hypothesising
- provide experiences that support and develop all developmental areas and curriculum areas including music, maths, and science
- plan and implement the intentional teaching of Fundamental Movement Skills (FMS) to support the physical development of children of all ages
- use children's play and learning experiences to build and develop each child's individual learning profile to record their learning journey. This may include Learning Stories, portfolios, observations, photographs with captions and annotations, children's feedback and other documentation demonstrating strengths and development. **Exchanging information, images, and ideas through WhatsApp among educators, coordinators, and educational leaders.**
- **ensure information about the child's participation in the program is available for families**
- utilise families feedback for creating children's assessment and evaluation creates an authentic and meaningful assessment whilst valuing the children's role in assessing their learning
- explore ideas and theories using imagination and creative play
- allow large blocks of uninterrupted time to allow children to develop their ideas and interests in their learning environments allowing children to explore their physical, social and intellectual elements of their activities
- intentionally plan and implement learning experiences using information about a child's interests, curiosities and funds of knowledge
- plan a contextual program that actively promotes or initiates the investigation of ideas, complex concepts and thinking, reasoning and hypothesising the supports in learning, development and wellbeing of each child and young person
- provide experiences that support and develop a growth mindset and learning dispositions such as curiosity, cooperation, confidence, creativity, enthusiasm, persistence and imagination

- use the learning outcomes, practices and principles to guide planning for children’s learning and play and to encourage development of their self-worth, uniqueness and positive view of themselves helping frame their personal and social identity of children and identities of Aboriginal and Torres Strait Islanders children
 - teach children the importance of taking responsibility towards their own health and safety to ensure their own wellbeing and personal safety
 - provide children with ongoing encouragement and positive reinforcement
 - make use of spontaneous ‘teachable moments’ to extend children’s learning
 - respond to children’s displays of learning dispositions by commenting on them and providing encouragement and additional ideas
 - further extend critical thinking skills through provocations
 - plan realistic curriculum goals for children based on observation and assessment of individual needs and interests
 - seek opportunities within the routine for spontaneous play and experiences
 - ensure that all children’s experiences are recognised and valued with equitable access to resources and opportunities to demonstrate their learning
 - use a variety of methods to assist reflection on children’s experiences, thinking, and learning
 - ensure critical reflection clearly exams all aspects of events and experiences from different perspectives, identifying children’s learning, spontaneous play, teaching strategies, and changes that may be needed in the environment
 - assist children to develop daily habits, understanding, and skills that support health and wellbeing.
- (ACECQA, 2023)

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Assessment and Planning Cycle Guide and Procedure	Assessment and Planning Cycle Audit
Educational Program and Practice Procedure	Management Programming Audit
	Observation Record

CONTINUOUS IMPROVEMENT/REFLECTION

The *Educational Program Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

SOURCES

- Australian Children's Education & Care Quality Authority. (2014).
- Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
- Australian Government Department of Education, (2009) [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0, 2022](#)
- Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)
- Australian Government Department of Education. (2022). [Information sheet. Belonging, Being and Becoming. Cultural responsiveness.](#)
- Australian Government Department of Education. (2023). [Play-based learning and intentionality.](#)
- Australian Government, Department of Health and Aged Care (2013). [Get Up & Grow. Healthy Eating and Physical Activity for Early Childhood.](#)
- Caplan, L, & Kyretses, S. (2014). *Programming with the early years learning framework*. Cragieburn, Victoria: Curriculum Kids.
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2023).
- [Education and Care Services National Regulations](#). (Amended 2023).
- Munch & Move: <https://www.healthykids.nsw.gov.au/campaigns-programs/about-munch-move.aspx>
- Revised National Quality Standard. (2018).
- [Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW DATE	JUNE 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	JUNE 2024
VERSION NUMBER	V14.06.2024		
MODIFICATIONS	<ul style="list-style-type: none"> • minor formatting edits within text • policy maintenance – no major changes policy 		
POLICY REVIEWED	JANUARY 2024	NEXT REVIEW DATE	JANUARY 2025
VERSION NUMBER	V9.01.24		
MODIFICATIONS	<ul style="list-style-type: none"> • major edits in policy to align with principles, practices and outcomes of EYLF V2.0, 2022 • removed Physical Activity section- covered in <i>Physical Activity Policy</i> • sources updated 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JANUARY 2023	<ul style="list-style-type: none"> • Update of Department name from Department of Education, Skills, and Employment to Department of Education 		JANUARY 2024

	<ul style="list-style-type: none"> • additional regulation information included (Reg. 74, 75, 76, 118) • annual policy maintenance • minor formatting edits within text • hyperlinks checked and repaired as required • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	
JANUARY 2022	<ul style="list-style-type: none"> • additional related policies added (edited change of name for some policies) • additional information related to cultural competence • collaboration with families and children added • reference to new policy added (Physical Activity Policy) 	JANUARY 2023
JANUARY 2021	<ul style="list-style-type: none"> • additional information and regulations related to role of educational leader • minor editing • sources and links checked for currency/edited where required 	JANUARY 2022
JANUARY 2020	<ul style="list-style-type: none"> • Sources checked for currency and updated as required • Western Australian curriculum amended • Additional links added 	JANUARY 2021
JANUARY 2019	<ul style="list-style-type: none"> • Checked & updated editions & referenced correctly. • Additional information added to points. • Rearranged the order of points for better flow. • Points added (Highlighted). • Sources/references corrected, updated, and alphabetised. 	JANUARY 2020
APRIL 2018	Programming policy created for Family Day Care Services, inclusive of changes to the National Quality Standards and Education and Care National Regulations	JANUARY 2019

NUTRITION AND FOOD SAFETY POLICY

As per Education and *Care Services National Law and Regulations*, our Family Day Care (FDC) Service has a *Nutrition and Food Safety Policy* and procedures in place to ensure quality practices relating to nutrition, food and beverages and dietary requirements are followed at all times.

Our FDC Service recognises the importance of safe food handling and healthy eating to promote the growth and development of young children and is committed to supporting the healthy food and drink choices of children in our care. It is acknowledged that the early childhood setting has an important role in supporting families providing healthy food and drink to their children.

We are committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. We support and promote the NSW Health initiative [Munch & Move](#) and utilise the Australian Government's *Get Up & Grow-Healthy Eating and Physical Activity for Early Childhood* and *Eat for Health* resources.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.1.3	Healthy lifestyles	Healthy eating and physical activity are promoted and appropriate for each child

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
78	Food and beverages
79	Service providing food and beverages
80	Weekly menu
90	Medical conditions policy

91	Medical conditions policy to be provided to parents
160	Child enrolment records to be kept by approved provider and family day care educator
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
169	Additional policies and procedures – family day care services
170	Policies and Procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

RELATED POLICIES

Administration of First Aid Policy Bottle Safety and Preparation Policy Breastfeeding Policy Child Safe Environment Policy Dealing with Infectious Diseases Policy Enrolment Policy Excursions / Incursions Policy	Family Communication Policy Governance Policy Health and Safety Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Multicultural Policy
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PURPOSE

Family Day Care (FDC) Services are required by legislation to ensure the provision of healthy foods and drinks that meet the requirements for children according to the *Australian Dietary Guidelines*. It is essential that our FDC Service partners with families to provide education about nutrition and promote healthy eating habits for young children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with chronic adult conditions such as obesity, type 2 diabetes and cardiovascular disease.

Our FDC Service recognises the importance of healthy eating for the growth, development, and wellbeing of young children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined in the NSW Health's *Munch & Move* program into our curriculum and to support the *National Healthy Eating Guidelines for Early Childhood Settings* outlined in the *Get Up & Grow* resources.

Our FDC Service is also committed to ensuring consistently high standards of food preparation and food storage and transportation are adhered to.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, FDC educators, educator assistants, children, families, students, volunteers and visitors of the FDC Service.

IMPLEMENTATION

Our FDC Service has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

All food prepared by the approved FDC educator or families will endeavour to be consistent with the Australian Dietary Guidelines and provide children with 50% of the recommended dietary intake for all nutrients. Food will be served at various times throughout the day to cater for all children's nutritional needs.

Mealtimes reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas will comply with Food Standards Australia and New Zealand (FSANZ) and any relevant local jurisdictional requirements (i.e., local council registrations and inspections).

Recent changes to the Food Standards Code and Food Act 2003 (Standard 3.2.2A) involve the appointment of a Food Safety Supervisor who must be available to supervise food handlers at the Service. In some Family Day Care Services, it is a requirement that all food handlers attend food safety training. Additionally, records must be maintained relating to receiving, storage, processing, displaying and transportation of food. These records must be retained for a period of 3 months.

NUTRITION

Our FDC Service and FDC educators will:

- encourage and support breastfeeding and appropriate introduction of solid foods
- provide a suitable place where mothers can breastfeed their babies or express breast milk
- support mothers who are breastfeeding their infant
- ensure the safe handling of breast milk and infant formula including transporting, storing, thawing, warming, preparing, and bottle feeding
- in consultation with families, offer cooled pre-boiled water as an additional drink from around 6 months of age
- where breastfeeding is discontinued before 12 months of age, substitute with a commercial infant formula (in consultation with parents)
- always bottle-feed babies by holding baby in a semi-upright position
- ensure appropriate foods (type and texture) are introduced around 6 months of age (with consultation with parents)
- adjust the texture of foods offered between 6 and 12 months of age to match the baby's developmental stage
- offer a variety of foods to babies from all the food groups
- always supervise babies while drinking and eating, ensuring safe bottle-feeding and eating practices at all times.

Promote healthy food and drinks based on the Australian guide to healthy eating and the dietary guidelines for children and adolescents.

WHERE FOOD IS PROVIDED BY THE FDC EDUCATOR, WE WILL:

- provide children with a wide variety of healthy and nutritious foods for meals and snacks including fruit and vegetables, wholegrain cereal products, dairy products, lean meats, and alternative foods high in protein
- plan and display the FDC Service menu (at least two weeks at a time) that is based on sound menu planning principles and meets 50% of the daily nutritional needs of children
- plan healthy snacks on the menu to complement what is served at mealtimes and ensure the snacks are substantial enough to meet the energy and nutrient needs of children
- vary the meals and snacks on the menu to keep children interested and to introduce children to a range of healthy food ideas
- regularly review the menu to ensure it meets best practice guidelines
- develop the menu in consultation with children, educators and families

- consult with health professionals to support the menu development including Dietitians for children with special dietary requirements such as vegetarian and vegans, dentists and speech therapists
- respect and accommodate children's cultural or religious dietary practices as requested by families

WHERE FOOD IS BROUGHT FROM HOME WE WILL:

- provide information to families on the types of foods and drinks recommended for children and that are suitable for children's lunchboxes
- provide information to families on how to read the *Nutritional Information Panel* on food and drink labels
- encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided
- strongly discourage the provision of highly processed snack foods high in fat, salt, and/or sugar, and low in essential nutrients in children's lunchboxes. Examples of these foods include sweet biscuits, some muesli bars, breakfast bars and fruit filled bars, and chips.
- food items that should not be brought to the FDC Service include confectionary (lollies, sweets, chocolate, jelly), deep fried foods (chicken nuggets, fish fingers) and sugary drinks (cordial, energy drinks).

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ COORDINATOR WILL:

- ensure FDC educators and educator assistants are aware of their responsibilities and obligations under the Education and Care Services National Law and National Regulations in relation to this policy and relevant procedures to ensure awareness of safe food handling practices while promoting healthy eating
- ensure new FDC educators, educator assistants and staff are aware of food practices and procedures as outlined in this policy during induction and orientation
- ensure FDC educators have water readily available for children to drink throughout the day in both the indoor and outdoor environment
- ensure FDC educators offer food and beverages to children regularly during the day
- ensure enrolment forms include information relating to child's food preferences, allergies, intolerances, cultural or religious considerations or medical conditions which involve food or food practices
- consult with families on enrolment to develop individual management plans, including completing risk minimisation plans for children with medical conditions involving food allergies, food intolerances and special dietary requirements as per *Medical Conditions Policy*

- ensure children's individual dietary requirements as per enrolment information or medical condition plans are communicated to FDC educators and educator assistants as required
- ensure any changes to children's individual dietary requirements are recorded and communicated to FDC educators and educator assistants as required
- ensure all FDC educators meet the requirements as a Food Safety Supervisor, including mandatory training, if preparing or serving potentially hazardous food
- keep an up-to-date *Food Safety Certificate Register* to provide evidence of safe food handling training for all food handlers
- keep records relating to receiving, storage, processing, displaying and transportation of food. These records must be kept for a period of 3 months
- ensure all FDC educator assistants attend basic safe food handling training, including an appropriate Food Safety and Food Hygiene Certificate
- where food is provided by the educator, ensure FDC educators display the weekly menu in an accessible and prominent area for parents to view,
- where food is provided by the educator, ensure the weekly menu is accurate and describes the food and beverages provided each day of the week
- ensure FDC menus are reviewed on a regular basis, every 6 months. Amendments made to each menu will be recorded
- encourage and provide opportunities for FDC Educators to undertake regular professional development to maintain and enhance their knowledge about early childhood nutrition and food safety practices

FDC EDUCATORS/ EDUCATOR ASSISTANTS WILL:

- ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment
- be aware of children with food allergies, food intolerances, and special ~~diets~~ dietary requirements and consult with families and management to ensure individual management plans are developed and implemented, including completing Medical Risk Minimisation Plans for children with medical conditions involving food as per *Medical Conditions*
- ensure young children do not have access to foods that may cause choking
- ensure all children remain seated while eating and drinking
- ensure all children are always supervised children whilst eating and drinking
- participate in regular professional development to maintain and enhance knowledge about early childhood nutrition and food safety practices

- participate in safe food handling training on a regular basis, every 12 months, including the completion of an appropriate Food Safety and Food Hygiene Certificate
- meet the requirements as a Food Safety Supervisor, including mandatory training, if preparing or serving potentially hazardous food
- keep records relating to the safe handling of food, where required
- consult with children, families, coordinators and dietitians regarding the review of the service menu
- participate in opportunities to undertake regular professional development to maintain and enhance their knowledge about early childhood nutrition
- follow the guidelines for serving different types of food and the serving sizes in the guidelines
- use the Australian Government “eat for health” calculator- www.eatforhealth.gov.au
- display nutritional information for families and keep them regularly updated
- ensure the weekly menu is displayed in an accessible and prominent area for parents to view
- ensure the weekly menu is accurate and describes the food and beverages provided each day of the week
- ensure food is presented attractively
- ensure infants are fed individually
- ensure age and developmentally appropriate utensils and furniture are provided for each child
- not allow food to be used as a form of punishment or to be used as a reward or bribe
- not allow the children to be force fed or being required to eat food they do not like or more than they want to eat
- encourage toddlers to be independent and develop social skills at mealtimes
- establish healthy eating habits in the children by incorporating nutritional information into our program
- talk to families about their child’s food intake and voice any concerns about their child’s eating
- encourage parents to the best of our ability to continue our healthy eating message in their homes
- ensure pets or animals are not present within the kitchen or food preparation areas.

FOOD HYGIENE

Food poisoning is caused by bacteria, viruses, or other toxins being present in food and can cause extremely unpleasant symptoms such as diarrhoea, vomiting, stomach cramps, and fevers. Children under five years of age are considered a high-risk group as their immune systems are still developing and they produce less of the stomach acid required to kill harmful bacteria than older children or adults (Foodsafety.gov, 2019).

FDC educators will strictly adhere to food hygiene standards to prevent the risk of food poisoning.

BUYING AND TRANSPORTING FOOD

FDC educators will:

- order food supplies in a timely manner
- always check labels for the 'use by' and 'best before' dates, understanding that 'use by' dates apply to perishable foods that could potentially cause food poisoning if out of date, whilst 'best before' dates refer to food items with long shelf life but quality could be compromised
- avoid buying food items in damaged, swollen, leaking or dented packaging
- always check eggs: Never buy dirty or cracked eggs
- record temperatures of foods upon delivery (See *Food Delivery and Supplies Register*)
- never buy any food item if unsure about its quality
- ensure fresh meat, chicken, or fish products cannot leak on to other food items
- ensure chilled, frozen, and hot food items are kept out of the 'danger zone' (5 °C to 60 °C) on the trip back to the residence by:
 - not selecting chilled frozen, or hot food items until the end of the shopping
 - placing these items in an insulated shopping bag or cooler
 - immediately unpacking and storing these items.

STORING FOOD

FDC educators will:

- ensure the refrigerator and freezer has a thermometer and that the refrigerator is maintained at 5°C or below and the freezer is maintained at -17 °C or below.
- ensure fridge and freezer temperatures are checked and recorded daily (See *Refrigeration Temperature Control Register*)
- store raw foods below cooked foods in the refrigerator to avoid cross contamination by foods dripping onto other foods.
- ensure fresh meat is not stored in the fridge for more than 3 days
- ensure that all foods stored in the refrigerator are stored in strong food-safe containers with either a tight-fitting lid, or tightly applied plastic wrap or foil
- ensure that all foods not stored in their original packaging are labelled with:
 - the name of the food
 - the 'use by' date
 - the date the food was opened
 - details of any allergens present in the food.
- transfer the contents of opened cans into appropriate containers

- ensure all bottles and jars are refrigerated after opening
- place 'left-over' hot food in an appropriate sealed container in the refrigerator as soon as the steam has stopped rising. Food can be cooled quickly to this point by placing in smaller quantities in shallow containers, reducing the amount of time sitting in the 'danger zone'.
- not reuse disposable containers (e.g., Chinese food containers)
- store dry foods in labelled and sealed, air-tight containers if not in original packaging
- store dry foods in cupboards or if in a walk-in pantry, on shelving no lower than 30cm from the floor
- not place anything on the floor of a walk-in pantry (as containers of any type create easy access to shelves for mice and rats)
- store bulk dry foods only in food-safe and airtight containers
- use the FIFO (first in, first out) rule for all foods (dry, chilled, and frozen) to ensure rotation of stock so that older stock is used first
- store cleaning supplies and chemicals separate to food items
- ensure breastmilk or infant formula is stored within the main section of the fridge and clearly labelled with the child's name and date of preparation.

PREPARING AND SERVING FOOD

FDC educators will:

- ensure that all cooked food is cooked through and reaches 75 °C
- document periodic recordings of food (See *Cooking, Cooling & Reheating Register*)
- ensure that cooked food is served promptly, or
- use a thermometer to ensure that hot food is maintained at above 60 °C until ready to serve.
- ensure that prepared cold food is stored in the refrigerator maintained at below 5 °C until ready to serve.
- discard any cooked food that has been left in the 'danger zone' for two or more hours. Do not reheat.
- reheat cooked food (if required, for example for a child who was sleeping at lunch time) to a temperature of 70 °C (but only ever reheat once. Discard if the food is not eaten after being reheated).
- keep cooked and ready-to-eat foods separate from raw foods
- ensure foods are defrosted in the fridge or microwave
- wash fruit and vegetables thoroughly under clean running water before preparation
- ensure unused washed fruit or vegetables are thoroughly dry before returning to storage
- ensure food that has been dropped on the floor is immediately discarded

- thoroughly clean kitchen utensils and equipment between using with different foods and/or between different tasks
- avoid cross-contamination by ensuring that separate knives and utensils are used for different foods
- avoid cross-contamination by ensuring that colour-coded cutting boards are used (note that it doesn't matter which colour you use for which food providing signs are displayed to alert all staff).

Common colours are:

- Blue: raw fish/seafood
 - Green: fruit and vegetables
 - Red: raw meat
 - Brown: cooked meat
 - Yellow: raw poultry
 - White: bakery and dairy
- ensure that gloves are changed between handling different foods or changing tasks
 - ensure ingredient labels are read carefully when preparing food for children with food allergies or intolerances
 - ensure that food allergies and intolerances are catered for by using separate easily identifiable cutting boards, utensils, and kitchen equipment (e.g., using a colour code, or food-safe permanent marker).
 - ensure FDC educator assistants are aware of children who have severe allergic reactions to certain foods as per ASCIA Action Plans
 - ensure that children with food allergies and/or intolerances are served their meals and snacks individually on an easily identifiable plate (e.g., different colour), and that food is securely covered with plastic wrap until received by the child to prevent possible cross-contamination
 - ensure left-over food is stored immediately in the fridge or thrown away
 - ensure the safe handling of breastmilk, including during transportation, storage, thawing, warming and during preparation

CLEANING

FDC educators will:

- ensure that food preparation areas and surfaces are cleaned both before, after, and during any food preparation
- record cleaning and sanitising of food contact surfaces (See *Kitchen Cleaning Checklist*)
- ensure that all cooking and serving utensils are cleaned and sanitised before use

- ensure that all dishwashing sponges, brushes, and scourers are cleaned after each use and allowed to air dry or placed in the dishwasher
- ensure the food storage area is clean, ventilated, dry, pest free, and not in direct sunlight
- ensure the refrigerator and freezer is cleaned regularly and door seals checked and replaced if not in good repair
- prevent pest infestations by cleaning spills as quickly as possible and ensuring rubbish and food scraps are disposed of frequently
- ensure that the floor mop is thoroughly cleaned and air dried after each use
- replace any cleaning equipment that shows signs of wear or permanent soiling.

PERSONAL HYGIENE FOR FOOD HANDLERS

FDC educators will ensure:

- clean clothing is worn such as an apron
- long hair is tied back or covered with a net
- hand and wrist jewellery are not worn while preparing food (e.g., rings and bracelets)
- nails are kept short and clean, and no nail polish is worn (as it can chip into food and hide dirt under the nails)
- strict hand-washing hygiene is adhered to, including washing hands each time they return to the kitchen before continuing with food preparation duties
- wounds or cuts are covered with a brightly coloured, waterproof dressing (that will easily be seen if it falls off), and gloves will be worn over any dressings
- ensure gloves (or food tongs) are used when handling 'ready to eat' foods
- ensure children wash and dry their hands (using soap, running water, and single use disposable towels or individual hand towels) before handling food or eating meals and snacks
- ensure food is stored and served at safe temperatures (below 5°C or above 60°C), with consideration to the safe eating temperature requirements of children
- ensure separate cutting boards are used for raw meat and chicken, fruit and vegetables, and utensils and hands are washed before touching other foods
- discourage children from handling other children's food and utensils
- attend relevant training courses when requested by the FDC Service.

CREATING A POSITIVE LEARNING ENVIRONMENT

FDC educators will:

- sit with the children at meal and snack times to role-model healthy food and drink choices and actively engage children in conversations about the food and drink provided

- choose water as a preferred drink
- endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds
- create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children
- encourage older toddlers and pre-schoolers to assist to set and clear the table and serve their own food and drink, providing opportunities for them to develop independence and self-esteem while promoting children's agency and decision-making
- respect each child's appetite. If a child is not hungry or is satisfied, do not insist he/she eats
- be patient with messy or slow eaters
- encourage children to try different foods but do not force them to eat
- not use food as a reward or withhold food from children for disciplinary purposes
- role-model and discuss safe food handling with children

FAMILY DAY CARE SERVICE PROGRAM

FDC educators will:

- foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating
- encourage children to participate in a variety of 'hands-on' food preparation experiences
- provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices
- embed the importance of healthy eating and physical activity in everyday activities and experiences.

COOKING WITH CHILDREN

Cooking experiences may sometimes be carried out with the children as a part of the educational program. On these occasions participating educators will be vigilant to ensure that the experience remains safe, and relevant food hygiene practices are adhered to.

COMMUNICATING WITH FAMILIES

Our FDC Service and FDC educators will:

- provide a copy of the *Nutrition and Food Safety Policy* to all families upon orientation at the FDC Service
- provide opportunities for families to contribute to the review and development of the policy

- request that details of any food allergies or intolerances or specific dietary requirements be provided to the FDC Service and FDC educator, and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met
- communicate regularly with families about food and nutrition related experiences and provide up to date information to assist families to provide healthy food choices at home
- communicate regularly with families and provide information and advice on appropriate food and drink to be included in children's lunchboxes. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.
- discuss discretionary choices- (food and beverages which are not necessary as part of a balanced diet) with families and if necessary, the FDC educator may remove items from children's lunch boxes. Alternative healthy food will be offered to children.

FOOD SAFETY STANDARDS FOR STATE/TERRITORIES

Changes to the Food Standards Code have included new food safety requirements under the Food Safety Standard 3.2.2A. Please check your local Food Authority if the new Food Safety Standard applies to your service. See below for links to state regulators.

The new requirements comprise of 3 key elements including:

- Food Safety Supervisor
- Food Handler Training
- Record Keeping

See [Safe Food Australia](#) (guide to the food safety standards in the Food Standards Code) or email information@foodstandards.gov.au. Food regulators also have information to help food businesses in their jurisdiction understand the requirements of this standard.

See the web link:

- [Victoria](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Nutrition and Food Safety Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Cooking, Cooling & Reheating Register	Menu Evaluation Survey
Food Delivery and Supplier Register	Managing Menus and Food Supplies
Food Hygiene Practices Procedure	Menu Planning Checklist
Food Safety Certificate Register	Nutritional Practices Procedure
Kitchen Cleaning Checklist	Nutritional Practice Survey
Kitchen Cleaning Procedure	Vegetarian Menu Planning Checklist
Menu Amendment Notifications	Refrigeration Temperature Control Register
Menu Development and Review Procedure	Service Menu Table

SOURCES

Australian Breast-Feeding Association Guidelines: <https://www.breastfeeding.asn.au/>

Australian Children's Education & Care Quality Authority. (2014).

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Australian Government Department of Education. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia. V2.0](#).

Australian Government Department of Education. (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)

Australian Government Department of Health *Eat for Health- The Australian Dietary Guidelines*
<https://www.eatforhealth.gov.au/guidelines>

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Food Act 2003

Food Authority NSW. (2023). [Food safety requirements for children's services in NSW](#).

Food Regulation 2015

Food Safety Standards (Australia only). (2024): <https://www.foodstandards.gov.au/business/food-safety-standards>

Food Standards Australia and New Zealand Act 1991

Food Standards Australia New Zealand. (2023). Safe Food Australia – A guide to the food safety standard (4th Ed.):

<http://www.foodstandards.gov.au/publications/Pages/safefoodaustralia3rd16.aspx>

National Health and Medical Research Council. Australian Dietary Guidelines 2013):

<https://www.nhmrc.gov.au/about-us/publications/australian-dietary-guidelines>

National Health and Medical Research Council. Department of Health and Ageing. Infant Feeding Guidelines. (2013):

https://www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summary_13080_8.pdf

National Health and Medical Research Council. Eat for health: <https://www.eatforhealth.gov.au/>

NSW Food Authority: <http://www.foodauthority.nsw.gov.au/>

NSW Government. Healthy Kids. (2019). Munch and Move: <https://www.healthykids.nsw.gov.au/campaigns-programs/about-munch-move.aspx>

The Australian Dental Association: <https://www.ada.org.au/Home>

The Department of Health. Get Up & Grow: [Healthy Eating and Physical Activity for Early Childhood – Staff/Carers Book](#)

Victoria State Government Education and Training Nutrition Australia [Healthy eating in the National Quality Standard A guide for early childhood education and care services](#)

[Western Australian Education and Care Services National Regulations](#)

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011.

REVIEW

POLICY REVIEWED BY	[NAME]		[POSITION]	[DATE]
POLICY REVIEWED	AUGUST 2024	NEXT REVIEW DATE		MAY 2025
VERSION NUMBER	V13.09.24			
MODIFICATIONS	<ul style="list-style-type: none">• annual policy maintenance• updated Food Safety requirements for children’s services• minor edits in policy• sources checked for currency and updated as required			
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE	
AUGUST/MAY 2023	<div>AUGUST<ul style="list-style-type: none">• updates to the Food Safety Standards (effective Dec 2023)MAY<ul style="list-style-type: none">• policy maintenance - no major changes to policy• hyperlinks checked and repaired as required• continuous improvement/reflection section added• Childcare Centre Desktop Related resources section added• link to Western Australian Education and Care Services National Regulations added in ‘Sources’</div>		MAY 2024	
MAY 2022	<ul style="list-style-type: none">• policy maintenance - no major changes to policy• hyperlinks checked and repaired as required		MAY 2023	
OCTOBER 2021	<ul style="list-style-type: none">• Policy reviewed and included suggested guidelines from ACECQA Nutrition, Food and Beverages, Dietary Requirements Policy Guidelines (August 2021)• Additional sections added for AP, Management, NS and Educator and food handlers		MAY 2022	

	<ul style="list-style-type: none"> • additional related regulations and related policies added 	
MAY 2021	<ul style="list-style-type: none"> • minor editing • inclusion of cultural or religious dietary practices • sources checked for currency 	MAY 2022
MAY 2020	<p>minor additions- discretionary foods, online shopping</p> <p>addition of health professional's information to ensure best practice</p> <p>sources checked for currency</p>	MAY 2021
MAY 2019	<p>Food hygiene section added, comprising of:</p> <ul style="list-style-type: none"> - Buying and transporting food - Storing food - Preparing and serving food - Cleaning - Personal hygiene for food handlers <p>Heading added to existing information – 'All staff handling food will.'</p> <p>New section added: Cooking with Children</p> <p>Irrelevant points deleted</p> <p>Additional information inserted into existing points (highlighted)</p> <p>New source added</p>	MAY 2020
MAY 2018	<p>Terminology changed to be specific to FDC services.</p> <p>Additional information added to points.</p> <p>Sources/references corrected, updated, and alphabetised.</p>	MAY 2019
DECEMBER 2017	Updated policy to comply with changes to the National Quality Standard and National Regulations	MAY 2018
MAY 2017	Policy updated to comply with Family Day Care Regulations	MAY 2018

BOTTLE SAFETY AND PREPARATION POLICY

Infants and young children are more susceptible to food borne illness making it necessary for Family Day Care (FDC) educators to implement the highest level of health and hygiene practices within their approved residence/venues. Safe practices for handling, storing, preparing and heating breast milk or formula must be implemented to minimise risks to children being cared for by FDC educators.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
78	Food and beverages
168	Education and care services must have policies and procedures
170	Policies and Procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures

RELATED POLICIES

Breastfeeding Policy	Nutrition and Food Safety Policy
Dental Health Policy	Work Health and Safety Policy
Health and Safety Policy	

PURPOSE

To ensure FDC educators maintain hygienic premises for infants and toddlers requiring bottles, educators will certify that bottles are prepared safely and hygienically and that practices meet Work Health and Safety and current Food Safety Standards.

Our Family Day Care (FDC) Service encourages all educators to complete professional development in safe food handling and menu planning to increase knowledge and awareness of individual responsibilities.

SCOPE

This policy applies to children, educators, coordinators, educator assistants, approved provider, nominated supervisor, families, staff, and management of the FDC Service.

IMPLEMENTATION

During their first year of life, babies are at their most vulnerable to viruses, bacteria, and parasitic infections, due to their immune system not yet being fully developed. Unsafe or careless food handling practices can therefore lead to anything from a mild attack of thrush to a more serious condition of gastroenteritis, all of which are similar to food poisoning and can cause vomiting and diarrhoea, and subsequent dehydration.

To ensure that bottles are consistently prepared in a safe and hygienic manner, educators will adhere to the Family Day Care Service procedures at all times.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR AND COORDINATOR WILL ENSURE:

- FDC educators, FDC educator assistants students, visitors and volunteers have knowledge of and adhere to this policy
- ensure families are aware of this *Bottle Safety Preparation Policy*
- develop procedures for the safe storage and heating of food provided in bottles in collaboration with educators
- FDC educators are aware of and strictly adhere to the procedures for sterilising bottles and teats, and preparing, heating and storing bottles of formula and breast milk
- ensure families are familiar with their responsibilities in accordance with this policy.

FAMILY DAY CARE EDUCATORS WILL:

- ensure that they adhere to the procedures for preparing, heating and storing bottles of formula and breast milk

- implement safe food handling practices
- wash hands thoroughly **and wear gloves when preparing bottles**
- ensure that children have access to safe drinking water at all times and are regularly offered food and beverages appropriate to their individual needs
- seek to provide a supportive environment for breastfeeding
- store all bottles in an appropriate area for food preparation and storage that complies with the food safety standards for kitchens and food preparation areas
- adhere to the procedure for the safe storage and heating of food provided in bottles
- ensure infants over 6 months of age are given small amounts of cooled boiled tap water in addition to breastmilk or formula
- ensure infants and children are not given fruit juice in their bottle due to the increase risk of tooth decay
- give bottle-fed children their bottles before going to bed
- ensure children are not be put in cots or in beds with bottles as per the *Dental Health Policy*
- adhere to each child's feeding routine
- complete a record of the amount of milk each infant consumed including times of feeds
- communicate regularly with families about infant and children's feeding patterns and routines

FAMILIES WILL:

- read and comply with the policies and procedures of the FDC Service
- be informed during orientation that children's bottles must be clearly labelled with the child's name
- label bottles, containers or zip lock bags containing breast milk or formula with the date of preparation or expression
- *supply breast milk in well labelled, multiple small quantities to prevent wastage*
- *provide a labelled bottle(s) for use at the FDC Service for children*
- *be encouraged to communicate regularly with the educator about their children's bottle and feeding requirements*
- *not put fruit juice in children's bottles as per our Dental Health Policy*

STERILISING BOTTLES, TEATS AND DUMMIES

After sterilising any item for infants, it is important to remember not to touch any part that will go into the baby's mouth with your hands. Generally, all sterilising systems come with tongs for this purpose, which must also be sterilised with the items.

Always read and follow the manufacturer's instructions that come with the sterilising system and ensure that the recommended sterilising times are strictly adhered to.

Prior to using any sterilising system or device or removing items from a steriliser staff will wash their hands. This is the single most effective way of preventing the spread of infection.

STEAM STERILISING

Electric steam sterilising is based on hospital methods and is quick and efficient, taking eight to twelve minutes plus cooling time. Care must be taken that only equipment that is safe to boil is sterilised in this manner. For example, some parts of breast pumps cannot be boiled. Bottles, teats and other items must be placed upside down and must have sufficient room (not touching any other item) to ensure they are fully sterilised.

Microwave steamers take around five to eight minutes to work, plus cooling time. Note that metal utensils cannot be used in microwaves. Where possible leave the lid on the steriliser until it has cooled sufficiently to prevent steam burns. If using a microwave for sterilising, ensure that a purpose designed sterilisation container is being used.

BOILING

Most bottle-feeding equipment must be boiled for at least 10 minutes. Ensure the pot you use is large enough for all bottles to be completely submerged and use the pot exclusively for sterilising. Be aware that teats that are frequently boiled become sticky and may need to be replaced more frequently than if using other sterilisation methods.

CHEMICAL STERILISING

Chemical sterilisation is achieved using cold water and a non-toxic liquid or tablet that is added to cold water to create a sterilising solution that is highly effective in killing bacteria. It is extremely safe to use and can be applied to the skin or even swallowed with no harmful effects. Educators need to check that there are no air bubbles left in the bottles to ensure complete sterilisation.

Always read the manufacturer's instructions to ensure the solution is mixed correctly and items are left in the solution for the required amount of time: Generally, they are sterile after half an hour and can be safely left in the solution for up to 24 hours. The solution must be changed daily.

Avoid leaving sterilised empty bottles out on work surfaces as they will quickly lose their sterility. Ideally, sterilisers have built-in storage facilities and bottles can be removed when required.

Note: Dishwashers can be used to clean bottles and equipment, but these items must still be sterilised – the dishwasher does not sterilise.

STORING STERILISED BOTTLES

If not using sterilised bottles immediately, care needs to be taken to store them correctly to avoid them coming into contact with bacteria.

- Ensure your hands and the work bench are clean
- Using sterile tongs, place the teat 'upside-down' in the bottle, and place the sterilised cap and lid on the bottle
- Store bottles in a clean place away from dust
- If not used within 24 hours sterilised bottles should be sterilised again before use.

PREPARING FORMULA

Before preparing formula

- Ensure your hands and the work bench are clean
- Boil water and leave to cool for approximately 30 minutes. This will ensure that the water is not too hot (70°C is the best temperature to prepare formula as it will dissolve easily).

When preparing infant formula always closely follow the instructions on the tin. In general:

- always wash hands thoroughly prior to preparing formula
- do not compact the formula powder in the scoop, and always ensure the correct ratio of formula to water as specified on the tin: Too little formula powder may leave the infant hungry, whilst too much can cause constipation
- always use a sterilised knife to level the top of the scoop when measuring the formula powder
- without touching the teat shake the bottle well to mix the contents
- cool the made-up formula as quickly as possible: If using immediately run under cold tap water or place in a large bowl of cold water (with the lid on to avoid contaminating the teat).
- if not using immediately made-up formula should be cooled and stored in the fridge.

Heating bottles

- Heat bottles once only
- Do not allow a bottle to cool and then reheat as this can allow germs to grow
- Stand the bottle in a container of hot water for no more than 15 minutes
- Before feeding the infant, check the temperature of the milk by letting a small drop fall on the inside of your wrist-it should feel warm or even a little cool
- Do not microwave breast milk or bottles

- Do not refreeze thawed breast milk
- Discard any milk that has not been used.

STORING BREASTMILK AND FORMULA

Formula or breast milk needs to be kept refrigerated or frozen. Keep a non-mercury thermometer in your fridge so that you can check that the temperature is below 5°C.

- Formula or breast milk must be kept refrigerated or frozen if not being immediately consumed
- Whenever possible, make up formula as it is needed. Formula should not be refrigerated for more than 24 hours
- Any remaining formula should be thrown out if an infant does not finish a bottle: It should not be frozen or reheated
- Prior to placing bottle in the fridge, check that it/they are labelled with the child's name and the date the bottle was prepared.

BREAST MILK CAN BE STORED IN SEVERAL WAYS, WHICH INCLUDE:

1. refrigerated for no more than 72 hours at 5°C or lower (5°C is the typical temperature of a standard fridge).
2. storing bottles in the back of the fridge where it is coldest. Do not store bottles inside the refrigerator door
3. frozen in a separate freezer section of a refrigerator for up to 3 months; if your freezer is a compartment inside the refrigerator, rather than a separate section with its own door, then only store the breast milk for 2 weeks. Frozen in a deep freeze (–18 °C or lower) for 6–12 months.

FROZEN BREAST MILK CAN BE THAWED:

1. in the refrigerator and used within 24 hours
2. standing the bottle in a container of lukewarm water and used straight away.

Source: 5th Edition Staying Healthy Preventing infectious diseases in early childhood education and care services (June 2013).

CONTINUOUS IMPROVEMENT/REFLECTION

The *Bottle Safety Preparation Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Breast Milk Preparation Procedure FDC	Formula Bottle Preparation Procedure FDC
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SOURCES

Australian Breastfeeding Association www.breastfeeding.asn.au

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National Health and Medical Research Council. (2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services- 5th Edition*

NSW Ministry of Health. (2014). Caring for children birth to 5 years: Food, nutrition and learning experiences.

<https://www.health.nsw.gov.au/heal/Publications/caring-for-children-manual.pdf>

NSW Food Authority – www.foodauthority.nsw.gov.au

Pregnancy, Birth and baby. (2023). Storing breast milk

Safe Food and Health Service Executive. (2013). How to prepare your baby's bottle.

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	[NAME]	[POSITION]	[DATE]
POLICY REVIEWED	FEBRUARY 2024	NEXT REVIEW DATE	FEBRUARY 2025
VERSION NUMBER	V10.2.24		
MODIFICATIONS	<ul style="list-style-type: none"> annual policy review approved provider/nominated supervisor/coordinator section added sources checked for currency and updated as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
FEBRUARY 2023	<ul style="list-style-type: none"> annual policy maintenance no major edits to policy continuous improvement/reflection section added 		FEBRUARY 2024

	<ul style="list-style-type: none"> • procedure removed from policy- (separate procedure available on Desktop) • link to Western Australian Education and Care Services National Regulations added in 'Sources' • Sources checked for currency 	
FEBRUARY 2022	<ul style="list-style-type: none"> • Minor edits • Additional regulations added • Sources checked 	FEBRUARY 2023
FEBRUARY 2021	<ul style="list-style-type: none"> • minor changes to policy (storage of breast milk in fridge amended) • sources checked for currency 	FEBRUARY 2022
FEBRUARY 2020	<ul style="list-style-type: none"> • Added sections: <i>Storing sterilised bottles and Preparing formula</i> • <i>Storing breast milk and formula, sterilising Chemical sterilising and heating bottles</i> • Additional information added to points • Added section on record keeping for parents 	FEBRUARY 2021
FEBRUARY 2019	<ul style="list-style-type: none"> • Re-worded opening statement and purpose. • Combined with <i>Sterilising bottles and teats policy</i>. • Added sections: <i>Storing sterilised bottles and Preparing formula</i>. • Changed heading from <i>Storing bottles to Storing breast milk and formula</i>. • Changed heading from <i>Cold water sterilising to Chemical sterilising</i>. • Additional information added to points • Rearranged the order of points for better flow • Sources checked for currency 	FEBRUARY 2020
FEBRUARY 2018	<ul style="list-style-type: none"> • Added the 'related policies' list • Included statements regarding handling & storage to further support compliance 	FEBRUARY 2019
DECEMBER 2017	<ul style="list-style-type: none"> • Updated policy to comply with the revised National Quality Standard 	FEBRUARY 2018
MAY 2017	<ul style="list-style-type: none"> • Modifications made to adhere to Family Day Care Service 	DECEMBER 2017

HEALTH AND SAFETY POLICY

Family Day Care approved residences or venues can be high-risk environments for incidents and accidents to children, families, educators and visitors. Our Family Day Care (FDC) Service is committed to maintaining a safe and healthy environment in all residences, through comprehensive policies and procedures, managing risks and hazards appropriately and effectively.

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	Healthy Lifestyles	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
73	Educational programs
74	Documenting of child assessments or evaluations for delivery of educational program
75	Information about the educational program to be kept available
76	Information about educational program to be given to parents
80	Weekly menu
86	Notification to parents of incident, injury, trauma and illness
99	Children leaving the education and care service premises
102	Authorisation for excursions
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
110	Ventilation and natural light
116	Assessments of family day care residences and approved family day care venues
117	Glass (additional requirement for family day care)
158	Children's attendance records to be kept by approved provider
168	Policies and procedures are required in relation to enrolment and orientation
171	Policies and procedures to be kept available

RELATED POLICIES

Administration of Medication Policy	Nappy and Toileting Policy
Bottle Safety and Preparation Policy	Nutrition and Food Safety Policy
Child Protection Policy	Orientation of Families Policy
Clothing Policy	Physical Environment Policy
Dealing with Infectious Diseases Policy	Safe Storage of Hazardous Chemicals Policy
Delivery of, and collection from Education and Care Service Premises	Safe Transportation Policy
Emergency Evacuation Policy	Sick Children Policy
Governance Policy	Sleep and Rest Policy
Hand Washing Policy	Sun Safety Policy
Incident, Injury, Trauma and Illness Policy	Water Safety Policy
	Work Health and Safety Policy

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place to ensure the health, safety and wellbeing of children, staff educators and families. We aim to protect the health, safety and welfare of children, educators, families and visitors of the FDC Service who may be affected by our operation through everyday practice by complying with current health and safety laws and legislation.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, educators, educator assistants, children, families, and visitors of the Family Day Care Service.

IMPLEMENTATION

The National Quality Framework establishes the standards and learning frameworks to provide high quality inclusive education and care in early and middle childhood settings, which can only occur in a safe and healthy work environment. The NQF makes few references to work, health and safety legislation as it underpins this framework. *Quality Area 2.... reinforces children's right to experience quality education and care in an environment that provides for their health and safety.*" p: 138, 2020.

Thorough work health and safety policies, procedures and practices ensure that:

- management and Coordinators fulfil their responsibility to provide a safe workplace, without any negative impact on the health and wellbeing of employees;
- employees meet their health and safety obligations and are safe in the workplace; and
- the work environment supports quality education and care.

We are dedicated to ensuring that all health and safety needs are met through the implementation of a high standard of hygiene practices to control the spread of infectious diseases, the prevention and management of injuries and illness, and to provide a safe and secure physical environment for children. In any occurrences where children show any signs of illness, accident, injury or trauma, educators will refer to the *Incident, Injury, Trauma and Illness Policy*.

The importance of children's nutritional and physical health needs will be promoted by educating children about a healthy lifestyle which will be reinforced through the everyday routine and experiences. Information on health, hygiene, safe food, and dental care principles and practices will be displayed at to provide families with further information.

We believe in quality education and care in an environment that provides for all children's protection through adequate supervision, safe experiences and environments, and vigilance to potential risks. Educators at the Service are dedicated to understanding their legal and ethical responsibility to protect the children enrolled at the Family Day Care Service.

The Approved Provider will ensure every reasonable precaution has been taken to protect children from harm and hazard likely to cause injury. An annual risk assessment is conducted on each FDC residence and/or approved venue to identify any potential hazard and implement risk minimisation actions.

Our *Work Health and Safety Policy* provides further detail about Hazard Reduction and Risk Minimisation.

CHOOSING APPROPRIATE RESOURCES AND EQUIPMENT

- Resources and equipment will be chosen to reflect the cultural diversity of the Family Day Service's community and the cultural diversity of contemporary Australia.
- All new equipment will be checked against Australian Safety Standards and added to the equipment and resources register.

- The FDC educator will keep up to date with any recalled products by registering products where possible (e.g. electronics)
- Children will be carefully introduced to new toys and pieces of equipment and taught how to use and care for them appropriately.
- Equipment that should only be used under supervision will be stored in a safe place out of children's reach.
- The use of pools and toys or equipment which involves the use of water will be used under the direct supervision of the FDC educator. All equipment will be emptied of water when not in use and stored in such a manner that it cannot collect water.
- Equipment will be checked regularly by the FDC educator to ensure it is in a clean and safe condition which will be recorded on the appropriate indoor and outdoor safety checklist.
- The Approved Provider will ensure an annual risk assessment is conducted on each FDC residence and/or approved venue.

THE CHILDREN'S LEARNING ENVIRONMENT

- The Family Day Care Service will keep a record of any changes that is made to the physical environment of the FDC residence, such as rearranging of rooms etc to show continuous improvement.
- The Family Day Care Service will ensure educators document the links between the arrangements and choice of resources and equipment and the children's learning in the program.

ON-GOING MAINTENANCE

- The Approved Provider/Coordinator will ensure educators reflect on the environment and establish a plan ensuring that the environment continuously complies with our philosophy of providing a safe and secure environment, that is stimulating and engaging for all who interact with it.
- The Approved Provider/Coordinator will also ensure that the family day care residence and its grounds comply with Local Government regulations, and regulations regarding fire protection, ventilation, natural and artificial lighting and safety glass as indicated in annual assessments.

MONTHLY INSPECTIONS-

The Approved Provider is required to undertake and keep records of monthly inspections of all FDC residences or approved venues with a swimming pool, spa or water feature. Swimming pools and spas must have a safety device installed to alert or deter a child from entering the water. Educators must maintain a back-up communication device that is kept in a permanent location and is always available in an emergency. Any safety issue must be reported to ECRU. Records of monthly inspections must be kept by the FDC educator.

SAFETY CHECKS

Prior to children arriving at the FDC residence/or approved venue, a daily inspection of the premises will be undertaken which will include the:

- residence perimeters
- fences/fence Line
- gates
- paths
- buildings – including garages and sheds
- all rooms accessible by children
- fixed equipment
- sand pit/mud pit
- risk posed by any animals at the residence

This must be done to identify any dangerous objects in the grounds ranging from sharps to poisonous or dangerous plants and animals (including snakes). In the event of a sharp object being found (for example a syringe) the FDC educator will wear gloves and use tongs to pick up the object and place it in the 'sharp object box'. This box will be disposed of as per the recommendations of our local council.

Similarly, trees in the grounds must be checked regularly for overhanging, dead or dangerous looking branches as well as checked for any infestations or nests.

Non-fixed play equipment at the FDC residence will comply with current safety standards and regulations. (AS 4685)

The FDC residence will have regular pest inspections carried out by an accredited pest control company. Documentation of these inspections will be kept and any findings from the pest control check will be carried out in line with the recommendation of the pest control company.

The Approved Provider must ensure all fences and barriers that enclose outdoor spaces used by children at the FDC residence/venue are of a height and design that children cannot go through, over or under. (Reg. 104).

Access to Laundry facilities must be maintained in a way that does not pose a risk to children. The laundry room will be locked at all times. Where hazardous materials may be stored in the laundry relevant signage is displayed. (Reg 106).

The *Indoor and Outdoor Daily Safety Checklists* will be used as the procedure to conduct these safety checks. A record of these will be kept by the educator and Approved Provider. Any required maintenance will immediately be reported to the coordinator who is responsible to ensure the appropriate repairs are carried out within a given time frame (negotiated with the educator). Alternatively, the educator will make immediate arrangements for maintenance to be carried out and report completion to the Coordinator or Approved Provider. Any equipment that is not compliant or is a risk to any child's safety, cannot be used until appropriate repairs are made.

The following can be used as a guideline to produce *Checklists for the Family Day Care Residence* to be used by educators.

CHECKLIST: OUTDOOR

- ☐ **Maintenance of residence/building** – regularly maintain and check for hazards. Check residence is in a safe, clean and hygienic condition. Records of any damages and subsequent repairs are kept on file at both the FDC residence and at the principal office of the Family Day Care Service
- ☐ **Doors** – have finger jam protectors
- ☐ **Fences** – securely and effectively fence all sides of outdoor play areas from roads, water hazards, and driveways and are of appropriate height and design so that children of preschool age or under cannot go through, over or under. Ensure childproof self-locking devices are installed on all gates.
- ☐ **Garbage** – safe and prompt disposal. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling. Keep bins away from children's play area at the residence.
- ☐ **Garden** and debris removed. Regularly trim branches and bushes. Check mulch area for snakes or other vermin.
- ☐ **Garages and sheds** – keep locked at all times.
- ☐ **Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded. Ensure children cannot turn on any heating appliance.
- ☐ **Non-slip** stairs, steps, and ground surfaces.
- ☐ **Renovation** dangers e.g., lead, asbestos, holes and excavations – reduce risks. Notification must be made to the Approved Provider at least 2 weeks in advance, if any renovation/home improvements are to be made (including any trades visiting the residence)
- ☐ **Pesticide** residue – dangerous chemicals should not be used to remove vermin.

- ❑ **Safety glass** is installed according to the Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.
- ❑ **Security** – minimising unauthorised access with appropriate fencing and locks.
- ❑ **Under house access** (including buildings on stilts and footings) – lock or block access.
- ❑ **Window fly screens** securely fitted, maintained and permanent.
- ❑ **Hazards and driveways** – maintain fences, ensure correct height, install childproof self- locking devices on gates. Ensure children cannot access driveways without educator supervision.
- ❑ **Bikes and wheeled toys** – it is recommended that correctly fitted helmets be worn every time children use ‘bikes’ and wheeled toys.
- ❑ **Car park area** – ensure family members are aware of pedestrian safety rules such as holding their child’s hand and alighting children from the safety door. Encourage families to always supervise their children in the car parking area or near the road, to prevent accidents and injuries, which could occur because of reversing vehicles.
- ❑ **CPR chart** – ensure chart is prominently displayed in outdoor area
- ❑ **Finger entrapment** – all holes or openings in playground equipment must be between 8-25 mm.
- ❑ **First aid kit is approved** – maintained, and accessible throughout outdoor play.
- ❑ **Hazardous Plants** – identify and remove or make inaccessible to children.
- ❑ **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tools or machinery are stored securely and are inaccessible to children.
- ❑ **Pet and animal droppings** cleared or inaccessible to children in outdoor areas, exclude dogs from children’s play areas; **finger proof pet enclosures**; supervise pet interactions with children.
- ❑ **Pool safety, fencing and gate compliance** – paddling pools emptied immediately after use, turn upside down, disinfected if soiled.
- ❑ **Swimming pools** – ensure isolation barrier complies with Australian Standard. Barrier must be at least 1.8m high. Gates must be self-closing and self-latching and have a child resistant lock. Direct access from house to pool is not possible. Remove any objects that could be moved to help a child climb over a fence or open a gate. Remove ladder from above ground pools [check with state/territory regulations] Safety device installed and operating to alert or deter a child from entering water.
- ❑ **Certified safety certificate** –Legal requirements for pools, spas, paddling pools and inflatable pools vary across Australia. Educators and approved providers must check with local councils and regulatory authorities for safety standards/compliance certificates

- ☐ **Spas** – must be inaccessible to children with a locked pool cover when not in use or isolation barrier with self-closing and self-locking gate. Isolation barrier must be at least 1.2m high and without footholds that would allow a child to climb over.
- ☐ **Safe play rules and adequate safe play areas** – talk with children about how to play safely. Maintain safe layouts for outdoor play areas to avoid collisions between children.
- ☐ **Sandpits** – cover when not in use, regularly clean, rake, and remove sand soiled by faeces or blood. Hose sandpits at end of day after removing contaminated sand and material.
- ☐ **Soft fall** – appropriate ground cover under outdoor climbing and play equipment, meets standards.
- ☐ **Sun protection** clothing, hats, and sunscreen, for unshaded areas - minimise play at peak sun exposure times. Install a sunshade over sandpits and play areas (can be portable)
- ☐ **Ensure children are visible and supervised at all times.** High-risk areas and climbing and other outdoor play equipment. Make hazardous equipment, machinery, chemicals, and any other materials inaccessible to children.
- ☐ **Water hazards** – cover and make inaccessible to children, e.g., ponds, dams, spas, creeks, nappy buckets, water features.
- ☐ **Water troughs** are to be used under adult supervision only and will not be used without a stand, keeping it off the ground. Children are to remain standing on the ground whilst using the water trough
- ☐ **Play equipment** that is higher than 50cm must have soft fall installed underneath at least 25cm in depth under and 1.9m from the perimeter of the equipment. Place outdoor play equipment away from paths and solid garden edging. [AS 4685:2012 Playground equipment & AS/NZS 4422: Playground surfacing- specifications, requirements and test methods]
- ☐ **Swings** – check regularly for wear or sharp protruding parts. Ensure swing frames are well anchored into the ground and surfacing is provided under the swing frame
- ☐ **Surfacing** used underneath and around equipment complies with Australian Standard AS 4685 and is maintained regularly; materials may need to be raked, redistributed and checked weekly for spiders, sharp objects or animal litter.
- ☐ **Snakes or other reptiles** – grounds will be searched during the safety check- check garden sheds, mulch areas, logs, rocks and anywhere with long grass where snakes or other reptiles may be found

CHECKLIST: INDOORS

- ☐ **Access for children and adults with disability** - ensure safe access into, within and out of the family day care residence, security, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.

- ☐ **Barriers** – age appropriate, child proof, self-locking barriers to balconies, stairways, kitchen, bathroom, laundry, garage, other levels in the family day care residence, front and back garden.
- ☐ **Children at risk** – maintain extra security and supervision for children at special risk.
- ☐ **Choking hazards** – e.g., small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags and balloons.
- ☐ **Decorations and children's artwork** – do not place near ceiling fans, air conditioners or heaters. Avoid use of tacks, pins, and staples.
- ☐ **Emergency evacuation** – develop an evacuation plan and emergency contact numbers display, inform families, and practice evacuation procedures. Ensure exit pathways are kept clear at all times.
- ☐ **Fire** – fire blanket, extinguisher, fire exits, smoke detectors, electrical switch are easily accessible and regularly serviced.
- ☐ **First aid** kit with approved contents is maintained and accessible. Ensure First Aid certificates are current for all educators and educator assistants.
- ☐ **Furniture and nursery equipment** – stable, maintained and meets Australian safety standards.
- ☐ **Guard and make inaccessible to children** – heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment.
- ☐ **Hazardous indoor and outdoor plants** – identify, remove or make inaccessible to children.
- ☐ **Heaters** – ensure that children cannot meet hot surfaces. It is preferable to use heating where combustion products are ducted outside. If gas heating is used ensure there is adequate ventilation while the heater is operating. Ensure heaters are away from children's cots.
- ☐ **Hot water** – ensure the hot water supply is regulated so as to keep it below the temperature at which a child can be scalded (the current KidSafe recommendation is below 50°C for child care services).
- ☐ **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
- ☐ **Noise** – reduce excessive exposure.
- ☐ **Non-slip, non-porous** floors, stairs.
- ☐ **Spills** – clean away as they occur.
- ☐ **Pets and animals** – inform families of pets being kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don't have fleas, and are clean, and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children's play areas. Keep children-pet interactions minimal and supervise interaction times.
- ☐ **Power points** – check for safety plugs in used electrical outlets/power points

- ☐ **Record details** and notify parents of any child incident, accident or injury (including biting and scratching).
- ☐ **Safe play rules and adequate play spaces** – discourage running indoors and safe furniture layout to avoid collisions.
- ☐ **Safety glass used and installed** according to Australian Standards- AS 1288-2006 and Australian Building Codes on all glass doors and windows accessible to children, **safety decals** on sliding doors and plate glass doors at child and adult eye level.
- ☐ **Security** – ensure all entry doors are locked at all times and place bells on doors.
- ☐ **Smoke & drug free environment** in all areas at all times- including alcohol
- ☐ **Educators' personal items** – ensure personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.
- ☐ **Stairways**, ramps, corridors, hallway, external balcony must be enclosed to prevent a child falling.
- ☐ **Stairs**, ensuring design of stairs and balustrades are in accordance to relevant building codes- and do not have openings larger than 125mm between vertical rails
- ☐ **Store in locked cabinet** any unsafe items, e.g., chemicals, medicines, razors, knives and electrical equipment.
- ☐ **Supervision and visibility of children** – ensure children are visible and supervised at all times. High risk areas are children in highchairs, playpens and play areas, on change tables, and in nappy change and toilet areas.
- ☐ **Toys** – meet safety standards, age appropriate, maintained, and non-toxic.
- ☐ **Windows** – move chairs and furniture such as beds, cots or change tables away. Ensure all windows above 2 m above the ground have a lockable device to restrict opening or have permanent bars fixed to the window
- ☐ **Blinds and cords** – ensure any loose or looped cords are secured and are not a hazard to young children
- ☐ **Balconies** – move any furniture, pot plants or other climbable object away from edge of balcony, keep sliding doors to balcony locked

PETS

- Family day care educators will notify the scheme prior to obtaining a new animal that will be present on the premises.
- Prior to enrolling a child in care, a parent must be made aware by the FDC educator of animals kept at the family day care educators' residence. Parents must also be made aware of any new animal introduced following the child's enrolment.
- The pet must be maintained in a clean and healthy condition, and in such a way that children will not be in danger of injury or infection.
- Children and family day care educators must wash their hands immediately after handling the animal/s
- If the pet is a bird – it must be placed in it's cage whilst the children are in care and a mesh is to be put around the cage in order to prevent children's finger access.

- When any animal or bird is introduced to the children in care, the FDC educator will be sensitive to the fears and anxieties of the children and parents.
- **Specific animals, including certain breeds of dogs which are identified from time to time as dangerous to children, must be kept in an enclosure separate and apart from any area used by the children in care. Children must have no access and no ability of contact at any time to these animals. For example, these animals will include, but are not limited to – Kelpies, Bull Terrier, Doberman, German Shepherd, Rottweiler, Blue Heeler dog breeds or part breeds.**
- The family day care educator must ensure that cats are NOT present, nor have access to the same area in which a child is sleeping.
- The family day care educator should deter cats from being on areas used for food preparation and eating.

When children are using play areas:

- (i) Animal droppings, food, bones, water and feeding containers must not be present in the play area; and
- (ii) Animal droppings and animal hair must be removed daily before children arrive, or as required during the day.

CLEANING OF PREMISES, FURNITURE AND EQUIPMENT

GENERAL CLEANING

The FDC educator will use a structured cleaning schedule to ensure that all cleaning in the family day care residence is carried out regularly and thoroughly to maintain a hygienic environment for children.

To ensure a high level of cleanliness, hygiene and safety, educators are recommended to:

- clean and disinfect high touch surfaces at least twice daily (door handles, light switches, taps)
- clean at the end of each day and throughout the day as needed
- clean up accidents and spills as quickly as possible
- vacuum or sweep floors daily
- clean and sanitise bathroom floors and nappy change areas at regular, scheduled intervals during the day with hot soapy water
- clean toilets at regular, scheduled intervals during the day
- empty and sanitise garbage bins
- clean and sanitise tables and eating areas between meals
- ensure kitchen benches are cleaned with warm soapy water
- clean fridge regularly with warm soapy water
- adhere to food safety requirements (*see Nutrition and Food Safety Policy*)
- clean and sanitise cots, highchairs, toys, cushions, chairs, tables and other furniture

When purchasing, storing and/or using any dangerous chemicals, substances, medicines or equipment, our Family Day Care Service will ensure educators:

- adhere at all times to manufacturer's advice and instructions when using products to clean furniture and equipment
- store all dangerous chemicals, substances and medicines in their original containers provided by the manufacturer. All labels and/or use by dates should be kept intact at all times
- not use any substance found to be stored in a different container than originally provided, or with destroyed labels and/or unknown use by dates where appropriate under any circumstances
- containers are disposed of correctly following local council guidelines, and not reused under any circumstance
- store all dangerous chemicals, substances and equipment in a locked place or facility which is labelled, secure and inaccessible to children. These materials may include, but are not limited to, all cleaning materials, detergents, poisonous or dangerous substances, dangerous tools and equipment including those with sharp and razor edges and toiletries
- follow the instructions of manufacturers, particularly of any product which may need to be stored in a refrigerated environment
- refrigerate substances that must be stored in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children
- keep a register of all hazardous chemicals, substances and equipment used at the Service
- Information recorded should include where they are stored, their use, any risks, first aid instructions, and the current SDS. The register will be readily accessible
- appropriate personal protective clothing is worn in accordance with the manufacturer's instructions when using and disposing of hazardous substances or equipment
- seek medical advice immediately if poisoning or potentially hazardous ingestion, inhaled, skin or eye exposure has occurred, or call the Poisons Information Line on 13 11 26, or call an Ambulance on 000
- use the Poison Safety Checklist to ensure requirements are adhered to at all times
- implement emergency, medical and first aid procedures
- notify the Approved Provider to ensure relevant notification is given to the appropriate authority that administers workplace health and safety and any other person or authority as required by regulations or guidelines.
- call emergency services in any major emergency involving a hazardous chemical or equipment, a hazardous gas or a fire or explosion hazard by dialling 000 and also notifying the Approved Provider to notify the appropriate authority that administers workplace health and safety and any other person or authority as required by regulations or guidelines.

HAND WASHING

Effective handwashing is a vital strategy in the prevention of spreading many infectious diseases.

Family Day Care educators will ensure [signs and posters](#) remind parents and visitors of the importance of handwashing to help stop the spread of COVID-19 and other infectious diseases. All adults and children should wash their hands thoroughly with soap and water or alcohol-based hand sanitiser:

- upon arrival at the FDC Service
- when hands are visibly dirty
- when coming inside from being outside
- before eating
- before putting on disposable gloves
- before preparing food items
- after touching raw meats such as chicken or beef
- before and after toileting children or coming into contact with any body fluids such as blood, urine or vomit
- before and after wearing gloves to change infant nappies
- after touching animals or pets
- after blowing your nose or sneezing and after assisting a child to blow their nose
- after meals
- after going to the toilet
- before and after administering first aid
- before and after administering medication
- before and after preparing children's bottles
- after removing protective gloves
- after using any chemical or cleaning fluid

MINIMISING POTENTIALLY DANGEROUS SUBSTANCES

Our Family Day Care Service minimises the use of potentially dangerous substances. Ordinary detergents will be used to help remove dirt from surfaces. Colour-coded sponges (e.g. pink for the kitchen, yellow for the bathroom) will be used in order to eliminate cross contamination. Educators will ensure to wash and dry hands after using any dangerous substance.

DISINFECTANTS

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, such as gastroenteritis or other infectious virus (COVID-19), the Public Health Unit or SafeWork Australia, may specify the use of a disinfectant and increased frequency of

cleaning. In this situation, for the disinfectant to work effectively, there still needs to be thorough cleaning using a detergent beforehand. Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. It is more important to ensure that surfaces have been cleaned with detergent and warm water than to use a disinfectant.

In the event of an outbreak of gastroenteritis, a disinfectant such as bleach solution may be used following the manufacturer's directions- e.g.: White King Bleach (sodium hypochlorite 42g/L) diluted part bleach (25mL) in 40 parts water (1L) to make 0.1% solution. Gloves must be worn at all times when handling and preparing bleach.

To kill germs, any disinfectant needs:

- A clean surface to be able to penetrate the germ.
- To be able to act against those particular germs.
- To be of the right concentrate.
- Enough time to kill the germs, which is generally at least 10 minutes.

DETERGENTS

To work in accordance with *Staying healthy: Preventing infectious diseases in early childhood education and care services*, proper cleaning with detergent and warm water, followed by rinsing and air-drying kills most germs from surfaces as they are unable to multiply in a clean environment. Cleaning equipment should be stored and taken care of so it can dry between uses and not allow germs to multiply.

NAPPY CHANGE AREA

The nappy change area must be cleaned after each use and at the end of the day with detergent and warm water or detergent and warm water and dried with paper towel. Placing paper towel on the change mat and removing this after each nappy change is recommended. Refer to *Nappy Change and Toileting Policy* and procedure. The FDC educator must always wash their hands after cleaning the nappy change area.

ARRANGEMENTS FOR LAUNDERING OF SOILED ITEMS

Soiled clothing will be returned to a child's home for laundering. The FDC educator will remove soiled content prior to placing clothing into a plastic bag and securely storing these items in a sealed container, not placed in the child's bag. For more information refer to the *Nappy change and toileting procedure*.

CLOTHING

Dress-up and play clothes should be washed once a week or more frequently if soiled.

Educators will ensure personal clothing is clean and respectful at all times.

Should children's clothing become soiled during the day, the FDC educator will use spare clothing supplied by the parent and place soiled clothing into a sealed plastic bag to take home.

Spare clothing may be used if the child has no change of clothes.

TOY CLEANING

FDC educators are required to clean the children's equipment and toys on a regular basis in order to minimise cross contamination and the spread of illnesses. FDC educators will wash a toy immediately if it has been sneezed on, mouthed, and/or soiled or if it has been discarded after play by a child who has been unwell. Toys and equipment must be cleaned more often in the event of an infectious disease or virus is present in the FDC service or community- (COVID-19).

- Most toys can be washed with normal dishwashing liquid and rinsed with clean water.
- Get into corners with a toothbrush and allow to air dry (if possible, in the natural sunlight).
- Leaving items such as LEGO and construction blocks to drain on a clean tea-towel overnight is ideal.

WOODEN TOYS

- Should be wiped over with a damp cloth – please do not immerse in water as this can destroy the equipment

PLAY DOUGH

Family Day Care educators will reduce the risk of the spread of disease when playing with play dough by:

- encouraging hand washing before and after using play dough
- storing the play dough in a sealed container in the refrigerator between uses
- making a new batch of play dough each week, and
- if there is an outbreak of vomiting and/or diarrhoea, discarding the playdough at the end of each day during the outbreak.

RATTLES AND BABY TOYS

- Must not be immersed in water as it can get inside, rendering the toy useless.
- Wipe thoroughly with hot water or a cloth with diluted detergent.

RIDE-ON VEHICLES AND OUTDOOR TOYS

- Must be cleaned (children can often help with this activity).
- Please take care not leave outdoor toys exposed to the elements as this reduces their lifespan.

PUZZLES AND GAMES

- Wooden puzzles as per 'Wooden Toys' above
- Cardboard puzzles should be wiped over with a slightly damp cloth.

SUN PROTECTION

Our Family Day Care Service will work in compliance with the NSW SunSmart Program to ensure children's health and safety is maintained at all times whilst at the FDC Service. SunSmart recommends that all early childhood education and care services have a SunSmart Policy to reduce UV damage to those in care, including Educators. Our Sun Safety Policy has been accepted and approved by SunSmart.



OUTDOOR ACTIVITIES

Sun protection is required when UV levels reach level 3 or above. The Family Day Care Service will monitor UV levels daily through one of the following methods:

- using smart phone SunSmart app
- viewing Bureau of Meteorology website www.bom.gov.au
- visiting www.myuv.com.au

The Service will use a combination of sun protection measures whenever UV Index levels reach 3 and above.

- Care is taken during the peak UV radiation times and outdoor activities are scheduled outside of these times where possible.
- Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.
- All sun protection measures (including recommended outdoor times, shade, hat, clothing and sunscreen) will be considered when planning excursions and incursions.
- FDC educators will check the temperature of surfaces and playground equipment to determine if it is safe for children to play. (Daily Playground Surface Temperature Check)

SHADE

The Family Day Care educator will provide and maintain adequate shade for outdoor play at their residence. Shade options can include a combination of portable, natural and built shade. Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade. Play experiences will be monitored throughout the day and moved as required to remain in the shade.

HATS

FDC educators, educator assistants and children are required to wear sun safe hats that protect their face, neck and ears. A sun safe hat is:

- legionnaire hat- the flap should cover the neck
- bucket hat with a deep crown and angled brim that is size of at least 5cm (adults 6cm) and must shade the face, neck and ears
- broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended. Children without a sun safe hat will be asked to play in an area protected from the sun (e.g. under shade, veranda or indoors) or can be provided with a spare hat.

CLOTHING

When outdoors, FDC educators and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. This includes wearing:

- loose fitting shirts and dresses with sleeves and collars or covered neckline
- longer style skirts, shorts and trousers
- Children who are not wearing sun safe clothing can be provided with spare clothing.

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

SUNSCREEN

As per Cancer Council Australia recommendations: educators and children will apply SPF30+ or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours or more frequently if wiped or washed off. Sunscreen is stored in a cool, dry place and the use-by-date monitored.

BABIES

Recommendations for babies from the Cancer Council Australia include:

- babies under 12 months will not be exposed to direct sunlight and are to remain in dense shade when outside
- they will wear sun safe hats and clothing

If babies are kept out of the sun or well protected from UV radiation by clothing, hats and shade, then sunscreen need only be used occasionally on very small areas of a baby's skin. The widespread use of sunscreen on babies under 6 months old is not recommended.

ROLE MODELLING

FDC educators will act as role models and demonstrate sun safe behaviour by:

- wearing a sun safe hat (see Hats)
- wearing sun safe clothing (see Clothing)
- applying SPF30 or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors.
- using and promoting shade
- wearing sunglasses that meet the Australian Standard 1067 (optional)
- Families and visitors are encouraged to role model positive sun safe behaviour

DELIVERY AND COLLECTION OF CHILDREN

The following procedure must be adhered to at all times to ensure the safety of the children. (*See Delivery of, and collection from Education and Care Service Premises Policy*)

ARRIVAL

- All children must be signed in by their parent or person who delivers the child to our FDC Service
- The educator will check the sign in sheet ensuring families have signed their child in. If families have not signed the child in, the educator will sign the child in, complying with Regulation 158. (date, time, signature, name)
- A locker, hook or shelf space will be made available to children and their families. **A sign is posted above the lockers nominating a symbol for each child.**

DEPARTURE

- All children must be signed out by their parent or person who collects the child from the Service. If the parent or other person forgets to sign the child out, they will be signed out by the FDC educator or Coordinator.

- Children can only be collected by a parent, an authorised nominee named on the child's enrolment record, or a person authorised by a parent or authorised nominee to collect the child. Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises.
- Children will not be released into the care of a person not authorised to collect the child e.g., court orders concerning custody and access. If an unauthorised person is not willing to leave the premises without the child, the educator will call the police.
- The FDC educator, educator assistant and Coordinator will ensure that the authorised nominee pick-up list for each child is kept up to date
- It is our policy that we do not allow anyone **under the age of 18** to collect children.
- No child will be released into the care of anyone not known to the FDC educator or educator assistant. Parents must give prior notice where:
 - the person collecting the child is someone other than those mentioned on the enrolment form (e.g., in an emergency) or
 - there is a variation in the persons picking up the child, including where the child is collected by an authorised nominee who is unknown to educators.
- If the educator does not know the person by appearance, the person must be able to produce some photo identification. If the educator cannot verify the person's identity, they may be unable to release the child into that person's care.
- If the person collecting the child appears to be intoxicated, or under the influence of drugs, and the educator feels that the person is unfit to take responsibility for the child, the educator will:
 - discuss their concerns with the person, if possible, without the child being present
 - suggest they contact another parent or authorised nominee to collect the child
 - follow procedures to protect the safety of children and staff of the education and care service as per Child Protection Law and Child Protection Policy
 - contact the Police and other regulatory authorities (Child Protection Hotline 132 111)
 - the FDC educator will also inform the Approved Provider/Coordinator of the incident

SCHOOL AGED CHILDREN

The FDC educator is responsible for ensuring:

- school aged children are signed 'out' of care upon dropping children at school and signing children 'in' care when they are collected from school
- they have the contact numbers for each child's school
- they know the safest way to school if the child is permitted to walk to school by the parent (written permission is required)

- they have the contact details of the bus operator if the child is using School bus transportation
- they follow steps should the child not arrive at the FDC residence at the expected time- contacting parents, the school, notifying the Approved Provider, police and making a serious incident report if required (notifying the regulatory authority)
- they adhere to the *Safe Transportation Policy* and procedure at all times when transporting children to and from school.

VISITORS

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting FDC residences, must sign in when they arrive and sign out when they leave in a Visitor Register. The FDC educator and coordinator are responsible for ensuring this record is maintained and stored securely. Refer to our *Delivery of, and collection from Education and Care Service Premises Policy* and procedure for more detailed information. Visitors are not to be left alone with children at any time whilst at the FDC service. Working With Children Checks will be recorded and verified for any visitor who is not fully supervised at the service. Visitors to the service are expected to comply with service policies and procedures, including health and safety policies whilst at the service and report any health and safety issues to management.

KITCHENS

- Children must not gain access to any harmful substance, equipment or amenity
- The kitchen has a barrier to prevent unsupervised entry by children into the kitchen.
- The preparation of bottles for children under the age of 2 years is both safe and hygienic at all times and separate from nappy change area (See *Bottle Safety and Preparation Policy*)
- Children should only be permitted in the kitchen under supervision of the FDC educator

HAZARD IDENTIFICATION

A hazard is a source of potential harm or a situation that could cause or lead to harm to people or property. Workplace hazards can be physical, chemical, biological, mechanical or psychological and psychosocial.

CONTROLLING OR MANAGING HAZARDS

Controlling or managing hazards refers to controlling the risk in the workplace. Work health and safety legislation identifies a Hierarchy of Control that ranges from hazard elimination to hazard management.

MONITOR AND REVIEW HAZARDS

Risk management is an ongoing process. Risks must be systematically monitored, and management strategies reviewed to ensure that they continue to be effective and contribute to a safe and healthy work environment. New hazards can emerge over time resulting in control strategies becoming ineffective and therefore may require updating.

Hazard identification, Risk Management and Hazard Reduction is specifically addressed within our *Work Health and Safety Policy*.

WATER SAFETY

To stop accidents and illnesses relating to swimming pools, wading pools, water troughs and other water situations FDC educators will:

- conduct risk assessments to identify potential hazards, assess risks, and implement risk mitigation strategies and control measures to minimise any risk
- ensure risk assessments are developed in collaboration with the Approved Provider/Nominated Supervisor before any water-based activity is approved
- ensure a safety device is installed and operating for FDC residences/venues with a pool or spa (mandatory for services in WA)
- ensure additional communication device is in a fixed location suitable for use during emergencies (mandatory for services in WA)
- make sure no child swims in any water without:
 - written permission from a family member to learn water safety and swimming
 - appropriate educator/child ratios are in place
 - sufficient numbers of educators present who have first aid or recognised water safety and rescue procedures
- conduct risk assessments prior to any outing identifying possible hazards and risks, including water hazards. Approved Provider must approve the outing before parents are notified. Parent written permission must be obtained before an outing can take place.
- educator to child ratios must be included in the risk assessment. For children who are 3 years or under- 1 adult for each child; for children who are at least 3 years but not yet 6 years of age: 1 adult for each 2 children; for children who are 6 years of age or over: 1 adult for each 4 children.
- ensure children are closely supervised at all times near water including when on outings near beaches, rivers, canals, waterways, ponds. A child will never be left unattended near any water

- annual inspections of the FDC residence will occur as part of the annual review process. Any areas of non-compliance or safety issues regarding water safety (swimming pools, spas, dams) may result in a suspension of approved operation of the service.
- keep records of monthly inspections of swimming pools, spas and water features by the Approved Provider.
- compliance certificates from local government/councils must be provided to the approved provider at time initial approval and subsequent annual reviews
- remove any items or objects that could be used to climb into the fenced area of a pool, trough, or water storage unit e.g., chairs, bins, bikes, any overhanging trees
- ensure that all water containers are made inaccessible to children and make sure children's play areas are safely fenced off from water hazards such as rivers, dams, creeks, lakes, irrigation channels, wells etc.
- immediately empty all wading pools/water troughs etc. after every use, storage should prevent the collection of water e.g. upright/inverted, also check grounds after rain or watering and empty water that has collected in holes or containers.
- ensure wading/water trough are hygienically cleaned, disinfected and chlorinated appropriately:
 - daily remove leaves and debris, hose away surface dirt and scrub inside with disinfectant.
 - wash away disinfectant before filling trough.

BACK CARE AND MANUAL HANDLING

- Manual handling is any activity requiring the use of strength used by the person to lift, lower, push, pull, carry or otherwise move, hold or restrain any person or object.
- Manual handling injuries may be caused by the activities listed above. Injuries can include back strains, similar strains and sprains in parts of the body such as the neck, arm, shoulder and knee.
- Manual handling injuries also include overuse injuries or, because of falling during manual handling, bruising or laceration.

(See our *Work Health and Safety Policy* for further information and recommendations for back care and manual handling).

FURTHER RESOURCES

Victoria: WorkSafe Victoria is the state's health and safety regulator see:

<https://www.worksafe.vic.gov.au/early-childhood-education-and-care-safety-basics>

For further information see: <https://www.safeworkaustralia.gov.au/>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Health and Safety Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Car Park Safety Management Guide	Home Safety Risk Assessment
Car Park Safety Checklist	Outdoor Cleaning Safety Checklist
Daily Playground Surface Temperature Check	Work Health and Safety Manual

SOURCE

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Kidsafe NSW. [Kidsafe Family Day Care Safety Guidelines](#). 7th Edition. (2020).

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Standards Australia. AS 1851-2005 (incorporating Amendment No. 1). Maintenance of fire protection systems and equipment: [https://www.saiglobal.com/PDFTemp/Previews/OSH/as/as1000/1800/1851-2005\(+A1\).pdf](https://www.saiglobal.com/PDFTemp/Previews/OSH/as/as1000/1800/1851-2005(+A1).pdf)
[Western Australian Education and Care Services National Regulations](#)

Work Health and Safety Act 2011

REVIEW

NEXT REVIEW DATE	JUNE 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	JUNE 2024
VERSION NUMBER	V5.06.24		
MODIFICATIONS	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • sources checked and repaired as required • some wording refined/reworded 		
POLICY REVIEWED	JULY 2023	NEXT REVIEW DATE	JULY 2024
VERSION NUMBER	V8.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • additional information added regarding changes to regulations for WA services around swimming pools, spas and water features • sources checked for currency • minor edits throughout policy • additional section added for Continuous Improvement/reflection • additional section added for Child Care Centre Desktop related resources 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JULY 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required 		JULY 2023
JULY 2021	<ul style="list-style-type: none"> • minor edits to policy as highlighted • minor formatting changes • references and sources checked for currency 		JULY 2022
SEPTEMBER 2020	<ul style="list-style-type: none"> • edits to ensure policy relates to FDC requirements • additions and edits to checklists for outdoor/indoor environments • specific information for operational requirements for FDC educators to provide a hygienic environment for children • added section on school aged children-arrival and departure • Risk assessments related to water safety 		July 2021
JULY 2020	<ul style="list-style-type: none"> • COVID-19 information added to cleaning/handwashing sections 		JULY 2021

	<ul style="list-style-type: none"> • Removal of Hazard Identification, Risk Management, Hazard Reduction and Hazardous Materials sections, Maintenance of Fire Equipment and Back care and Manual Handling (moved to Work Health and Safety Policy) • additional related policies 	
MARCH 2020	<ul style="list-style-type: none"> • Regulations checked and additions • Amendments to Sun Safety policy inclusion • Rearranged information about 'soiled items' to relate to nappy and toileting area • Additional information added re: fire extinguisher testing • Specific state/territory contacts added 	JULY 2020
JULY 2019	<ul style="list-style-type: none"> • New section added – 'Visitors'. • New section added – 'Recommendations' (in manual handling). • Heading added – 'Further resources' • Grammar and punctuation and edited. • Additional information added to points. • Removed points where irrelevant to the section. • Sources checked for currency. • Sources corrected & alphabetised. 	JULY 2020
JULY 2018	<ul style="list-style-type: none"> • New policy draft 	JULY 2019

SUN SAFE POLICY

Australia has one of the highest rates of skin cancer in the world. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Infants and toddlers up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life (Cancer Council Australia).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.1	Fit for Purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S167	Offence relating to protection of children from harm and hazard
100	Risk assessment must be conducted before excursions
113	Outdoor space natural environment
114	Outdoor space shade
136	First aid qualifications
168	Education and care service must have policies and procedures
168	Sun Protection

(2)(a)(ii)	
170	Policies and procedures to be followed
171	Policies and procedures to be kept available

RELATED POLICIES

Administration of First Aid Policy	Health and Safety Policy
Bush Fire Policy	Physical Environment Policy
Clothing Policy	Supervision Policy
Emergency and Evacuation Policy	Water Safety Policy
Enrolment Policy	Work Health and Safety Policy
Excursion/Incursion Policy	

PURPOSE

By implementing a 'best practice' Sun Safe Policy, our Family Day Care (FDC) Service can help protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun and teach children good sun protection habits from an early age to reduce their risk. To ensure the outdoor environment provides shade for children, educators and staff to minimise unsafe UV exposure. Additionally, this policy provides guidance on how to protect children from severe hot weather events which are becoming more prevalent in Australia resulting from climate change.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, educators, educator assistants, children, families, students, volunteers and visitors (including contractors) of the FDC Service.

IMPLEMENTATION

Our FDC Service will work in compliance with the *National SunSmart Early Childhood Program* to ensure children's health and safety is maintained at all times whilst at the FDC residence/approved venue. Our FDC Service will monitor the Australian Bureau of Meteorology for notification of severe heat events and ensure FDC educators implement risk mitigation strategies to protect the health, safety and wellbeing of children. This policy applies to all activities at a FDC residence or venue, or whilst engaging in regular outings and excursions.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR WILL:

- ensure obligations under the *Education and Care National Law and Regulations* are met
- ensure risk assessments are conducted by the FDC educator and coordinator to identify any potential hazards to children during summer months that could cause harm or injury to children
- ensure risk minimisation control measures are implemented to protect children.
- monitor the [Bureau of Meteorology \(BOM\)](#) for severe weather warnings and ensure FDC educators implement procedures to ensure the health and safety of all children
- monitor bush fire activity and be aware of air quality and hazardous levels of air pollution caused by bushfires (*see: Bushfire Policy*)
- adhere to Victorian health department advice for hot weather risks and recommendations and provide this information to FDC educators

MONITORING UV LEVELS

Sun protection is required when UV levels reach level 3 or above. FDC educators will monitor the UV levels daily through one or more of the following methods:

- using the smartphone [SunSmart global UV app](#) available at iTunes App Store and Google Play store
- using the SunSmart widget on the Service's website available at www.cancer.org.au
- viewing the Bureau of Meteorology website <http://www.bom.gov.au/>
- visiting www.myuv.com.au

The Service will use a combination of sun protection measures (see below) whenever UV Index levels reach 3 and above.



Please ensure sun protection is used **during the daily sun protection times** or **whenever UV levels are 3 or higher**. If you can't check the daily sun protection times, please use sun protection *from mid- August to the end of April* (when Victoria's UV levels are typically three and above). Please do not only use sun protection during Terms 1 and 4 as this will not be sufficient at protecting children and staff from UV.

OUTDOOR ACTIVITIES

The sun protection measures listed are used for all outdoor activities during the daily local sun protection times, when the UV Index is 3 or above. The sun protection times are a forecast from the [Bureau of Meteorology \(BOM\)](#) for the time-of-day UV levels are forecast to reach 3 or higher. At these levels, a combination of sun protection is recommended for all skin types.

FDC Educators will use a combination of sun protection measures (see below) **whenever UV Index levels reach 3 and above.**

SUN PROTECTION TIMES

UV levels vary across Australia and throughout the year. This listing highlights when UV is typically three and above in each state / territory. There may be times UV levels are three and above outside these periods. *Please check the daily local sun protection times and UV levels to be sure you are using sun protection when it is required for your location.*

Wherever practicable, outdoor activities should be minimised between 11am and 3pm in summer.

VIC Mid-August to the end of April

Active outdoor play is encouraged throughout the day all year provided appropriate sun protection measures are used when necessary.

The sun protection measures listed are used for all outdoor activities during the **daily local sun protection times**. A combination of sun protection measures is considered when planning all outdoor activities such as excursions and water play.

SHADE

- Sufficient natural, portable, or man-made shade will be provided, particularly in high use areas
- Shaded areas will be used for play experiences
- Play experiences will be monitored throughout the day and moved as required to remain in the shade
- Regular risk assessments and reviews will be made of the outdoor area to assist in planning for further shade requirements
- Children who do not have appropriate hats or outdoor clothing are required to choose a shady play space or a suitable area protected from the sun and not move to unshaded areas of the playground.

HATS

FDC educators, children, and visitors are required to wear sun safe hats at all times they are outdoors. Cancer Council Australia describes sun safe hats as:

- Hats that protect a person's face, neck, and ears, which include:
 - a legionnaire hat – the front peak and flap should overlap at the sides and the flap should cover the neck
 - a bucket hat with a deep crown and angled brim that is at least 5cm for young children and at least 6cm for adults and must shade the face, neck, and ears
 - a broad brimmed hat with a brim size of at least 6cm for children or 7.5cm for adults. The brim should provide shade for the whole face.

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

- Children without a sun safe hat will be asked to play in an area protected from the sun. They may be provided with a spare hat by the FDC educator if available.

CLOTHING

- When outdoors, FDC educators and children will wear sun safe clothing that covers as much of the skin as possible. Cancer Council Australia recommends clothing that:
 - covers the shoulders, back and stomach
 - is loose fitting such as loose-fitting shirts and dresses with sleeves and collars or covered neckline, or longer style skirts, shorts and trousers.
- Children who are not wearing sun safe clothing can be provided with spare clothing or will be required to play under shade or in an area protected from the sun or provided with spare clothing.

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

SUNSCREEN

As per Cancer Council Australia recommendations:

- FDC educators and children will apply SPF30 or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours or more frequently if washed or wiped off
- permission to apply sunscreen is included in the FDC Service enrolment form (see: *Enrolment Policy*)

- where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen or a child is encouraged to play in the shade. A record of any allergy must be provided in writing from the parent/guardian and recorded on the child's enrolment record. Cancer Council Australia recommends usage tests before applying a new sunscreen.
- to help develop independent skills ready for school, children from three years of age are given opportunities to apply their own sunscreen under supervision of the FDC educator and are encouraged to do so
- sunscreen is stored in a cool, dry place and the use-by-date monitored.

SUNSCREEN FOR BABIES

Recommendations for babies from the Cancer Council Australia include:

- babies under 12 months will not be exposed to direct sun when the UV Index is 3 or above
- physical protection such as shade positioning, clothing and broad-brimmed hats are the best sun protection measures the front peak and flap should overlap at the sides
- check the baby's clothing, hat and shade positioning regularly to ensure they continue to be well protected from UV.

If babies are kept out of the sun or well protected from UV radiation by clothing, hats and shade, then sunscreen need only be used occasionally on very small areas of a baby's skin. The widespread use of sunscreen on babies under 6 months old is not recommended

RISKS OF SUMMER PLAY

Australia has a hot climate and inevitably playground equipment and surfacing can heat up rapidly and retain heat. Many playground surfaces and equipment can exceed temperatures greater than 50°C and if young children come into contact with these surfaces, they can be burned severely within seconds. Surfaces can retain heat for long periods of time and cause burns to children. Play surfaces must be monitored before children have access to the outdoor environment.

The FDC educator and coordinator will:

- ensure risk assessments are conducted to identify any potential hazards to children during summer months that could cause harm or injury to children. Risk minimisation control measures will be put in place to protect children. Potential hazards could include:
 - hot equipment- slides, poles, guardrails, any metal surfaces
 - hot surfaces- rubber and synthetic grass, walkways, concrete surfaces
 - sun burn and dehydration

- access to bodies of water (filled water troughs/containers/trays/pools)
- severe heat
- bushfires and air pollution
- complete a *Daily Playground Surface Temperature Check* during summer months or extreme hot weather
- use a thermometer or their hand to test surface temperature and make an informed decision about permitting children to play on equipment or in the outdoor space. If the surface temperature is determined to be too hot or is recorded as at or above 50°C it is recommended by Kidsafe Australia that children do NOT play on the surface
- ensure children wear shoes when playing in the outdoor area [children may remove shoes when playing in sand or mud pit]
- ensure children have access to water at all times throughout the day and offer extra feeds/drinks to babies during hot weather to avoid dehydration
- be aware of the signs and symptoms of heat-related illness in babies and young children and implement first aid as required
- keep children indoors during severe heat events
- ensure fans/air conditioning are used to help keep children cool
- close blinds/curtains where required to prevent sun shining into rooms
- adhere to Victorian health department advice for hot weather risks and recommendations

SEVERE HEAT

Severe heat or heatwaves are periods of unusually hot weather. Climate change is resulting in more intense heatwaves in Australia and presents an extreme risk to the health and safety of children. Babies and young children can dehydrate quickly which can cause heat-related illness including heat stroke and heat exhaustion.

Active heatwave warnings are indicated within the Australian Warning System (AWS) and range from Advice to Emergency Warning. Risk management measures must be implemented and managed to ensure children remain safe and healthy during a severe heat event.

ROLE MODELLING and WORK HEALTH AND SAFETY

Cancer Council Australia acknowledges that children are more likely to develop sun-safe habits if they are role-modelled and demonstrated by adults around them. Occupational UV exposure is also a WH&S issue. All FDC educators and educator assistants will therefore be required to role model appropriate sun protection behaviours by:

- wearing a sun safe hat (see Hats)
- wearing sun safe clothing (see Clothing)
- applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors
- using and promoting shade
- wearing sunglasses that meet the Australian Standard 1067:2003 (optional)
- discussing sun protection with children and demonstrating a positive and proactive approach to the management of sun protection in the FDC residence/approved venue
- regularly drinking water and encouraging children to drink extra water in hot weather
- adapting the learning environment when severe weather events occur
- families and visitors are encouraged to role model positive sun safe behaviour
- monitoring the UV Index and Daily Sun Protection Times throughout the day
- regularly monitoring and reviewing the effectiveness of the *Sun Safety Policy*
- submitting the Sun Safety Policy to the Cancer Council every three years to maintain SunSmart status (required if a SunSmart member).

EDUCATION AND INFORMATION

- Sun protection will be incorporated regularly into learning programs
- Sun protection information will be promoted to all FDC educators, families and visitors
- Severe hot weather events will be monitored through the [Bureau of Meteorology](https://www.bom.gov.au) and risk mitigation measures implemented
- FDC educators and educator assistants are encouraged to complete free Cancer Council Generation SunSmart online PL learning modules
- Further information and resources are available from the Cancer Council website <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety> and each state and territory SunSmart web page.
See <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart/sunsmart-in-schools> for links.
- The *Sun Safety Policy* will be made available to all educators, staff, families, students, volunteers and visitors of the Service to ensure a comprehensive understanding about keeping sun safe including appropriate hat, clothing and sunscreen requirements
- When enrolling their child/ren to our FDC Service, parents will be required to give permission for the FDC educator or educator assistant to apply sunscreen to their child
- Information about Sun Safety will be included in our Family Handbook and sun protection information and resources made accessible and communicated regularly to families.

CONTINUOUS IMPROVEMENT

Our *Sun Safe Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Daily Playground Surface Temperature Check Enrolment Form	Extreme Weather Procedure Sun Safe Procedure
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Australian Safety Standards

AS 4174:2018 Knitted and woven shade fabrics

AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles

AS/NZS 4399:2020, Sun protective clothing - Evaluation and classification

AS/NZS 2604:2012 Sunscreen products - Evaluation and classification

AS/NZS 4685.0:2017, Playground equipment and surfacing - Development, installation, inspection, maintenance and operation.6.2.1 General considerations, 6.3.9 Shade and sun protection, Appendix A Shade and sun protection

SOURCE

Australian Children's Education & Care Quality Authority. (2021). [Sun Protection- Policy Guidelines](#)

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#). V2.0, 2022

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia](#). V2.0, 2022

Australian Government. Bureau of Meteorology. Home page (for UV Index): <http://www.bom.gov.au/uv/>

Australian Government. Bureau of Meteorology. [Severe Weather Warning Services](#).

Cancer Council Australia. Be SunSmart. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety/be-sunsmart>

Cancer Council. Home page: <https://www.cancer.org.au/>

Cancer Council. Preventing cancer: Sun protections. <https://www.cancer.org.au/cancer-information/causes-and-prevention/sun-safety>

Children's Services Act 1996

Cancer Council. SunSmart programs <http://www.sunsmartnsw.com.au/about/>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023)

Kidsafe NSW. [How Hot is Too Hot To Play?](#)

NSW Government. Department of health. (2023). [Babies and young children in hot weather](#)

Occupational Health and Safety Act 2004

Revised National Quality Standard. (2020).

Safe Work Australia: [Guide on exposure to solar ultraviolet radiation \(UVR\) \(2019\)](#).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

Please note: Certain health conditions and medications mean some people are more sensitive to UV radiation and need to use sun protection at all times regardless of the UV levels. Please make sure your policy includes the particular needs of these children and staff at your school/service. For further information visit [Risk factors for skin cancer](#) .

NEXT REVIEW DATE	MARCH 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MARCH 2024
VERSION NUMBER	V15.03.24		
MODIFICATIONS	<ul style="list-style-type: none"> regular policy maintenance added UV index levels indicator table format change minor formatting edits within text 		MARCH 2025
POLICY REVIEWED	SEPTEMBER 2023	NEXT REVIEW DATE	SEPTEMBER 2024
VERSION NUMBER	V5.09.23		
MODIFICATIONS	<p>JANUARY</p> <ul style="list-style-type: none"> additional section added re: AP/NS responsibilities additional information added to policy regarding managing severe hot weather additional related policies added <p>SEPTEMBER</p> <ul style="list-style-type: none"> regular policy maintenance hyperlinks checked and repaired as required best practice measures checked with Cancer Council CCD related resources added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
SEPTEMBER 2022	<ul style="list-style-type: none"> regular policy maintenance link to Western Australian Education and Care Services National Regulations added in 'Sources' minor formatting edits within text hyperlinks checked and repaired as required 		SEPTEMBER 2023
AUGUST 2021	<ul style="list-style-type: none"> Policy reviewed by Cancer Council's SunSmart Program for all states/territories additional information re: Sun Protection times for each state/territory added small additions to wording included in policy- re: hat/brim size, safety standards, links to resources and information 		SEPTEMBER 2022

JANUARY 2021	<ul style="list-style-type: none"> • additional UV index level information • edited webpage address for BOM • optional Daily Playground Surface Temperature Check added • minor edits 	SEPTEMBER 2021
SEPTEMBER 2020	<ul style="list-style-type: none"> • Additional regulation re: risk assessments • Additional section for Risks of Summer Play • Information about parent handbook added • minor editing changes for consistency for FDC services • regulations added to sources 	SEPTEMBER 2021
SEPTEMBER 2019	<ul style="list-style-type: none"> • Revision and re-write • Current Regulations included in source 	SEPTEMBER 2020
MAY 2019	<ul style="list-style-type: none"> • Latest updates have been made to comply with the latest recommendations by the Cancer Council of Australia and the SunSmart program. 	SEPTEMBER 2019
SEPTEMBER 2018	<ul style="list-style-type: none"> • Latest updates include terminology and grammar improvements. • Added the section displaying related policies on page 1. 	SEPTEMBER 2019
OCTOBER 2017	<ul style="list-style-type: none"> • Updated the references to comply with the revised National Quality Standard 	SEPTEMBER 2018
AUGUST 2017	<ul style="list-style-type: none"> • Minor changes made to comply with being a Sun Smart Service 	SEPTEMBER 2018

WATER SAFETY POLICY

The safety and supervision of children is paramount when in or around water. This policy relates to managing water safety including any activity involving water play, excursions near water, safety around hot water and hygiene practices with water at Family Day Care (FDC) approved residences and venues. Children will be supervised at all times during water play experiences to help keep children safe in and around water and support children's learning in a safe environment.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

LEGISLATIVE REQUIREMENTS/EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
Sec. 165	Offence to inadequately supervise children
Sec. 167	Offence relating to protection of children from harm and hazards
26(1)(l)	Application for service approval- family day care-swimming pool
12	Meaning of a serious incident
101	Conduct of risk assessment for excursions
115	Premises designed to facilitate supervision
116	Assessments of family day care residences and approved family day care venues
116A	Inspection of swimming pools, water features and other potential water hazards at the family day care residences and approved family day care venues
116B	Inspection report

116C	Compliance with fencing requirements for swimming pools at family day care residences and approved family day care venues
116 (2) (d)	The existence of any water hazards, water features or swimming pool at or near the residence or venue
136	First aid qualifications
168	Education and care service must have policies and procedures
168(2)(a)(iii)	Education and care service must have policies and procedures in relation to- Water safety, including safety during any water-based activities
169	Additional policies and procedures- family day care service
170	Policies and procedures to be followed
173	Prescribed information to be displayed- family day care service
174A	Family day care educator to notify certain information to approved provider
176	Time to notify the certain information to the Regulatory Authority
373A	Telephones or other communication equipment at family day care residences and approved family day care venues (Western Australia Only)

RELATED POLICIES

Administration of First Aid Policy Assessment Approval and Re-Assessment of FDC Residences and Venues Policy Child Safe Environment Policy Educational Program Policy Excursion/Incursion Policy	Health and Safety Policy Incident, Injury, Trauma and Illness Policy Physical Environment Policy Sun Safe Policy Supervision Policy
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PURPOSE

To ensure the safety and supervision of children in and around water. This includes water play, excursions near water hazards, hot water, drinking water and hygiene practices with water in the Family Day Care Service environment.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, educators, educator assistants, children, families, students and visitors (including contractors) of the Family Day Care Service.

WATER HAZARDS

The National Regulations make reference to '*water hazards*' however the term is not expressly defined. In this policy, a water hazard is defined as anything that can hold 5cm of water and fit a child's nose and mouth and a 'water hazard' may include:

- large bodies of water such as dams, creeks, river or pooling water, swimming pool, portable pools and spas, jetted bathtubs (or Jacuzzis)
- fishponds
- smaller bodies of water such as baths, nappy/mop buckets
- sinks, basins
- water features
- containers for feeding animals
- water troughs, containers
- beach

DROWNING

Drowning is one of the major causes of unintentional death for children 0-4 years. According to the Life Saving Society of Australia an annual average of 30 drowning deaths of children aged 0-4 years occur in swimming pools and 5 drowning deaths of children 0-4 years in bathtubs/spa baths.

(Kidsafe, 2020).

Although home swimming pools are the most common site for drowning, children can drown in just a few centimetres of water. Adult supervision of young children is therefore critical when any child is in or around water.

IMPLEMENTATION

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

Legal requirements for pools, spas, paddling pools and other water troughs vary across each state and territory. Family Day Care approved providers must ensure they adhere to National Regulations, Council requirements and national safety standards when approving an educator and assessing the

residence *before* providing care approval. Changes to improve safety of children at Family Day Care (FDC) residences or venue around any water hazard, water feature or swimming pools has been highlighted in the NQF Review 2019 under regulation 116 effective from October 2023.

FAMILY DAY CARE APPROVED PROVIDER WILL:

Ensure that:

- the pool & spa fencing meet state government standards.
- there are no gaps under or through the fence.
- pools on the premises have a self-closing and self-latching gate which is never propped open.
- children will be supervised at all times when in an outdoor area containing a pool or any body of water.
- wading pools are not permitted for use whilst children are in the care of Bright Beginnings Family Day Care.
- all Educators adhere to all obligations under the *Education and Care National Law and Regulations*
- each FDC educator and educator assistant hold current ACECQA approved first aid qualification that was attained within the previous three years (Regulation 136)
- each FDC educator and educator assistant successfully completes cardio pulmonary resuscitation training (CPR) each year
- each FDC proposed residence or venue is a safe environment. Consideration must be made for residences with water hazards, swimming pools or spas
- monthly inspections are conducted at each FDC residence and approved venue with a water hazard, water feature, swimming pools or spa, including fencing by the approved provider or a person nominated by the approved provider
- no person engages in swimming whilst education and care is provided by the FDC educator (including other children who live at the residence)
- detailed risk assessments are completed for any identified water hazards and water-based activities
- boundary barriers around pools and spas comply with Australian Standards including
 - self-locking gates
 - making spas inaccessible with locked pool cover and isolation barriers at least 1.2m high
 - ensure pool barriers are at least 1.8m high
 - ensuring any doors that form part of the pool barrier have a self-closing mechanism and child resistant lock
 - making pool filters inaccessible to children

- a diagram showing the areas of a FDC residence or approved venue indicating areas of the residence or venue approved for the provision of education and care to children is clearly displayed for families to view. The diagram must also indicate the existence of any water hazards, water features or swimming pools.
- all families of FDC educator residences, that have swimming pools or spas, complete a risk minimization plan
- health and safety practices are incorporated to ensure safe storage of water and water play
- any items around the perimeter of the pool (for example, tables, chairs, pot plants etc.) are not able to be used as a climbing aid for children
- a Cardiopulmonary Resuscitation (CPR) chart is displayed near any swimming pool, wading pool, or body of water
- any containers that hold or collect water, such as nappy buckets, ponds, spas must be safely covered or made inaccessible to children
- notify the regulatory authority of any serious incident whilst a child is being educated and cared for by the FDC service

FAMILY DAY CARE EDUCATORS/ EDUCATOR ASSISTANTS WILL ENSURE:

- that no child while in the care of an Educator as part of the Education and Care Service is to swim in a pool at the Educators home at any time while the service is being provided. Educators are not to take children to a public swimming pool
- any water hazards i.e. Ponds or fountains at the premises that could constitute a drowning hazard are securely covered or inaccessible to children.
- that no containers that hold water will be left in an area where children are playing or have access.
- that a beach is not deemed as a safe venue for children in the care of Bright Beginnings Family Day Care.
- that enrolling parents must be informed in advance if the residence contains a pool.
- that a diagram showing the areas of the FDC residence or approved venue indicates areas whereby the existence of any water hazards, water features or swimming pools are located
- that complete risk assessments that identify and assess risks associated with any water hazards and water-based activities
- all water hazards have Australian Standard barriers- fencing; self-closing mechanism and child-resistant locks and that fencing complies with relevant fencing laws, regulations and standards in participating jurisdiction
- that monthly inspections of swimming pools, spas and water features are conducted and recorded
- that immediate action is taken to identify and rectify any identified safety issues
- that adequate supervision is provided when participating in water activities including:

- supervising children near water at all times
- never leave children alone near any water
- direct and constant monitoring of children
- scanning and moving around the environment
- observing play and anticipating behaviour
- conduct a risk assessment in accordance with the regulatory requirements (regulation 101) prior to taking children on an excursion, clearly identifying any water hazard and indicating how this is assessed and managed
 - seek approval by the Approved Provider before any outing/excursion is conducted
 - ensure all emergency procedures are adhered to whilst on any excursion as per

Excursion Policy

- utilise water activities in appropriate weather as part of the planned program
- they allow the children the opportunity to experiment with water, sand, and mixing materials
- they incorporate water safety awareness into the educational program
- they monitor all taps on the premises that children have access to and ensure they are turned off securely when not in use
- they safely cover or make inaccessible to children all water containers, e.g., mop buckets, nappy bucket
- they empty wading pools immediately after every use and store to prevent the collection of water, e.g., upright
- they check for and empty any water that has collected in holes or containers after rainfall or watering gardens
- that water troughs are not used without a stand to keep it off the ground.
- that children remain standing on the ground whilst using the water trough
- that water troughs or containers for water play are filled to a safe level and emptied into the garden areas after **each** use
- they discourage children from drinking from water activities
- that laundry, storerooms have signage to remind the educator/adults to close doors behind them
- that buckets of water for soaking toys or clothing are inaccessible to children
- they teach children about staying safe in and around water
- notify the approved provider if any serious incident occurs whilst a child is being educated and cared for by the educator

OPERATIONAL SAFETY

- Water tanks will be labelled with “Do Not Drink” signage and the children will be supervised in this area to make sure they are not accessing this water for drinking
- The educator will discuss with the children the use of water tank water and how it differs from drinking water
- Hot water accessible to children will be maintained at the temperature of 45.C° which will be tested annually (AS 3498)
- Hot drinks are not to be consumed near children by educators
- Water for pets at the FDC residence must be changed daily and only be accessible to children when the educator or educator assistant is supervising.

IMPORTANT: Parents will be notified as soon as practicable but within 24 hours if their child is involved in an incident/accident at the FDC Service or while under Service care.

Details of the incident/accident will be recorded on an *Incident, Injury, Trauma and Illness Record*.

Regulation 176: If the incident/accident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours by the Approved Provider. FDC Educators will follow emergency procedures and contact emergency services if a child appears to be missing or unaccounted for or is involved in a serious incident or accident.

RESOURCES

[KidSafe Family Day Care Safety Guidelines 2020 \(7th edition\)](#)

Royal Life Saving Society Australia Toddler drowning prevention

<https://www.royallifesaving.com.au/families/at-home/toddler-drowning-prevention>

The Royal Children’s Hospital Melbourne Safety: Swimming Pools

https://www.rch.org.au/kidsinfo/fact_sheets/Safety_Swimming_pools/

ACECQA- [Monthly Water Hazard Safety Inspection](#)

Australian Children’s Education & Care Quality Authority. (2014).

ACECQA. (2023). [Policy and procedure guidelines- Water Safety Guidelines](#)

ACECQA. (2023). [Family Day Care Pool/Water Hazards/Water Features Safety Check](#)

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (Amended 2023).

KidSafe (2021). Water Safety. <https://kidsafe.com.au/water-safety/>

National Health and Medical Research Council (NHMRC): www.nhmrc.gov.au

[National Quality Framework Review \(NQF\) 2019](#).

Revised National Quality Standard. (2018).

Victoria Government. [Better Health Channel. Water safety for children.](#)

Western Australian Education and Care Services National Regulations

Western Australia Government. [Department of Communities. Improving safety at family day care residences or venues with swimming pools, spas and water features in Western Australia.](#) (2023).

CONTINUOUS IMPROVEMENT

Our *Water Safety Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

REVIEW

NEXT REVIEW DATE	MARCH 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MARCH 2024
VERSION NUMBER	V21.03.24		
MODIFICATIONS	<ul style="list-style-type: none">regular policy maintenancesome wording refined/rewordedrelated policies updatedremoval of interstate policies not applicable to the state of Victoria		
POLICY REVIEWED	SEPTEMBER 2023	NEXT REVIEW DATE	SEPTEMBER 2024
VERSION NUMBER	V11.9.23		
MODIFICATIONS	<ul style="list-style-type: none">regular policy maintenanceamendments to Education and Care Regulations added – monthly inspections of FDC residences/venues with water features/swimming poolsACECQA Pool/Water Hazards/Water Features Safety check addednotification of serious incident to regulatory authority addedsources updatedCCD related resources added		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
SEPTEMBER 2022	<ul style="list-style-type: none">regular policy maintenancelink to Western Australian Education and Care Services National Regulations added in ‘Sources’minor formatting edits within texthyperlinks checked and repaired as required		SEPTEMBER 2023

	<ul style="list-style-type: none"> Additional information regarding 'safety device's and monthly inspections for residence/venues with pool/spas for services located within Western Australia 	
SEPTEMBER 2021	<ul style="list-style-type: none"> Policy reviewed and included suggested guidelines from ACECQA Water Safety Policy Guidelines (June 2021) Additional legislative requirements added Additional related policies deleted 'nappy' bucket and replaced to 'mop bucket' 	SEPTEMBER 2022
SEPTEMBER 2020	<ul style="list-style-type: none"> additional section re: 'water hazards' risk assessment measures added detail regarding fencing/child resistant locks added hot water temperature edited re: Australian Standards additional supervision section added additional sources sources checked for currency resources added 	SEPTEMBER 2021
SEPTEMBER 2019	<ul style="list-style-type: none"> Wording 'corrected'. Some sentences reworded/refined. Additional information added. Points added. Sources/references corrected, updated, and alphabetised. Related policies alphabetised. 	SEPTEMBER 2020
SEPTEMBER 2018	<p>Latest updates include terminology and grammar improvements.</p> <p>Added the section displaying related policies on page 2.</p>	SEPTEMBER 2019
DECEMBER 2017	Updated to comply with National Quality Standard	SEPTEMBER 2018
MAY 2017	Policy updated to comply with Family Day Care Regulations	TBA

ADMINISTRATION OF FIRST AID POLICY

Under the Education and Care Services National Regulations the approved provider must ensure policies and procedures are in place for the administration of first aid (Reg. 168) and take reasonable steps to ensure policies and procedures are followed.

First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the context of a Family Day Care (FDC) Service where educators have a duty of care and obligation to assist children who are injured, become ill, or require support with administration of medication.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases

89	First aid kits
90	Medical conditions policy
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement-anaphylaxis or asthma emergency
97	Emergency and evacuation procedures
101	Conduct a risk assessment for excursions
102C	Conduct a risk assessment for transporting of children by the education and care service
136 (3)	First Aid Qualifications
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
168 (2)(a)(iv)	The administration of first aid
169	Additional policies and procedures for family day care services
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
183	Storage of records and other documents

RELATED POLICIES

Administration of Medication Policy	Health and Safety Policy
Anaphylaxis Management Policy	Incident, Injury, Trauma and Illness Policy
Asthma Management Policy	Medical Conditions Policy
Child Safe Environment Policy	Responsible Person Policy
Dealing with Infectious Diseases Policy	Safe Transportation Policy
Diabetes Management Policy	Sick Child Policy

Emergency and Evacuation Policy	Sun Safety Policy
Enrolment Policy	Supervision Policy
Epilepsy Management Policy	Water Safety Policy
Family Communication Policy	Work Health and Safety Policy

PURPOSE

Our FDC Service has a duty of care to provide and protect the health and safety of children, families, educators, and visitors of the Service. As FDC educators primarily work alone in their approved residence whilst providing care for children, this policy aims to support educators to:

- Preserve life
- Ensure the environment is safe and other people are not in danger of becoming ill or injured
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Relieve pain, if possible
- Monitor ill or injured persons and promote recovery
- Provide immediate and effective first aid to children or adults
- Ensure processes are in place to provide supervision for other children in care whilst first aid is administered

'First aid can reduce the severity of an injury or illness and in extreme cases, could mean the difference between life and death.' (Safe Work Australia).

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, FDC educators, educator assistants, students and volunteers of the FDC Service.

IMPLEMENTATION

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards, and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR & COORDINATOR WILL:

- ensure FDC educators, educator assistants, staff, students, visitors and volunteers have knowledge of and adhere to this policy
- ensure all FDC educators and educator assistants hold a current ACECQA approved first aid qualification, have undertaken current approved anaphylaxis management training and current approved emergency asthma management training [Reg. 136]
- ensure these qualifications meet the requirements of the [Education and Care Services National Regulations](#) and are approved by ACECQA
- ensure all FDC educators and educator assistants complete refresher training in CPR annually
- provide internal training of the administration of an auto-injection device annually and document training on FDC educator and educator assistant's staff records (not mandatory)
- implement training and develop procedures to assist educators know the steps of alerting emergency services, administer first aid and provide supervision to other children in their care
 - ensure information relating to the administration of first aid resulting from an incident, injury or trauma is recorded on the *Incident, Injury, Trauma and Illness Record* as soon as possible or within 24 hours
 - ensure families are notified of any event requiring first aid administration as soon as practicable but no later than 24 hours after the incident, injury or trauma requiring first aid
- in the case of a serious incident, notify the regulatory authority within 24 hours
- ensure FDC educators are offered support and debriefing after a serious incident requiring the administration of first aid
- keep up to date with any changes in procedures for administration of first aid and ensuring that all FDC educators are informed of these changes
- ensure appropriate documentation is being recorded regarding incidents, injury, trauma and illnesses and the administration of first aid
- ensure that each FDC educator has an easily accessible and clearly identified first aid kit in each residence or approved venue
- conduct audits on first aid kits at individual FDC educator's residence /venues
- evaluate risk assessments conducted by FDC educators prior to approving any excursions, regular outings or when providing transport
- ensuring parents/guardians provide written consent (via the enrolment record) for service staff to administer first aid
- ensuring parents/guardians provide written consent for the approved provider, nominated supervisor or educator to seek medical treatment for their child by a registered medical

practitioner, hospital or ambulance service and if required, transport the child to hospital [Reg 161(1)(a)]

EDUCATOR/EDUCATOR ASSISTANTS WILL:

- maintain:
 - a current ACECQA approved first aid qualification
 - current approved anaphylaxis management training qualifications
 - current approved emergency asthma management training qualifications

(Safe Work Australia recommends first aid qualifications should be renewed every three years)

- refresh their CPR skills at least annually
- participate in administration of an auto-injector device training at least annually (not mandated)
- ensure first aid training details are recorded at the FDC Service Principal office and kept up to date
- safeguard every reasonable precaution to protect children at the FDC residence/venue from harm and/or hazards that can cause injury
- consider procedures of how they will be able to administer first aid to a child if required whilst they are working on their own in their residence
- discuss possible situations for emergency situations with the coordinator and approved provider and documenting strategies in relevant procedures
- confidently administer first aid as required to incidents involving children enrolled in their service
- ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- always act in a respectful manner when administering first aid
- consider if an ambulance is required as soon as possible. Follow directions provided by emergency services
- continue to administer first aid until emergency services arrive and take over treatment
- if possible, call for assistance from the educator assistant to assist in supervising other children in care whilst first aid is administered. The educator is expected to ensure other children in care are not placed in any danger whilst first aid is administered to another child or adult
- ensure there is an induction process for all new educator assistants, and casual and relief educators that includes providing information on the location of first aid kits and specific first aid requirements and individual children's allergies and individual medical management plans
- ensure that parents/families are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details accurately on the *Incident, Injury, Trauma and Illness Record*

- ensure families are notified of any event requiring first aid administration as soon as practicable but no later than 24 hours after the incident, injury or trauma requiring first aid
- ensure that notification is given to the regulatory authority within 24 hours (via the AP)
- contact families immediately if a child has had a head injury whilst at the FDC Service
- ensure a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the FDC residence/venue
- conduct a risk assessment prior to an excursion, regular outing or when providing regular transportation of children to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (NB: risk assessment for a regular outing or regular transportation is required at least annually) [Reg. 102B, 102D (4)]
- ensure authorisation is gained with the approved provider before any excursion, regular outing or transportation of children is made
- provide and maintain a transportable first aid kit that can be taken to excursions and other activities [Reg. 89]
- ensure fully equipped first aid kits (that meet Australian Standards) are recognisable and readily accessible to adults wherever the educator is educating and caring for children as part of a Family Day Care service
- monitor the contents of all first aid kits and arranging replacement of stock, including when the use-by date has been reached
- dispose of out-of-date materials appropriate

Incident, Injury, Trauma and Illness Record must include the following- (Regulation 87)

- name and age of the child
- circumstances leading to the incident, injury, trauma, or illness (including any symptoms)
- time and date
- details of action taken by the service including any medication administered, or first aid provided or
- medical personnel contacted
- details of any witnesses
- names of any person the service notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and time and date of this

FAMILIES WILL:

- sign the *FDC Incident, Injury, Trauma and Illness Record* acknowledging they have been made aware of the incident and the first aid that treatment that was given to the child
- provide the required information for the FDC Service's medication record
- notify the FDC Service upon enrolment of any specific health care needs of their child- including medical conditions and allergies
- provide the FDC Service with a medical management plan for their child if required and ensure these are kept up-to-date at all times
- provide written consent/authorisation (via the enrolment record) for FDC educators or educator assistants to administer first aid, seek medical treatment for their child by a registered medical practitioner, hospital or ambulance service and if required, transport the child to hospital
- be contactable, either directly or through emergency contacts listed on the child's enrolment record
- notify educators of any change in condition of their child's health that may impact the child's care and require the administration of first aid (ACECQA, 2021).

FIRST AID KIT

The approved provider of the Service will ensure that first aid kits are kept up to date and in accordance with National Education and Care Service Regulations at each Family Day Care residence or venue. [Reg. 89].

ALL FIRST AID KITS AT THE FDC RESIDENCE OR VENUE MUST:

- be suitably equipped
- not be locked
- not contain paracetamol
- be suitable for the number children and sufficient for the immediate treatment of injuries at the FDC Service
- be easily accessible to the FDC educator and educator assistant
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents.
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit
- be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not degraded or expired

- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- be easily recognisable
- be easy to access and if applicable, located where there is a risk of injury occurring
- be available in the FDC educator's vehicle
- be provided on each floor of a multi-level FDC service/venue
- be stocked with precautionary items such as sunscreen and water if using outdoors.
- be taken on excursions and during regular transportation
- be maintained in proper condition and the contents restocked as required.

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

FIRST AID CHECK LIST/AUDIT

Our FDC Service will refer to the First Aid Kit-Inventory and Checklist from *Childcare Centre Desktop* or refer to the Checklist in Safe Work Australia's *First Aid in the Workplace Code of Practice* as a guide.

The checklist will be completed annually to ensure first aid kits are equipped and maintained.

<https://www.safeworkaustralia.gov.au/doc/model-codes-practice/model-code-practice-first-aid-workplace>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Administration of First Aid Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of First Aid Procedure	First Aid Certificate Register
Dental Accident Procedure	Head Injury Guide and Procedure
First Aid Checklist	Illness Management Procedure
First Aid Kit Fact Sheet Guide	Incident, Injury, Trauma or Illness Record

SOURCES

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Children's Education & Care Quality Authority. (2023). Policy and procedure guidelines- [Administration of First Aid Policy Guidelines](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010.

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (2018). (Amended 2023).

Revised National Quality Standard. (2018).

Safe Work Australia First Aid in the Workplace Code of Practice: [First Aid in the Workplace](#)

[Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW DATE	APRIL 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	APRIL 2024
VERSION NUMBER	V3.04.24		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text some wording refined/reworded sources checked and repaired as required 		
POLICY REVIEWED	MAY 2023	NEXT REVIEW DATE	MAY 2024
VERSION NUMBER	V14.11.23		
MODIFICATIONS	<p>NOVEMBER</p> <ul style="list-style-type: none"> regulation amendment re: CPR training to be completed annually inclusion of student and visitors resources updated <p>MAY</p> <ul style="list-style-type: none"> policy maintenance additional information added- CPR annual training recommended minor formatting edits within text (FDC Educator will: section) continuous improvement/reflection section added Childcare Centre Desktop Related resources section added link to Western Australian Education and Care Services National Regulations added in 'Sources' removal of Appendix to this policy- see: additional resources 		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MAY 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required 	MAY 2023
OCTOBER 2021	<ul style="list-style-type: none"> Policy reviewed and included suggested guidelines from ACECQA Administration of First Aid Policy (August 2021) Additional legislative requirements added Additional related policies 	MAY 2022
MAY 2021	<ul style="list-style-type: none"> minor edits annual training for auto injectors highlighted as best practice (not mandatory) 	MAY 2022
SEPTEMBER 2020	<p>Additional links to National Regulations added</p> <p>Support for educators in the event of an injury, accident and first aid is required to be administered</p> <p>Risk assessment for regular outings and transportation added</p> <p>Appendix added for Procedure for Incident Illness Injury or Trauma</p>	MAY 2021
MAY 2020	<p>Additional section for Family Day Care Service, Coordinator</p> <p>Merge of FDC educator and Educator Assistant roles</p> <p>minor formatting edits</p> <p>First Aid Inventory and checklist included as Appendix</p> <p>sources checked for currency</p>	MAY 2021
MAY 2019	<p>Sources checked for currency – removed if obsolete.</p> <p>URLs added.</p> <p>Sources/references alphabetised.</p> <p>Minor formatting for consistency throughout policy.</p> <p>‘Related policies’ alphabetised.</p>	MAY 2020

MAY 2018	Updated policy to work in collaboration with Safe Work Australia.	MAY 2019
DECEMBER 2017	Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes. Updated to include revised National Quality Standard	MAY 2018
MAY 2017	Amendments made to comply with Family Day Care requirements	TBA

SLEEP AND REST POLICY

All children have individual sleep, rest and relaxation requirements. Our objective is to meet each child's need for sleep, rest and relaxation by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure and safe at our Family Day Care (FDC) Service's approved residences or venues.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1	Design	The design of the facilities is appropriate for the operation of a service.
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Section 165	Offence to inadequately supervise children
Section 167	Offence relating to protection of children from harm and hazard
82	Tobacco, drug and alcohol-free environment
84A	Sleep and rest
84B	Sleep and rest policies and procedures
84C	Risk assessment for purposes of sleep and rest policies and procedures
84D	Prohibition on bassinets
103	Premises, furniture and equipment to be safe, clean and in good repair

105	Furniture, materials and equipment
106	Laundry and hygiene facilities
107	Space requirements-indoor space
110	Ventilation and natural light
115	Premises designed to facilitate supervision
116	Assessments of family day care residences and approved family day care venues
166	Children not to be left alone with visitors
168	Education and Care Services must have policies and procedures
169	Additional policies and procedures-family day care
170	Policies and procedures to be followed
171	Policies and procedures to be available
172	Notification of change to policies or procedures
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy Child Safe Environment Policy Enrolment Policy Death of a Child at the Service Policy Dental Health Policy Emergency and Evacuation Policy Family Communication Policy	Furniture and Equipment Safety Policy Health and Safety Policy Interactions with Children, Families and Staff Policy Physical Environment Policy Respect for Children Policy Tobacco, Drug and Alcohol-Free Policy Work, Health and Safety Policy
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PURPOSE

The *Education and Care Services National Regulations* requires approved providers and nominated supervisors to ensure their services have policies and procedures in place for children's sleep and rest having regard to the ages, developmental stages and individual needs of the children. Our *Sleep and Rest Policy* will assist management and FDC educators ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs whilst attending the FDC Service.

Our FDC educators will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The risk of Sudden Infant Death Syndrome (SIDS) for infants will be minimised by following practices and guidelines set out by the national authority on safe sleeping practice for infants and children- Red Nose (formerly SIDS and Kids). Our policy sets out quality practice and is informed by recognised and evidence-based principles. Safe Sleep practices are informed by Red Nose and guidance from ACEQCA.

We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service's duty of care, it is a requirement that all educators and educator assistants implement and adhere to this policy and associated procedure to ensure we respect and cater for each child's specific needs and ensure all risks are appropriately addressed at all times.

SCOPE

This policy applies to children, families, educators, management, the approved provider, nominated supervisor, coordinator, students, volunteers and visitors of the FDC Service.

IMPLEMENTATION

'Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, and FDC educators need to consider these when providing education and care. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.' (ACECQA)

Our FDC Service defines 'rest' as a period of inactivity, solitude, calmness, or tranquillity, and can include a child being in a state of sleep. Considering the busy and energetic nature of a child's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest,

relax, and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our FDC educators will consult with families about their child's individual needs, ensuring all parties are aware of the different values, cultural, and parenting beliefs and practices, or opinions associated with sleep requirements.

SLEEP AND REST SPECIFIC RISK ASSESSMENT

The approved provider, in conjunction with FDC educators, will conduct a comprehensive risk assessment to ensure all potential hazards are identified and specify how any risks identified are managed and minimised in sleep and rest areas in line with Red Nose and ACECQA guidelines (reg. 84A).

The risk assessment will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised during sleep or rest. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service. If a risk concerning a child's safety during sleep and rest is identified during the risk assessment, the approved provider must update the *Sleep and Rest Policy* and procedure as soon as possible. The risk assessment must be stored safely and securely and kept for a period of 3 years.

Our risk assessment will consider and include the following information:

- the number, age, developmental stages and individual needs of children
- the sleep and rest needs of individual children being educated and cared for (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of staff supervising children during sleep and rest periods
- the location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas
- the safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment
- any potential hazards
 - in sleep and rest areas
 - on a child during sleep and rest periods (such as jewellery, clothing)

- the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation).

BASSINETS

Effective 1 October 2023, approved providers and nominated supervisors must ensure bassinets are not

kept on the education and care service premises. (Regulation 84D). There are no Australian Standards for bassinets and risks include the bassinet tipping over or suffocation. All staff and FDC educators will be made aware of this regulation and policy as part of their induction process. Families will be informed children will not be accepted into care in a bassinet and under no circumstances will a bassinet be permitted to remain on the premises.

APPROVED PROVIDER/MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- all nominated supervisors, coordinators, FDC educators and educator assistants are provided with a copy of this policy as part of their induction program and ongoing sleep and rest training is provided as part of their engagement/employment (Safe Sleep Training renewed annually)
- families are aware of this *Sleep and Rest Policy*
- a sleep and rest specific risk assessment is conducted at least annually to ensure all protentional hazards are controlled in sleep areas in line with Red Nose and ACECQA guidelines
- every reasonable precaution has been taken to protect children from harm and from hazards likely to cause injury. Hazards posing a risk of suffocation, choking, crushing or strangulation risk to children must be removed from the sleep and rest environment. (Sec. 167)
- up to date knowledge regarding safe sleeping practices is maintained and information communicated to FDC educators and families
- families are advised that amber teething necklaces and bracelets are not to be worn by babies and young children at our Service- as per warnings by the Australian Government (2011)
- ongoing training is provided on safe sleep practices for all educators and keep a record of all such training (Renewed Annually)
- opportunities are provided to all employed and engaged FDC educators and educator assistants to participate in Red Nose professional training and a record of all such training is recorded
- information is provided to parents and families about Safe Sleep practices (see [Red Nose](#))
- reasonable steps are taken to ensure that each child's need for sleep, rest and relaxation are provided

- consideration is given to the ages, developmental stages and individual needs of children
- a safe indoor environment for sleep and rest is provided for children that is well ventilated, has adequate natural light and can be maintained at a temperature that ensures children's safety and wellbeing
- sleep and rest environments in FDC residences/venues will be safe and free from hazards including cigarette and tobacco smokes (Reg.110)
- a documented practice/procedure for the supervision of sleeping children is tailored to the unique layout of each FDC residence or approved venue, as well as the ages and developmental stages of the children in care including how checks are conducted for sleeping children whilst also maintaining adequate supervision of other children in their care
- FDC educators closely monitor sleeping infants and that all sleeping children are within hearing range and observed. This involves physically checking/inspecting sleeping children at regular intervals (10 minutes) and ensuring that they are always within sight and hearing distance of sleeping and resting infants and children so they can easily monitor a child's breathing and the colour of their skin. It is recommended that educators will not perform administrative duties that would take their attention away from sleeping/resting children- (Note: CCTV, audio monitors or heart monitors do not replace the need for physical checking/inspecting sleeping children)
- educators provide children with safe sleeping equipment and environment, including adequate ventilation and adequate lighting to enable effective supervision
- educators provide a safe sleep environment by removing any soft items from the cot, such as loose blankets, pillows or toys
- all equipment and furniture used by educators are safe, clean and in good repair (Reg. 103, 105)
- cots used by educators meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and will carry a label to indicate this
- beds, cots and mattresses are used for the correct purpose of sleep and rest only
- sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
- all portable cots used in approved FDC residences/venues will meet the current mandatory Australian Standard for children's portable folding cots, AS/NZS 2195, and will carry a label to indicate this
- bassinets are not used or stored within the FDC service
- educators do not accept children into care in a bassinet
- to negotiate sleep and rest routines and practices with families to reach agreement on how these occur for each child at the FDC Service
- nominated supervisors and FDC educators are not expected to endorse practices requested by a family if they differ from [Red Nose](#) safe (formerly SIDS and Kids) sleeping recommendations.

- if any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with FDC educators
- FDC educators follow the *Administration of First Aid Policy* if the child's face/body appears blue and the child is not breathing, initiate first aid immediately including calling an ambulance and beginning resuscitation
- the nominated supervisor will ensure an *Incident, Injury, Trauma and Illness Record* is completed in its entirety
- the nominated supervisor will ensure the parent and the regulatory authority are notified as soon as possible and within 24 hours of a serious incident
- if any requirements differ from Red Nose sleeping recommendations, written authorisation from a medical practitioner will be required and shared with FDC educators.

FAMILY DAY CARE EDUCATORS WILL:

- have a thorough understanding of the service's policy and procedure and embed practices to support safe sleep into everyday practice
- ensure children's safety is paramount
- communicate with families about their child's sleeping or rest times and the FDC Service policy regarding sleep and rest times
- respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. **[Any sleep requirements that differ from Red Nose recommendations must be supported by a medical certificate]**. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping.
- have a documented procedure for the supervision of sleeping children whilst also maintaining adequate supervision of children in their care
- ensure reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for are met, having regard to the ages, developmental stages and individual needs of each child
- ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation including providing school aged children with comfortable spaces away from the main activity area for relaxation and quiet activities
- respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc)

- ensure every reasonable precaution has been taken to protect children from harm and from hazards likely to cause injury. Hazards posing a risk of suffocation, choking, crushing or strangulation risk to children must be removed from the sleep and rest environment. (Sec. 167)
- ensure all equipment and furniture used are safe, clean and in good repair (Reg. 103, 105)
- ensure there are adequate numbers of cots and bedding available to children that meet Australian Standards
- ensure children are only to sleep in rooms that have been safety checked as part of the FDC residence assessment process by the approved provider/coordination unit. Regular safety checks of the sleep and rest environment are made, and any hazards are identified and rectified immediately
- ensure any clothing or jewellery that could pose a risk of strangulation or choking is removed prior to the infant or child placed in a sleeping space
- ensure soft toys and comforters are not used in the sleep space for infants
- ensure pillows, inclined sleepers or other soft items should not be used in the sleep and rest environment for children under 2
- acknowledge and support children's agency, emotions, feelings and fears in regard to sleep/rest time
- develop positive relationships with children to assist in settling children confidently when sleeping and resting
- ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, whilst those children who **do** wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest. It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- encourage children to dress appropriately for the room temperature when resting or sleeping [Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets, hats and bulky clothing]
- encourage the use of sleeping bags with fitted neck and armholes for babies as there is no risk of the infant's face being covered
- ensure there are no loose aspects of clothing that could entangle the child during sleep/rest (including bibs, hooded jumpers/shirts)
- give bottle-fed children their bottles before going to bed
- ensure children are not be put in cots or in beds with bottles as per the *Dental Health Policy*
- securely lock cots sides into place to ensure children's safety

- create a relaxing environment for sleeping children by playing quiet relaxation music, reading stories, cultural reflection, turning off lights, and ensuring children are comfortably clothed
- monitor the room temperature to ensure maximum comfort for the children
- turn off wall-mounted heaters before children use the room for sleeping. Cot rooms may be air conditioned and maintained at an appropriate temperature.
- be aware of manual handling practices when lifting babies and young children in and out of cots

SUPERVISION CHILDREN OF ALL AGES IN COTS

FDC educators and educator assistants will:

- ensure sleeping spaces are not dark- there needs to be sufficient light to allow supervision and to physically check children's breathing, lip and skin colour
- ensure sleeping infants are closely monitored and that all sleeping children are within hearing range and observed
- ensure physical checks of a sleeping child occur at least every **10 minutes** (Note: CCTV, audio monitors or heart monitors do not replace the need for physical checking/inspecting sleeping children)
- physically check that the infant/child from the side of the cot (or floor mattress/toddler bed) to include:
 - breathing- rise and fall of child's chest
 - skin and lip colour
 - head position
 - body temperature
 - airway
 - head and face- ensure they remain uncovered
- consider the circumstances and any risk factors that may mean physical checks need to be more frequent for some babies or children (e.g.; children with colds, chronic lung disorders or specific health care needs that may require higher level of supervision)
- consider higher levels of supervision and conduct more frequent checks on babies or children with colds, chronic lung disorders or specific health care needs
- if the child's face/body appears blue and the child is not breathing initiate first aid immediately including calling an ambulance and beginning resuscitation
- ensure an *Incident, Injury, Trauma and Illness Record* is completed in its entirety following an incident

- ensure they do not allow any visitor to the FDC residence or venue to be left alone with any child/children

PRE-SCHOOL AGE CHILDREN

FDC educators and educator assistants will:

- be respectful for children's individual sleep and rest requirements
- discuss children's sleep and rest needs with families and include children in decision making
- provide a tranquil and calm environment for children to rest by turning off lights, playing relaxing music, reading stories, cultural reflection
- ensure children are comfortably clothed
- encourage children to rest their bodies and minds for 20-30 minutes
- introduce relaxation techniques into rest routine- use of a relaxation tape
- ensure children sleep or rest with their face uncovered
- closely monitor sleeping and resting children
- provide quiet activities for children- puzzles, books, drawing if they do not fall asleep

USE AND MAINTENANCE OF COTS/BEDDING

- ensure beds, cots and mattresses are used for the correct purpose of sleep and rest only
- ensure all equipment and furniture is safe, clean and in good repair (Reg. 103, 105)
- ensure cots comply with the following:
 - spaces between bars and mattress sides are as per regulations/guidelines (not more than 25mm apart)
 - spaces do not pose any danger to children- arm and leg traps/finger traps
 - cots are not painted with any paint that contains lead
 - paint work of cots is not chipped when babies are teething
 - cots have high sides- from top of mattress to top side of cot should be at least 500mm
 - there are no toys, bumpers, pillows, doonas, loose bedding or fabric in the cot that could cause suffocation
 - there are no sharp edges
 - sleep surfaces are checked for firmness in accordance to Australian Standard AS/NZS 8811:1:2013
 - bolts and screws are tight and regularly checked
 - plastic packaging is removed from mattresses
 - waterproof mattress protectors are strong, not torn, and a tight fit
 - mattresses are not elevated or tilted

- banned/recalled products are removed immediately from the FDC Service if required
- ensure there are no choking hazards- cords, strings, bunting in the sleep environment
- use firm, clean, and well-fitting mattresses on portable cots
- beds and mattresses are wiped over with warm water and neutral detergent or vinegar solution between each use
- children's beds and cots are arranged to allow easy access for children and staff
cots/stretchers are stored safely bed linen is used by an individual child and is washed before use by another child
- children rest/sleep with their beds/mattresses head to toe to minimise the risk of cross infection- consider positioning of cots, mats, cushions etc

BABIES AND TODDLERS

Recommendations sourced from ACECQA and Red Nose

- Babies should always be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot but may not always be able to roll back again. When a baby is placed to sleep, educators should check that any bedding is tucked in securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e., with fitted neck and arm holes, but no hood). At no time should a baby's face or head be covered (i.e., with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.
- Ensure any bed linen is securely tucked underneath the mattress so it cannot ride up and cover the baby's chest or cover his/her head.
- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free
once the startle reflex disappears at around three months of age and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.

- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life (in consultation with parents). If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age but could be as early as 18 months.
- Additional supervision is required if a child is wearing a baby sleeping bag whilst sleeping outside a cot. The sleeping suit should be removed as soon as the child wakes to avoid risk of falling and injury. (Red Nose).

PARENTS/FAMILIES WILL:

- be informed during orientation of our *Sleep and Rest Policy* and procedures
- be informed that amber teething bracelets or necklaces are not to be worn at our FDC Service due to the risk of strangulation or choking
- be provided with regular information and communication about safe sleep practices from Red Nose and any changes to our policies or procedures
- be informed that if any requirements for sleep for their child differs from **Red Nose sleeping recommendations**, written authorisation from a medical practitioner will be required
- be provided with regular information about Safe Sleep practices from Red Nose
- be requested to provide FDC educators with regular updates on their child's sleeping routines and patterns, especially for infants

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Sleep and Rest Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

Key terms

Term	Meaning
ACECQA- Australian Children's Education and Care Quality Authority	The independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision of guidance, resources and services to support the sector to improve outcomes for children.
Adequate supervision	Adequate supervision means: <ul style="list-style-type: none"> • that an educator can respond immediately, particularly when a child is distressed or in a hazardous situation; • knowing where children are at all times and monitoring their activities actively and diligently
Continuous supervision	Ensure an educator is in sight and hearing of a sleeping child at all times- representing best practice (Red Nose)
Infant	A young child between the ages of birth and 12 months
Rest	A period of inactivity solitude, calmness or tranquility and can include a child being in a state of sleep.
Relaxation	Relaxation or other activity for bringing about a feeling of calm in your body and mind.
Red Nose	Red Nose is Australia's leading authority on safe sleep and safe pregnancy advice.
Sudden and Unexpected Death in Infancy (SUDI)	A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious.
Sudden Infant Death Syndrome (SIDS)	The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy and review of the circumstances of death and the clinical history.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Sleep and Rest Procedure	Safe Sleep Record
Safe Sleep Audit	Safe Sleep Practices Risk Assessment Action Plan

SOURCES

ACECQA. (n.d.). Safe sleep and rest practices: <https://www.acecqa.gov.au/resources/supporting-materials/infosheet/safe-sleep-and-rest-practices>

ACECQA. (2023). [*Sleep and Rest for Children. Policy Guidelines.*](#)

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). [*Guide to the National Quality Framework.*](#)

Australian Competition and Consumer Commission (ACCC). (2013). Find out more: [*Keeping baby safe*](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023)

NSW Department of Education. (2022). [*Sleep and rest for children-Policy guidelines for early childhood education and care services. \(updated\)*](#)

Red Nose: <https://rednose.org.au/section/safe-practices>

Red Nose: Cot to bed safety https://rednose.org.au/downloads/RN3356_Cot_Bed_DL_Oct2018_Online.pdf

Revised National Quality Standard. (Amended 2023).

[*Western Australian Education and Care Services National Regulations*](#)

REVIEW

NEXT REVIEW DATE	MAY 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MAY 2024
VERSION NUMBER	V07.05.24		
MODIFICATIONS	<ul style="list-style-type: none"> • minor edits throughout policy • minor formatting changes 		
POLICY REVIEWED	FEBRUARY 2024	NEXT REVIEW DATE	FEBRUARY 2025
VERSION NUMBER	V17.02.24		
MODIFICATIONS	<ul style="list-style-type: none"> • thorough review to delete repeated dot points in different sections • rearranged content within policy for ease of implementation and relevance to stakeholders • merged some areas for ease of implementation and understanding by educators and staff • sources checked for currency 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE	
FEB/OCT 2023	OCTOBER <ul style="list-style-type: none"> • New information added regarding regulation changes effective October 2023 FEBRUARY	FEBURARY 2024	

	<ul style="list-style-type: none"> • annual policy review • Parent/Family section updated • Hyperlinks checked and repaired if needed 	
SEPTEMBER 2022	<ul style="list-style-type: none"> • Additional information added following release of NSW Regulatory Authority Safe Sleep and Rest Regulatory Priority Program • Added Childcare Centre Desktop Resources box and continuous improvement sections • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	FEBRUARY 2023
FEBRUARY 2022	<ul style="list-style-type: none"> • Policy reviewed and inclusions to reflect best practice added • Sources checked for currency • Additional information added for overnight or out of core hours care section 	FEBRUARY 2023
JUNE 2021	<ul style="list-style-type: none"> • policy reviewed to align with ACECQA policy guidelines (June 2021) • Additional legislative requirements added • Additional section added 'Approved Provider/Management' • Additional section added- Key Terms 	JUNE 2022
FEBRUARY 2021	<ul style="list-style-type: none"> • reviewed to check currency of information and sources • addition Kidsafe Family Day Care Guidelines source • additional related policies added 	FEBRUARY 2022
SEPTEMBER 2020	<ul style="list-style-type: none"> • Additional section for pre-schoolers added • Additional section for overnight stays • edits to ensure compliance to regulatory authority feedback (August 2020) 	FEBRUARY 2021
FEBRUARY 2020	<ul style="list-style-type: none"> • Referenced appropriate content to ACECQA • Sources checked for currency • Red Nose link added • Parent information added 	FEBRUARY 2021
FEBRUARY 2019	<p>Added sections 'Children in cots' and 'Babies and toddlers'</p> <p>Changed the order of points for better flow.</p> <p>Additional points added and additional</p>	FEBRUARY 2020

	information added to points. Sources/references corrected and alphabetised.	
FEBRUARY 2018	Added 'related policies' section Updated safe sleep practices for babies and infants	FEBRUARY 2019
DECEMBER 2017	Modifications made to comply with current National Quality Standard and Regulations	FEBRUARY 2018
MAY 2017	Policy updated to comply with Family Day Care Regulations	FEBRUARY 2018

TOBACCO, DRUG AND ALCOHOL-FREE POLICY

Our Family Day Care Service is committed to creating and maintaining environments that promote the safety of all children, educators and visitors in our principal office, FDC residences and approved venues. We believe in maintaining a healthy, safe and productive workplace environment that reduces risks and hazards associated with the use of drugs and alcohol for educators, children and visitors.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical.
4.2.2	Professional Standards	Professional standards guide practice, interactions and relationships.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
155	Interactions with children
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
190	Infringement offences

RELATED POLICIES

Child Protection Policy	Interactions with Children, Family and Staff Policy
Child Safe Environment Policy	Privacy and Confidentiality Policy
Code of Conduct Policy	Work Health and Safety Policy
Dealing with Complaints Policy (staff)	

PURPOSE

We aim to provide tobacco, drug and alcohol-free environments at all times children are educated and cared for in accordance with Education and Care National Law and Regulations and workplace health and safety legislation. The use of alcohol and/or other drugs may impact on the ability for educators to work safely and ensure the safety of children in their care.

Research provides evidence that exposure to tobacco smoke poses major health risks to both children and adults. Babies and young children are especially vulnerable to the poisons of second-hand smoke because their bodies are developing. Effects of passive smoking include Sudden unexpected death in infancy (SUDI) asthma, infections and conditions include croup, bronchitis and the increased likelihood of childhood asthma. (*Red Nose, 2020*).

Working in line with the *Code of Conduct Policy* and *Work Health and Safety Policy* our FDC Service aims to provide a policy regarding a tobacco, drug and alcohol-free environment with clear guidelines to ensure environments are safe for all children, educators and visitors. This policy sets out expectations for all employees, engaged educators, volunteers and visitors regarding what is and what is not acceptable behaviour and practice in relation to alcohol and drug use and provides procedures which outline how to deal with impaired people, employees, volunteers and visitors, at the FDC service residence or venue.

SCOPE

This policy applies to the educators, educator assistants, children, families, approved provider, nominated supervisor, coordinator and visitors of the Family Day Care Service.

IMPLEMENTATION

The Education and Care Services National regulations state the Approved Provider must ensure the environment is free from the use of tobacco, illicit drugs and alcohol and ensure that educators, employees, or volunteers at the FDC service are not affected by alcohol or drugs (including prescription medication) so as to impair the person's capacity to supervise or provide education and care to children. All staff, educators, volunteers and students will abide by this policy at all times.

DEFINITIONS

Alcohol

- Alcohol is the most commonly used depressant drug. It affects both mental and motor function. Examples include beer, wine, spirits.

Under the Influence

- Includes a person who has taken drugs or alcohol that interferes with sound judgement and acceptable behaviour that may impair mental and physical ability to perform their duties safely.

Drugs

- Illegal Drugs: drugs such as cannabis, amphetamines, ecstasy, cocaine and heroin, are illegal. They are not subject to quality or price controls and the amount of active ingredient varies. A person using illegal drugs can never be sure of how strong the drug is, or what is actually in it.
- Prescription Drugs: Prescribed and over the counter medications can also be misused for the purposes of intoxication. Employees taking medication should find out how it may affect them by consulting their doctor and advising the Nominated Supervisor or Responsible Person if the prescribed medication will affect their mental and physical ability to perform their duties safely.
- Illicit Drugs: Illicit drugs include-illegal drugs, prescription medicines that have been obtained illegally or are not being used for medicinal purposes and other substances that are being used inappropriately — for example, sniffing glue or inhaling paint thinner

E-Cigarettes (Vaping)

- Battery-powered devices called e-cigarettes are utilised to heat a liquid substance that generates a vapor, which is then inhaled, thus imitating the smoking process

USE OF TOBACCO, DRUGS AND ALCOHOL

- Our FDC Service supports the [Smoke Free Environment Act 2000](#). The company and its employees, engaged educators and volunteers, will follow all conditions outlined in this act.
- Our FDC Service is bound by the Education and Care Services National Regulations. Alcohol, drugs, or other substance abuse by employees can have serious adverse effects on their own health and the safety of others. As such whilst providing education and care to children, educators, coordinators and volunteers must not:
 - consume illegal drugs or alcohol
 - be under the influence of illegal drugs or alcohol
 - use or possess illegal drugs at any workplace
 - drive a vehicle, having consumed alcohol or suffering from the effects of illegal substances.

- Smoking or vaping is NOT permitted in or on the surrounding areas of the FDC residence or venue when care is taking place. (The smoking ban extends to an area of up to 5m around the land the service is approved to provide education and care).
- Educators must ensure that children being educated and cared for as part of the FDC service remain in an environment that is free from tobacco, drugs and alcohol. This includes when transportation for regular outings or excursions is provided for children.
- It is expected that if educators do smoke, the odour of tobacco/e-cigarette smoke will not be detected on their clothing or hands and any items children may contact, is residue free (cigarette butts, ash, matches etc are disposed of or stored away from children at all times).
- Consideration should be given to ventilation and hygiene within the residence or venue to ensure tobacco smoke is not detected.
- The safe storage of any items related to smoking or vaping must be strictly adhered to in the FDC residence or venue (ashtrays, lighters, matches, cigarettes etc.)

Educators, coordinators or volunteers undergoing prescribed medical treatment with a controlled substance that may affect the safe performance of their duties are required to report this to the Nominated Supervisor. A medical certificate may be required prior to their approval to provide education and care.

RESPECT FOR PEOPLE AND THE SERVICE

- Management, educators, coordinators and volunteers understand that *workplace health and safety is everyone's responsibility*
- Management, educators, coordinators and volunteers have a responsibility to take reasonable care for the health and safety of themselves and others at the workplace to enable compliance with the work health and safety legislation outlined in the *Work Health and Safety Policy*
- Educators must provide adequate supervision of children at all times and ensure the health, safety and welfare of children and young people in their care. This includes taking all reasonable action to protect children and young people from risk of harm that can be reasonably predicted.
- Management, educators, coordinators and volunteers are committed to the Service philosophy and values, inclusive of best practice in early childhood education and building positive partnership with children, families and staff.

EXPECTATIONS OF THE APPROVED PROVIDER, COORDINATOR/NOMINATED SUPERVISOR

Management is expected to:

- keep educators informed about essential information and any relevant changes and make all documents readily accessible to them
- take appropriate action if a breach of the *Tobacco, Drug and Alcohol-Free Policy* occurs
- advise new employees and volunteers to the service of the *Tobacco, Drug and Alcohol- Free Policy* during the induction process. Visitors will be advised of this policy through signage such as
 - 'No Smoking' signs clearly visible at the front entry of the FDC service
 - signage reminding families and visitors that they should not enter the premises if they under the influence of prohibited drugs or alcohol

EXPECTATIONS OF EMPLOYEES AND EDUCATORS

EMPLOYEES AND EDUCATORS WILL:

- act honestly and exercise attentiveness in all Service operations
- carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Approved Provider or the Ombudsman
- report any instances of suspected alcohol or drug use ~~at the Service~~
- be mindful of their duty of care towards themselves and others
- not sell, offer to sell, purchase, use, transfer or hold possession of illegal drugs while on the FDC residence or approved venue premises or when representing the service after operating hours
- be committed to valuing and promoting the safety, health, and wellbeing of employees, educators, volunteers, children, and families
- ensure that they are not, by the consumption of drugs or alcohol, in such a condition as to endanger their own safety or that of others at the FDC Service
- ensure they do not operate heavy machinery or operate/drive vehicles while under the influence of or used or consumed drugs or alcohol.

REASONABLE BELIEF OR SUSPICION

If a Coordinator/Nominated Supervisor suspects a FDC educator or educator assistant to be affected by drugs or alcohol, they must inform the Approved Provider immediately. FDC educators will report any concerns they may have about inappropriate actions of any other educator or educator assistant that involves the use of drugs or alcohol to management. Any incidents or reports are to be documented confidentially including action taken which followed the incident or report.

Management will observe and document any reasonable suspicions that an educator is under the influence of drugs or alcohol, this may include:

- observe any smell of alcohol
- eye dilation or red/bloodshot eyes
- slurred speech
- unable to act in a professional manner
- emotions where the employee is argumentative, agitated, irritable or drowsy
- movements where the employee is unsteady or fidgety or
- other behaviours.

If the Coordinator/Nominated Supervisor has reasonable grounds to believe that an educator is under the influence of illegal drugs or alcohol, alternative emergency arrangements will be made for the education and care of children in their residence/venue. Discipline action may follow, which may include termination of employment/engagement due to a breach of Service policy. A breach in the *Tobacco, Drug and Alcohol-Free Policy* may result in termination of employment/engagement, even for a first offence.

BREACH OF THE TOBACCO, DRUG AND ALCOHOL-FREE POLICY

All staff members, educators and coordinators are made fully aware that any breaches of the *Tobacco, Drug and Alcohol-Free Policy* and role responsibilities may lead to termination of employment or engagement including:

- providing education and care for children under the influence of alcohol or drugs
- possessing or selling drugs at the FDC residence or venue
- failure to follow policies and procedures

WORKPLACE HEALTH AND SAFETY (WHS) LEGISLATION

Each state specifies Work Health and Safety Acts and Regulations which involves the management of risks to the health and safety of everyone in the workplace. This includes ensuring children, visitors and educators are provided with a tobacco, drug and alcohol-free environment.

Occupational Health and Safety Act 2004 and [Occupational Health and Safety Regulations 2017](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Tobacco, Drug and Alcohol-Free Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Code of Conduct – Staff Acknowledgement

SOURCE

Australian Government. Business. [Work Health and Safety](#)

Australian Government. Department of Health. [What are drugs?](#)

Australian Government. Safe Work Australia. [Drugs and alcohol](#)

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (2011). (Amended 2023).

Guide to the National Quality Framework. (2017) (Amended 2023).

NSW Government. SafeWork NSW. [Alcohol and other drugs](#)

NSW Government. Work Cover NSW. (2006) [Alcohol and other drugs in the workplace, Guide to developing a workplace alcohol and other drugs policy](#)

Ombudsman Act 2001 (Cth).

Privacy and Personal Information Protection Act 1998 (Cth).

Queensland Government. Workplace Health and Safety Queensland. [Framework for alcohol and drug management in the workplace](#)

[Smoke-free Environment Act 2000](#).

Tasmanian Government. WorkSafe Tasmania. [Alcohol and drugs](#)

Victoria State Government. Work Safe Victoria. [Guide for developing a workplace alcohol and other drugs policy](#)

Work Health and Safety Act 2011 (Cth).

Workplace Relations Act 1996 (Cth).

Work Place Law. [Drug and alcohol testing in the workplace](#).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW DATE	MAY 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MAY 2024
VERSION	V7.05.2024		
MODIFICATIONS	<ul style="list-style-type: none">policy maintenance - no major changes to policyminor formatting edits within text		
POLICY REVIEWED	JUNE 2023	NEXT REVIEW DATE	JUNE 2024
VERSION	V4.06.23		
MODIFICATIONS	<ul style="list-style-type: none">policy maintenancehyperlinks checked and repaired as requiredaddition of e-cigarettes/vaping within contentNT and TAS new Work Health and Safety regulations addedminor formatting edits within text		

	<ul style="list-style-type: none"> • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JUNE 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required 	JUNE 2023
JUNE 2021	Draft policy developed	JUNE 2022

SAFE TRANSPORTATION POLICY

Educators working within our Family Day Care (FDC) Service often provide transportation of children as part of our education and care service. This may include transporting children between the Family Day Care residence or venue and other locations to participate in regular outings such as play groups, library visits, walks in the park or collecting children from homes or schools. Compliance with the Education and Care Services National Law and Regulations is mandatory to ensure the safety of children at all times and new provisions and amendments to these regulations are reflected in our procedures and policy for transportation and the safe handover of children. We acknowledge our ensuring duty of care obligations by adhering to relevant legislation providing adequate supervision of children at all times, maintaining correct educator to child ratios, maintaining accurate attendance records and providing appropriate child restraints for children under our care.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND LAW	
4 (1)	Definition regular transportation
85	Incident, injury, trauma and illness policies and procedures
89	First Aid Kits
98	Telephone or other communication equipment
99	Children leaving the education and care service premises
100	Risk assessment must be conducted before excursion
101	Conduct a risk assessment for excursion
102A	Transportation of children other than as part of an excursion

102B	Transport risk assessment must be conducted before service transports child
102C	Conduct of risk assessment for transporting of children by the education and care service
102D	Authorisation for service to transport children
122	Educators must be working directly with children to be included in ratios
124	Number of children who can be educated and cared for- family day care educator
136	First aid qualifications
159	Children's attendance record to be kept by family day care educator
161	Authorisations to be kept in enrolment record
168	Education and care service must have policies and procedures
168(2)(ga)	Education and care service must have policies and procedures (transportation)
169	Additional policies and procedures- family day care service
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
183	Storage of records and other documents
s165	Failure to adequately supervise children
s167	Failure to take reasonable precautions to protect children from harm and hazards

RELATED POLICIES

Administration of First Aid Policy	Enrolment Policy
Acceptance and Refusal of Authorisations Policy	Excursion Policy
Behaviour Guidance Policy	Incident, Injury, Trauma and Illness Policy
Child Protection Policy	Medical Conditions Policy
Child Safe Environment Policy	Record Keeping and Retention Policy
Delivery of children to, and collection from Education and Care Service Premises	Responsible Persons Policy
	Work Health and Safety Policy

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place in relation to the safe transportation of children and take reasonable steps to ensure those policies and procedures are followed (regulation 170).

[ACECQA, 2021]

We aim to ensure that all children being educated and cared for by our educators within our FDC Service are adequately supervised at all times. This includes ensuring educator to child ratios are met whenever and wherever education and care is provided to children and including providing transportation as part of our service activity.

SCOPE

This policy applies to the Approved Provider, coordinator, nominated supervisor, educators, educator assistants, children, families, and visitors of the Family Day Care Service.

IMPLEMENTATION

The safety of children enrolled at our FDC Service is paramount. Every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury. Appropriate safety measures have been implemented through our comprehensive risk assessment process to ensure supervision is adequate at all times including transportation. Educator to child ratios is adhered to in addition to ensuring the maximum numbers on the service approval are not breached at any time. Adequate supervision is therefore not static as it is dependent upon a range of considerations documented in risk assessments. (e.g., when FDC educators travel together in a larger vehicle for an excursion).

DEFINITIONS (EFFECTIVE MARCH 2023)

Excursion: an outing organised by an education and care service

Regular outing: in relation to an education and care service, means a walk, drive or trip to and from a destination

- (a) that the service visits regularly as part of its educational program; and
- (b) where the circumstances relevant to the risk assessment are the same on each outing

Regular transportation: in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are *substantially* the same for each occasion on which the child is transported.

Transportation (that is part of the education and care service): Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to, children applied in scenarios where services are transporting children, or have arranged for the transportation of children, including between an education and care service premises and another location, for example their home, school or a place of excursion.

Transition: In relation to the day-to-day process of moving between the service and a range of different education and care settings or from the education and care setting to a school setting.

Written authorisation: authorisation given by a parent or other person named in the child's enrolment record as having authority to authorise the child being transported by the service or on transportation arranged by the service. If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12-month period. The authorisation must state:

- a) the child's name; and
- b) the reason the child is to be transported; and
- c) if the authorisation is for a regular outing, a description of when the child is to be taken on the regular outings; and
- d) if the authorisation is not for a regular transportation, the date the child is to be transported; and
- e) a description of the proposed pick-up location and destination; and
- f) the means of transport; and
- g) the period of time during which the child is to be transported; and
- h) the anticipated number of children likely to be transported; and
- i) the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation; and
- j) any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported; and
- k) that a risk assessment has been prepared and is available at the education and care service; and
- l) that written policies and procedures for transporting children are available at the education and care service.

TRANSPORT SPECIFIC RISK ASSESSMENT

As per the Education and Care Services National Law, our FDC Service will '*ensure that every reasonable precaution is taken to protect children...from harm and from any hazard likely to cause injury*' (Section 167).

Our FDC educators will conduct comprehensive transport specific risk assessments to minimize and manage all potential risks for transporting children before authorisation is sought to transport a child from the Approved Provider. [Reg. 102B, 102D (4)].

A risk assessment will be undertaken at least annually for '*regular transportation*' of children. Each time a FDC educator transports, or arranges, the transport of children as part of an excursion, a new risk assessment will be conducted. All risk assessments will be regularly assessed and evaluated as to facilitate continuous improvement in our service.

Our risk assessment process is guided by the following process:

- identify any hazards or potential hazards that transporting the child may pose to the safety, health and wellbeing of the child
- assess the risk of harm or potential harm using a risk matrix
- specify how the identified risks will be managed by eliminating or minimising the impact using control measures
- evaluate the current risk or potential harm by implementing control measures
- review and monitor the risk or potential harm to ensure it continues to be managed as a low risk

source: Risk assessment and management ACECQA (2020)

Our risk assessment will consider:

- a) the proposed route and duration of the transportation; and
- b) the proposed pick-up location and destination; and
- c) the means of transport; and
- d) any requirements for seatbelts or safety restraints (as per the law of our jurisdiction); and
- e) any water hazards; and
- f) the number of adults and children involved in the transportation; and
- g) given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialized skills are required; and
- h) whether any items should be readily available during transportation (mobile phone, list of emergency contact numbers) and;
- i) the process for entering and exiting-
 - i. the education and care service premises; and
 - ii. the pick-up location or destination (as required); and
- j) procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

Additional considerations may include:

- the experience of the driver and licensing conditions for the vehicle
- the age, ability, needs and skills of children being transported (non-ambulant, infants)
- the experience of the adults involved in transportation and their capacity for supervising children
- movement of children between the vehicle and venues
- traffic conditions
- extreme weather conditions or natural disasters
- environmental hazards such as temperature extremes, smoke
- communication to/from the vehicle- mobile phone reception
- health needs of all children and adults
- first aid provision and management of illness, injuries and emergencies
- child safe practices.

source: NSW Government Kids and Traffic (2020)

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR AND COORDINATORS WILL ENSURE:

- all FDC educators, staff, volunteers and students follow the *Safe Transportation Policy* and procedure
- all educators and educator assistants are inducted in the *Safe Transportation Policy* and procedure and have completed practical training relating to safe transportation of children
- a copy of any training undertaken by staff/educators is kept at the FDC Service principal office
- information related to the safe transportation of children is shared with all FDC educators regularly to assist management fulfill their roles responsibly
- any updates to policies and procedures are clearly communicated with FDC educators and educator assistants
- clear and consistent procedures are established to ensure no children are left in vehicles when the FDC educator or educator assistant is transporting children (NQF review 2019)
- relevant criminal history requirements and Working with Children Checks are made for any person transporting children. WWCC is recorded in staff records.
- any allegation of misconduct of the educator or other adult will be reported immediately as per the Reportable Conduct Scheme detailed in our *Child Protection Policy* and/or *Child Safe Environment Policy* and *Code of Conduct Policy*
- FDC educators and educator assistants accompanying children during transportation hold:
 - an approved first aid qualification and
 - a current approved anaphylaxis management training qualification and
 - an approved emergency asthma management training qualification.
- risk assessments are carried out prior to seeking authorisation for transporting children

- risk assessments for 'regular transportation' are evaluated regularly (at least annually) or whenever a change of circumstances warrants a new assessment- e.g.: route change of vehicle due to roadworks, additional pick-up points or new provider of transport, to ensure potential risks are identified and managed
- details of the safest route for travel, type of vehicle and required restraints are included in the risk assessment
- the FDC educator or person driving the vehicle/bus holds a current Australian driver's licence
- education on road safety for children is included in the FDC Service's programming (for example Kids and Traffic, Vic Roads Primary School roads information)
- the maximum number of children approved for a FDC service is adhered to no matter where the children are located, including when they are being transported by the Service [S. 51(4A)]
- messages from families regarding attendance changes to pick up or drop offs are communicated to FDC educators

FDC COORDINATORS/ FDC EDUCATORS/ EDUCATOR ASSISTANTS WILL ENSURE:

- every reasonable precaution is taken to protect children from harm and hazards likely to cause injury
- effective and adequate supervision is provided when children are being transported. Consideration must include:
 - the number, age and ability of children
 - visibility and accessibility
 - physical positioning of educators
 - risks related to the mode of transportation (including travel on foot)
 - risks in the environment, location and while travelling
 - the experience, knowledge and skill of each educator
- parents/guardians complete a written authorisation for regular transportation of their child and a copy of this is filed in the child's enrolment record
- educator to child ratio requirements is maintained at all times
- children are never left unattended in the vehicle
- the FDC educator or person driving the vehicle/bus holds a current Australian driver's licence and are licenced to carry the required number of passengers for the purpose
- educators adhere to the road rules and regulations mandated by law within each state/territory
- children wear approved seatbelts/restraints whilst the vehicle is in motion in accordance to (Victorian) Road Rules and Road Transport Act

- children remain seated and secured in child restraints and do not behave in a dangerous or inappropriate manner
- rehearsals for transportation of children are conducted throughout the year as 'best practice'
- flow charts for procedures of what to do in case of an emergency (missing or unaccounted child) are clearly communicated with all stakeholders regularly, including implementation of the *Missing Child During Regular Transportation Procedure*
- a working mobile phone or other similar means of communication to communicate with the principal office, coordinator, parents/carers is carried in case of emergency
- a list of emergency contact numbers for the children being transported is available at all times
- the *Administration of First Aid Policy* is implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- compliance with first aid requirements of Regulation 136 is met at all times
- an easily recognised and suitably equipped first aid kit is easily accessible during transportation
- medication, health plans and risk assessments for individual children are taken when transporting children
- children are instructed on processes for entering and exiting the FDC residence or approved venue
- children's attendance is checked against an accurate attendance record showing when children are within the care of the FDC service/ FDC educator
- children's attendance is checked by the FDC educator before departure from the designated pick-up location and marked as present as they disembark from the vehicle
- procedures for the safe handover of children between the FDC Service and other educational site is documented correctly (if applicable) and clearly communicated with all stakeholders
- safety rules are developed with children to ensure a clear understanding of appropriate and inappropriate behaviour
- educators are aware of appropriate procedures to be followed in the event of a vehicle crash involving children from the service
- every effort will be made to notify parents/carers of delays returning to the FDC residence or venue if applicable

PICKING UP CHILDREN AND DURING TRANSPORTATION

- the vehicle is parked in a safe location close to the entry of the FDC residence or venue
- all children accompany the FDC educator or educator assistant when leaving the residence
- a 'head count' and check of the children's attendance record is checked by the educator as children assemble in a predetermined location at the residence or venue prior to embarking the vehicle

- FDC Educator will conduct a final check of the vehicle, including the interior, to ensure no child is left on the vehicle
- children are signed into the service attendance record upon collection
- if both the FDC educator and educator assistant are travelling in the vehicle, a check of the home must be conducted prior to departure to ensure no children are left behind
- children are safely secured into their seats/restraints
- children are continuously supervised during transportation by the educator, ensuring they have clear vision of all children
- children are to remain seated and secured in appropriate child restraints until the vehicle/bus has completely stopped
- the designated driver of the vehicle/bus complies with all appropriate road, safety and transport regulations
- under no circumstances will the driver of the vehicle/bus supervising the children use handheld mobile phones unless safely parked
- under no circumstances will the driver and/or FDC educator supervising children be under the influence of alcohol or drugs
- the designated driver of the vehicle has the right, *if required* to stop in a safe place until the children conform to the safety guidelines. Parents will be notified if their child continues to be challenging and/or behaving in a dangerous manner.

DROPPING OFF CHILDREN

- at each stop, the FDC educator and/or educator assistant must park the vehicle and turn off the ignition at a safe and secure location (pre-determined)
- children are to remain seated until the vehicle/bus has completely stopped
- if the child is being collected or dropped off to a school or a venue that requires the FDC educator to escort the child to that location, the vehicle must be parked, and all children accompany the FDC educator
- children must never be left unsupervised in the vehicle
- if an educator assistant is travelling with the FDC educator, one of these adults may remain in the vehicle to supervise children whilst a child/ren is delivered safely to their venue/location and signed in
- the FDC educator/educator assistant will assist children to safely disembark the vehicle/bus
- children will exit the vehicle/bus using the door located near the kerb
- children are signed out of the service attendance record upon drop off

RETURNING TO THE FDC RESIDENCE/VENUE

- the FDC educator will park the vehicle in a safe location close to the entry of the FDC residence or venue
- children will be removed from their restraints and escorted inside the residence
- a 'head count' of children against the attendance record will be checked by the FDC educator once inside the residence
- once the children have been removed from the vehicle the FDC educator and/or educator assistant will conduct a final thorough sweep of the vehicle/bus, checking on and under seats to ensure there are no children or belongings left behind
- any child is unaccounted for, the FDC educator must follow the *Missing Child During Regular Transportation Procedure*. This will include:
 - physical search of the vehicle (including under the vehicle)
 - contacting other relevant locations- school, park, library and request an immediate search
 - contact the police and child's parents/carers
 - contact FDC scheme Coordinator/Nominated Supervisor
 - notify regulatory authority of a serious incident within 24 hours with the support of the approved provider.

SAFE MAINTENANCE OF TRANSPORTATION VEHICLE

The Approved Provider, Nominated Supervisor, Coordinator and FDC educator will ensure:

- the transportation vehicle is fitted with the required seat belts and child restraints, approved by the Roads and Traffic Authorities (see Rule 266 of the Australian Road Rules)
- there are sufficient seat belts installed for all passengers in accordance with current Australian Safety Standards- (AS/NZS 1754)
- the vehicle has enough fuel to transport the children each day as in accordance with schedule
- the vehicle is registered, roadworthy and insured (general legal requirements and best practice standards are adhered to)
- checks of the vehicle should be recorded, signed by the relevant person and kept for inspection by the Regulatory Authority
- all drivers hold a current Australian driver's licence, licenced to carry the required number of passengers for the vehicle
- in the event of any mechanical or other breakdown, children will be kept safe, comfortable and occupied with suitable activities

FAMILIES WILL:

- adhere to the Service's Delivery and collection of children to and from the Education and Care Service and adhere to the *Safe Transportation Policy*
- communicate any change in transportation requirements for their child with their FDC educator as soon as they are aware (for example: no transport is required on a particular day as the child has returned home from school due to illness)
- notify the Service and FDC educator if their child is going to be absent on a particular day and not require transport
- ensure written authorisation/permission for transportation of their child by the FDC educator/and service is granted by either the parent or authorised nominee named in the child's enrolment record
- provide emergency contact details and phone numbers upon enrolment and update emergency contact details and phone numbers regularly
- sign attendance record upon delivery or collection of child to the service in accordance with the *Delivery of Children to, and Collection from Education and Care Service Premises Policy*

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Safe Transportation Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Employee Induction Checklist	Transport Pick Up/Drop Off Checklist
Missing Child during Regular Transportation Procedure	Transporting Children Risk Assessment Template
Regular Transportation Authorisation	
Safe Transportation of Children Module	

[Kids and Traffic- Early Childhood Road and Safety Education Program](#)

- Transporting children safely- Guidance on Understanding safe transport and travel requirements for education and care service providers (2020).
- Safe Travel and Transport- Advice for working with children, families, schools and communities (2020).

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

ACECQA. (2023). Policy and Procedure Guidelines. [Safe Transportation of Children](#).

ACECQA. (2023). [Minimising the Risk of Children Being Left Behind in Vehicles](#). NQF Review 2019

Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0](#), 2022

Australian Government Department of Education (2022). [My Time, Our Place- Framework for School Age Care in Australia.V2.0](#)

Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023)

Guide to the National Quality Framework. (2018). (Amended 2023).

Kids and Traffic Early Childhood Road Safety Education Program (NSW)

Revised National Quality Standard. (2018).

Road Transport (Safety & Traffic Management) Act 1999.

Queensland Government Early Childhood Education and Care (2021) [Guidelines for health and safety- Transportation](#)

Vic Roads- Primary school road safety education resources

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY:	AMY AYACHE	REVIEWED MAY 2024	NEXT REVIEW MAY 2025
VERSION NUMBER	V8.05.24		
MODIFICATIONS	<ul style="list-style-type: none"> Minor formatting edits within text Policy maintenance – no major changes to policy 		
POLICY REVIEWED	JULY/ JANUARY 2023	NEXT REVIEW DATE	JULY 2024
VERSION NUMBER	V9.07.23		
MODIFICATIONS	<p>JULY</p> <ul style="list-style-type: none"> Merging of some content under AP/NS/Coordinator headings repeated information deleted hyperlinks checked and repaired as required <p>JANUARY</p> <ul style="list-style-type: none"> Review of policy as per recommendations from ACECQA for FDC services to apply the amendments for safety requirements to all periods of transportation including single trips. Effective 1 March 2023 Merging of some content into 'The AP/NS/Coordinator/educator' section 		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY/SEPTEMBER 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required September (2022) small edits following Kids and Traffic information Continuous improvement section, <i>effective</i> supervision, clear communication with all stakeholders 	JULY 2023
OCTOBER 2021	<ul style="list-style-type: none"> Additional law/regulations added- ACECQA Guidelines to Policy and Procedure document (August 2021) Additional consideration for risk assessment included further information related to dropping children off at various stops/venues included to ensure safety of children at all times additional section 'Returning the FDC residence' added checks of the vehicle after disembarkation to be recorded as best practice information added regarding unaccounted children 	JULY 2022
OCTOBER 2020	<ul style="list-style-type: none"> relevant National Law added clarification of adequate supervision added additional information re: communication/telephone additional resources added- Kids and Traffic 	JULY 2021
AUGUST 2020	<ul style="list-style-type: none"> New policy created for Family Day Care Services 	JULY 2021

ENVIRONMENTALLY RESPONSIBLE POLICY

Our Family Day Care (FDC) Service encourages the awareness of environmental responsibility and implement practices that contribute to a sustainable future. Family Day Care (FDC) educators support children to become environmentally responsible and show respect for the environment. We practice and promote sustainability through reducing waste, minimising consumption, and protecting and conserving wildlife and natural habitats.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.2	Use	The service environment is inclusive, promotes competence and supports exploration and play-based learning.
3.2.1	Inclusive Environment	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.
3.2.2	Resource support play-based learning	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.
3.2.3	Environmentally responsible	The service cares for the environment and supports children to become environmentally responsible.

RELATED POLICIES

Animal and Pet Policy	Physical Environment Policy
Educational Program Policy	

PURPOSE

Our Family Day Care Service believes in educating children about being environmentally responsible which is promoted and supported through daily practices, resource and interactions. Sustainable practice is encouraged within the Service and community, assisting children and families to become advocates for a sustainable future.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, educators, educator assistants, children, families, and visitors of the FDC Service.

IMPLEMENTATION

Teaching and learning about being environmentally responsible starts with everyday practice. We believe being environmentally responsible should be embedded into the operations of the FDC Service, rather than being a tokenistic 'theme' that is investigated every now and then. Our FDC Service is committed to protecting our environment to ensure a sustainable future for our children. This involves the FDC coordinator, educator and educator assistants, children and families working together to protect our environment as we educate children about the importance of 'creating, promoting and maintaining sustainable communities.' (EYLF, 2.0)

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/COORDINATOR WILL:

- ensure the principles of the approved framework- *Early Years Learning Framework (EYLF) V.20, 2022*, underpin our educational program within the Service- including the new principle of *Sustainability*
- network with the local community to keep up to date with current practices and ideas for being environmentally responsible. This may include encouraging FDC educators to install water tanks, grey water system, convert toilet cisterns to dual flush, and convert to water saving taps at the residence/venue
- engage Aboriginal and Torres Strait Islander elders where possible to explore and share their own history, culture and rich sustainable practices
- encourage FDC educators, educator assistants, and families and children to engage in sustainable practices and appreciate the natural environment, understand our impact on the natural world, and the interdependence between people, animals, plants, lands and waters
- provide professional development opportunities for FDC educators to learn about integrating environmentally sustainable education into all areas of their program and engage in shared critical reflection
- reflect on environmental, economic and social impacts on the world in all aspects of Service operation and include in the review and development of a sustainable Quality Improvement Plan (QIP)
- where relevant, review policies and procedures within the FDC Service with educators, children and families, to achieve more sustainable outcomes and practices (e.g., using individual hand towels instead of paper towel to dry hands)
- use electronic communication where possible to reduce paper use within the principal office and between families for newsletters, billing, and other communication needs
- conduct environmentally responsible audits to ensure consistency and continuous improvement

- source resources and materials from second-hand stores to use within the FDC service and in residences/venues

EDUCATOR / EDUCATOR ASSISTANTS WILL:

- encourage children to take an active role in caring for the environment and think of ways they can contribute to a sustainable future
- support children's understanding of their rights and responsibilities as members of local and global communities through meaningful and relevant educational experiences (ACECQA, 2022)
- incorporate recycling as part of everyday practice at the FDC residence/venue. Recycled containers will be provided throughout mealtimes and experiences
- support children's commitment to social justice through curriculum decision making
- role model environmental sustainability practices during play
- discuss environmentally responsible practices with the children and families as part of the curriculum
- provide information to families on environmentally responsible practices that are implemented at the FDC Service and encourage the application of these practices in the home environment
- support children to become *active citizens* in their communities- displaying values of respect, inclusion and helping others, as well as appreciating diversity in all forms (EYLF. 2.0)
- share ideas between other FDC educators and educator assistants of Bright Beginnings Family day Care Centre children, and families about environmentally responsible ideas, implementation, and resources. This will be supported through our communication strategies, including parent meetings, emails, newsletters, and informal conversations.
- Children will be encouraged to place food scraps into separate containers for use in the worm farm or composting bin. The FDC educator will provide visual guides and discuss with the children and families which scraps worms can eat, which foods can be composted, and which food scraps must go in the bin.
- role model energy and water conservation practices: For example, turning off lights and air-conditioning when a room is not in use, emptying water play containers onto garden areas.
- seek to purchase equipment that is environmentally friendly where possible. FDC educators will reduce the amount of plastic and disposable equipment they purchase and select materials that are made of natural materials.
- use the concept of '*reduce, re-use and recycle*', which will become part of everyday practice for both children and educators to build lifelong attitudes towards environmentally responsible practices
- use 'green cleaning' products to replace chemicals where possible

- collaborate with families and the community for involvement in potential quality practice for the Service. For example: [Take 3 for the Sea](#), [Food wise](#), [Planet Ark](#)
- provide colour coded bins for Landfill only, Organic waste, Paper recycling, Mixed recyclables.

SUSTAINABLE PRACTICES MAY INCLUDE:

SUSTAINABLE PRACTICE	IDEAS
RECYCLING	<ul style="list-style-type: none"> • Provide bins and signage for waste and recycled materials • Recycle paper and all other recyclable rubbish • Use recycled water (e.g. for watering gardens)
GARDENING	<ul style="list-style-type: none"> • Plant vegetables, herbs, and fruit trees • Establish a worm farm • Give food scraps to worms or service pets, or to a staff/ family member to take home for their pet/s • Provide education to children about activities such as 'garden to plate' activities • Provide opportunities for children to participate in experiences such as seed sprouting, vegetable gardening, cooking with what is grown, and provide education about weeds
ENERGY CONSERVATION	<ul style="list-style-type: none"> • Install LED lighting where possible • Turn off non-LED lights when not in use • Turn off electrical appliances at the outlet when not in use • Use natural ventilation and insulated blinds/drapes rather than air conditioning when temperatures are not extreme
WATER CONSERVATION	<ul style="list-style-type: none"> • Using half flush on the toilet • Turn off the taps and ensure leaking taps are fixed immediately • Encourage shorter showers • Teach children to turn off tap when brushing teeth • Collect rainwater and use in the garden and for water/sand play • Use water play water on the garden rather than tipping out at the end of the day
NATURE AND WILDLIFE	<ul style="list-style-type: none"> • Use natural materials – trees, wooden blocks, and leaves etc. in arts and crafts and play • Educate children about the natural decomposition cycle through exposure and participation in worm farms and composting food scraps • Educate children in how to care for pets, letting them actively participate in caring for any FDC service pets • Plant 'bird attracting' plants and install a birdbath • Plant 'butterfly attracting' plants • Create a lizard lounge • Collaborate with wildlife educators to assist in educating children
COMMUNICATE	<ul style="list-style-type: none"> • Display the FDC service's sustainability journey in the foyer area for families and visitors to view, provide feedback and offer suggestions • Provide families with hints and tips in newsletters about how they can become sustainable at home • Use scrap paper for art and craft • Use both sides of paper for drawing

CONTINUOUS IMPROVEMENT/REFLECTION

The *Environmentally Responsible Policy* will be reviewed on an annual basis in conjunction with children, families, educators and management.

SOURCES

Australian Association for Environmental Education (AAEE): www.aaee.org.au

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Children's Education & Care Quality Authority. (2023). [Information sheet. Belonging, Being & Becoming. Sustainability](#).

Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia. V2.0, 2022](#)

Department of Environment and Energy: www.environment.gov.au

Education and Care Services National Regulations. (2011).

Queensland Early Childhood Sustainability Network (QECSN): www.qecsn.org.au

Revised National Quality Standard. (2018).

UNESCO. [Sustainable Development Goals- Resources for educators](#)

[Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW DATE	MAY 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MAY 2024
VERSION NUMBER	V8.05.24		
MODIFICATIONS	<ul style="list-style-type: none">• minor edits to reflect FDC service• hyperlinks checked• policy maintenance – no major changes to policy		
POLICY REVIEWED	FEBRUARY 2024	NEXT REVIEW DATE	FEBRUARY 2025
VERSION NUMBER	V7.2.24		
MODIFICATIONS	<ul style="list-style-type: none">• annual policy review• additional information added to align to ELYF (V2.0) principle- <i>Sustainability</i>• sources checked for currency and additional resources added		
POLICY REVIEWED	MODIFICATIONS		NEXT REVIEW DATE
FEBRUARY 2023	<ul style="list-style-type: none">• policy maintenance - no major changes to policy• hyperlinks checked and repaired as required• continuous improvement/reflection section added		FEBRUARY 2024

	<ul style="list-style-type: none"> link to Western Australian Education and Care Services National Regulations added in 'Sources' 	
FEBRUARY 2022	<ul style="list-style-type: none"> Policy reviewed as per annual review cycle Sources checked for currency 	FEBRUARY 2023
FEBRUARY 2021	<ul style="list-style-type: none"> minor edits to reflect FDC residence/venue moved FDC educator/educator assistant roles within policy sources checked and broken links edited 	FEBRUARY 2022
FEBRUARY 2020	<ul style="list-style-type: none"> Additional information added to points. small wording edits additional links added for information 	FEBRUARY 2021
FEBRUARY 2019	<ul style="list-style-type: none"> Additional information added to points. Irrelevant information deleted. Points added (Highlighted). Department names corrected in Sources (due to departmental name changes). Sources/references corrected, updated, and alphabetised. 	FEBRUARY 2020
AUGUST 2018	New Policy Created for Family Day Care Service to support best practice	FEBRUARY 2019

CHILD PROTECTION POLICY (VIC)

Our Family Day Care (FDC) Service is committed to providing a child safe environment where children's safety and wellbeing is supported and children feel respected, valued and encouraged to reach their full potential. Our FDC Service embeds the *Victorian Child Safe Standards* and promotes a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging. We will ensure all management, educators and volunteers understand the meaning, importance and benefits of providing a child safe environment and critically, understand their obligations and requirements as Mandatory Reporters. At all times, management, staff and volunteers will treat children with the utmost respect and understanding.

Our FDC Service believes that:

- Children are capable of the same range of emotions as adults.
- Children's emotions are real and need to be accepted by adults.
- A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour.
- Children who preserve, enhance and better understand their body's response to an emotion are more able to predict the outcome from a situation and evade them or ask for help.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS AND NATIONAL LAW	
84	Awareness of child protection law
147	Staff records
153	Register of family day care educators, coordinators and educator assistants
155	Interactions with children

168	Education and care service must have policies and procedures
169(2)(g)	Additional policies and procedures- family day care service
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training

RELATED LEGISLATION

<i>Child Wellbeing and Safety Act 2005</i> (Vic)
<i>Children, Youth and Families Act 2005</i> (Amended 2014) (Vic)
<i>Commission for Children and Young People Act 2012</i> (Amended 2014) (Vic)
Failure to Disclose 2014 (Under Section 327 of the <i>Crimes Act 1958</i> [Vic])
Failure to Protect 2015 (Under Section 327 of the <i>Crimes Act 1958</i> [Vic])
Family Violence Protection Act 2008 (Vic.)
<i>The Charter of Human Rights and Responsibilities Act 2006</i> (Vic)
<i>Working with Children Act 2005</i> (Vic)
<i>Family Law Act 1975</i> (Cth)
<i>Crimes Act 1958</i> (Vic)

RELATED POLICIES

Child Safe Environment Policy Child Safety and Wellbeing Policy Code of Conduct Policy Family Communication Policy Health and Safety Policy Interactions with Children, Family and Staff Policy Privacy and Confidentiality Policy Recruitment Policy	Reportable Conduct Scheme Policy Respect for Children Policy Responsible Person Policy Staffing Arrangements Policy Student and Volunteer Workers Policy Supervision Policy Work Health and Safety Policy
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PURPOSE

All Family Day care (FDC) educators, educator assistants, coordinators and other staff are committed to identifying possible risk and significant risk of harm to children and young people at FDC residences and/or approved venues. We comprehend our duty of care responsibilities to protect children from all types of abuse and neglect and will adhere to our moral and legislative obligations at all times. We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our FDC Service will act in the best interest of each child, assisting them to develop to their full potential in a secure and child safe environment. We understand our statutory duty of care to comply with both the Victorian Child Safe Standards and Reportable Conduct Scheme to build our capacity as an organisation to prevent and respond to allegations of child abuse.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, educators, educator assistants, children, families, and visitors (including contractors) of the Family Day Care Service.

WHAT IS CHILD ABUSE?

Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time.

IDENTIFYING SIGNS OF CHILD ABUSE

FDC educators play a vital role in protecting children from harm by responding to and reporting any incidents, disclosure or suspicions. FDC educators are best placed to identify signs and behaviours that may indicate that a child has been subject to abuse or identify a community member, contractor or volunteer may be a perpetrator. Understanding the signs of child abuse is critical in supporting children's safety and wellbeing. [Victoria State Government-Child protection in early childhood PROTECT].

There are different forms of child abuse-

- Physical abuse
- Child sexual abuse
- Grooming
- Emotional child abuse
- Neglect
- Family violence and
- Children exhibiting inappropriate sexual behaviour. Further information about the recognition of signs of child abuse and definitions are included in *Appendix 1* of this policy.

Duty of Care

Duty of care refers to your responsibility to adequately protect children in care from harm. This common law concept applies to all staff members within any Victorian early childhood service and is usually expressed as *"a duty to take reasonable steps to protect children from injury that is reasonably foreseeable."* Victoria State Government (2021).

Duty of care means:

- acting on concerns quickly and in the child's best interests
- protecting the safety, health and wellbeing of children in their care
- seeking appropriate advice or consulting when unsure
- reporting suspected child abuse to Department of Families, Fairness and Housing (DFFH) Child Protection or Victoria Police
- providing ongoing support to a child and their family
- sharing information, upon request, to assist DHHS Child Protection or Police to protect and/or promote the wellbeing and development of a child
- notifying the regulatory authority when required
- attending DFFH Child Protection Case Planning meetings
- Staff may breach their duty of care towards a child if they fail to act in the way a reasonable/diligent person would in the same situation.

Mandatory reporting is the legislative requirement for selected classes of people to make a report to Child Protection and/or Victoria Police where they form a reasonable belief, that a child has been or is at risk of significant harm, as a result of physical or sexual abuse, and the child's parents have not protected or are unlikely to protect the child from that abuse. It is a criminal offence to fail to report in these circumstances. In Victoria (VIC) mandatory reporting is regulated by the *Children Youth and Families Act 2005*.

Mandatory reporters in Victoria, are people who deliver the following services, wholly or partly, to children as part of their paid or professional work:

- registered medical practitioners
- nurses, including midwives
- Victorian police officers
- registered teachers and school principals
- out of home care workers (excluding voluntary foster and kinship carers)
- early childhood workers
- youth justice workers
- registered psychologists
- school counsellors
- people in religious ministry.

<https://providers.dffh.vic.gov.au/child-protection>

WORKING WITH CHILDREN CHECK

A Working With Children Check (WWCC) is mandatory for all employees working or volunteering with children within Education and Care Services. Education and Care Services and organisations are required to check the status of an employee's Working With Children Check BEFORE an employee begins working with children. Working with Children Check Victoria will notify organisations in writing if an employee's Working With Children Check has been suspended or revoked.

CHILD SAFE STANDARDS

Our FDC Service is committed to keeping children and young people safe and are compliant with the 11 Child Safe Standards and Principles and Reportable Conduct Scheme. (See: *Child Safety and Wellbeing Policy*)

Our FDC Service has policies and practices in place that include robust screening of all educators and staff members prior to employment, supervision, training and other human resources practices to reduce the risk of child abuse for new and existing staff members, processes for responding to and reporting suspected child abuse, strategies to identify and reduce or remove risks of child abuse and strategies to promote the participation and empowerment of children.

FAILURE TO DISCLOSE AND FAILURE TO PROTECT

Failure to disclose or take action in relation to suspected child sexual abuse can constitute a criminal offence. The law requires **any adult** who holds a reasonable belief that a sexual offence has been committed in Victoria, by an adult against a child (aged under 16) disclosed this information to police.

FORMING A REASONABLE BELIEF/REASONABLE GROUNDS

A person forms a reasonable belief that a child is in need of protection, or their safety or wellbeing is at risk when they are more likely to accept rather than reject their suspicion and the belief is formed through disclosures, observations, or other information. Proof is not required to support your claim.

Reasonable grounds for forming a belief may include where:

- a child states they have been abused
- a child states they know someone who has been, or is being, abused
- someone who knows the child states that the child has been abused, is being abused, or is at risk of abuse
- you observe a child's behaviour, actions or injuries that may place them at risk of harm or abuse
- you are aware of persistence violence, parental substance misuse, disability that is impacting on the child's safety, stability or development
- you observe signs or indicators of abuse.

Staff should make sufficient enquiries to form a belief, however it is not the role of staff to conduct an investigation into child protection concerns or criminal offences. DFFH Child Protection or Victoria Police will determine what is to be investigated.

IMPLEMENTATION

The Family Day Care Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. FDC educators have an important role to support children and young people and to identify concerns that may jeopardise their safety, welfare, or wellbeing. To ensure best practice, all educators will attend compulsory Child Protection training and maintain current knowledge of child protection and Mandatory Reporter requirements by completing Child Protection Awareness Training annually.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL ENSURE:

- any Responsible person in day-to-day charge of the Family Day Care service has successfully completed the child protection training approved by the Regulatory Authority
- all FDC coordinators have successfully completed the child protection training approved by the Regulatory Authority
- [the recruitment process for all educators and staff is robust and includes pre-employment screening, reference checks](#)
- all FDC educators', educator assistants, coordinators, volunteers and students' Working with Children Checks (WWCC) are checked prior to engagement of work and recorded on staff/student/visitor records
- all employees, engaged educators, volunteers and students are:
 - provided with a copy of the current *Child Protection, Child Safe Environment, Child Safety and Wellbeing and Reportable Conduct Scheme policies* as part of the induction process at the FDC Service
 - aware of child protection legislation including:
 - their mandatory reporting obligations and responsibilities if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm
 - their duty of care obligations for all children who are involved in or affected by the suspected child abuse
 - their mandatory reporting obligations and responsibilities if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm
 - aware of indicators showing a child may be at risk of harm or significant risk of harm
 - aware of the [Four Critical Actions](#) to follow when responding to incidents, disclosures and suspicions of child abuse
- training and development are provided for all educators, staff, and volunteers in child protection on an annual basis
- educators are supported and empowered to make a report to DFFH Child Protection, Victoria Police or seek a referral to Child FIRST by having clear procedures in place

- access is provided to all staff regarding relevant legislations, regulations, standards and other resources to help educators, staff, and volunteers meet their obligations
- to adhere to the Reportable Conduct Scheme and report any allegations of 'reportable conduct'
- to notify the Commission within three (3) business days of becoming aware of a reportable allegation made against an employee or volunteer using online forms found at <https://ccyp.vic.gov.au/reportable-conduct-scheme/about-reporting-allegations/>
- records of abuse or suspected abuse are kept in line with our *Privacy and Confidentiality Policy*
- an *Incident, Injury, Trauma and Illness record* is kept (as per National Law and the Children's Services Act)
- to notify the regulatory authority through the NQA-ITS (within 7 days) of *any incident* where it is reasonably believed that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service
- to notify the regulatory authority through the NQA-ITS (within 7 days) of *any allegation* that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the FDC Service.

FDC EDUCATORS/EDUCATOR ASSISTANTS WILL:

- promote the welfare, safety, and wellbeing of children at the FDC Service at all times
- ensure children feel safe and supported at the early childhood service and their individual needs are met
- comprehend their obligations as mandatory reporters and their duty of care requirements if they have formed a reasonable belief that a child has suffered or is likely to suffer significant harm
- participate in annual child protection training and other relevant professional training
- be able to identify signs of child abuse (see Appendix 1)
- follow the [Four Critical Actions for Early Childhood Services: Responding to incidents, disclosures and suspicions of Child Abuse](#)
 - Responding to an emergency
 - Reporting to authorities
 - Contacting parents or carers
 - Providing ongoing support
- respect what a child discloses, taking it seriously and follow up on their concerns through the appropriate channels
- refer families to appropriate agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through Child FIRST or The Orange Door- <https://services.dffh.vic.gov.au/referral-and-support-teams> Family consent will be sought before making referrals

- allow children to be part of decision-making processes where appropriate
- prepare accurate records recording exactly what happened, conversations that took place and what was observed to pass on to the relevant authorities to assist with any investigation
- understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people
- NOT investigate suspicion of abuse or neglect but collect only enough information to substantiate concerns and pass on to the Child Protection Helpline or appropriate authority
- understand their legal obligations to report or take action in relation to suspected child abuse under the Reportable Conduct Scheme
- share information with other professionals working with children as part of the information sharing and family violence reform schemes
- provide ongoing monitoring and follow-up for children's health and wellbeing.

MAKING A CHILD PROTECTION REPORT

FDC educators must take immediate action relating to concerns about potential child abuse.

In the case of an emergency, staff should contact Emergency Services on 000.

Under the **Failure to Disclose** offence, *any adult* must report to Victoria Police if they reasonably believe that a sexual offence has been committed by an adult against a child under the age of 16. A report must be made to DHHS Child Protection if the mandatory reporter forms a belief on reasonable grounds the child is:

- in need of protection due to child abuse
- at risk of being, harmed (or has been harmed) and the harm has, or is likely to have an impact on the child's safety, stability or development.

If a FDC educator has a concern and they are unsure if a report should be made to DFFH Child Protection or Victoria Police, or a referral to ChildFIRST they should discuss this with the approved provider or responsible person.

FDC Services will contact their local DFFH Child Protection intake provider to report concerns.

Northern Division intake: 1300 664 977

South Division Intake: 1300 655 795

East Division intake: 1300 360 391

West Division intake- metropolitan: 1300 664 977

West Division intake- rural and regional: 1800 075 599

If you are not sure which number to call, check Department of Families, Fairness and Housing - [Child protection](#) contacts for details on the LGAs covered by each intake service.

REPORTING CONCERNS ABOUT THE WELLBEING OF A CHILD

FDC educators and staff who have significant concerns for the wellbeing of a child (or unborn child) may report these concerns to DFFH Child Protection or refer the matter to ChildFIRST.

DOCUMENTING A SUSPICION OF HARM/ YOUR ACTIONS

If FDC educators have concerns about the safety of a child, they will:

- record their concerns in a non-judgmental and accurate manner as soon as possible

It is recommended that ECEC services use '[Responding to Suspected Child Abuse: Template for all Victorian Early Childhood Services](#)']

- record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child).
 - not endeavour to conduct their own investigation
- Child Protection will require accurate information including:
 - child's personal details (name, gender, address, DOB, details of siblings)
 - indicators of harm- the reason for believing that the injury or behaviour is the result of abuse of neglect
 - description- full details of the alleged abuse (times and dates)
 - safety assessment- assessment of any immediate danger to the child or children
 - other services- agency involved (previous)
 - family information- language spoken, history of violence
 - cultural characteristics- any specific cultural details that will assist to care for the child
 - notifier information- name, date, position, relationship to child
 - date of report and signature

DOCUMENTING A DISCLOSURE

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

WHEN RECEIVING A DISCLOSURE OF HARM, THE FDC EDUCATOR AND/OR RESPONSIBLE PERSON WILL:

- give the child or young person their full attention
- remain calm and not display expressions of panic or shock
- reassure the child or young person it is right to tell
- listen to the child and allow the child to take his/her time

- accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult
- let the child or young person use his or her own words
- don't make promises that can't be kept. For example, never promise that you will not tell anyone else
- tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe and stop the abuse
- honestly tell the child or young person what you plan to do next
- only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
- not attempt to conduct their own investigation or mediate an outcome between the parties involved
- do not confront the perpetrator
- document as soon as possible so the details are accurately captured including:
 - time, date and place of the disclosure
 - 'word for word' what happened and what was said, including anything they (the staff member/educator) said and any actions that have been taken
 - date of report and signature.

CONFIDENTIALITY

It is important that any notification to DFFH Child Protection or Child FIRST remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the notification should not inform the suspected perpetrator (if known). This ensures the matter can be investigated without contamination of evidence or pre-rehearsed statements. It also minimises the risk of retaliation on the child for disclosing.

PROTECTION FOR REPORTERS

All reporters are protected against retribution for making or proposing to make a report under amendments to the *Children Youth and Families Act 2005 and Crimes Act 1958* effective April 2021. The identity of the reporter is protected by law from being disclosed, except in certain exceptional circumstances. Provided the report is made in good faith:

- does not breach standards of professional conduct or ethics
- cannot lead to defamation and civil and criminal liability

A report is also an exempt document under the *Freedom of Information Act 1989*.

BREACH OF CHILD PROTECTION POLICY

All FDC educators, educator assistants and other staff working with children have a duty of care to support and protect children. A duty of care is breached if a person:

- does something that a reasonable person in that person's position would not do in a particular situation
- fails to do something that a reasonable person in that person's position would do in the circumstances *or*
- acts or fails to act in a way that causes harm to someone the person owes a duty of care.

MANAGING A BREACH IN CHILD PROTECTION POLICY

Management will investigate the breaches in a fair, unbiased, and supportive manner by:

- discussing the breach with all people concerned and advising all parties of the process
- giving the FDC educator/staff member the opportunity to provide their version of events
- documenting the details of the breach, including the versions of all parties
- recording the outcome clearly and without bias
- ensuring the matters in relation to the breach are kept confidential
- reach a decision based on discussion and consideration of all evidence.

OUTCOME OF A BREACH IN CHILD PROTECTION POLICY

Depending on the nature of the breach outcomes may include:

- emphasising the relevant element of the child protection policy and procedure
- providing closer supervision
- further education and training
- providing mediation between those involved in the incident (where appropriate)
- disciplinary procedures if required
- reviewing current policies and procedures and developing new policies and procedures if necessary

REPORTABLE CONDUCT SCHEME-ALLEGATIONS AGAINST EMPLOYEES, VOLUNTEERS or STUDENTS (or contractors)

The reportable Conduct Scheme has been designed to ensure that the Commission for Children and Young People (CCYP) will be aware of every allegation of certain types of employee misconduct involving children in relevant organisations, including approved education and care services (kindergartens, after school hours care services) and Children's services (occasional care providers).
[see: Reportable Conduct Scheme Policy (Victoria only)- Child Care Centre Desktop]

EDUCATING CHILDREN ABOUT PROTECTIVE BEHAVIOUR

The program at the FDC Service will educate children:

- about acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age-appropriate level and understanding
- about their right to feel safe at all times
- to say 'no' to anything that makes them feel unsafe or uncomfortable
- about how to use their own knowledge and understanding to feel safe

- to identify feelings that they do not feel safe
- the difference between 'good' and 'bad' secrets
- that there is no secret or story that cannot be shared with someone they trust
- that educators are available for them if they have any concerns
- to tell educators of any suspicious activities or people
- to recognise and express their feelings verbally and non-verbally
- that they can choose to change the way they are feeling.

RESOURCES

NAPCAN- <https://www.napcan.org.au/napcan-brochures/>

Child Safe Organisations- <https://childsafe.humanrights.gov.au>

Commission for Children and Young People. (2021). [Victoria's new Child Safe Standards](#)

Victoria State Government Education and Training. Child protection in early childhood (PROTECT)

<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecidentifying.aspx>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Child Protection Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Child Protection Notification Procedure	Child Protection Report Form
Child Protection Notification Record	

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0, 2022](#)

Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)

Australian Government Australian Institute of Family Studies. (2018). Australian child protection legislation: <https://aifs.gov.au/cfca/publications/australian-child-protection-legislation>

Australian Government: Australian Institute of Family Studies. (2017). Mandatory reporting of child abuse and neglect: <https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

Children Youth and Families Act 2005

Crimes Act 1958 (Vic

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations. \(Amended 2023\).](#)

Guide to the National Quality Framework. (2017). (Amended 2023).

Revised National Quality Standard. (2018).

The Commission for Children and Young People Act 1998

Victoria State Government Education and Training. *Child Protection in Early Childhood (PROTECT)*

<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecidentifying.aspx>

Victoria State Government Department of Families, Fairness and Housing.. Child safe standards:

<https://providers.dhhs.vic.gov.au/child-safe-standards>

Victoria State Government Department of Families, Fairness and Housing.. Creating child safe organisations:

<https://providers.dhhs.vic.gov.au/creating-child-safe-organisations>

Victoria State Government Department of Families, Fairness and Housing. *Children, youth & families. Child Protection* <https://providers.dffh.vic.gov.au/child-protection>

Victoria State Government. [Child Information Sharing Scheme](#)

Victoria State Government. Working with Children Check. What organisations need to know.

<https://www.workingwithchildren.vic.gov.au/organisations/what-organisations-need-to-know>

Victoria State Government. Commission for Children and Young People. Reportable Conduct Scheme.

<https://ccyp.vic.gov.au/reportable-conduct-scheme/>

Working with Children Act 2005 (Vic)

REVIEW

NEXT REVIEW DATE	MAY 2025	[REVIEWED BY]	
POLICY REVIEWED BY:	AMY AYACHE	EDUCATIONAL LEADER	MAY 2024
VERSION NUMBER	V10.05.24		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required 		
POLICY REVIEWED	AUGUST 2023	NEXT REVIEW DATE	AUGUST 2024
VERSION NUMBER	V4.08.23		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance - no major changes to policy merged sections-<i>receiving a disclosure of harm/in addition</i> inclusion of NQF changes to ensure coordinators have completed child protection training hyperlinks checked and repaired as required continuous improvement section added CCD related resources added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
AUGUST 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required update of Victorian Government Department of Health and Human Services (DHHS) to Victorian Government Department of Families, Fairness and Housing (DFFH) 		AUGUST 2023
SEPTEMBER 2021	New policy drafted for FDC Services located in Victoria		AUGUST 2022

Appendix 1: Identify signs of child abuse

The State Government of Victoria identifies the following signs of child abuse and includes definitions and physical and behaviour indicators. The following information has been sourced from the Victoria State Government- Child Protection in Early Childhood (PROTECT).

source:

<https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ecidentifying.asp>
[x](#)

INDICATORS OF ABUSE

There are common physical and behavioural signs that may indicate abuse or neglect. The presence of one of these signs does not necessarily mean abuse or neglect. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated in the perspective of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing and may be intentional or unintentional.

General indicators of abuse and neglect may include:

- Marked delay between injury and seeking medical assistance
- History of injury
- The child gives some indication that the injury did not occur as stated
- The child tells you someone has hurt him/her
- The child tells you about someone he/she knows who has been hurt
- Someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

PHYSICAL ABUSE

Physical child abuse is the non-accidental infliction of physical injury or harm of a child.

Examples of physical abuse may include beating, shaking or burning, assault with implementation of female genital mutilation.

What are the physical indicators of physical child abuse?

Physical indicators of physical child abuse include (but are not limited to):

- evidence of physical injury that would not likely be the result of an accident
- bruises or welts on facial areas and other areas of the body (back, bottom, legs, arms and inner thighs)
- burns from boiling water, oil or flames or burns that show the shape of the object used to make them (iron, grill, cigarette)
- fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered, or the type of injury possible at the child's age of development

- cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia
- bald patches where hair has been pulled out
- multiple injuries, old and new
- effects of poisoning
- internal injuries

What are the physical indicators of physical child abuse?

In an infant or toddler:

- self-stimulatory behaviours, for example, rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emaciated and pale
- exhibits significant delays in gross motor development and coordination
- their parent/carer is unresponsive or impatient to child's cues and unreceptive to support.

In all children, infants and toddlers:

- disclosure of physical abuse (by child, friend, family member)
- inconsistent or unlikely explanation for cause of injury
- wearing clothes unsuitable for weather conditions to hide injuries
- wariness or fear of a parent, carer or guardian and reluctant to go home
- unusual fear of physical contact with adults
- fear of home, specific places or particular adults
- unusually nervous, hyperactive, aggressive, disruptive and destructive to self-and/or others
- overly compliant, shy, withdrawn, passive and uncommunicative
- change in sleeping patterns, fear of the dark or nightmares and regressive behaviour (bed-wetting)
- no reaction or little emotion displayed when being hurt or threatened
- habitual absences from the service without reasonable explanation, where regular attendance is expected
- complaining of headaches, stomach pains or nausea without physiological basis, poor self-care or personal hygiene.

CHILD SEXUAL ABUSE

Child sexual abuse is when a person uses power or authority over a child to involve them in sexual activity. This can include a wide range of physical and non-contact sexual activity.

Physical sexual contact:

- kissing or fondling a child in a sexual way
- masturbation

- fondling the child's genitals
- oral sex
- vaginal or anal penetration by a penis, finger or other object
- exposure of the child to pornography

Non-contact offences

- talking to a child in a sexually explicit way
- sending sexual messages or emails to a child
- exposing a sexual body part to a child
- forcing a child to watch a sexual act including showing pornography to a child
- having a child pose or perform in a sexual manner (including child sexual exploitation)
- grooming or manipulation

Child sexual abuse does not always involve force. In some circumstances a child may be manipulated into believing that they have brought the abuse on themselves, or that the abuse is an expression of love through a process of grooming.

What is child sexual exploitation?

Child sexual exploitation is also a form of sexual abuse where offenders use their power (physical, financial or emotional) over a child to sexually or emotionally abuse them. It often involves situations and relationships where young people receive something (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) in return for participating in sexual activities.

Child sexual exploitation can occur in person or online, and sometimes the child may not even realise they are a victim.

Who is most at risk of child sexual abuse?

Any child can be victim of sexual abuse, however children who are vulnerable, isolated and/or have a disability are disproportionately abused and are much more likely to become a victim.

What are the physical indicators of child sexual abuse?

Physical indicators of sexual abuse may include (but are not limited to):

- injury to the genital or rectal area (bruising, bleeding, discharge, inflammation or infection)
- injury to areas of the body such as breasts, buttocks or upper thighs
- discomfort in urinating or defecating
- presence of foreign bodies in the vagina and /or rectum
- sexually transmitted infections
- frequent urinary tract infections.

What are the behavioural indicators of child sexual abuse?

The behavioural indicators of sexual abuse may be, but are not limited to in an infant or toddler

- self-stimulator behaviours, for example rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emancipated and pale
- exhibits significant delays in gross motor development and coordination

In all children, infants and toddlers:

- disclosure of sexual abuse (by child, friend, family member)
- drawings or descriptions of stories that are sexually explicit and not age appropriate
- persistent and age-inappropriate sexual activity (excessive masturbation or rubbing genitals against adults)
- wariness or fear of a parent, carer or guardian and reluctance to go home
- unusual fear of physical conduct with adults
- change in sleeping patterns, fear of the dark or nightmares and regressive behaviour such as bed-wetting
- wearing clothes unsuitable for weather conditions to hide injuries
- unusually nervous, hyperactive, aggressive, disruptive and destructive to self- and/or others
- exhibits significant delays in gross and fine motor development and coordination
- overly compliant, shy, withdrawn, passive and uncommunicative
- fear of home, specific places or particular adults
- poor self-care or personal hygiene
- complaining of headaches, stomach pains or nausea without physiological basis.

GROOMING

Grooming is when a person engages in predatory conduct to prepare a child for sexual activity at a later time. Grooming can include communicating and/or attempting to befriend or establish a relationship or other emotional connection with the child or their parent/carer. Sometimes it is hard to see when someone is being groomed until after they have been sexually abused, because some grooming can look like 'normal' caring behaviour.

Examples of grooming behaviours may include:

- giving gifts or special attention to a child or their parent or carer
- controlling a child through threats, force or use of authority (this can make a child or their parent fearful to report unwanted behaviour)
- making close physical contact or sexual contact, such as inappropriate tickling and wrestling
- openly or pretending to accidentally expose the victim to nudity, sexual material and sexual acts.

What are the behavioural indicators of child grooming?

Behavioural indicators that a child may be subject to grooming include (but are not limited to):

- developing an unusually close connection with an older person
- displaying mood changes (hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn, depressed)
- using street/different language, copying the way the new friend may speak, talking about the new friend who does not belong to his/her normal social circle
- possessing gifts, money and expensive items given by the friend

EMOTIONAL ABUSE

Emotional child abuse occurs when a child is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and put-downs, and persistent coldness from a person to the extent that the child suffers or is likely to suffer, emotionally or psychological harm to their physical or developmental health. Emotional abuse may occur with or without other forms of abuse.

What are the physical indicators of emotional child abuse?

Physical indicators of emotional abuse include (but are not limited to)

- language delay, stuttering or selectively being mute
- delays in emotional, mental or physical development

What are the behavioural indicators of emotional child abuse?

In an infant or toddler

- self-stimulatory behaviours, for example, rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emacipated and pale
- exhibits significant delays in gross motor development and coordination
- their parent/carer is unresponsive or impatient to child's cues and unreceptive to support

In all children, infants and toddlers

- overly compliant, passive and undemanding behaviour
- extremely demanding, aggressive and attention-seeking behaviour or anti-social and destructive behaviour
- low tolerance or frustration
- poor self-image and low self-esteem
- unexplained mood swings, depression, self-harm
- behaviours that are not age-appropriate
- exhibits significant delays in gross and fine motor development and coordination
- poor social and interpersonal skills
- violent drawings or writing
- lack of positive social contact with other children.

NEGLECT

Neglect includes a failure to provide the child with

- an adequate standard of nutrition
- medical care
- clothing
- shelter
- supervision

to the extent that the health or physical development of the child is significantly impaired or placed at serious risk.

In some circumstances the neglect of a child:

- can place the child's immediate safety and development at serious risk
- may not immediately compromise the safety of the child but is likely to result in longer term cumulative harm.

This includes low-to-moderate concerns for the wellbeing of a child, such as:

- concerns due to conflict within a family
- parenting difficulties
- isolation of a family or a lack of apparent support

Both forms of neglect must be responded to via the Four Critical Actions for Early Childhood Services.

What are the physical indicators of neglect?

Physical indicators of neglect include (but are not limited to):

- appearing consistently dirty and unwashed
- being consistently inappropriately dressed for weather conditions
- being at risk of injury or harm due to consistent lack of adequate supervision from parents
- being consistently hungry, tired and listless
- having unattended health problems and lack of routine medical care
- having inadequate shelter and unsafe or unsanitary conditions.

What are the behavioural indicators of neglect?

Behaviour indicators of neglect include (but are not limited to):

In an infant or toddler:

- self-stimulatory behaviours, for example, rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emacipated and pale
- exhibits significant delays in gross motor development and coordination
- inadequate attention to the safety of the home (e.g. dangerous medicines left where children may have access to them)

- being left unsupervised, either at home, on the street or in a car
- their parent/carer is unresponsive or impatient to child's cues and unreceptive to support
- developmental delay due to lack of stimulation.

In all children, infants and toddlers:

- being left with older children or persons who could not reasonably be expected to provide adequate care and protection
- gorging when food is available or inability to eat when extremely hungry
- begging for, or stealing food
- appearing withdrawn, listless, pale and weak
- aggressive behaviour, irritability
- little positive interaction with parent, carer or guardian
- indiscriminate acts of affection and excessive friendliness towards strangers
- exhibits significant delays in gross and fine motor development and coordination
- poor, irregular or non-attendance at the service (where regular attendance is expected)
- refusal or reluctance to go home
- self-destructive behaviour
- taking on an adult role of caring for parent.

FAMILY VIOLENCE

Family violence is behaviour towards a family member that may include:

- physical violence or threats of violence
- verbal abuse, including threats
- emotional or psychological abuse
- sexual abuse
- financial and social abuse.

A child's exposure to family violence constitutes child abuse. This exposure can be very harmful and may result in physical harm and long-term physical, psychological and emotional trauma. Action must be taken to protect the child, and to mitigate or limit their trauma. [refer to MARAM Framework]

Research shows that during pregnancy and when families have very young babies:

- there is an increased risk of family violence
- pre-existing family violence may increase in severity
- there is an opportunity for intervention as families are more likely to have contact with services.

The longer that a child experiences or is exposed to family violence, the more harmful it is. This is why if you suspect that a child is exposed to, or at risk of being exposed to family violence, you must follow the [four critical actions](#).

Family Violence in Aboriginal and Torres Strait Islander Communities

In identifying family violence in Aboriginal and Torres Strait Islander communities it is important to recognise that:

- Aboriginal and Torres Strait Islander family violence may relate to relationships that aren't captured by the Western nuclear family model (grandparents, uncles and aunts, cousins and other community and culturally defined relationships)
- Aboriginal and Torres Strait Islander family violence can also include cultural and spiritual abuse
- perpetrators of Aboriginal and Torres Strait Islander family violence may not be Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander family violence occurs in a historical context of colonisation, dispossession, and the loss of culture. This has resulted in the breakdown of kinship systems and of traditional law, racism, and previous government policies of forced removal of children from families. However, this should never detract from the legitimacy of the survivor's experience of violence, or your obligation to report and respond to any suspected family violence.

What are the physical indicators of family violence?

Physical indicators of family violence may include (but are not limited to):

- speech disorders
- delays in physical development
- failure to thrive (without an organic cause)
- bruises, cuts or welts on facial areas, and other parts of the body including back, bottom, legs, arms and inner thighs
- any bruises or welts (old or new) in unusual configurations, or those that look like the object used to make the injury (such as fingerprints, handprints, buckles, iron or teeth)
- internal injuries.

What are the behavioural indicators of family violence?

Behavioural indicators of family violence may include (but are not limited to):

In an infant or toddler:

- self-stimulatory behaviours, for example, rocking, head banging
- crying excessively or not at all
- listless and immobile and/or emancipated and pale
- exhibits significant delays in gross motor development and coordination.

In all children, infants and toddlers:

- violent/aggressive behaviour and language
- depression and anxiety

- appearing nervous and withdrawn, including wariness of adults
- difficulty adjusting to change
- developmentally inappropriate bedwetting and sleeping disorders
- extremely demanding, attention-seeking behaviour
- participating in dangerous risk-taking behaviours to impress peers.
- overly compliant, shy, withdrawn, passive and uncommunicative behaviour
- 'acting out', such as cruelty to animals.
- demonstrated fear of parents, carers or guardians, and of going home
- complaining of headaches, stomach pains or nausea without physiological basis.

CHILDREN EXHIBITING INAPPROPRIATE SEXUAL BEHAVIOUR

Inappropriate sexual behaviour includes:

Problem sexual behaviour

Problem sexual behaviour is the term used by the Victorian government and funded service providers to describe concerning sexual behaviour exhibited by children under the age of 10 years. Children under 10 years are deemed unable to consent to any form of sexual activity and cannot be held criminally responsible for their behaviour.

Sexually abusive behaviour

Sexually abusive behaviour is the term used by the Victorian Government and funded service providers to describe concerning sexual behaviour by children aged 10 years or older and under 15 years of age.

A child is considered to exhibit sexually abusive behaviour when they have used power, authority, or status to engage another party in sexual activity that is unwanted, or the other party is unable to give consent. A child who engages in sexually abusive behaviour may be in need of therapeutic treatment. It may also be an indicator that the child has been or is being sexually abused by others. Sexually abusive behaviour may amount to a sexual offence. A sexual offence includes rape, sexual assault, indecent acts and other unwanted sexualised touching, all of which are offences under the Crimes Act 1958.

It may be difficult to determine the nature of children's sexual behaviour, including whether the behaviour:

- constitutes a sexual offence
- is indicative of any underlying abuse.

Under Victorian Law:

- children aged between 12-15 can only consent to sexual activity with a peer no more than two years their senior (therefore sexual contact led by a child with another child outside of these age parameters may amount to a sexual offence)
- in order for a person to consent to sexual activity they have to have the capacity to understand the context and possible consequences of the act (therefore sexual contact led by a child involving a person with a cognitive impairment or affected by alcohol and other drugs may also amount to a sexual offence).

Most critically you must follow the four critical actions if:

- you witness an incident, receive a disclosure or form a reasonable suspicion that a child has engaged in inappropriate sexual behaviour, even if you're not sure (these actions will support you to report to Victoria Police)
- a child's inappropriate sexual behaviour leads you to form a reasonable belief that the child may be subject to abuse.

CHILD SAFETY AND WELLBEING POLICY (VIC)

Our Family Day Care (FDC) Service is committed to the safety, wellbeing and support of all children and young people in all aspects of operation within our FDC Service. Services within Victoria are required to comply and adhere to the Child Safe Standards under the Child Wellbeing Safety Act 2005 (Vic). The Victorian Child Safe Standards were reviewed in 2019 with an aim to better align with the National Principles for Child Safe Organisations to ensure a greater focus on the safety and wellbeing of all children, improve Aboriginal cultural safety and empower children and young people. Our FDC Service is committed to implementing an inclusive and culturally safe environment for Aboriginal and Torres Strait Islander children.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S. 162A	Child protection training- each nominated supervisor and each person in day-to-day charge and each family day care co-ordinator to have completed the child protection

	training required or under law for this jurisdiction
S. 165	Offence to inadequately supervise children
S. 166	Offence to use inappropriate discipline
S.167	Offence relating to protection of children from harm and hazards
84	Awareness of child protection law
155	Interactions with children
168	Education and care service must have policies and procedures
358	Working with children check to be read

OTHER RELEVANT LAWS

Education and Training Reform Act 2006- Child safe standards- Managing the risk of child abuse in schools. Ministerial Order No.1359
The Commission for Children and Young People Act 2012
Failure to Disclose 2014
Failure to Protect 2015
The Charter of Human Rights and Responsibilities Act 2006 (Vic)
Working with Children Act 2005 (Vic)
Child Wellbeing and Safety Act 2005 (Vic)
Family Law Act 1975
Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015
Children Youth and Families Act 2005 (Vic)
Reportable Conduct Scheme

RELATED POLICIES AND PROCEDURES RELATED TO CHILD SAFETY AND WELLBEING

Additional Needs Policy	Interactions with Children, Families and Staff Policy
Anti-Bias and Inclusion Policy	Multicultural Policy
Assessment of Family Day Care Educators and Persons Residing at Family Day Care Residences Policy	Physical Environment Policy
	Performance Management Policy

Bullying, Discrimination and Harassment Policy	Privacy and Confidentiality Policy
Delivery of Children to and collection from Education and Care Premises	Probation, Induction and Orientation Policy (Employee)
Child Protection Policy	Probation, Induction and Orientation Policy (Educator)
Child Safe Environment Policy	Professional Development Policy
Code of Conduct Policy	Record Keeping and Retention Policy
Cyber Safety Policy	Recruitment Policy
Dealing with Complaints Policy	Reportable Conduct Scheme Policy
ECIP Management Policy	Respect for Children Policy
Family Communication Policy	Staffing Arrangements Policy
Governance Policy	Visitors to Family Day Care Residences Policy
Information Sharing and Family Violence Reforms (The Reforms) Policy	Writing Reviewing and Maintaining Policies

PURPOSE

Our *Child Safety and Wellbeing Policy* will ensure the FDC Service meets all obligations and requirements under the Child Wellbeing Safety Act 2005 (Vic). Our *Child Safety and Wellbeing Policy* will work together with the Service's *Code of Conduct Policy*, *Recruitment Policy*, *Child Safe Environment Policy*, *Reportable Conduct Scheme Policy* *Dealing with Complaints Policy* and other related policies to develop a child safe culture within the service and community. This policy will provide direction and guidance for all FDC educators, staff and visitors (including students and volunteers) to comply with and adhere to the 11 new Child Safe Standards (2022) to ensure a child safe environment for all children.

The 11 Child Safe Standards aim to create a culture where:

- the safety of children is promoted,
- child abuse is prevented and
- allegations of child abuse will be taken seriously and acted upon.

SCOPE

This policy applies to children, families, the approved provider, nominated supervisor, coordinator, educators, educator assistants, students, volunteers and visitors of the FDC Service.

OUR COMMITMENT TO CHILD SAFETY AND WELLBEING STATEMENT

Our FDC Service is committed to the safety and wellbeing of all children and young people. We understand our responsibilities and statutory duty of care to comply with both the Victorian Child Safe Standards and the Reportable Conduct Scheme to build our capacity as an organisation to prevent and respond to allegations of child abuse.

Our FDC Service is committed to implementing and abiding by our *Child Safety and Wellbeing Policy* based on Child Safe Standards in Victoria (2022), which accentuates our *zero tolerance* for child abuse and raising awareness about the importance of child safety in our service and the community.

We are dedicated to protecting children from abuse and neglect and promote a child safe environment, maintaining children's wellbeing. We adhere to our comprehensive *Child Protection Policy*, standing by our mandatory reporting responsibilities to protect children from physical, sexual, emotional and psychological abuse and neglect.

We work to ensure there is clear awareness between appropriate and inappropriate behaviour concerning adults and children. We require clear precincts between children and employees, volunteers and the community to maintain children's safety.

We are dedicated to promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability.

We value diversity and do not tolerate any discriminatory practices.

We are committed to ongoing professional development for educators and staff to maintain their ability to distinguish and respond to situations of abuse and neglect, ensuring educators and staff are responsive to their responsibilities in keeping children safe.

We work in collaboration with the United Nations Convention on the Rights of the Child and have confidence in educating children about their right to be safe. We believe in teaching children what to do if they feel unsafe and encouraging them to express their view and thoughts on matters that directly affect them.

As FDC educators we listen to and empower children to act on any concerns, they or others may raise which is reflective in our policies and procedures in keeping children safe.

IMPLEMENTATION

Our FDC Service is committed to creating and maintaining an environment that promotes the safety of all children and embeds the Victorian Child Safe Standards. All FDC educators, staff and volunteers are responsible for promoting a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging.

From 1 January 2023 Quality Assessment and Regulation Division (QARD) will become the sole regulator of the Standards in the early childhood sector. Every Service in Victoria will have a new condition imposed on its service approval that requires AP to ensure their Service complies with the new Child Safe Standards.

Authorised Officers will be checking compliance with National Law, National Regulations, the Children's Services Act (CS Act) the Children's Services Regulations (CS Regulations) and encouraging continuous improvement over time.

DEFINITIONS

Child/Children refers to both children and young people under the age of 18 years.

Child Abuse refers to a sexual offence committed against a child, an offence committed against a child under section 49M (1) of the Crimes Act 1958 (Vic) such as grooming, physical violence against a child, causing serious emotional or psychological harm to a child, serious neglect of a child (Child Wellbeing and Safety Act 2005. Vic)

Complaint: Expression of dissatisfaction made to or about an organisation related to its products, services, staff or the handling of a complaint where a response or resolution is explicitly or implicitly expected or legally required. [AS/NZS 10002:2014 Complaint Management Standard]

Information Sharing Obligations refers to the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme.

Significant Harm refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent.

What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing. In the case

of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

Reasonable grounds refer to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:

- firsthand observation of the child or family
- what the child, parent, or other person has disclosed
- what can reasonably be inferred based on observation, professional training and/or experience that causes the mandated reporter to believe the child has been abused or is likely to be abused or,
- signs of physical or sexual abuse leading to the belief that the child has been abused.

Failure to disclose refers to the failure of a mandated reporter who has reasonable belief that a child under 16 has had a sexual offence committed to them by an adult to make a report to the police.

Failure to protect refers to a person of authority in the organisation who has the power or responsibility, but who negligently fails to reduce or remove the threat of substantial risk of child sexual abuse.

CHILD SAFE STANDARDS

In Relation to Standard 1: *Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued.*

Through the identification and journey of establishing a culturally safe organisation, our FDC Service will:

- show respect and a commitment to reconciliation by developing a **Reconciliation Action Plan (RAP)**
- promote cultural safety for Aboriginal children
- will reflect on the current level of cultural competence of our educators and staff
- model and provide guidance to educators and staff to ensure compliance with a zero tolerance of racism within the FDC Service
- build and strengthen our knowledge and understanding of Aboriginal and Torres Strait Islander cultures, histories and contributions
- encourage educators and staff to attend professional development to support educator and staff knowledge and understandings of Aboriginal and Torres Strait Islander cultures and perspectives
- identify and challenge our own cultural assumptions, beliefs and commitments to cultural competency
- engage with local Aboriginal families and communities through Aboriginal Education Consultative Groups

- invite Elders and Traditional Owners to speak to children, educators, staff and families about the histories and cultures of the local area
- develop an Acknowledgement of Country in collaboration with Elders, community members, children and families which will be displayed and given during special events and incorporated into the program on a regular basis
- develop awareness and meaningful understanding about Aboriginal and Torres Strait Islander people as part of the cultural heritage of all Australians
- encourage Aboriginal and Torres Strait Islander communities to access children services
- show sensitivity and respect to Aboriginal and Torres Strait Islander languages by incorporating verbal and visual languages into the Service environment.
- ensure our *Anti-Bias and Inclusion Policy* is adhered to, so all children, families, educators and staff are welcomed and treated equitably and with respect.
- ensure our *Respect for Children Policy* is adhered to as educators develop positive relationships with children based on respect and fostering children's self-esteem and development

FOUNDATION STEPS OR FUTURE STEPS

Our FDC Service will reflect and review our cultural practices to determine the Service's journey and stage of cultural competence. Foundation Steps are to be identified for services that are just starting out on their cultural competence journey. Foundation Steps are to be documented to outline changes required to policies, procedures and public commitments to show a plan of action to comply with Standard 1.

Further Steps are to be documented for services who have already begun a journey of cultural competence and the Service indicates they are meeting all Compliance Indicators of Standard 1.

A *Child Safety and Wellbeing Action Plan* has been developed to assist services to document their progress and compliance of Standard 1 and identify actions required for Foundation Steps or to identify compliance as Further Steps.

In Relation to Standard 2: *Child safety and wellbeing is embedded in organisational leadership, governance and culture.*

In the planning, development and implementation of a *Child Safety and Wellbeing Policy*, our FDC Service will:

- create and maintain a child safe environment and comply with the Ministerial Order No.1359 - Child Safe Standards and Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015
- ensure a *Child Safety and Wellbeing Policy* is developed, implemented and reviewed with children, families and educators

- complete a self-audit to assess our progress in meeting the requirements of the Child Safe Standards
- develop a Child Safety Code of Conduct specific to our Service and ensure the Code of Conduct is adhered to by all educators, staff and visitors to set behavioural expectations when working with children
- ensure compliance of the *Child Safety and Wellbeing Policy* and implementation of the 11 Child Safe Standards within the Service
- include child safety as a regular agenda item at team meetings
- adhere to a zero tolerance for child abuse
- value the input of and communicate regularly with families and carers regarding our *Child Safety and Wellbeing Policy*
- embed the eleven Child Safety Standards into Service policies and procedures
- promote the safety of children at all times
- foster a culture of openness and respect where children and adults feel safe to disclose risk of harm to children

In Relation to Standard 3: *Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously.*

With a focus on children's rights to safety and participation, our FDC Service will:

- listen to and act decisively on any child safety concerns or allegations of abuse that are made
- recognise, respect and foster children's rights where their voices and views are listened to and valued
- promote the inclusion of children's voices in all decisions that affect them
- ensure every child will be equally valued. Their achievements and learning will be celebrated.
- collaborate with children and families to support children's learning
- ensure information about the child's participation in the program is available to the child's family
- view children as active participants and decision makers, working with each child's unique qualities and abilities
- undertake critical reflection practices to reflect upon children's participation within the educational program
- ensure educators and staff adhere to the *Respect for Children Policy* and provide a child safe, comfortable and happy environment where children's concerns are always taken seriously and responded to
- support children's consent by acknowledging and respecting a child's right to refuse or say no

- never force a child to do something against their requests: This includes rest, eat, participation in group experiences and activities
- respond respectfully and appropriately to children's attempts as they participate within the educational program
- empower children to speak up and raise any concerns
- encourage children to develop confidence in their ability to express themselves
- ensure children are aware of how to raise concerns or provide feedback
- respond or report to children about how their feedback has been acted upon
- discuss with children how their photos and images will be used within the service or outside of the service and where age-appropriate ask children's permission before taking photos or videos
- ensure all educators, staff and volunteers are committed to identifying possible risk and significant risk of harm to children and young people and adhere to the *Child Protection Policy*
- ensure the *Behaviour Guidance – Bullying Policy* is adhered to as educators and staff provide support and direction for children to raise concerns
- educate children about protective behaviours through educational programs that are at an age-appropriate level and understanding
- complete a Risk Assessment regarding the implementation of Child Protection Educational Programs
- provide opportunities for children to contribute to the development of the *Service Philosophy* and Service Policies and Procedures

In Relation to Standard 4: *Families and communities are informed and involved in promoting child safety and wellbeing.*

As we endeavour to inform and involve families and communities in establishing and maintaining a Child Safe approach, our FDC Service will:

- ensure new families are provided with a *Family Handbook* during the enrolment and orientation process to share information regarding service operations and governance of the Service
- ensure all families are welcomed and respected at our FDC Service and are encouraged and supported to participate in decision making
- maintain confidentiality and privacy as per our *Privacy and Confidentiality Policy* when working with children, families and educators in relation to Child Protection matters
- respond to requests for information from Information Sharing Entities (ISEs) to improve children's wellbeing and safety under the Child Information Sharing Scheme
- ensure families are informed of our *Child Safety and Wellbeing Policy* upon enrolment through the Family Handbook and orientation process.

- ensure families are invited and encouraged to participate in the development and review of Service Policies and the *Service Philosophy*
- provide regular information about the FDC Service and ongoing opportunities for families to contribute to our curriculum
- inform families about the processes for providing feedback and making complaints
- encourage families to contribute to the continuous quality improvement progression within the Service through their involvement in the self-assessment and QIP review
- invite families to be involved with the self-assessment process and be informed of goals developed that form the Quality Improvement Plan (QIP)

In Relation to Standard 5: *Equity is upheld and diverse needs respected in policy and practice.*

As we aim to recognise and support diversity and work to promote vulnerable children, our FDC Service will:

- ensure a *Statement of Commitment to Child Safety and Wellbeing* is developed to demonstrate a strong culture of child safety within the FDC Service
- work in partnership with families and other professionals to ensure specific consideration and adaptations allow children with additional needs access and participation and achieve positive learning outcomes
- ensure all children are supported to participate in the educational program
- be responsive to each child, irrespective of their additional needs and abilities
- practice inclusivity and support children with additional needs to enable them to have equitable access to resources and participation of the educational program
- gather information about children's additional needs, cultural background and supports that may be required through the enrolment and orientation process
- support educators to implement inclusive strategies and practices in the delivery of quality education and care
- ensure the educational program and curriculum are inclusive and meet the individual needs of children with additional needs disability or developmental delay
- create an inclusive program, which is adaptable and supportive of all children
- ensure all children have the right to be treated equally and with respect

In Relation to Standard 6: *People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.*

To ensure suitable educators and staff are employed in line with Child Safe recruitment practices, our FDC Service will:

- implement a probation and induction orientation program to ensure new educators and staff are aware of their roles and responsibilities in relation to ensuring children are safe and well within the Service
- ensure comprehensive processes are followed in relation to recruitment of new educators and staff to include a commitment to Child Safe practices
- implement effective pre-employment screening to ensure we engage educators and staff who have the skills, experience, qualifications and general 'fit' in line with legislative and regulatory requirements.
- ensure all preferred candidates undergo appropriate pre-employment checks including reference checks, Working with Children Checks (WWCC), immunisation status checks (including COVID-19 vaccination, as required), and where applicable National Police criminal history checks before an offer of employment is recommended
- ensure all educators and staff are required by law to undergo a Working with Children Check (WWCC) which is verified by the Service to ensure it is valid and current
- ensure at least 2 references are provided for a reference check. Where possible references should be from the immediate previous employer. The reference checks will ascertain, where possible, the applicant's attitudes and behaviours in previous child-related roles and ascertain whether the applicant has ever been the subject of complaints
- provide an induction process for all new educators and staff including relevant information on child safe practices adhering to the Child Safe Standards, Code of Conduct, strategies that identify, assess and minimise risks to children and mandatory reporting procedures
- ensure comprehensive job descriptions for each position will be available for all applicants, educators and staff members

In Relation to Standard 7: *Processes for complaints and concerns are child-focused.*

With a focus on responding appropriately to complaints and concerns, Our FDC Service will:

- ensure educators, staff and visitors follow and comply with the *Dealing with Complaints Policy* when matters are raised regarding Child Safety and Wellbeing
- follow the *Dealing with Complaints Policy* for procedures regarding receiving and managing informal and formal complaints
- safeguard the interests of all children, their families, educators, staff and visitors, using procedures to ensure appropriate privacy and confidentiality practices are upheld

- inform families about the processes for providing feedback and making complaints
- investigate and document the grievance or complaint fairly and impartially as per the Grievance/Complaints procedure
- keep appropriate records of any complaint investigation and outcome and store these records in accordance with our *Privacy and Confidentiality Policy* and *Record Keeping and Retention Policy*
- notify the Regulatory Authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Notification must include any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at a FDC residence or approved venue or any allegation that sexual or physical abuse of a child has occurred or is occurring at a FDC residence or approved venue
- ensure the *Reportable Conduct Scheme Policy* is adhered to and ensure that all allegations based on reasonable grounds are reported, including allegations made against educators or staff who do not have direct contact with children, and conduct that allegedly occurred outside of their work
- review complaints and grievances as recorded in the *Complaints and Grievance Management Register* to ensure a pattern of similar grievances is not occurring
- ensure educators or staff will report any concerns they may have about inappropriate actions of any other employee that involves children or young people to management as per the *Reportable Conduct Scheme Policy*

In Relation to Standard 8: *Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.*

In order to demonstrate our commitment to education and training for our educators, staff and volunteers, our FDC Service will:

- provide all educators and staff with professional learning for the Child Safe Standards
- ensure Child Protection training is valid and updated every **12-24 months**, and whenever significant changes are made to the child protection law or reporting requirements, to maintain skills and knowledge required by National Regulations and best practice
- develop a culture of learning through reflective practice within the service to drive continuous improvement
- ensure educators and staff participate in professional development to keep up to date with Child Protection '*refresher*' and Child Safe Standards training ensuring currency and compliance
- ensure a person's Working with Children Check is read before the person is engaged as an educator, volunteer or staff member at the FDC Service

- ensure the approved provider has read a person's Working with Children Check before nominating that person as a nominated supervisor or person in day-to-day charge of the service.
- ensure visitors to FDC Services are suitable and approved to work with children, including visitors engaged to provide professional development or allied health professionals

In Relation to Standard 9: Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

As we develop a commitment to providing a safe physical and online environment for children, our FDC Service will:

- ensure that the approved FDC residence and/or approved venue are designed to facilitate adequate supervision of children at all times while maintaining the rights and dignity of all children
- ensure risk assessments are completed to contribute to the development of identifying, preventing and reducing risks of child abuse and harm
- strongly oppose any type of abuse against a child and endorse high quality practices in relation to protecting children
- ensure no child being educated and cared for by the Service is subjected to any form of corporal punishment or any discipline that is unreasonable in the circumstances (Sec. 166 National Law)
- ensure all educators, staff and visitors understand their roles and responsibilities in protecting children from abuse and neglect and maintain up-to-date knowledge of child protection law
- ensure educators and staff undertake child protection awareness training every **12-24 months**, and whenever significant changes are made to the child protection law or reporting requirements
- assess and manage the risk of abuse to children as part of our daily practice
- work with an ICT security specialist to ensure the latest security systems are in place to ensure best practice
- obtain parent permission for children to use computers as part of the enrolment procedure
- ensure that children are never left unattended whilst a computer or mobile device is connected to the internet
- ensure personal mobile phones are not used to take photographs, video or audio recordings of children at the FDC Service
- only use educational software programs and apps that have been thoroughly examined for appropriate content prior to allowing their use by children
- provide parents and families with information about the apps or software programs accessed by children at the FDC Service
- ensure educators and staff participate in professional development regarding online safety

- ensure privacy filters and parental control settings are turned on and used when children are accessing digital technologies online

In Relation to Standard 10: *Implementation of the Child Safe Standards is regularly reviewed and improved.*

With a focus on regular review of Child Safe Standards policies and procedures, our FDC Service will:

- ensure our *Child Safety and Wellbeing Policy* is reviewed each year as part of our cycle of self-evaluation each year
- welcome input and plan consultation from children, families, educators and staff as part of the policy review process
- include the development of a Quality Improvement Plan (QIP) as part of the reflection procedure
- reflect on what current practices and actions regarding Child Safety and additional actions will be included in the QIP
- review the effectiveness of the *Dealing with Complaints Policy* and procedures to ensure all complaints and grievances have been handled fairly and professionally
- track complaints to identify recurring issues within the FDC Service and/or any individual FDC residence or approved venue
- reflect and review complaints provided to our service as opportunities for learning and improvement
- keep a complaints/grievance register to record details of complaints such as complainant details, investigation details and further action taken
- ensure each policy has a recommended review date stated in the 'Review' section of the policy document and changes are clearly documented through version control

In Relation to Standard 11: *Policies and procedures document how the organisation is safe for children and young people.*

To ensure our policies and procedures demonstrate how the organisation is safe for children, our FDC Service will:

- ensure all policies and procedures will be made available for families and educators to view at all times
- ensure all policies developed will be made in consultation with management, staff, educators and families of children attending the FDC Service

- ensure policies include clear, simple statements and are presented in a logical format
- ensure Risk Assessments are completed to address risks of child abuse and harm, including a supervision risk assessment
- ensure information about our *Dealing with Complaints Policy* is easily accessible to all families
- ensure the name and telephone number of the person to whom complaints can be made is clearly visible at each FDC Service residence and approved venue
- discuss the issue with the complainant within 24 hours of receiving the verbal or written complaint
- investigate and document the grievance or complaint fairly and impartially
- notify the regulatory authority within 24 hours if a complaint alleges the safety, health or wellbeing of a child is being compromised. Notification must include any incident where there is a reasonable belief that physical and/or sexual abuse of a child has occurred or is occurring at the FDC Service or any allegation that sexual or physical abuse of a child has occurred or is occurring at the FDC Service
- provide information relating to Child Safe practices within our *Recruitment Policy* to ensure our recruitment and screening processes play a vital role in protecting children from harm
- ensure Early Childhood Intervention Practitioners (ECIP) or 3rd party visitors to the FDC Service follow our *ECIP Management Policy* to ensure a Child Safe environment
- ensure any ECIP or 3rd party visitors are made aware of our *Code of Conduct Policy* and child safe policies including the *Reportable Conduct Scheme Policy*

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Child Safety and Wellbeing Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Child Safe Standards - Checklist	Child Safety and Wellbeing Action Plan
Child Safe Standards - Commitment Statement	Child Safe Risk Assessment VIC
Child Safe Standards – Guide	

SOURCES

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Child Protection (Working with Children) Act 2012

Child Wellbeing and Safety Act 2005 (Vic)

Children and Young Persons (Care and Protection) Act 1998

Children, Youth and Families Act 2005 (as amended 2014) (Vic)

Commission for children and young people. *Being a child safe organisation* <https://ccyp.vic.gov.au/child-safety/being-a-child-safe-organisation/>

Commission for children and young people. *Creating a Child Safety and Wellbeing Policy* <https://ccyp.vic.gov.au/assets/resources/New-CSS/Creating-a-Child-Safety-and-Wellbeing-Policy.docx>

Commission for children and young people. [A guide for creating a Child Safe Organisation](#)

Commission for children and young people. *Short Guide to the Child Safe Standards*

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Failure to Disclose 2014

Failure to Protect 2015

Family Law Act 1975

State of Victoria (Department of Education and Training). (2024) Early childhood guidance: Identifying signs of child abuse: [Identify signs of child abuse](#)

The Charter of Human Rights and Responsibilities Act 2006 (Vic)

The Commission for Children and Young People Act 1998

The Commission for Children and Young People Act 2012

The Victorian Government. (2023). [Advice for implementing the Child Safe Standards in early childhood services](#).

The Victorian Government. Child Information Sharing Scheme. (2024). <https://www.vic.gov.au/child-information-sharing-scheme>

The Victorian Government. Family Violence Information Sharing Scheme <https://www.vic.gov.au/family-violence-information-sharing-scheme>

Working with Children Act 2005 (Vic)

UNICEF Australian. UN Convention on the Rights of the Child <https://www.unicef.org.au/our-work/information-for-children/un-convention-on-the-rights-of-the-child>

REVIEW

POLICY REVIEWED BY	[NAME]	[POSITION]	[DATE]
POLICY REVIEWED	MAY 2024	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V3.5.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • additional National law added and reflected in policy • minor edits within policy (NQS table formatting) • sources checked for currency and repaired as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MAY 2023	<ul style="list-style-type: none"> • Policy review • Updated QARD information for implementing CSS and compliance • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added 		MAY 2024
MAY 2022	New Policy Developed for Victorian FDC Services		MAY 2023

CHILD SAFE ENVIRONMENT POLICY (Victoria)

Our Family Day Care (FDC) Service is committed to the safety, wellbeing and support of all children and young people. Management, staff, educators and volunteers take every reasonable precaution to protect children in our care and treat all children with the utmost respect and understanding at all times. We are dedicated in promoting cultural safety for Aboriginal children, cultural safety for children from culturally and/or linguistically diverse backgrounds and to providing a safe environment for children with a disability

Our FDC Service embeds the new Child Safe Standards (VIC) and promotes a culture of safety and wellbeing to minimise the risk of child abuse or harm to children whilst promoting children's sense of security and belonging.

We acknowledge that staff within an early childhood service are in a unique position to monitor behavioural and emotional changes, physical injuries, and the general wellbeing of a child due to the development of safe environments and trusting relationships with children and families. Our Family Day Care educators are trained to identify signs and behaviours that may indicate child abuse and thoroughly understand their obligations and responsibilities to respond to incidents, disclosures or suspicions of child abuse as mandated reporters.

Our FDC Service takes a 'zero' tolerance approach to child abuse and are committed to raise awareness about the importance of child safety in our environment and the community.

'Keeping children safe is everyone's responsibility.'

Victoria State Government- Education and Training (2019).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training
S165	Offence to inadequately supervise children
S166	Offence to use inappropriate discipline
S167	Offence relating to protection of children from harm and hazards
82	Tobacco, drug and alcohol-free environment
83	Staff members and family day care educators not to be affected by alcohol or drugs
84	Awareness of child protection law
97	Emergency and evacuation procedures
99	Children leaving the education and care service premises
102(A-D)	Transportation of children (risk assessments and authorisations)
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
105	Furniture, materials and equipment
106	Laundry and hygiene facilities
109	Toilet and hygiene facilities
115	Premises designed to facilitate supervision
116	Assessments of family day care residence and approved family day care venues
117	Glass
123A	Family day care co-ordinator to educator ratios- family day care service

124	Number of children who can be educated and cared for by family day care educator
136	First aid qualifications
145	Staff records
149	Volunteers and students
155	Interactions with children
162	Health information to be kept in enrolment record
165	Record of visitors
168 (h)	Providing a child safe environment
169 (2)g	Additional policies and procedures- family day care services
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
274	Swimming pools
358	Working with children check to be read

OTHER RELEVANT LAWS

Education and Training Reform Act 2006- Child safe standards- Managing the risk of child abuse in schools. Ministerial Order No.1359
The Commission for Children and Young People Act 2012
Failure to Disclose 2014
Failure to Protect 2015
The Charter of Human Rights and Responsibilities Act 2006 (Vic)
Working with Children Act 2005 (Vic)
Child Wellbeing and Safety Act 2005 (Vic)
Family Law Act 1975
Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015
Children Youth and Families Act 2005 (Vic)

RELATED POLICIES AND PROCEDURES RELATED TO CHILD SAFE ENVIRONMENT

Adventurous Play Policy	Medical Conditions Policy
Assessment, Approval and Re-assessment of Family Day Care residence and/or venue Policy	Nutrition and Food Safety Policy
Assessment of Family Day Care Educators and Persons Residing at Family Day Care Residences Policy	Photograph Policy
Behaviour Guidance: Bullying Policy	Physical Environment Policy
Child Safety and Wellbeing Policy (VIC)- new	Privacy and Confidentiality Policy
Child Protection Policy	Probation, Induction and Orientation Policy (Educator)
Code of Conduct Policy	Recruitment Policy
Cyber Safety Policy	Reportable Conduct Scheme Policy (VIC)
Dealing with Complaints Policy	Safe Arrival of Children Policy
Delivery of Children to and Collection from an Education and Care Service Premises	Safe Storage of Hazardous Chemicals Policy
Emergency and Evacuation Policy	Safe Transportation of Children Policy
Excursion/Incursion Policy	Sleep and Rest Policy
Furniture and Equipment Safety Policy	Staffing Arrangements Policy
Governance Policy	Student, Volunteer and Visitor's Policy
Injury, Incident, Trauma and Illness Policy	Sun Safe Policy
Interactions with Children, Families and Staff Policy	Supervision Policy
Managing an Unidentified Dog Policy	Technology Policy
	Unidentified Dog Policy
	Visitors to Family Day Care Residences Policy
	Water Safety Policy
	Work Health and Safety Policy

PURPOSE

Our FDC Service has a legal and ethical responsibility to provide and maintain a child safe organisation where all children are safe, respected, valued and encouraged to reach their full potential. Children's safety and wellbeing is paramount, and we aim to take all practical steps to protect children from harm, ensuring a healthy and child safe environment. Our FDC Service ensures FDC educators provide children and visitors with an environment free from the use of tobacco, alcohol and illicit drugs.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, educators, educator assistants, children, families, students, volunteers and visitors of the FDC Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations the approved provider must ensure that policies and procedures are in place for providing a child safe environment and take reasonable steps to ensure those policies and procedures are followed. (Regulation 168, Regulation 170). The National Law requires management to ensure all children being educated and cared for are adequately supervised and every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

Our focus is to build a child safe environment which is reflected in our FDC Service policies and procedures and understood and practiced by all children, young people, families, FDC educators and staff, visitors, volunteers and students.

KEY TERMS-DEFINITIONS

Code of Conduct	Together with a code of ethics, the code of conduct helps guide interactions between management, educators and staff, as well as informing the service decision-making processes relating to professional standards
Disclosure	The process where a child or young person conveys or attempts to convey that they are being or have been abused.
Information sharing	Refers to the <i>Child Information Sharing Scheme</i> (CISS)- sharing or exchanging information, including personal information about or related to, abuse in organisational contexts. The terms refer to sharing information between (or within) organisations, as well as sharing information with professionals who provide key services for children.
Mandatory reporter	A person who is required to report to Child Protection if they suspect on reasonable grounds that a child has been abused or is at risk of being abused.
Mandatory reporting	The legislative requirement for selected classes of people to report their concerns for a child to child protection if they form a belief on reasonable grounds that a child is in need of protection

Reportable conduct Certain organisations or entities have legal obligations under the *Reportable Conduct Scheme* to notify and investigate certain allegations of abuse involving a child, when the allegation is against someone they employ, engage or contract in circumstances outlined in the legislation.

Rights of the Child Human rights belonging to all children, as specified in the United Nations Convention of the Rights of the Child.

Victoria's Child Safe Standards

The Child Safe Standards (the Standards) are a compulsory framework that support organisations to promote the safety of children, prevent, respond to and report allegations of child abuse and harm. There are 11 Child Safe Standards.

Wellbeing Sound wellbeing results from the satisfaction of basic needs. It includes happiness and satisfaction, effective social functioning and the dispositions of optimism, openness, curiosity, and resilience.

Working with Children / working with vulnerable people check (WWCC/WWVP)

A notice, certificate or other document granted to, or with respect to a person under a working with children law. The person has been assessed as suitable to work with children; there has been no information that if the person worked with children the person would pose a risk to the children; or the person is not prohibited from attempting to obtain, undertake or remain in child-related employment.

Definitions sourced from
ACECQA. (2023). Policy and procedure guidelines. *Providing a Child Safe Environment*.
Commission for Children and Young People- Child Protection Manual

OUR COMMITMENT TO CHILD SAFETY

Our FDC Service is committed to safety and wellbeing of all children and young people. We understand our responsibilities and statutory duty of care to comply with both the Victorian New Child Safe Standards and the Reportable Conduct Scheme to build our capacity as an organisation to prevent and respond to allegations of child abuse. We have a dedicated *Child Safety and Wellbeing Policy* which explains our organisation's approach to meeting the Standards.

Our FDC Service has a zero tolerance to child abuse, and we are committed to the safety, participation and empowerment of all children. We promote diversity and tolerance and aim to form equitable and

positive relationships with children. We ensure children participate in decisions affecting them and listen and respect their suggestions and ideas. We respond to any concerns, disclosures, allegations or suspicions of harm.

Our FDC Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. All FDC educators and staff understand their roles and responsibilities in protecting children from abuse and neglect and maintain up-to-date knowledge of child protection law (Reg 84). FDC educators and staff will undertake child protection awareness training annually and whenever significant changes are made to the child protection law or reporting requirements. FDC educators, staff, visitors and students will comply with our Code of Conduct at all times.

We are committed to diversity and welcome all children and young people regardless of their abilities, sex, gender or social economic or cultural background. Our FDC Service will not tolerate bullying or harassment and our *Behaviour Guidance - Bullying Policy* and procedure outlines the preventative strategies and supervision implemented by our Service to deal with bullying and help protect children. Our priority is to ensure the safety and wellbeing of children and young people and encourage positive relationships.

[Primary policy- Child Safety and Wellbeing (VIC); Behaviour Guidance - Bullying; Code of Conduct; Interactions with Children, Families and Staff]

RECRUITMENT

Our FDC Service maintains a rigorous and consistent recruitment, screening and selection process to ensure the best staff members and FDC educators are employed or engaged based on skills, qualifications, experience and suitability for the position available. All engaged FDC educators participate in robust interviews and have reference checks completed to ensure the applicant's suitability to the role, previous experiences and their commitment to child safe values and practices. All FDC educators and staff are provided with a comprehensive induction process which outlines our Code of Conduct, current policies including Child Protection, Child Safety and Wellbeing, Reportable Conduct Scheme, Work Health and Safety Policy and other related policies to ensure a child safe environment. New employees (including the nominated supervisor and staff members), students and volunteers are to familiarise themselves with the *Child Protection Policy* to understand the Child Protection Law and their obligations and mandatory reporting duties to ensure the safety and wellbeing of children at the service.

[Primary policy – Probation Induction and Orientation; Recruitment]

WORKING WITH CHILDREN CHECK

Working in conjunction with the *Child Wellbeing and Safety Act 2005* and National Regulations, the safety, welfare and wellbeing of children is paramount within our FDC Service and community. A Working with Children Check (WWCC) is a requirement for people who work in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct and child protection concerns. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

The approved provider or nominated supervisor will ensure they have read each person's Working with Children Check before engaging educators, staff or volunteers in the Service. Management is responsible for the periodic review and maintenance of up-to-date records of employees' Working with Children Check, including the Working with Children Check number and the date on which each clearance expires. Management will verify all student and volunteer WWCCs prior to placement. Any visitor who has direct contact with children will be required to provide a WWCC for verification prior to coming into contact with children (*best practice*). The approved provider will keep a record for each day a student or volunteer participates in the FDC service including date and hours of participation.

[Primary policy – Child Protection, Recruitment, Staffing Arrangements; Student, Volunteer; Visitors to Family Day Care Residence]

CHILD PROTECTION

Children and young people always have a right to be safe and protected. To comply with legislation and ensure a child safe environment, all FDC educators, staff, volunteers and students are advised of current child protection law and understand any obligations under the law. Supervision is effective to ensure they understand that *child safety is everyone's responsibility*.

All FDC educators, educator assistants, nominated supervisors and coordinators must complete a course in child protection training approved by the Regulatory Authority on an annual basis.

All FDC educators and staff are mandatory reporters and have a legal obligation to make reports if they suspect on reasonable grounds, a child is at risk of significant harm. Neglecting these obligations could potentially be deemed a criminal offence. All educators and staff are provided with up-to-date training about child protection law and their obligations under this law and to ensure they are confident in following the reporting guidelines within Victoria and adhere to our *Child Protection Policy*. (Reg 84). Through continual education and training, educators and staff are equipped with the knowledge, skills and awareness to keep children safe. Training gives educators and staff confidence to identify, respond and report child abuse.

To protect children and young people and ensure their safety, welfare and wellbeing, management is responsive to report allegations or convictions of harm or risk of harm to a child or young person and child related misconduct by any staff member, educator, volunteer or contractor.

[Primary policies – Child Protection, Child Safety and Wellbeing; Reportable Conduct Scheme]

REPORTABLE CONDUCT SCHEME

The Reportable Conduct Scheme seeks to improve organisation’s responses to allegations of child abuse and neglect by their employees and volunteers. The approved provider must notify the Commission for Children and Young People (the Commission) about any allegations of misconduct involving a child. Reportable conduct applies to all employees, engaged educators, volunteers, students (over the age of 18) and contractors at our FDC Service.

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

Although FDC Services are not prescribed for information sharing our FDC Service supports the safety and wellbeing of children and young people as part of the [Child Information Sharing Scheme](#) and the [Family Violence Information Sharing Scheme](#) and [MARAM reforms](#).

[Primary policy- Reportable Conduct Scheme (VIC)]

CODE OF CONDUCT

Management, educators, staff, volunteers and students will adhere to our FDC Service’s Code of Conduct Policy. Our *Code of Conduct Policy* clearly outlines expectations regarding behaviour and describes the principles, values, and ethical guidelines that guide our staff and stakeholders in their interactions and activities. All educators and staff members are made fully aware that following breaches of the Code of Conduct and role responsibilities may result in disciplinary action which may lead to termination of employment. Individuals can report any concerns they may have about inappropriate actions of any management, educator, staff, student or volunteer or visitor that involves children or young people to management, ensuring a prompt and thorough response to maintain a safe and secure environment for all. We will:

- promote a culture of child safety and wellbeing in all aspects of our Service’s operations
- adhere to our *Child Safe Environment Policy*, *Child Protection Policy* and *Child Safety and Wellbeing Policy* at all times
- provide adequate supervision of children at all times

- ensure all FDC educators, staff, volunteers and students have undertaken current child protection legislation training
- provide adequate and effective supervision of children at all times
- ensure the safe use of online environments
- take reasonable action to protect children and young people for risk of harm
- adhere to our *Privacy and Confidentiality Policy*
- be responsible for their own, and others health and safety
- be a positive role model to children
- respect children's privacy and dignity at all times
- report any allegations of child abuse to the approved provider as mandatory reporter
- notify the approved provider and/or the regulatory authority within 24 hours of any serious incident or complaint as per the National Regulations
- encourage children and young people to 'have a say' on issues that are important to them

FDC educators, students and volunteers must:

- not discriminate against any child, because of age, gender, cultural background, race, ethnicity or disability
- not put children at risk of abuse- refusing food/play, making threats, exposing children to inappropriate language or material (movies, internet, photos or music)
- not develop any 'special' relationships with children or young people that could be seen as favouritism such as the offering of gifts or special treatment
- not be under the influence of drugs or alcohol while working; bring alcohol or drugs onto the premises
- not smoke or vape in or on surrounding areas of the FDC Service.

[Primary policies – Code of Conduct; Privacy and Confidentiality; Probation Induction and Orientation Policy; Technology; Tobacco, Drug and Alcohol-Free Policy]

REPORTING AND RESPONDING TO GENERAL COMPLAINTS

Feedback from children, families, educators, staff and the wider community is fundamental in creating an evolving Childcare Service working towards the highest standard of care and education. We ensure educators, staff, volunteers and students are well informed about the different ways children may express concerns, distress and disclose harm as well as the process for responding to disclosures from children- including a complaint that alleges a child is exhibiting sexual behaviours that may be harmful to the child or another child. (ACECQA 2023)

We aim to investigate all complaints and grievances with a high standard of equity and fairness. Our Service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence.

The approved provider will place a prominently displayed notice in the foyer area of our FDC residence or approved venues, providing contact information, including the name and telephone number for lodging complaints. FDC educators and staff will receive guidance on the complaint/ grievance policy and procedure and the process for reporting complaints during their service induction. Families, children and young people will be advised of the complaint/ grievance policy and procedure and how to report complaints during orientation of enrolment.

[Primary policy – Dealing with Complaints]

PHYSICAL ENVIRONMENT – SUPERVISION AND SAFETY CHECKLISTS

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

Sleeping infants and toddlers will be closely monitored at regular intervals and will always be within sight and hearing distance of the educator so a child's breathing, and the colour of their skin can be monitored. Consideration will be provided when older children are using the toilet and bathroom areas, including monitoring and supervision across all areas that children access.

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

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

FDC educators will complete the following daily checklists to assist and record inspections of the physical environment where foreseeable risks may be evident and cause harm or injury to a child: Daily Checklist. Any findings that require attention will be either dealt with immediately or submitted into the maintenance book depending on priority. Coordinators are required to check maintenance books regularly.

[Primary policies – Code of Conduct; Supervision; Sleep and Rest; Nappy Change and Toileting; Health and Safety, Staffing Arrangement, Supervision]

STORAGE OF HAZARDOUS SUBSTANCES

We reduce the risk of harm to children and educators by using eco-friendly products. Our FDC educators endeavour to provide a safe environment where necessary chemical and hazardous equipment are safely stored away from children and handled appropriately.

FDC educators will keep a register of hazardous chemicals used at the residence and/or approved venue, including relevant Safety Data Sheets (SDS).

To maintain a safe environment for children, regular monthly Home Safety Checklists are conducted by Co-ordinators at each FDC service/venue.

EQUIPMENT, FURNITURE & MAINTENANCE RECORD

There are several factors that can contribute to a hazard, such as a deprived program, insufficient supervision and dilapidated equipment. To ensure a child safe environment free from hazards, our FDC Service has implemented practices and continue to monitor service policies and procedures that uphold Australian Safety Standards.

The premises and all equipment and furniture used within each FDC residence and/or approved venue are audited to ensure all aspects are safe, clean and in good repair as part of the annual assessment. We understand that hazards are specific to developmental stages; FDC educators are aware that toys and equipment need to be checked to ensure they are safe and developmentally appropriate for children. Regular checks occur within each FDC residence and/or venue to ensure that all toys, furniture and equipment are in good condition and working order.

These checks include:

[Primary policies– Assessment, Approval and Re-assessment of Family Day Care residence and/or venue Policy, Furniture and Equipment Safety]

RISK ASSESSMENT & RISK ASSESSMENT TOOL

It is a legislative requirement that management and FDC educators implement a risk management system where they identify and manage hazards and risks within the workplace to ensure a child safe environment. The key principles of risk management include:

1. Identifying all hazards or potential hazards in the service/residence/venue
2. Assess the risk of harm or potential harm for each hazard
3. Control or manage the risk – Risk Rating Matrix
4. Monitor and improve safety – Risk Assessment Action Plan
5. Evaluate and Review

It is the responsibility of FDC educators to complete a risk assessment where children's safety may be jeopardised and when organising an excursion/incursion or any transportation of children. Risk assessments must be approved by the Coordinator/Nominated Supervisor. Children's safety must be incorporated into everyday practice. Common hazards which may require a risk assessment include:

- cross-infection and infectious disease
- administration of medication
- anaphylaxis procedures and management
- building and equipment (including storage)
- inadequate space for conducting activities and experiences
- hazardous chemicals
- electrical appliances
- food preparation and storage
- environmental influences such as shade, noise etc
- sun safety
- children's behaviours
- water safety
- fire equipment
- pets and/or animals [see Pet Policy]
- inadequate supervision of children
- children's activities and experiences
- Work Health and Safety such as manual handling (e.g., safe lifting children from cots and highchairs)
- non-compliance risk
- hot drinks
- transportation of children (regular outing and regular transportation)

- excursions
- potential emergencies
- natural disasters
- safe arrival of children
- sleep and rest
- organisation culture (child-safe culture)
- physical contact
- training
- online activities
- electrical devices (photographs/videos)
- privacy and confidentiality

To maintain a child safe environment, all staff, FDC educators, educator assistants will adhere to Service policies and procedures and conduct the following checklist and audits:

- Daily checklist
- Risk assessment
- Excursion risk assessment

[Primary policies – Child Protection; Code of Conduct; Behaviour Guidance; Emergency and Evacuation; Incident, Injury, Trauma and Illness; Safe Arrival of Children; Sleep and Rest, Excursion; Safe Transportation of Children; Sun Safety; Administration of First Aid; Medical Conditions]

EMERGENCY AND EVACUATION PROCEDURES

Management will ensure that FDC educators display copies of the emergency and evacuation floor plan in prominent positions near each exit of the residence and/or approved venue. All staff, FDC educators and educator assistants are familiar with emergency evacuation procedures and regulatory requirements.

Educators and educator assistants are familiar with emergency evacuation procedures and regulatory requirements. Rehearsals for emergency and evacuation procedures, including lock downs, are conducted at least once every 3 months. Records will be kept for all rehearsals

[Primary policy- Emergency and Evacuation]

ARRIVAL AND DEPARTURE AUTHORISATION

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

educators keep a record of children and visitor's arrival and departures, with the signatures of the person responsible for verifying the accuracy of the record and the identity of the person collecting the child or young person.

FDC educators will work in collaboration with our *Delivery of children to and Collection from Education and Care Premises Policy*, *Safe Arrival of Children Policy* and *Visitors to Family Day Care Residence Policy* to ensure children are safe and secure at all times.

To ensure children's safety, educators have a clear understanding of their legal obligation to check identification when a person is collecting a child. To maintain compliance, parents will provide written authorisation if a person who is not named as an emergency contact on the enrolment form to collect a child from the FDC service. FDC educators will ensure court orders are strictly adhered to and protect children from any potential harm.

[Primary policies - Delivery of Children to and Collection from an Education and Care Service Premises; Safe Arrival of Children; Student and Visitors; Visitors to Family Day Care Residences]

ONLINE SAFETY

Our FDC Service is committed to create and maintain a safe online environment with support and collaboration with children, young people, staff, educators, families and community. Management ensures FDC educators install anti-virus and internet security systems to block access to unsuitable web sites, newsgroups and chat rooms on computers used by children.

Our FDC Service ensures backups of important and confidential data is made regularly and either stored securely offline, or online. Software and devices are updated regularly to avoid any breach of confidential information.

Families are provided with information about our software program which is password protected and used to share observations, photos, videos, daily reports and portfolios. Passwords are not to be shared with others as per our written agreement.

Written authorisation is requested as part of the enrolment process for children to use computers/tablets; have their photo taken and published as part of promotional marketing or on the app program used by the FDC Service. The identity of a child is not published on any platform.

Only educational software programs and apps that have appropriate content and have been examined prior to allowing their use and used at the FDC residence or approved venue. Children are always supervised using any technology.

[Primary policies – Code of Conduct; Cyber Safety; Technology; Privacy and Confidentiality]

CONTINUOUS REVIEW

To ensure we maintain a culture of continuous improvement, we will ensure our child safe practices are regularly reviewed, evaluated and improved. We aim to ensure all FDC educators, staff, students and volunteers understand and effectively implement our policies and procedures to provide a child safe environment.

We will regularly review and monitor the effectiveness of our Child Safe policies and procedures and invite children, staff members, families and communities to contribute to their development. Any updates or revisions will be communicated to all stakeholders.

FAMILIES

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

- policy and procedure review
- child protection
- Child Safe Standards (VIC)
- allegations/grievance procedures
- sun safety
- written authorisations- parenting orders
- code of conduct
- inclusivity and supporting children with diverse needs.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Child Safe Standards - Guide	Child Safe Standards - Commitment Statement
Child Safe Standards - Checklist	Child Safe Risk Assessment VIC

SOURCES

Australian Children's Education & Care Quality Authority. (2014).
 ACECQA. (2023). Policy and procedure guidelines. [Providing a Child Safe Environment](#).
 Australia Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).
 Australian Government Department of Education. [Belonging, Being and Becoming: The Early Years Learning Framework for Australia.V2.0, 2022](#)
 Australian Government Department of Education. [My Time, Our Place- Framework for School Age Care in Australia.V2.0, 2022](#)
Child Protection (Working with Children) Act 2012
Child Wellbeing and Safety Act 2005 (Vic)
Children and Young Persons (Care and Protection) Act 1998
Children, Youth and Families Act 2005 (as amended 2014) (Vic)
 Commission for children and young people [Being a child safe organisation](#)
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023).
 Revised National Quality Standard. (2018).
The Charter of Human Rights and Responsibilities Act 2006 (Vic)
The Commission for Children and Young People Act 1998
The Commission for Children and Young People Act 2012
 Victoria State Government. Families, Fairness and Housing. Children, youth & families. [Child Protection](#).
 Victoria State Government Families, Fairness and Housing. [Child Safe Standards](#)
Working with Children Act 2005 (Vic)

REVIEW

POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MAY 2024
POLOCY REVIWED	MAY 2025	NEXT REVIEW DATE	MAY 2025
VERSION NUMBER	V13.05.24		
MODIFICATIONS	<ul style="list-style-type: none"> sources reviewed minor formatting edits within text additional information added to points specific to FDC service removing text unrelated to FDC service 		
POLICY REVIEWED	NOVEMBER 2023	NEXT REVIEW DATE	NOVEMEBER 2024
VERSION NUMBER	V7.11.23		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance Terminology section added added section – Reporting and responding to general complaints Code of Conduct section moved updated content to reflect NQF review and legislation changes re: child protection law; register for students/visitors additional related policies added FDC are not currently prescribed information for information sharing- involvement is voluntary- added to policy 		

	<ul style="list-style-type: none"> sources reviewed and updated 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MAY 2022	<ul style="list-style-type: none"> Policy rewritten as Child Safe Environment Policy. A new <i>Child Safety and Wellbeing Policy</i> has been drafted to reflect the New Child Safe Standards (effective 1 July 2022) Additional law/regulations added- ACECQA Guidelines to Policy and Procedure document (June 2021) Additional laws/regulations added Additional related policies 	MAY 2023
APRIL 2021	<ul style="list-style-type: none"> review of policy and sources to ensure currency no further changes as yet due to alignment to National Principles for Child Safe Organisations following review of Victorian Child Safe Standards (review in November 2021) 	NOVEMBER 2021

Disclaimer

Implementation of the new Child Safe Standards (VIC) are mandatory from 1 July 2022. Services must refer to guides from the Commission for Children and Young People to ensure they comply with the Standards.

SUPERVISION POLICY

Supervision is an integral part of the whole care and education experience. *“At its most basic level, supervision helps to protect children from hazards or harm that may arise in their daily experiences in play, interactions with others, and daily routines.”* (Victoria Department of Education and Training, 2010, p.1). Effective supervision allows Family Day Care (FDC) educators to actively engage in play and leisure opportunities that are meaningful to children and support their wellbeing, development and learning.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S.165	Offence to inadequately supervise children
S.167	Offence relating to protection of children from harm and hazards
S.174	Offence to fail to notify certain information to Regulatory Authority
100	Risk assessment must be conducted before an excursion
101	Conduct of risk assessment for excursions
102C(2)(g)	Supervision during transportation
116	Assessments of family day care residences and approved family day care venues
119	Family day care educator and family day care educator assistant to be at least 18 years old
121	Application of Division 3
122	Educators must be working directly with children to be included in ratios
123A	Family day care co-ordinator to educator ratios- family day care service

124	Number of children who can be educated and cared for-family day care
127	Family day care educator qualifications
144	Family day care educator assistant
166	Children not to be alone with visitors
168	Education and care service must have policies and procedures
169	Additional policies and procedures- family day care service
176	Time to notify certain circumstances to Regulatory Authorities

RELATED POLICIES

Administration of Medication Policy	Handwashing Policy
Adventurous Play Policy	Incident, Injury, Trauma and Illness Policy
Bottle Safety and Preparation Policy	Multi-Storey Building Policy
Child Safe Environment Policy	Nappy Change and Toileting Policy
Code of Conduct Policy	Physical Environment Policy
Cyber Safety Policy	Road Safety Policy
Delivery of Children to, and collection from Education and Care Service Premises	Safe Transportation Policy
Emergency Evacuation Policy	Sleep and Rest Policy
	Visitors to Family Day Care Residences Policy
	Water Safety Policy

PURPOSE

Family Day Care (FDC) educators have a duty of care to ensure children are actively supervised at all times, maintaining a safe and secure environment adhering to Education and Care Services National Law and National Regulations. Supervision, together with thoughtful design and arrangement of children's environments, assists in the prevention and severity of injury to children.

FDC educators will actively supervise children, identifying risks and taking all necessary steps to prevent or minimise injury. Effective supervision of children also provides FDC educators with the opportunity to support and build on children's play experiences. Our FDC Service will ensure no child or children are left alone with a visitor, student or volunteer.

SCOPE

This policy applies to children, families, the approved provider, nominated supervisor, coordinator, educators, educator assistants, students, volunteers and visitors of the FDC Service.

IMPLEMENTATION

The Family Day Care environment requires careful consideration for supervision as there may be a variety of ages of children attending for care and before/after school care. The FDC educator must respond to each child's developmental needs and provide a child safe environment at all times. Children may be involved in play in different parts of the FDC residence or approved venue and the educator will need to consider how to effectively supervise children. Supervision of infants and toddlers who are sleeping also need careful consideration to ensure the FDC educator can see and hear children. (See: *Sleep and Rest Policy*).

(Source: ACECQA, 2020).

THE APPROVED PROVIDER/NOMINATED SUPERVISOR WILL:

- ensure obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure engaged FDC educators, educator assistants, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure a copy of this policy is provided to all newly engaged FDC educators and staff as part of their induction process
- provide families with a copy of this policy upon enrolment
- ensure that the Family Day Care approved residence or approved venue is organised and maintained to facilitate effective supervision of children while maintaining the rights and dignity of all children
- assist in the development and regular review of supervision plans and strategies for both the indoor and outdoor area which will support the FDC educator and educator assistant (if in attendance) to position themselves effectively to allow them to observe the maximum area possible
- provide FDC educators and educator assistants with information and guidance to ensure a range of strategies are used to provide effective supervision in any situation/environment including conducting regular head counts
- ensure additional risk assessments are conducted for FDC residences/venues located in multi-storey buildings to ensure adequate supervision (See: *Multi-storey Building Policy*)

- conduct a thorough review of any risk assessments submitted for transportation of children and excursions to ensure supervision is adequately planned for before approving
- notify the regulatory authority of any serious incident or complaints alleging the safety, health or wellbeing of children has been compromised within 24-hours of the incident or the time that the person becomes aware of the incident or complaint. This includes if an ambulance was call in response (not as a precaution) to the incident, situation or event
- notify parents as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the FDC Service. Details of the incident/situation are to be recorded on the *Incident, Injury, Trauma and Illness Record*
- ensure FDC educators hold an approved certificate III level (or higher) prior to commencing their role as educator **or** for existing engaged educators, complete their approved qualification by July 1, 2024
- ensure students, volunteers and/or visitors are never left alone with a child whilst at the FDC Service under any circumstance
- ensure the required educator-to-child ratio and maximum number of preschool age children or under is adhered to at all times-
 - 1:7 educator to child ratio
 - Maximum of 4 children preschool age or under
 - Ratio includes the educator's own children younger than 13 years of age if there is no other adult to care for them

FAMILY DAY CARE EDUCATOR/EDUCATOR ASSISTANT WILL:

- have a sound understanding of their duty of care and responsibilities in ensuring children are within a child safe environment at all times
- conduct risk assessments taking into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom and/or nappy change facilities
- develop, maintain and regularly review supervision plans and strategies for both the indoor and outdoor areas in collaboration with the coordinator and nominated supervisor. These will be displayed for families in all rooms and in the outdoor area
- promote children's agency by making decisions about supervision that allows children to engage in independent exploration and appropriate risk taking
- ensure each child will be within sight and/or hearing of the FDC educator or educator assistant
- actively engage with children to support their learning whilst actively supervising and observing children

- listen closely to children whilst supervising areas that may not be in a direct line of sight noticing changes in volume or tone of voice
- avoid activities or actions that will distract them from supervision, such as speaking on the phone for prolonged periods of time, taking personal phone calls, checking mobile phones or administrative tasks
- implement vigilant supervision strategies for hygiene requirements including:
 - regular handwashing
 - toileting
 - cough and sneeze routines- using disposable tissues and handwashing
- respond to the different levels of supervision required due to children's ages and individual needs- (supervision of infants and toddlers will require children remaining in close proximity to the FDC educator, where older school aged children may be able to be effectively supervised whilst in the outdoor environment)
- conduct a risk assessment to determine how children are supervised while being transported [Reg. 102C]
- in the event of a child missing or unaccounted for, the *Missing Child Procedure* is followed. (See *Incident, Injury, Trauma & Illness Policy*)
- ensure children are never left in an unattended vehicle under any circumstances. This applies even if the vehicle remains in sight of the FDC educator and/or educator assistant
- ensure adequate supervision is provided when children are transported in a vehicle at all times (see *Safe Transportation Policy* and *Road Safety Policy*)
- ensure a Risk Assessment and Management Plan is carried out before an authorisation is requested for an excursion. The risk assessment will consider and identify the number of adults required to ensure continuous adequate supervision throughout the excursion.
- ensure visitors (including students and/or volunteers) are never left alone with a child whilst at the FDC residence or approved venue under any circumstance
- adequately supervise children during rest time in accordance with the *Sleep and Rest Policy* and relevant legislative requirements
- ensure supervision of sleeping children is active, effective and frequent [as per our supervision plan relevant to the ages and developmental stages of children attending the service [see: *Safe Sleep Policy/Procedure*]
- listen closely to children whilst supervising areas that may not be in a direct line of sight noticing changes in volume or tone of voice
- ensure that hazardous equipment and chemicals are inaccessible to children

CONSIDERATION WILL BE GIVEN TO THE DESIGN AND ARRANGEMENT OF CHILDREN'S ENVIRONMENTS TO SUPPORT ACTIVE SUPERVISION BY:

- using supervision skills to recognise areas of risk therefore reducing the potential for injury or incident to children and adults
- considering supervision of children when FDC residence/venue is located on different levels of a residence/building
- providing direct, constant and proximal monitoring to children undertaking activities that involve some risk (e.g. water play, climbing)
- making decisions and guiding FDC educators and educator assistants to make decisions about when children's play needs to be interrupted and redirected
- supporting FDC educators and educator assistants with specific strategies positioning, peripheral vision and monitoring children's arrival and departure from the FDC residence or venue

CONTINUOUS IMPROVEMENT/REFLECTION

The *Supervision Policy* will be reviewed on an annual basis in conjunction with children, families, educators, staff and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Child Safe Environment Procedure	Transport Pick-up and Drop-off checklist Safe
Risk Assessment Guide and Procedure	

SOURCES

Australian Children's Education & Care Quality Authority. (2023). [Active Supervision: Ensuring safety and promoting learning.](#)

Australian Children's Education & Care Quality Authority. Children's Health and Safety. *An analysis of Quality Area 2 of the National Quality Standard*. Occasional Paper 2. (2016).

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework.](#)

Australian Government Department of Education. (2022). [My Time, Our Place- Framework for School Age Care in Australia. V2.0, 2022](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations.](#) (Amended 2023).

Victoria Department of Education and Training. (2012). *Supervision* [Practice Note 12]:

<https://www.education.vic.gov.au/Documents/childhood/providers/regulation/pracnotessuperv.pdf>
[Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW DATE	MAY 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MAY 2024
VERSION NUMBER	V9.04.24		
MODIFICATIONS	<ul style="list-style-type: none"> regular policy maintenance some wording refined/reworded related policies updated minor formatting edits within text sources checked and repaired as required 		
POLICY REVIEWED	APRIL 2024	NEXT REVIEW DATE	APRIL 2025
VERSION NUMBER	V10.04.24		
MODIFICATIONS	<ul style="list-style-type: none"> major review of policy- approved provider/nominated supervisor section separated from responsibilities of FDC educator/educator assistant added information related to FDC qualification/approval of risk assessments/consideration of supervision in multi-storey buildings/ supervision strategies sources checked and repaired as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
APRIL 2023	<ul style="list-style-type: none"> minor formatting edits within text additional information added re: supervision requirements for transportation of children/risk assessment additional statement re: visitors to FDC service hyperlinks checked and repaired as required EYLF/MTOP sources updated to V2.0 Continuous Improvement section added Childcare Centre Desktop Resource section added link to Western Australian Education and Care Services National Regulations added in 'Sources' 		APRIL 2024
APRIL 2022	<ul style="list-style-type: none"> policy maintenance additional information regarding consideration of supervision added to implementation section minor formatting edits within text hyperlinks checked and repaired as required 		APRIL 2023
APRIL 2021	<ul style="list-style-type: none"> policy review - minor edits sources checked for currency 		APRIL 2022
APRIL 2020	rearranged some points for better flow		APRIL 2021

	<p>amended National Regulations specifically for FDC</p> <p>additional information added in some sections</p> <p>supervision for handwashing added</p>	
APRIL 2019	<p>Terminology changed to be specific to FDC services.</p> <p>Introduction changed</p> <p>Additional information added to points.</p> <p>Irrelevant information deleted.</p>	APRIL 2020
APRIL 2018	Minor terminology changes made to improve understanding and implementation	APRIL 2019
DECEMBER 2017	Updated policy to comply with current National Quality Standard	APRIL 2018
MAY 2017	Policy updated to comply with Family Day Care Regulations	TBA

REPORTABLE CONDUCT SCHEME POLICY (VIC)

Our Family Day Care (FDC) Service is committed to the safety, wellbeing, and support of all children in our care. From January 1st, 2019, the Reportable Conduct Scheme has been implemented in Victoria. This aims to complement the [Child Safe Standards](#) and other existing child safety measures and ensure that timely reports are made and investigated should there be allegations against employees, volunteers, or visitors of the Service (State of Victoria [Commission for Children and Young People], 2018).

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDRENS HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
S162 (A)	Persons in day-to-day charge and nominated supervisors to have child protection training
84	Awareness of child protection law
149	Volunteers and students
155	Interactions with children
165	Record of visitors
166	Children not to be alone with visitors
169 (2)g	Additional policies and procedures- family day care service

OTHER RELEVANT LAWS

<i>Child Wellbeing and Safety Act 2005 (Vic)</i>
<i>Children, Youth and Families Act 2005 (Amended 2014) (Vic)</i>

<i>Commission for Children and Young People Act 2012 (Amended 2014) (Vic)</i>
<i>Failure to Disclose 2014 (Under Section 327 of the Crimes Act 1958 [Vic])</i>
<i>Failure to Protect 2015 (Under Section 327 of the Crimes Act 1958 [Vic])</i>
<i>The Charter of Human Rights and Responsibilities Act 2006 (Vic)</i>
<i>Working with Children Act 2005 (Vic)</i>
<i>Family Law Act 1975 (Cth)</i>
<i>Crimes Act 1958 (Vic)</i>

RELATED POLICIES

Child Protection Policy Child Safe Environment Policy Child Safety and Wellbeing Policy Code of Conduct Policy Dealing with Complaints Policy	Privacy and Confidentiality Policy Recruitment Policy Supervision Policy Visitors to FDC Residence and or Venue Policy
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PURPOSE

The approved provider, coordinators and FDC educators are committed to identifying possible risk and significant risk of harm to children and young people at the Family Day Care Service. We understand our duty of care to protect children from all types of abuse, including protecting them from potential abuse that could occur within the service by employees, visitors, students or contractors. It is therefore imperative that all staff have a thorough knowledge and understanding of the requirements of the Reportable Conduct Scheme, which seeks to improve the responses of organisations to allegations of child abuse and neglect by their employees or volunteers.

SCOPE

This policy applies to the approved provider, coordinator, educators, educator assistants, children, families, and visitors of the FDC Service.

DEFINITIONS

Reportable Conduct

There are five types of 'reportable conduct':

- Sexual offences committed against, with or in the presence of a child.
- Sexual misconduct committed against, with or in the presence of a child.
- Physical violence against, with or in the presence of a child.
- Any behaviour that causes significant emotional or psychological harm to a child.
- Significant neglect of a child.

Head of the organisation

The structure of the organisation will determine the 'head'. In Early Childhood Services this will likely be the Approved Provider, or Chief Executive Officer (CEO) of larger organisations.

Failure to disclose

Under the *Crimes Act 1958* (Vic) all adults must make a report to the Victoria Police if they hold a reasonable belief that a sexual offence has been committed by an adult against a child under the age of 16 years.

Failure to protect

Under the *Crimes Act 1958* (Vic) a person in a position of authority in an organisation must act to reduce or remove a substantial risk to a child under 16 years of age who is under their care or supervision who may become the victim of sexual abuse committed by an adult associated with their organisation.

Mandatory reporters

Professional groups, including early childhood teachers and workers, who are mandated under the *Children, Youth and Families Act 2005* (CYFA) (s. 182) to report a reasonable belief of child physical or sexual abuse to child protection authorities. (Source: Victorian Government: Child Protection Manual).

Reasonable grounds

A belief on reasonable grounds is formed if a reasonable person in the same position would have formed the belief on the same grounds. For example,

- a child states they have been physically or sexually abused
- a child states they know someone who has been physical or sexually abused (sometimes the child may be talking about themselves)
- someone who knows the child states the child has been physically or sexually abused
- professional observations of the child's behaviour or development leads the mandated professional to form a belief the child has been abused or is likely to be abused
- signs of physical or sexual abuse leads to a belief the child has been abused.

(Source: Victorian Government, CCYP)

IMPLEMENTATION

The Head of the organisation must:

- be fully aware of, and knowledgeable about the responsibilities of the head of an organisation, which include all points below
- sign up and maintain a subscription for Commission updates in order to maintain current knowledge on Child Protection issues in Victoria (See Resources).
- ensure there are systems in place to prevent child abuse (See: *Child Safety and Wellbeing Policy; Child Protection Policy, Child Safe Environment Policy*)

- ensure allegations are brought to the attention of appropriate persons for investigation and response
 - ensure that all allegations based on reasonable grounds are reported, including allegations made against employees who do not have direct contact with children, and conduct that allegedly occurred outside of their work
 - contact 000 if they have immediate safety concerns about a child or young person
 - Contact the Commission if unclear on whether or not a reportable allegation should be made about a person: Phone 1300 78 29 78
 - Email: contact@ccyp.vic.gov.au
 - gather the information required to complete the report. *Note: The types of information required can be found in Appendix A.*
-
- notify the Commission within three business days of becoming aware of a reportable allegation, using the online forms found at <https://ccyp.vic.gov.au/reportable-conduct-scheme/notify-and-update/> *Note: You are not able to save the form once commenced: It must be completed in one session.*
 - make a report to Victoria Police as soon as you are aware that a reportable allegation may involve criminal conduct (if any reportable allegation involves suspected criminal behaviour, notify both the Victoria police and the Commission)
 - understand that police investigations take priority over reportable allegation notifications and as such the organisation's investigation may need to be deferred until the police investigation has been completed
 - provide the Commission with details of who is conducting the investigation
 - begin an investigation using the CCYP Investigation Guide (see Resources)
 - manage risks to children whilst undertaking the investigation
 - maintain detailed and objective notes on all aspects of the investigation
 - provide the Commission with updates on the organisation's response to the allegation via the online forms
 - assess the evidence and make a decision based on the strength of the evidence as to whether or not the Reportable Conduct occurred
 - provide the Commission with detailed information on the reportable allegation and any action taken within thirty calendar days of the initial notification via the online forms. This should include (Source: CCYP Information sheet 8: Investigation findings.):

The findings:

- *Substantiated* - This finding should be used when a decision maker has decided that the reportable conduct has been proven to have happened on the balance of probabilities. The evidence suggests it is more likely than not that the reportable conduct happened because there is enough reliable, convincing, evidence of weight.
- *Unsubstantiated - insufficient evidence* - This finding should be used when there was some evidence of weight to support the allegation, but not enough for the decision maker to make a substantiated finding. The evidence does not suggest that it is more likely than not that the reportable conduct happened.
- *Unsubstantiated - lack of evidence of weight* - This finding should be used when there is not enough evidence to properly investigate the allegation, or the small amount of evidence available is contradictory or confusing. There is not enough evidence to establish whether the reportable conduct did, or did not happen.
- *Unfounded* - This finding should be used when there is strong evidence that the reportable conduct did not happen. The evidence suggests that it is more likely than not that the reportable conduct did not happen.
- *Conduct outside scheme* - This finding should be used when the decision maker has investigated the conduct and, although the conduct occurred, it does not fit any of the types of reportable conduct listed in the Act. An example of this might be slapping a child's hand away from a hot stove.

The reasons for the finding, which should explain:

- How the investigation was done.
- The evidence that was collected and how it was assessed.
- Whether the evidence was relevant and reliable.
- How the evidence supported or contradicted the allegation of Reportable Conduct.
- How convincing the evidence was in all of the circumstances.
- Seek help from the Commission if there are any concerns or guidance is required: Phone: 1300 78 29 78
- Understand that the Reportable Conduct Scheme does not replace the legal requirement to report allegations to the Victoria Police.

THE APPROVED PROVIDER/MANAGEMENT AND COORDINATORS WILL ENSURE:

- a robust recruitment process is implemented with effective pre-employment screening including at least 2 reference checks, WWCC and where applicable National Police criminal history checks

- induction includes relevant information on child safe practices adhering to the new Child Safe Standards, Code of Conduct, strategies that identify, assess and minimise risks to children and mandatory reporting procedures
- all employees and educators are aware of who holds the position of ‘head of organisation’
- there are systems in place to prevent child abuse
- that they, and all educators maintain a current Working with Children Check
- all student and volunteer WWCCs are verified prior to placement. Any visitor who has direct contact with children will be required to provide a WWCC for verification prior to coming into contact with children (*best practice*). The approved provider will keep a record for each day a student or volunteer participates in the service including date and hours of participation
- that they, and all educators follow policies and procedures concerning Child Protection, Child Safe Environments, Child Safety and Wellbeing – including the [New Child Safe Standards](#) for Victoria and Reportable Conduct
- allegations are immediately brought to the attention of the Head of the organisation
- that they will notify the Commission of any alleged Reportable Conduct if the Head of the organisation fails to do so for any reason
- educators employ ‘*active supervision*’ strategies at all times
- visitors, students are never left with children unsupervised

FAMILY DAY CARE EDUCATORS WILL ENSURE:

- that they have a thorough understanding of their duty of care in relation to Child Protection
- that they maintain a current Working with Children Check (WWCC)
- that they have an in-depth understanding of the Reportable Conduct Scheme and how to notify Reportable Conduct
- they have a thorough understanding, and follow all policies and procedures concerning Child Protection, the new Child Safe Standards, and Reportable Conduct
- all allegations are immediately brought to the attention of the Head of the organisation and/or the Nominated Supervisor and/or Responsible Person
- they contact 000 if they have any immediate safety concerns about a child or young person
- that they will notify the Commission of any alleged Reportable Conduct if the Head of the organisation and/or the Nominated Supervisor and/or Responsible Person fails to do so for any reason
- that they understand that failure to comply with the Reportable Conduct Scheme requirements may lead to their Working with Children Check being revoked
- they are always actively supervising children whilst providing education and care in their residence or approved venue

- to keep a record of all visitors to the FDC residence or approved venue
- visitors and/or students are never left alone with a child whilst at the service under any circumstance.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Reportable Conduct Scheme Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

RESOURCES

Subscription to Commission updates:

<https://ccyp.vic.gov.au/contact-us/sign-up-for-commission-updates/>

Information sheets

Available from <https://ccyp.vic.gov.au/child-safety/resources/reportable-conduct-scheme-information-sheets/>

[Information sheet 1: About the Reportable Conduct Scheme](#)

[Information sheet 2: What is reportable conduct?](#)

[Information sheet 3: Responsibilities of the head of an organisation](#)

[Information sheet 4: Investigation overview](#)

[Information sheet 5: Other reporting obligations](#)

[Information sheet 6: Child Safe Standards and Reportable Conduct Scheme](#)

[Information sheet 7: Reporting to the Commission](#)

[Information sheet 8: Investigation findings](#)

[Information sheet 9: Sexual misconduct](#)

[Information sheet 10: Physical violence](#)

[Information sheet 11: Significant neglect](#)

[Information sheet 12: Historical allegations](#)

[Information sheet 13: Workers and volunteers](#)

[Information sheet 14: Commission own motion investigations](#)

[Information sheet 15: Identifying the head of an organisation](#)

[Information sheet 16: Reviews of Reportable Conduct Scheme and Child Safe Standards decisions made by the Commission](#)

[Information sheet 17: Reporting past harm or abuse as an adult](#)

[Information sheet 18: Behaviour that causes significant emotional and psychological harm](#)

[Frequently asked questions](#)

NOTIFICATION FORMS

Available from <https://ccyp.vic.gov.au/reportable-conduct-scheme/reportable-conduct-scheme-forms/>

- Three-day notification – head of organisation
- 30-day update
- Investigation outcome update
- Investigator update
- Other information update

SOURCES

Australian Government: Australian Institute of Family Studies. (2022). [Australian child protection legislation](#) [CFCA resource sheet].

State of Victoria (Commission for Children and Young People). (2018). [Investigation findings \[Information sheet 8\]](#).

State of Victoria (Commission for Children and Young People). (2018). [Reportable conducts scheme](#).

Victoria State Government. Department of Families, Fairness and Housing (DFFH). (2021). [Child protection manual](#).

Victoria State Government. (2022). [Family Violence Information Sharing Scheme](#)

Victoria State Government. (2021). [Information Sharing guides, templates and tools](#)

REVIEW

POLICY REVIEWED BY	[NAME]	[REVIEWED BY]	
POLICY REVIEWED	NOVEMBER 2023	NEXT REVIEW DATE	NOVEMBER 2024
VERSION NUMBER	V5.11.23		
MODIFICATIONS	<ul style="list-style-type: none">• annual policy maintenance- minor formatting changes• additional information added re: students/volunteers' knowledge of Child Protection Law• reviewed and updated resources/sources		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
NOVEMBER 2022	<ul style="list-style-type: none">• policy maintenance - no major changes to policy• information related to Child Safe Standards and associated policy added• hyperlinks checked and repaired as required• minor formatting edits within text• continuous improvement/reflection section added		NOVEMBER 2023
NOVEMBER 2021	<ul style="list-style-type: none">• additional related policies• addition of new Child Safe Standards Victoria (effective from July 2022)		NOVEMBER 2022

	<ul style="list-style-type: none"> information related to recruitment and induction added visitors not to be left unsupervised with children at any time sources checked for currency 	
NOVEMBER 2020	<ul style="list-style-type: none"> Policy reviewed minor editing sources checked for currency 	NOVEMBER 2021
NOVEMBER 2019	New policy created for Family Day Care Services	NOVEMBER 2020

Appendix A: Information the Commission will require for a Reportable Conduct Notification.

Three business day notification	30 calendar day update	Advice on investigation	Outcomes of investigation	Additional documents
<ul style="list-style-type: none"> Name of the worker or volunteer Date of birth Police report Organisation contact details Head of organisation's name Initial advice on the nature of the allegation 	<ul style="list-style-type: none"> Details of the allegation Details of your response to the allegation Details about any disciplinary or other action proposed Any written response from the worker or volunteer about the allegation and the proposed disciplinary or other action 	<ul style="list-style-type: none"> Name of investigator Contact details <p>As soon as practicable</p>	<ul style="list-style-type: none"> Copy of findings and reasons for the findings Details about any disciplinary or other action proposed Reasons for taking or not taking action <p>As soon as practicable</p>	<ul style="list-style-type: none"> The Commission may request further documents from the head of the organisation

Source: State of Victoria (Commission for Children and Young People). (2018). *Reporting to the Commission* [Information sheet 7].

ANIMAL AND PET POLICY

Having a relationship with a pet and/or animal can help children develop a caring disposition and skills such as nurturing, responsibility, empathy and improved communication. Having a pet in an early childhood environment enables children who are not otherwise exposed to animals learn these skills. The pet will become part of the daily educational program and lead to activities and learning about other animals. The safety of children, however, is always our first priority. Our Family Day Care Service will ensure that no animal poses a health or safety risk to children, adults or visitors in approved family day care residences or venues.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained.
3.2.3	Environmentally responsible	The service cares for the environment and supports children to become environmentally responsible.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
116	Assessments of family day care residences and approved family day care venues
116 (2)	Risk posed by animals
168	Education and care services must have policies and procedures
170	Policies and procedures to be followed

RELATED POLICIES

Assessment, approval and re-assessment of approved family day care residence and/or venue policy	Managing Unidentified Dogs Policy
Educational Program Policy	Physical Environment Policy
Environmentally Responsible Policy	Sandpit Policy
Hand Washing Policy	Snake Awareness Policy
	Supervision Policy
	Work Health and Safety Policy

PURPOSE

Having a pet at our Family Day Care (FDC) Service can be a valuable part of children's education enriching their learning about nature, ecology and relationships. Our FDC Service aims to provide a safe, hygienic and humane environment for all animals and pets that visit or reside at the FDC educator's residence and/or approved venue educating children in the proper care of animals.

SCOPE

This policy applies to the approved provider, coordinators, educators, educator assistants, children, families, students, volunteers and visitors (including contractors) of the Family Day Care Service.

IMPLEMENTATION

The National Quality Standard encourages educators to understand and appreciate the natural environment and the interdependence between people, plants, animals and the land. Pets help children from a young age learn to care for other living things. They can teach a sense of responsibility, caring and tolerance. They can offer many opportunities for developing observational skills and provide basic natural science experiences. If the educator wishes to have a pet in their Family Day Care residence or approved venue, they must make all the decisions in consultation with the approved provider/ coordinator and families. An assessment of each residence is conducted at least annually to ensure that the health, safety and wellbeing of children who are educated and cared for by the service are protected. Regulation 116 includes ensuring the risk posed by any animals at the residence/or venue is considered during the annual assessment.

Whilst there are several benefits to keeping animals within a family day care residence, there are also a range of concerns which need to be considered to ensure the safety and wellbeing of both the children and the animals. Encouraging direct contact and developing bonds with animals can help children to

develop empathy. Providing children with access to animals within our service will help them learn about life cycles and relationships and improve communication skills. We feel role modelling of appropriate behaviours with animals and guidance in caring for the needs of animals are beneficial for children.

QUESTIONS TO CONSIDER PRIOR TO HAVING A PET AT THE FDC APPROVED RESIDENCE OR VENUE

- Who will pay for the care and upkeep of the animal, including feeding, health care and cleaning?
- What physical space is available in the FDC residence? Is it adequate for the animal you are considering?
- Is the FDC educator and families happy with the decision to keep an animal at the service?
- What time will be available throughout the day to care for the animal?
- Are there any children or adults residing at the family day care residence who are allergic to, or have phobias of, animals?
- What changes to Service's policies and procedures need to be considered? For example, hand washing policy will need to be updated to include washing hands after having contact with the animal.
- What are the health and safety risks?

OTHER THINGS TO CONSIDER INCLUDE

- Some animals, such as lizards, turtles, snakes, spiders and tropical fish may not be an appropriate choice. Check with a veterinarian if you are unsure whether an animal is suitable for children and check with the local health department for regulations and advice regarding animals in family day care services/residences. Some states and territories require a license for keeping certain animals.
- Animals that may be more likely to be suitable for family day care may include goldfish, hermit crabs, stick insects, mice or rats. All these animals are relatively low maintenance and can be left safely over a weekend if they are provided with enough food and water.

ASSESSING AND MANAGING RISKS

Whilst there are many benefits to providing children with access to animals and keeping pets at the family day care residence, there are matters that management and educators need to consider for the safety and wellbeing of both the children and the animals concerned prior to choosing a pet or having an animal visit the Service.

A risk assessment should therefore be conducted when deciding the type of animal and the way the children engage with it. The risk assessment should be reviewed every 12 months.

Potential risks may include:

- diseases- from birds (Parrot fever -psittacosis) and other animals
- injury due to biting, kicking or pushing a child over (e.g., farm animals, dogs)
- scratching (e.g., chickens, rabbits, guinea pigs)
- pests and vermin (snakes, rats, mice)
- allergies (e.g., bees, wasps, ants)

DISEASE

As animals can spread disease, access to animals at the FDC residence requires special consideration to prevent this. Health authorities identify that germs can be present on the skin, hair, feathers and scales, and in the faeces, urine and saliva of animals. While these germs may not cause disease in the animal, they may cause disease in humans.

EFFECTIVE HAND WASHING AND CLEANING

Children and adults should employ effective hand washing after touching or feeding animals, or cleaning their bedding, tanks, cages or enclosures. However, it is important to engage children with these tasks as they learn responsibility through 'hands on' learning experiences.

APPROPRIATE SUPERVISION AND CLOTHING

Children should also be appropriately supervised when they have contact with animals to avoid potential injury or harm to the child or the animal.

Ensure children wear appropriate clothing and footwear when handling animals and pets. Be aware of children who may have allergies to insects such as bees, wasps and ants that may be more apparent when animals are kept at the FDC residence.

FDC SERVICE PETS

- The educator should prepare children for the animal visit, gaining perception into how the children may react to the pet.
- The educator, children and families should consider the rationale for having a pet and long-term implications of such a decision prior to getting the pet.
- All pets and their enclosures are to be kept clean and hygienic with appropriate bedding and water.
- **Pet and animal droppings** cleared or inaccessible to children in outdoor areas, exclude dogs from children's play areas; **finger proof pet enclosures**; supervise pet interactions with children.
- Food will be made available for all pets and animals but kept out of reach of children at all times.

- Any animal or pet kept at the family day care residence will be regularly fed, cleaned, vaccinated, and wormed (as appropriate), and checked for fleas and diseases.
- Animals including pets will not be allowed in the sand pit or any other play area. In event that this happens, educators will refer to and adhere to the *Sand Pit Policy*.
- Animals including pets will never be taken into the food preparation area/kitchen nor will they have access to the eating or sleeping areas, toys, bedding, eating surfaces and/or utensils.
- Anyone who has handled the animal or pet will immediately wash their hands.
- Children's animal or pets will only be allowed in the educator's residence with granted permission from the coordinator and educator.
- The educational program will include how to properly care for animals and how to treat them appropriately.

UNINVITED ANIMAL VISIT

There are situations that may spontaneously occur, involving animals. For example, there may be a situation where an animal or bird has made its way into the FDC residence or approved venue. Depending upon the type of animal or bird the educator may use this as a spontaneous learning experience for the children. At all times the highest priority will be to ensure the safety and wellbeing of the children.

If an animal or bird is potentially dangerous such as a snake or spider, educators will contact an appropriate authority for assistance.

Victoria: [Wildlife Victoria](#): Australian Wildlife Emergency Response 03 8400 7300

New South Wales: [NSW Wildlife Information, Rescue and Education Service](#) Inc. (WIRES) 13 000 WIRES - 13 00 094 737

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

VISITS FROM CHILDREN'S PETS

Occasionally a child may have a new pet such as a puppy or kitten that they wish to bring to the service to show their peers and educator. Whilst this provides a wonderful learning experience for children, families must be advised to seek permission from the educator prior to bringing in the pet. A risk assessment should then be completed before giving permission to the family. Families should also be

advised that pets visiting the service that are not confined (for example, in a fishbowl or bird/mouse cage) must not be left at the service but be taken with the family member at the conclusion of their visit.

PESTS AND VERMIN

- The coordinator or approved provider will monitor any occurrences at the FDC residence to determine the success of control measures.
- If pests and/or vermin are seen, or evidence of pests and/or vermin such as droppings, the FDC educator must take the necessary action to arrange for an inspection
- The FDC educator is responsible for arranging pest control visits for their home as required.
- Where appropriate, the educator will discuss safety issues relating to dangerous products, plants, vermin and objects with the children.
- FDC educators will thoroughly clean all areas that pests have accessed in the residence/property with disinfectant.
- If the remains of animal or animal faeces have been found, the remains will be disposed of according to the local Council guidelines and the area where the remains were found will be thoroughly disinfected.
- FDC educators are responsible for assessing any situation where animals are involved to ensure the health, safety and wellbeing of children, families and animals.

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Animal and Pet Policy* will be updated and reviewed annually in consultation with families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Risk Assessment Action Plan- Pets/Animals

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Bone, J. (2013). The animals as the fourth educator: A literature review of animals and young children in pedagogical relationships. *Australasian Journal of Early Childhood* 38(2). Deakin West, ACT: Early Childhood Australia.

Early Childhood Australia Code of Ethics. (2016).

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Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023)

Elliott, S., McCrea, N., Edwards, H., & University of New England. (2012). Sustainable outdoor play spaces in early childhood centres: Investigating perceptions, facilitating change and generating theory.

Guide to the National Quality Framework. (2017). (Amended 2023).

Kidsafe NSW Inc. <https://kidsafe.com.au/>

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.).

NSW Government Department of Health. (2018). Petting zoos and personal hygiene fact sheet. Retrieved from <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/petting-zoos-and-personal-hygiene.aspx>

Revised National Quality Standard. (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW	[REVIEWED BY]	[POSITION]	SEPTEMBER 2025
POLICY REVIEWED BY:	AMY AYACHE	EDUCATIONAL LEADER	SEPTEMBER 2024
VERSION NUMBER	V3.09.24		
MODIFICATIONS	<ul style="list-style-type: none">• policy maintenance - no major changes to policy• hyperlinks checked and repaired as required• added section to FDC service pets section regarding enclosures		
POLICY REVIEWED	SEPTEMBER 2023	NEXT REVIEW DATE	SEPTEMBER 2024
VERSION NUMBER	V6.9.23		
MODIFICATIONS	<ul style="list-style-type: none">• policy maintenance - no major changes to policy• sources checked for currency• Continuous improvement/reflection section added• CCD related resource section added		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
SEPTEMBER 2022	<ul style="list-style-type: none">• policy maintenance - no major changes to policy• hyperlinks checked and repaired as required• link to Western Australian Education and Care Services National Regulations added in 'Sources'		SEPTEMBER 2023
SEPTEMBER 2021	<ul style="list-style-type: none">• minor formatting edits• consistency of use of FDC residence/approved venue terms in policy• addition of Educational Program Policy• sources checked for currency		SEPTEMBER 2022
SEPTEMBER 2020	<ul style="list-style-type: none">• additional regulations added re: assessments of residence• risk assessment inclusions• pest control certificates		SEPTEMBER 2021

	<ul style="list-style-type: none"> • links added to state/territory contacts for wildlife assistance • policy more relevant to family day care educators 	
SEPTEMBER 2019	<ul style="list-style-type: none"> • Sentences reworded/refined. • Additional information added. • New section added – Visits from children’s pets. • Sources/references corrected, updated, and alphabetised. • Related policies alphabetised. 	SEPTEMBER 2020
SEPTEMBER 2018	<ul style="list-style-type: none"> • New policy created for Family Day Care Services 	SEPTEMBER 2019

CORONAVIRUS (COVID-19) MANAGEMENT POLICY

(Effective from 27 July 2022)

Introduction

Our Service has been responding to the Coronavirus (COVID-19) pandemic since March 2020 by implementing a range of explicit measures to manage the risk of COVID-19. Our duty of care and responsibilities to children, parents, families, educators and staff to provide a safe environment remain our priority.

The COVID-19 pandemic is still active in Australia, however management of COVID-19 in the community and workplace has changed significantly in each state and territory as the majority of the ECEC workforce is vaccinated and the Omicron COVID-19 variant is less severe than the original Delta strain.

However, Australia is currently seeing a third wave of COVID-19 due to subvariants BA.4 and BA.5. The chances of reinfection of COVID-19 is higher due to these subvariants being better able to evade immunity from vaccination. Vaccination, and booster vaccinations are still recommended to strengthen protection against COVID-19.

This policy has continued to be updated over the past 2 years to reflect current Public Health Orders related to vaccinations, wearing of face masks, self-isolation for close contacts, use of Rapid Antigen Tests (RATs) and other COVIDSafe requirements.

As there are NO standard COVIDSafe principles for all states and territories Education and Care Services are required to check with the regulatory authority in their state/territory and implement practices in their setting to limit the spread of transmission of any variant of COVID- 19. [All of [The COVID-19 Test and Isolate National Protocols](#) do not apply across all states and territories.]

Recommendations within this policy should be viewed as best practice.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.

2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
90	Medical conditions policy
93	Administration of medication
110	Ventilation and natural light
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
173 (2)(g)	Prescribed information to be displayed- centre based service and family day care service, a notice stating that there has been an occurrence of an infectious disease at the premises or venue

RELATED POLICIES

Control of Infectious Diseases Policy	Medical Conditions Policy
Family Communication Policy	Nappy Change & Toileting Policy
Hand Washing Policy	Payment of Fees Policy
Health and Safety Policy	Privacy and Confidentiality Policy
Immunisation Policy	Physical Environment Policy
Incident, Injury, Trauma and Illness Policy	Sick Children Policy
Interactions with Children, Families and Staff Policy	Work Health and Safety Policy

PURPOSE

To provide consistency and clarity on the management of COVID-19 in education and care services including preschool, long day care, out of school hours care, vacation care, family day care, mobile and occasional care services.

SCOPE

This policy applies to children, families, educators, staff, management and visitors of the Service.

IMPLEMENTATION

This policy is guided by recommendations and health measures by the Australian Government, local Public Health Units and the Regulatory Authority in Department of Health Victoria to promote evidence-based COVID-safe behaviours to help minimise the community transmission of COVID-19. The *National Guiding Principles for Managing COVID-19 in Schools and Early Education and Care Services* state that ECEC services are essential and should remain open wherever possible in outbreak situations. ECEC workers are designated as 'essential workers' in all jurisdictions.

Our Service has a *COVID-19 Safe Plan* in place and a copy is available on our premises at all times.



This policy must be read in conjunction with our other Service policies:

- Sick Children Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions Policy
- Handwashing Policy
- Health and Safety Policy
- Interactions with Children, Families and staff Policy
- Payment of Fees Policy

Risk Management

Our Service has effective and systematic risk management processes in place to identify any possible risks and hazards to our learning environment and practices related to COVID-19. Where possible, we have eliminated or minimised these risks as are reasonably practicable. Control measures are reviewed in consultation with staff members and effectively communicated with families and visitors. Due to the constant changes in managing our Service during the pandemic, our approach to risk management is ongoing and fluid.

Our Service implements health and safety procedures as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council as part of our day-to-day operation of the Service. During the pandemic, we have increased our health and safety procedures by implementing a combination of COVID-safe practices including:

- adhering to mandated COVID-19 vaccinations for all ECEC staff and visitors (including booster vaccinations in state/territories where this is mandated by a PHO)
- maintaining an accurate workplace attendance register for all staff, parents, visitors at all times (including contact phone numbers) as per National Regulations
- wearing of face masks and other PPE (as required)
- ensuring staff maintain physical distancing of 1.5m from each other, especially in tea rooms (where possible)
- enhanced personal hand and respiratory hygiene for children, staff and parents (including cough and sneeze hygiene)
- improving ventilation in indoor spaces and adhering to any 'ventilation plans' implemented in schools or buildings as per Department of Health guidelines in Victoria.
- where possible, moving lessons and activities to outdoors to reduce transmission between groups
- managing situations where children are required to queue- waiting their turn to use bathroom for handwashing or toileting, waiting their turn to use a piece of equipment etc.
- full adherence to the NHMRC childcare cleaning guidelines and cleaning and disinfecting high touch surfaces at least twice daily, washing and laundering play items and toys
- restricting the number of visitors to our service - for example:
 - use of QR codes for all visitors to our Service
 - not permitting parents to enter the Service
 - using signage and markings on the floor to indicate a 1.5 metre mark for parents/families to use
 - ensuring face masks are worn by all adults (staff and visitors) at all times in indoor settings (subject to exemptions)
 - ensuring face masks are worn by staff when engaging with other adults, such as during pick up and drop offs
 - requiring all staff to wear face coverings when not working directly with children in areas of the service

- communicating with parents of children who have chronic medical conditions or immunosuppression as they may be at an increased risk of disease and require additional ongoing support/care
- conducting COVID-safe risk assessments for any group outings to public places (excursions to local shops, schools, libraries)
- conducting COVID-safe risk assessments for any large group celebrations and adhering to Department of Health Victoria restrictions for groups size, square metre allowance and other measures

Vaccinations for COVID-19 in ECEC settings

As children aged 0-4 years are not currently eligible for COVID-19 vaccination, reinforcing prevention strategies in ECEC settings is a priority. Vaccination is the leading public health prevention strategy to ending the COVID-19 pandemic. Each State/Territory have had their own Public Health Orders related to mandatory vaccinations for education and care services. While no longer mandated, decisions about vaccination can be made at a local level based on the requirements of each service.

Approved Providers are encouraged to review their own COVID-19 vaccination related policies, procedures, work health and safety obligations and risk management strategies.

Handwashing/personal hygiene measures

Effective handwashing remains a vital strategy to help reduce the spread of the COVID-19 virus.

Our Service will ensure:

- all employees, parents, children and visitors must wash their hands with soap and water or use the alcohol-based hand sanitiser provided upon arrival to the Service
- educators and staff must adhere to our *Handwashing Policy* at all times
- children are supervised when washing hands
- educators and staff must adhere to effective food preparation and food handling procedures
- educators will wash their hands or use alcohol-based sanitiser, before wearing gloves and wash their hands after wearing gloves
- hands must be washed thoroughly using soap and water before and after using the toilet
- cough and sneeze etiquette must be used- cover your cough and sneeze with your hand or elbow

Managing a positive case of COVID-19

Testing and isolation are no longer mandatory in ECEC settings as per the updated health advice and National Protocols. [[COVID-19 Test and Isolate National Protocols](#)].

To assist our service manage the risk of transmission of COVID-19 (especially the Omicron and other subvariants) management will:

- remind families that any person (employee, enrolled child, parent, caregiver, visitor or contractor) who is displaying symptoms such as: fever, coughing, sore throat, fatigue and shortness of breath, should have a PCR or Rapid Antigen Test and not attend our Service under any circumstance until they receive a negative test result.

In the event of a positive case, management will:

- follow ECEC service actions/guidance provided by state regulatory authority
- ensure daily attendance records for staff, children and visitors are up to date
- provide Health Fact Sheets to families ([NSW Health fact sheet for families](#))
- provide information about [getting tested for COVID-19](#)
- conduct a thorough clean of the service

National Protocols require:

- any person who tests positive to COVID-19 to inform their workplace/employer, school and early childcare facility and any other social contact they have spent time with from the 2 days they started having symptoms or 2 days before they tested positive. COVID-19 can be confirmed by a positive Rapid Antigen Test (RAT) or a polymerase chain reaction (PCR) test.
- register positive test results (refer to each [State/territory Health Department](#))
- anyone who tests positive to COVID-19 to self-isolate for at least 7 days from the day they test positive.

Close Contacts

Updates have been made to the 'close contact' requirements in most states and territories [May 2022].

Close contacts are required to:

- wear a face mask at all times when outside the home
- undertake rapid antigen tests on 5 during the 7 days after exposure OR test for COVID-19 if symptoms develop
- not attend vulnerable settings for 14 days unless in exceptional circumstances
- work from home where possible
- notify employer, early childcare setting or education setting

- children who are close contacts may be required to submit negative RAT tests to attend an education and care service [Check your state/territory for further clarification]

STATE SPECIFIC INFORMATION

VICTORIA	Managing a confirmed case of COVID-19 in early childhood education and care services Current COVIDSafe settings for business and industry in Victoria
NSW	Managing COVID cases NSW Health close contact guide
QUEENSLAND	Managing a confirmed case of COVID-19 Guidelines for close contacts Queensland
NORTHERN TERRITORY	Close Contacts Business and work
SOUTH AUSTRALIA	Managing a confirmed case of COVID-19 Close Contact advice South Australia
TASMANIA	COVID care Tasmanian Government Close Contacts
WESTERN AUSTRALIA	Education and Care Regulatory Unit COVID-19 preparation and response guidelines for early childhood services COVID-19 close contacts
AUSTRALIAN CAPITAL TERRITORY	Managing a confirmed case of COVID-19 in education and care services Information for people who test positive for COVID-19

Unwell children at our Service

As per our *Sick Child Policy* we reserve the right to refuse a child into care if they:

- have a contagious illness or infectious disease
- have been in close contact with someone who has a positive confirmed case of COVID-19 and display COVID symptoms [or are unable to provide a negative RAT test- or as per Department of Health (Victoria) regulations and guidelines.
- are unwell and unable to participate in normal activities or require additional attention

- have had a temperature/fever, or vomiting in the last 24 hours
- have had diarrhoea in the last 48 hours
- have been given medication for a temperature prior to arriving at the Service

What happens if our Service is forced to close?

The current health advice is that ECEC services should continue to remain open unless otherwise directed with risk mitigation measures in place. (DESE, 2022). Any decision to temporarily close our Service will be made in collaboration with our Regulatory Authority and all families will be notified immediately via email and/or phone.

The Approved Provider must notify the [Regulatory Authority](#) within 24 hours of any closure via the [NQA IT System](#) and the Department of Education, Skills and Employment (DESE) via the [Provider Entry Point \(PEP\)](#) or your third-party software provider.

Allowable Absences from childcare

For the 2021-22 and 2022-23 financial year, all Australian families can access 10 extra allowable absence days per child in this current financial year (i.e., 52 days) due to COVID-19.

These extra absences are to help services and families affected by COVID-19 but can be used for any reason. They will be applied automatically.

Waiving of gap fees

The gap fee is the difference between the Child Care Subsidy (CCS) the Government pays to a service and the remaining fee paid by the family. Until 30 June 2023, services can waive the gap fee and receive Child Care Subsidy (CCS) if a child is unable to attend care because:

- they, or a member of their immediate household, must isolate due to COVID-19.
- the service, or a room at the service, is closed on advice from the state or territory government due to COVID-19. This includes where:
 - a Family Day Care or In-Home Care educator isn't able to provide their usual service because they, or a member of their immediate household is quarantining or isolating
- the state or territory has restricted access to childcare in a region due to COVID-19.

Services must keep a record of the advice by a state or territory authority advising that they close and accurately reflect waived gap fees in the fee statements provided to parents. Check the [Australian Government Department of Education, Skills and Employment website](#) for further information regarding gap fee waiving general information.

Caring for a family member or emergency

If an employee cannot attend work due to caring for a family member due to COVID-19, they are entitled to take paid carer's leave. Casual employees are eligible to have 2 days unpaid carer's leave per occasion. See [Fair Work Act](#) for entitlements for casual, part time and full-time employees.

Reasonable evidence is required to justify the absence.

Pandemic Leave Disaster Payment

This lump sum payment is available for people who can't work and earn an income due to:

- Self-isolation or quarantine due to COVID-19
- You are caring for someone who has to self-isolate or quarantine due to COVID-19.

From 10 January 2022 Services Australia will accept both Rapid Antigen Test (RAT) and Polymerase Chain Reaction (PCR) results. See: [pandemic leave](#) for further information.

Pandemic Leave is only available until 30 September 2022.

Waivers

The Approved Provider may apply to the Regulatory Authority for waivers for staff qualifications to minimise disruptions to our provision of care. Waivers for ratios will only be considered in exceptional circumstances. Waivers will be considered on a case-by-case basis. see: [NGA ITS Portal Emergency Management Help Guide](#)

Talking to children about COVID-19

As per our *Interactions with Children, Families and Staff Policy*, our Service is committed to maintaining positive interactions and relationships with children and their families. Information provided to children about COVID-19 will be age appropriate and sensitive to their emotional wellbeing. Educators will both acknowledge children's concerns and be open to discussions about COVID-19.

Communicating with families

Our Service will continue to provide regular communication with families and share information about COVID-19 as required. Due to the fluid nature of COVID-19 and the necessity for some staff members to be absent to care for their own children, our Service will endeavour to inform parents and families of any staff changes on a daily basis.

Caring for our community

Our Service is committed to continue to provide quality education and care to all children and support families responsibly during these unprecedented challenges of the COVID-19 pandemic.

Knowing how to look after yourself, and others is very important during this crisis.

We will promote a safe and supportive environment by:

- reassuring children they are safe
- acknowledging and listening to children's questions
- promoting and implementing hygiene routines for handwashing and cough and sneezing
- keeping regular and familiar routines within our Service
- ensuring children eat well throughout the day
- engaging children in play, games and other physical activities
- being alert to children's level of anxiety and provide quiet and relaxing activities
- ensuring children are provided with rest and sleep when needed
- providing information to families and support services as required

Disclaimer

The information contained in this 'draft' policy is based on current information from the Australian Government Department of Education, Skills and Employment, Australian Government Department of Health, Australian Government- The Treasury, Family Assistance Law and Fairwork Ombudsmen (27 July 2022)

Information and resources

National Coronavirus (COVID-19) Health Information Line	1800 020 080 Call 131 450 for translating and interpreting service
Health Direct	1800 022 222
Public Health Unit- Local state and territory health departments	

[Australian Government Department of Education Skills and Employment- absences from child care due to local emergency](#)

[Beyond Blue Coronavirus \(COVID-19\) Supporting educators, children and young people](#)

[CCS Helpdesk 1300 667 276](#)

[Coronavirus \(COVID-19\) resources Australian Government](#)

[COVID-19 Infection control training](#)

[Emerging Minds Community Trauma Toolkit](#)

[Fairwork Australia- Coronavirus and Australian workplace laws](#)

[Healthdirect Coronavirus hub](#)

[Information on Social distancing](#)

[Local state and territory health departments](#)

[NSW Department of Education. \(March 2022\). COVID safety in early childhood education and care services: Guidance.](#)

[NSW Department of Education COVID-19 Management of confirmed case in early childhood education and care services NSW Department of Education](#)

[Queensland Department of Education. COVID-19 Confirmed case management process- early childhood education and care services. QLD Department of Education](#)

[Raising Children](#)

[Safe Work Australia](#)

State and Territory specific information

[ACT Health- Latest information about COVID-19](#)

[NSW Health alert COVID 19](#)

[Northern Territory Government Department of Health](#)

[Queensland Health – Novel coronavirus \(COVID-19\)](#)

[SA Health – COVID-19 health information](#)

[Tasmanian Government Department of Health – Coronavirus](#)

[Victorian Government Department of Health and Human Services – Coronavirus disease \(COVID-19\)](#)

[Western Australian Government Department of Health – Coronavirus \(COVID-19\)](#)

Source

Australian Council of trade unions Coronavirus (COVID-19) Privacy at work <https://www.actu.org.au/coronavirus>

Australian Children's Education & Care Quality Authority. (2014).

Australian Government Department of Health *Health Topics*

[Australian Government Department of Health Coronavirus \(COVID-19\)](#)

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REVIEW

NEXT REVIEW DATE	AS REQUIRED	{REVIEWED BY}	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MAY 2024
VERSION NUMBER	V15.05.24		
MODIFICATIONS	<ul style="list-style-type: none"> • minor formatting edits within text • policy maintenance – no major changes policy 		
POLICY REVIEWED	MAY 2022	NEXT REVIEW DATE	As required
JULY 2022	<ul style="list-style-type: none"> • Policy reviewed • Mandated vaccination information removed • Links to state specific information checked and links repaired • Extension of Pandemic Leave • Extension of additional absences (DESE) 		
MAY 2022	<ul style="list-style-type: none"> • Policy update • Changes to close contact rules • Repeal of mandatory vaccinations (NSW) • Broken links fixed • Updated state by state information on managing COVID-19 in workplace 		
JANUARY 2022	<ul style="list-style-type: none"> • Re-write of Policy to reflect COVID-19 National Protocols and changes to managing a positive COVID-19 case in education and care settings • Update of WA links to Regulatory Authority • Policy Version 31 available in COVID-19 Archives 		
16 MARCH 2020	<ul style="list-style-type: none"> • original policy drafted 		

INCIDENT, INJURY, TRAUMA & ILLNESS POLICY

The health and safety of Family Day Care (FDC) educators, educator assistants, children, families and visitors to our Family Day Care (FDC) Service is of the utmost importance. We aim to reduce the likelihood of incidents, illness, accidents and trauma through implementing comprehensive risk management, effective hygiene practices and the ongoing professional development of all staff to respond quickly and effectively to any incident or accident.

We acknowledge that in FDC Services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. Our FDC Service aims to minimise illnesses by adhering to all recommended guidelines from relevant government authorities regarding the prevention of infectious diseases and adhere to exclusion periods recommended by public health units.

When groups of children play together and are in new surroundings accidents causing injuries and illnesses may occur. Our FDC Service is committed to effectively manage our physical environment to allow children to experience challenging situations whilst preventing serious injuries.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec.165	Offence to inadequately supervise children
Sec. 174	Offence to fail to notify the regulatory authority
Sec. 174A	Family day care educator to notify certain information to approved provider
12	Meaning of serious incident
77	Health, hygiene and safe food practices
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
93	Administration of medication
95	Procedure for administration of medication
97	Emergency and evacuation procedures
103	Premises, furniture and equipment to be safe, clean and in good repair
104	Fencing
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record
168	Education and care Service must have policies and procedures
169	Additional policies and procedures-family day care service
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
176	Time to notify certain circumstances to regulatory authority
177	Prescribed enrolment and other documents to be kept by approved provider
183	Storage of records and other documents

RELATED POLICIES

Administration of First Aid Policy	Family Communication Policy
Administration of Medication Policy	Handwashing Policy
Anaphylaxis Management Policy	Health and Safety Policy
Asthma Management Policy	Immunisation Policy
Child Safe Environment Policy	Medical Conditions Policy
Dealing with Infectious Disease Policy	Pregnancy in Early Childhood Policy
Delivery of Children to, and collection from Education and Care Service Premises	Privacy and Confidentiality Policy
Diabetes Management Policy	Record Keeping and Retention Policy
Enrolment Policy	Road Safety Policy
Epilepsy Policy	Safe Transportation Policy
	Work, Health and Safety Policy

PURPOSE

Our FDC Service has a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, FDC educators, educator assistants, coordinators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases and provide guidance of the required action to be taken in the event of an incident, injury, trauma or illness occurring when a child is educated and cared for.

SCOPE

This policy applies to children, families, the approved provider, nominated supervisor, coordinator, educators, educator assistants, students, volunteers and visitors of the FDC Service.

IMPLEMENTATION

Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for incident, injury, trauma and illness and take reasonable steps to ensure policies and procedures are followed. (ACECQA, 2021). In the event of an incident, illness, injury or trauma, FDC educators will implement the guidelines set out in this policy to adhere to National Law and Regulations and management will inform the regulatory authority as required.

Our Service requires FDC educators to implement risk management planning to identify any possible risks and hazards in their learning environments and practices. Where possible, FDC educators have eliminated or minimised these risks as is reasonably practicable by implementing risk management strategies and providing adequate supervision to ensure children are protected from harm or hazards. FDC educators will follow this policy and procedures to minimise the impact of incidents and injury to children.

In the event of a serious injury or accident, an ambulance will be called immediately, and the FDC

educator will follow any instructions provided by emergency services. FDC educators will ensure parents/guardians are contacted as soon as practicable and the principal office of our FDC Service will also be contacted.

Our FDC Service will ensure we review and evaluate our policies and procedures and ensure that educators' physiological wellbeing is supported following any serious incident, injury or trauma. The approved provider or nominated supervisor must be contactable by the FDC educator at all times education and care is provided.

INJURY, INCIDENT OR TRAUMA

In the event of any child, educator, volunteer or visitor having an accident at the FDC Service, residence or venue, the FDC educator will attend to the person immediately and follow the *Administration of First Aid procedure*. The FDC educator will:

- ensure any workplace incident, injury or trauma will be investigated, and records kept as per WHS legislation and guidelines
- contact the nominated supervisor/coordinator for support and assistance
- ensure supervision is provided to other children in care at the residence or approved venue
- provide details for notification to the regulatory authority to the approved provider if the incident or injury is a notifiable incident
- complete an *Incident, Injury, Trauma and Illness Record* and ensure parents have verified the information, signed and dated the record
- keep a copy of all records on file at the FDC residence and principal office.

DEFINITION OF SERIOUS INCIDENT

Regulations require the approved provider or nominated supervisor to notify regulatory authority **within 24 hours of any serious incident at the FDC Service** through the [NQA IT System](#).

A serious incident (Reg. 12) is defined as any of the following:

a) The death of a child:

- (i) while being educated and cared for by an Education and Care Service or
- (ii) following an incident while being educated and cared for by an Education and Care Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

- (i) a reasonable person would consider required urgent medical attention from a registered medical practitioner or
- (ii) for which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

(c) Any incident or emergency where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought (eg: severe asthma attack, seizure or anaphylaxis)

(d) Any circumstance where a child being educated and cared for by an Education and Care Service

- (i) Appears to be missing or cannot be accounted for or
- (ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
- (iii) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented in an *Incident, Injury, Trauma and Illness* record as soon as possible and within 24 hours of the incident, with any evidence attached.

INCIDENT, INJURY, TRAUMA AND ILLNESS RECORD

An *Incident, Injury, Trauma and Illness* record contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for at the FDC Service. The record will include:

- name and age of the child
- circumstances leading to the incident, injury, illness
- time and date the incident occurred, the injury was received, or the child was subjected to trauma
- details of any illness which becomes apparent while the child is being cared for including any symptoms, time and date of the onset of the illness

- details of the action taken by the educator including any medication administered, first aid provided or medical professionals contacted
- details of any person who witnessed the incident, injury or trauma
- names of any person the educator notified or attempted to notify, and the time and date of this
- signature of the person making the entry, and the time and date the record was made

FDC educators are required to complete documentation of any incident, injury or trauma that occurs when a child is being educated and cared for by the FDC Service. This includes recording incidences of biting, scratching, dental or mouth injury. Due to Confidentiality and Privacy laws, only the name of the child injured will be recorded on the *Incident, Injury, Trauma or Illness Record*. Any other child/ren involved in the incident will not have their names recorded. If other children are injured or hurt, separate records will be completed for each child involved in the incident. Parents/authorised nominee must acknowledge the details contained in the record, sign and date the record on arrival to collect their child. All *Incident, Injury, Trauma and Illness Records* must be kept until the child is 25 years of age. (See: *Record Keeping and Retention Policy*).

MISSING OR UNACCOUNTED FOR CHILD

At all times, reasonable precautions and adequate supervision is provided to ensure children are protected from harm or hazards. However, if a child appears to be missing or unaccounted for, removed from the FDC residence or venue premises that breaches the National Regulations or is mistakenly locked in or locked out of any part of the service, a serious incident notification must be made to the regulatory authority.

A child may only leave the FDC Service in the care of a parent, an authorised nominee named in the child's enrolment record or a person authorised by a parent or authorised nominee or because the child requires medical, hospital or ambulance care or other emergency.

FDC educators must ensure that

- the attendance record is regularly cross-checked to ensure all children signed into the FDC Service are accounted for
- children are supervised at all times
- visitors to the service are not left alone with children at any time
- a headcount of children is conducted as the visitor leaves the residence

Should an incident occur where a child is missing from the FDC Service, the educator will:

- attempt to locate the child immediately by conducting a thorough search of the residence and premise (checking any areas that a child could be locked into by accident)
- cross check the attendance record to ensure the child hasn't been collected by an authorised person and signed out by another person – e.g.: educator assistant or coordinator
- if the child is not located within a **10-minute** period, the educator will notify emergency services and notify the parent/s or guardian and the Approved Provider of the Family Day Care Service
- continue to search for the missing child until emergency services arrive whilst providing supervision for other children in care
- provide information to Police such as: child's name, age, appearance, (provide a photograph), details of where the child was last sighted.

If a child is missing during or following transportation the *Missing Child During Regular Transportation Procedure* is to be followed.

The approved provider is responsible for notifying the regulatory authority of a serious incident within 24 hours of the incident occurring.

HEAD INJURIES

All head injuries will be considered as serious and should be assessed by a doctor or the nearest hospital.

In the event of a head injury, the FDC educator will assess the child, administer any urgent First Aid and notify parents/guardians to collect their child.

Emergency services will be contacted immediately on 000 if the child:

- has sustained a head injury involving high speeds or fallen from a height (play equipment)
- loses consciousness
- seems unwell or vomits several times after hitting their head

(see: *Head Injury Guide and Procedure*)

The FDC educator must contact the principal office of the FDC Service at the time of the incident and also after the child has been collected or transferred to hospital. An *Incident, Injury, Trauma and Illness* record must be completed and signed by the parent. The approved provider will notify the regulatory authority on behalf of the Family Day Care educator.

TRAUMA

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters (bush fires), assault, and threats of violence, domestic violence, neglect or abuse and war or terrorist attacks. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context: *“Trauma changes the way children understand their world, the people in it and where they belong”* (Australian Childhood Foundation, 2010).

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children’s language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural response in babies and toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling, and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for pre-school aged children who have experiences trauma may include:

- new or increased clingy behaviour such as constantly following a parent, carer around
- anxiety when separated from parents or carers
- new problems with skills like sleeping, eating, going to the toilet and paying attention
- shutting down and withdrawing from everyday experiences
- difficulties enjoying activities
- being jumpier or easily frightened
- physical complaints with no known cause such as stomach pains and headaches
- blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child's needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour.

Educators can assist children dealing with trauma by implementing trauma-informed practice including:

- getting children to identify their emotions
- debriefing with children after any incident, illness or trauma to support their understandings of the events
- providing opportunities for children to voice their feelings, ask questions and talk
- supporting children to regulate their emotions and build positive relationships
- observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations
- creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time
- having quiet time such as reading a story about feelings together
- trying different types of play that focus on expressing feelings (e.g., drawing, playing with play dough, dress-ups and physical games such as trampolines)
- helping children understand their feelings by using reflecting statements (e.g., 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, educators to reduce their own stress and maintain awareness, so they continue to be effective when offering support to children who have experienced traumatic events.

STRATEGIES TO ASSIST FAMILIES AND EDUCATORS TO COPE WITH CHILDREN'S STRESS OR TRAUMA MAY INCLUDE:

- taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible.
- planning ahead with a range of possibilities in case difficult situations occur.
- remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- using supports available to you within your relationships (e.g., family, friends, colleagues).
- identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.
- accessing support resources- BeYou, Emerging Minds, Kids Help Line

Living or working with traumatised children can be demanding so it is important to be aware of your own responses and seek support from management when required.

An *Incident, Injury, Trauma and Illness Record* must be completed detailing the trauma the child was subjected to, the time and date and circumstances as per Regulation 87.

ILLNESS MANAGEMENT

To reduce the transmission of infectious illness, our FDC Service implements effective hygiene and infection control routines and procedures as per the *Staying healthy: Preventing infectious diseases in early childhood education and care services guidelines*. If a child is unwell or displaying symptoms of a cold or flu virus, parents are requested to keep the child away from the Service. Infectious illnesses can be spread quickly from one person to another usually through respiratory droplets or from a child or person touching their own mouth or nose and then touching an object or surface.

PREVENTING THE SPREAD OF ILLNESS

Practising effective hygiene helps to minimise the risk of cross infection within our FDC Service. FDC Educators model good hygiene practices and remind children to cough or sneeze into their elbow or use a disposable tissue and wash their hands with soap and water for at least 20 seconds after touching their mouth, eyes or nose.

Handwashing techniques are practised by all educators and children routinely using soap and water before and after eating and when using the toilet and drying hands thoroughly with paper towel. (See *Handwashing Policy*).

After wiping a child's nose with a tissue, educators will dispose the tissue in a plastic-lined bin and wash their hands thoroughly with soap and water and dry using paper towel.

All surfaces including bedding (mat, cushions) used by a child who is unwell, will be cleaned with soap and water and then disinfected.

Parents, families and visitors are requested to wash their hands upon arrival and departure at the Service or use an alcohol-based hand sanitizer. (Note: alcohol-based sanitizers must be kept out of reach of children and used only with adult supervision.)

CHILDREN ARRIVING AT THE FDC SERVICE WHO ARE UNWELL

FDC educators will not accept a child into care if they:

- have a contagious illness or infectious disease
- are unwell and unable to participate in normal activities or require additional attention
- have had a temperature and/or have been vomiting in the last 24 hours- as reported by a parent
- have had diarrhoea in the last 48 hours
- have started a course of antibiotics in the last 24 hours
- have been given medication for a temperature prior to arriving at the Service (for example: Panadol)

IDENTIFYING SIGNS AND SYMPTOMS OF ILLNESS

Family Day Care educators are not doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice is required to ensure a safe and healthy environment.

Children who appear unwell at the FDC Service will be closely monitored and if any symptoms described below are noticed, or the child is not well enough to participate in normal activities, parents or an emergency contact person will be contacted to collect the child as soon as possible. A child who is displaying symptoms of a contagious illness (vomiting, diarrhoea) will be moved away from the rest of the group, where possible and supervised until he/she is collected by a parent or emergency contact person.

SYMPTOMS INDICATING ILLNESS MAY INCLUDE:

- behaviour that is unusual for the individual child
- high temperature or fevers
- loose bowels

- faeces that are grey, pale or contains blood
- vomiting
- discharge from the eye or ear
- skin that displays rashes, blisters, spots, crusty or weeping sores
- loss of appetite
- dark urine
- headaches
- stiff muscles or joint pain
- pain
- a stiff neck or sensitivity to light
- continuous scratching of scalp or skin
- difficulty in swallowing or complaining of a sore throat
- persistent, prolonged or severe coughing
- difficulty breathing

HIGH TEMPERATURES OR FEVERS

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease. Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

WHEN A CHILD DEVELOPS A HIGH TEMPERATURE OR FEVER AT THE FDC SERVICE

- FDC educators will closely monitor the child focusing on how the child looks and behaves and be alert to the possibility of vomiting, coughing or convulsions
- For infants under 3 months old, parents/guardians will be notified immediately for any fever over 38°C for immediate medical assistance. If a parent is uncontactable, emergency contacts will be contacted. If family members are unable to be contacted and emergency medical assistance is required the FDC educator will follow the *Administration of First Aid Policy* and contact emergency services-
- FDC educators will notify parents when a child registers a temperature of 38°C or higher
- The child will need to be collected from the FDC Service as soon as possible (within 30 minutes)
- The child will need to be collected from the FDC Service and will not be permitted to return to the Service if they still have a temperature above 38°C the following day

- FDC educators will complete an *Incident, Injury, Trauma and Illness* record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).
- Parents/guardians must sign and date this record and verify the information stated upon collection of their child
- A copy of this record must be provided to the coordinator and approved provider
- Emergency services will be contacted should the child have trouble breathing, becomes drowsy or unresponsive or suffers a convulsion lasting longer than five minutes
- In the event of any child requiring ambulance transportation and medical intervention, a serious incident will be reported to the regulatory authority (Reg. 12) on behalf of the educator by the approved provider.

METHODS TO REDUCE A CHILD'S TEMPERATURE OR FEVER

- encourage the child to drink small sips of water
- remove excessive clothing (shoes, socks, jumpers, pants etc.) FDC educators will be mindful of cultural beliefs.
- parents/guardian will be contacted by phone and informed of their child's temperature
- If requested by a parent or emergency contact person and written parental permission to administer paracetamol or ibuprofen has been provided and recorded in the child's enrolment form, the FDC educator or educator assistant may administer paracetamol or ibuprofen (Panadol or Nurofen) in an attempt to bring the temperature down. However, a parent or emergency contact person must still collect the child as soon as possible
- before giving any medication to children, the medical history of the child must be checked for possible allergies
- the child's temperature, time of last dose of medication, time of this medication administered, medication, dosage, and the educator's name will be recorded in the *Incident, Injury, Trauma and Illness Record*. Parents/guardians will be required to sign the *Administration of Medication Form* for the administration of Panadol or Nurofen when collecting the child.

DEALING WITH COLDS/FLU (RUNNY NOSE)

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If any child, or visitor has any infectious or respiratory symptoms (such as sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) they may be requested to either stay at home and self-test using a rapid antigen test (RAT). (See: Australian Government [Identifying the symptoms](#))

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat, and possibly a slight fever. It is not unusual for children to have five or more colds a year, and children in education and care services may have as many as 8–12 colds a year. As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment. The FDC educator has the right to send children home if they appear unwell due to a cold or general illness.

Influenza is a highly contagious illness and can spread to others for 24 hours before symptoms start. To prevent the spread of influenza our Service encourages staff and children to be vaccinated once a year.

DIARRHOEA AND VOMITING (GASTROENTERITIS)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea, and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

However, gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. Therefore, if a child does not receive enough fluids, he/she may require fluids intravenously. If a child has diarrhoea and/or vomiting whilst at the FDC residence or venue, the educator will notify parents or an emergency contact to collect the child immediately. In the event of an outbreak of viral gastroenteritis, the FDC educator must inform their coordinator/nominated supervisor and they will contact the local Public Health Unit.

[Public Health Unit- Local state and territory health departments](#)

The FDC educator and coordinator must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)

Children that have had diarrhoea and/or vomiting will be asked to stay away from the FDC for **48 hours** after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

An Incident, Injury, Trauma and Illness Record must be completed as per regulations. Notifications for serious illnesses must be lodged with the Regulatory Authority and Public Health Unit.

NOTIFYING FAMILIES AND EMERGENCY CONTACT- SICKNESS OR INFECTIOUS ILLNESS

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 30-minute timeframe

In the event that the ill child is not collected in a timely manner, or should parents refuse to collect the child, a warning letter will be sent to the families outlining FDC Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring
- Families will be notified of any outbreak of an infectious illness (e.g.: Gastroenteritis, whooping cough) within the Service via our notice board, online app or email to assist in reducing the spread of the illness
- When a child has been diagnosed with an illness or infectious disease, the FDC Service will refer to information about recommended exclusion periods from the [Public Health Unit](#) (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
- Exclusion periods for illness and infectious diseases are provided to families and included in our Family Handbook and *Dealing with Infectious Disease Policy*.

THE APPROVED PROVIDER, NOMINATED SUPERVISOR, COORDINATOR AND FDC EDUCATORS WILL ENSURE:

- that obligations under the *Education and Care Services National Law and National Regulations* are met
- FDC policies and procedures are adhered to at all times
- each child's enrolment records include authorisations by a parent or person named in the record for the approved provider, nominated supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and if required, transportation by an ambulance service
- accurate attendance records are kept at all times
- parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, incident, injury or trauma occurring at a FDC residence or venue whilst in the care of an educator
- an *Incident, Injury, Trauma and Illness Record* is completed accurately and in a timely manner as soon after the event as possible (within 24 hours)
- if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the FDC Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident
- families are advised to keep their child at home until they are feeling well, and they have not had any symptoms for at least 24-48 hours
- children or FDC educators who are diagnosed with an illness or infectious disease may be excluded as per recommended exclusion periods [refer to 'Staying Healthy – Preventing infectious diseases in early childhood education & care services' for recommended exclusion periods]
- families are notified of any infectious diseases circulating the FDC service within 24 hours of detection
- families of a child with complex and chronic medical conditions will be notified in the event of an outbreak of an illness or infectious disease that could compromise their health
- a child who has not been immunised will be excluded from the FDC Service if a vaccine preventable disease is reported within the Service community and that child is deemed to be in danger of contracting the illness. Please refer to our *Dealing with Infectious Diseases Policy*
- families are notified to collect their child if they have vomited or had diarrhoea whilst at the FDC Service
- FDC educators and educator assistants:
 - hold current ACECQA approved first aid qualification including CPR resuscitation
 - has undertaken current approved emergency anaphylaxis and
 - has undertaken current emergency asthma management training

- first aid kits are suitably equipped and checked on a monthly basis (see *First Aid Kit Checklist*).
- first aid kits are easily accessible when children are present at the FDC residence and during excursions
- CPR charts are displayed in a prominent position in the indoor and outdoor environment
- FDC educators or educator assistants who have diarrhoea, or an infectious disease do not prepare food for others
- cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria
- children are excluded from the FDC Service if the educator feels the child is too unwell to attend or is a risk to other children
- educators, coordinators, visitors and children always practice appropriate hand hygiene and cough and sneezing etiquette
- appropriate cleaning practices are followed
- toys and equipment are cleaned and disinfected on a regular basis which is recorded in the toy cleaning register or immediately if a child who is unwell has mouthed or used these toys or resources
- additional cleaning will be implemented during any outbreak of an infectious illness or virus
- support, advice and tools will be provided to assist educators manage their mental health following any traumatic event/experience
- information regarding the health and wellbeing of a child or staff member is not shared with others unless consent has been provided, in writing, or provided the disclosure is required or authorised by law under relevant state/territory legislation.

FAMILIES WILL:

- adhere to the Service's policies regarding *Incident, Injury, Trauma and Illness*
- provide authorisation in the child's enrolment record for the FDC educator, approved provider, nominated supervisor to seek medical treatment from a medical practitioner, hospital or ambulance service and if required, transportation by ambulance service
- provide up to date medical and contact information in case of an emergency
- provide emergency contact details and ensure details are kept up to date
- ensure that their child is able to be collected from the FDC Service within a 30-minute timeframe if required due to illness by either a parent or emergency contact
- provide the FDC Service with all relevant medical information, including Medicare and private health insurance

- provide a copy of their child's medical management plans and update these annually or whenever medication/medical needs change
- adhere to recommended periods of exclusion if their child has a virus or infectious illness
- complete documentation as requested by the FDC educator and/or approved provider- *Incident, Injury, Trauma and Illness record* and acknowledge that they were made aware of the incident
- inform the FDC Service if their child has an infectious disease or illness
- provide evidence as required from doctors or specialists that the child is fit to return to care if required- including post-surgery
- complete and acknowledge details in the *Administration of Medication Record* if required

BREACH OF POLICY

Staff members or FDC educators who fail to adhere to this policy may be in breach of their terms of employment and may face disciplinary action.

RESOURCES

[beyou Bushfire resource](#)

[Emerging Minds Community Trauma Toolkit](#)

[Fever in children- \(health direct.gov.au\)](#)

[Head Injury and concussion](#)

[Minimum periods for exclusion from childcare services](#)

NSW Health [Gastro Pack NSW Health](#)

NSW Health [Stopping the spread of childhood infections factsheet.](#)

Staying Healthy: *Preventing infectious diseases in early childhood education and care services*

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government) Updated Nov 22

Time Out Brochure [Why do I need to keep my child at home?](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Incident, Injury, Trauma and Illness Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Form or Administration of Paracetamol Record	Illness Management Procedure
First Aid Checklist	Illness or Infectious Disease Register
	Incident, Injury, Trauma or Illness Record

Hand Washing Procedure	Missing Child During Regular Transportation Procedure
Head Injury Guide and Procedure	Missing Child Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Children's Education & Care Quality Authority (ACECQA). 20201. Policy and Procedure Guidelines. *Incident, Injury, Trauma and Illness Guidelines*.

Australian Childhood Foundation. (2010). Making space for learning: Trauma informed practice in schools: <https://www.theactgroup.com.au/documents/makingspaceforlearning-traumainschools.pdf>

Australian Government Department of Education. (2022). [Belonging, Being and Becoming: The Early Years Learning Framework for Australia](#). V2.0.

Australian Government Department of Health *Health Topics* <https://www.health.gov.au/health-topics>

BeYou (2020) *Bushfires response* <https://beyou.edu.au/bushfires-response>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Health Direct <https://www.healthdirect.gov.au/>

National Health and Medical Research Council. (2012). *Staying healthy: Preventing infectious diseases in early childhood education and care services*. Fifth Edition (updated 2013).

NSW Government. Department of Education. Managing COVID cases. <https://education.nsw.gov.au/early-childhood-education/coronavirus/managing-covid-cases>

Raising Children Network: <https://raisingchildren.net.au/guides/a-z-health-reference/fever>

Revised National Quality Standard. (2018).

SafeWork Australia: [First Aid](#)

The Sydney Children's Hospitals network (2020). [Fever](#)

[Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW DATE	MAY 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	MAY 2024
VERSION NUMBER	V13.05.24		
MODIFICATIONS	<ul style="list-style-type: none"> • minor formatting edits within text • policy maintenance – no major changes policy • hyperlinks checked and repaired as required 		
POLICY REVIEWED	MARCH 2024	NEXT REVIEW DATE	MARCH 2025
VERSION NUMBER	V12.03.23		

MODIFICATIONS	<ul style="list-style-type: none"> major review of policy rearranged content of policy and responsibilities to align with policy title (incident, injury, trauma and illness) merged contents of <i>Sick Children's Policy</i> into this current policy sources checked for currency and repaired as required 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
MARCH 2023	<ul style="list-style-type: none"> annual policy maintenance name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i> vaccination requirements for COVID 19 removed updated information on managing positive COVID cases added hyperlinks checked and repaired as required continuous improvement section and Resource section added link to Western Australian Education and Care Services National Regulations added in 'Sources' procedure removed from policy (available on Desktop) 	MARCH 2024
MARCH 2022	<ul style="list-style-type: none"> updated information re: COVID-19 updated Parent/Family notification for positive COVID-19 broken links repaired in sources 	MARCH 2023
OCTOBER 2021	<ul style="list-style-type: none"> Policy reviewed and included suggested guidelines from ACECQA Incident, Injury, Trauma and Illness (June 2021) Additional legislative requirements added Additional related policies 	MARCH 2022
MARCH 2021	<ul style="list-style-type: none"> minor edits to policy currency of links/sources checked additional Gastro resource 	MARCH 2022
SEPTEMBER 2020	<ul style="list-style-type: none"> modifications to align with temperature recommendations from Department of Health (37.5°C) inclusion of table from Victoria Health to guide temperature testing Risk management strategies to be implemented by FDC educators Additional section- Incident, Injury, Trauma and Illness records, Missing or Unaccounted for child, Head Injuries 	MARCH 2021

	<ul style="list-style-type: none"> Procedures for FDC educators to follow in event of incident, injury, illness or trauma additions to <i>Families will</i> section 	
JUNE 2020	<ul style="list-style-type: none"> inclusion of COVID-19 risk mitigation strategies information about COVID-19 included in policy Public Health Unit information added additional information related to COVID-19 symptoms added to 'dealing with cold and flu' section references included to Sick Children and Hand Washing Policy additional resources and sources added 	MARCH 2021
MARCH 2020	<ul style="list-style-type: none"> Preventing the spread of illness section added additional information about fevers and temperatures added section regarding sponging children to reduce fever deleted (Sydney Children's Hospital recommendation) additional information for trauma added sources checked for currency/additional sources added 	MARCH 2021
MARCH 2019	<ul style="list-style-type: none"> Points in this section re-worded and order of points re-organised for better flow. Correct references sourced and added to 'sources' Additional information added to points. Sources checked for currency. Sources/references corrected, updated, and alphabetised. 	MARCH 2020
MAY 2019	<ul style="list-style-type: none"> Exclusion period for gastroenteritis has been changed to assist in minimising the spread of infection 	MARCH 2019
MARCH 2018	<ul style="list-style-type: none"> Minor, non-critical changes made to the policy in respect of a child's exclusion depending on the illness. Plus some grammatical improvements 	MARCH 2019
DECEMBER 2017	<ul style="list-style-type: none"> Updated the references to comply with the revised National Quality Standards 	MARCH 2018
MAY 2017	<ul style="list-style-type: none"> Modifications made to adhere to Family Day Care Service 	TBA

INFECTIOUS DISEASE POLICY

The National Quality Standard requires early childhood education and care services implement specific strategies to minimise the spread of infectious illness and maintain a healthy environment for all children, staff, educators and families. The spread of infections in the early childhood environment is facilitated by microbial contamination of the environment, as well as the greater exposure to young children who are still developing hygienic behaviours and habits. Our Family Day Care (FDC) Service will minimise children's exposure to infectious diseases by ensuring FDC educators and staff adhere to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick children and educators, supporting child immunisation, and implementing effective hygiene practices.

Our FDC Service will provide up-to-date information and advice to parents, families and educators sourced from the Australian Government Department of Health, Australian Health Protection Principal Committee (AHPPC) and state Ministry of Health about infectious diseases as required. Recommendations from the Health Department will be strictly adhered to at all times.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
Sec. 172	Offence to fail to display prescribed information
Sec.174(2)(a)	Serious incident- any emergency for which emergency services attended
12	Meaning of serious incident

77	Health, hygiene and safe food practices
83	Staff members and family day care educators not to be affected by alcohol or drugs
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
90	Medical conditions policy
92	Medication record
93	Administration of medication
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
169	Additional policies and procedures for family day care service
170	Policies and procedures to be followed
172(2)(g)	a notice stating that there has been an occurrence of an infectious disease at the premises
173	Prescribed information to be displayed
175(2)(c)	Prescribed information to be notified to the Regulatory Authority- (2) any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service
176A	Prescribed information to be notified to approved provider by family day care educator

RELATED POLICIES

Administration of Medication Policy	Immunisation Policy
Bottle Safety and Preparation Policy	Incident, Injury, Trauma and Illness Policy
Child Safe Environment Policy	Medical Conditions Policy
Code of Conduct	Nappy Change and Toileting Policy
Dental Health Policy	Physical Environment Policy
Enrolment Policy	Pregnancy in Early Childhood Policy

Family Communication Policy	Privacy and Confidentiality Policy
Governance Policy	Sleep and Rest Policy
Hand Washing Policy	Work Health and Safety Policy
Health and Safety Policy	

PURPOSE

Children encounter many other children and adults within the FDC environment which can result in the contraction of infectious illnesses. Our FDC Service has a duty of care to ensure that children, families, educators and visitors of the Service are provided with a high level of protection during the hours FDC educators provide education and care to children. We aim to minimise cross contamination and the spread of infectious illnesses by implementing best practice and high standards of personal hygiene within our FDC Service.

This policy communicates clear directions and guidance about protocols and actions to be followed to avoid adversely affecting the safety and health of children, other staff members and visitors to the service. A simple, safe and effective way of protecting individuals and others within the community against harmful diseases is immunisation.

SCOPE

This policy applies to children, families, the approved provider, nominated supervisor, coordinator, educators, educator assistants, students, volunteers and visitors of the FDC Service.

IMPLEMENTATION

Under the Education and Care Services National Regulations, the approved provider must ensure policies and procedures are in place in relation to dealing with infectious diseases. (ACECQA, August 2021). Our FDC Service is committed to minimise the spread of infectious diseases and viruses by implementing recommendations as stated in the *Staying healthy: Preventing infectious diseases in early childhood education and care services* (Fifth Edition) developed by the Australian Government National Health and Medical Research Council and advice provided from the Australian Health Protection Principal Committee (AHPPC).

We are guided by decisions regarding exclusion periods and notification of infectious diseases by the *Australian Government- Department of Health* and local Public Health Units in our jurisdiction as per the Public Health Act. Recommendations for managing positive cases of COVID-19 in early education and care is provided by Department of Health, Victoria.

The need for exclusion and the length of time a person is excluded from the Service depends on:

- how easily the infection can spread
- how long the person is likely to be infectious and
- the severity of the infectious disease or illness.

This policy must be read in conjunction with our other Quality Area 2 policies:

- Immunisation Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions Policy *and*
- Handwashing Policy

PREVENTING INFECTIOUS DISEASES

Children enter education and care services when their immune systems are still developing. They have not been exposed to many common germs and therefore are susceptible to bacteria that may cause infections. Given the close physical contact children have with other children in early childhood and care, it is very easy for infectious diseases and illnesses to spread through normal daily activities as germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs or symptoms of illness.

Our FDC Service implements rigorous hygienic practices to limit the spread of illness and infectious diseases including:

- effective hand washing hygiene
- cough and sneeze etiquette
- appropriate use of gloves
- exclusion of children when they are unwell or displaying symptoms of an infectious disease or virus
- effective environmental cleaning including toys and resources and bedding
- encouraging use of the outdoors environment
- requesting parents and visitors to wash their hands with soap and water or hand sanitizer upon arrival and departure at the FDC Service
- ensuring adequate ventilation
- encouraging children, FDC educators or staff to seek medical attention and get tested if they show symptoms of an infectious disease or virus, including COVID-19.

IMMUNISATION REQUIREMENTS

- Immunisation is a reliable way to prevent many childhood infectious diseases. Unvaccinated children due to their parent's conscientious objection are no longer able to be enrolled in approved early childcare services.
- Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government.
- Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS). The relevant vaccinations are those under the *National Immunisation Program* (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Immunisation Register (AIR).
- FDC educators and other staff are highly recommended to keep up to date with all immunisations including yearly influenza vaccinations and COVID-19 vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC). The Australian Government recommends everyone over the age of 6 months have an annual Influenza (flu) vaccine and all adults receive COVID-19 vaccinations.
- Staff are required to provide an *Immunisation History Statement* from the Australian Immunisation Register (AIR) and/or records from their general practitioner to management for their staff record.
- Vaccination is important as not only can staff members and FDC educators catch a potentially serious infection such as measles or whooping cough, but they could also then inadvertently pass it onto children in their care who are too young to have had their vaccinations or to women who may be pregnant.
- Exclusion periods and notification of infectious diseases are guided by the *Australian Government-Department of Health* and local public health units in our jurisdiction as per the Public Health Act. These apply to children and staff at the Service. In the event of an outbreak of a vaccine preventable disease at our Service, staff who are not vaccinated will be notified and should be excluded from the workplace. [See: *Immunisation Policy* for further information]

EXCLUDING CHILDREN FROM THE FDC SERVICE

When a child has been diagnosed with an illness or infectious disease, the FDC Service will refer to information about recommended exclusion periods from the Public Health Unit (PHU) and *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

[Minimum periods for exclusion from childcare services](#)

- When an infectious disease has been diagnosed, the FDC Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period. (This information can be obtained from *Staying healthy: Preventing infectious diseases in early childhood education and care and Public Health Unit, or Department of Health*).
- If a vaccine preventable disease occurs in the FDC Service, children who have not been fully immunised will be excluded from care; staff who are not vaccinated will be notified and should be excluded from the workplace
- Management will check all children's Immunisation records and alert parents as required
- A medical clearance from the child's General Practitioner stating that the child is cleared to return to the childcare setting will also be required before the child returns to care
- Children that have had diarrhoea will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances
- Children who have COVID-19 symptoms (fever, cough, sore throat, shortness of breath) may be requested to self-test using a rapid antigen test (RAT)
-

REPORTING OUTBREAKS TO THE PUBLIC HEALTH UNIT AND REGULATORY AUTHORITY (REG. 175 (2) (C))

Outbreaks of communicable diseases and contagious viruses represent a threat to public health. To help prevent outbreaks, the Department of Health monitors the number of people who contract certain infectious diseases and their characteristics, the recent travel or attendance of infected people in a public place or on public transport and works with health specialists and doctors to help prevent the transmission of diseases to other people.

The Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify the Public Health Unit of patients with certain conditions, and to provide the required information on the notification forms. Specialist trained public health staff review this information and if necessary, contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Under the Commonwealth Privacy Acts, patient information is only released/disclosed where it is lawfully required or authorised.

FDC educators must notify the approved provider/nominated supervisor of any incidence of an infectious disease.

The approved provider is required to notify the local Public Health Unit (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Family Day Care Service is suffering from one of the following vaccine preventable diseases

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ('German measles')
- Measles
- Pertussis ('whooping cough')
- Tetanus

Notification is also required for:

- An outbreak of 2 or more people with gastrointestinal or respiratory illness in a two-day period

The approved provider/nominated supervisor will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak. The approved provider must also notify the regulatory authority of any incidence of a notifiable infectious disease or illness. [Services in NSW](#)- A notification must be lodged through the [NQA-ITS](#) if there is an outbreak of COVID-19 in the service (5 cases or more within a 7-day period)

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR WILL ENSURE:

- obligations under Education and Care National Law and Regulations are met and understood by all FDC educators, educator assistants and coordinators
- FDC educators, educator assistants, coordinators and staff comply with this policy
- all new employees and engaged educators are provided with a copy of this policy as part of their induction process
- families are aware of this *Dealing with Infectious Diseases Policy* upon enrolment
- infection control measures are implemented in each FDC residence or approved venue

- children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety within each family day care residence/or venue
- an Immunisation History Statement for each child is collected on enrolment and maintained/updated regarding the child's immunisation status (AIR) and any medical conditions
- required enrolment information, including health and immunisation records of enrolled children is collected, maintained and appropriately and securely stored
- a staff immunisation record that documents each staff member's previous infection or immunisations (including dates) is developed and maintained
- the FDC Service implements recommendations from [*Staying healthy: Preventing infectious diseases in early childhood education and care services*](#) to maintain a healthy environment
- that all information regarding the prevention and transmission of infectious diseases is sourced from a recognised health authority [Australian Government Department of Health](#)
- exclusion periods for people with infectious diseases recommended by Government Authorities are implemented for all educators, children, parents, families and visitors
- the Public Health Unit is notified as soon as possible after they are made aware that a child enrolled has a vaccinated preventable disease
- the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 2-day period. (NSW Government- Health 2019)
- after confirmation that a child is suffering from an infectious disease, and as soon as practical, the family of each child enrolled in the FDC Service must be notified whilst maintaining the privacy of the ill/infectious child. Communication may be:
 - verbal
 - through a letter from the educator or approved provider
 - via electronic message- text message or email
 - notice displayed at the approved FDC Service residence or venue
- families are advised that they are requested to alert the FDC Service if their child is diagnosed with an infectious illness, including COVID-19
- families are advised to keep children at home if they are unwell. If a child has been sick, they must be well for 24hrs before returning to the FDC Service. If the illness is related to gastroenteritis the child is not to return to the Service for up to 48 hours (see: exclusion periods)
- daily attendance records for staff, children and visitors are up to date at all times
- safe health and hygiene practices are implemented at all times throughout the day
- FDC educators routinely role model hand washing, hand drying, cough and sneeze etiquette

- effective environmental cleaning policies and procedures are adhered to all times
- children are supported in their understanding of health and hygiene practices throughout the daily program and routine (hand washing, hand drying, cough and sneeze etiquette)
- families are provided with relevant sourced materials and information on infectious diseases, health, and hygiene including:
 - the current National Immunisation Schedule
 - exclusion guidelines in the event of a vaccine preventable illness at the Service for children that are not immunised or have not yet received all their immunisations
 - advice and information regarding any infectious diseases in general and information regarding any specific infectious illnesses that are suspected/present in the Service.
- FDC educators provide notification to the approved provider of any circumstances which may affect or pose a risk to the health, safety and wellbeing of children, including infectious diseases or natural disasters (bushfire, flooding). (reg 176A)
- FDC educators are mindful and maintain confidentiality of individual children's medical circumstances
- that opportunities for FDC educators to source pertinent up to date information from trusted sources on the prevention of infectious diseases and maintaining health and hygiene are provided
- that opportunities for educators, children, and families to have access to health professionals by organising visits/guest speakers to attend the FDC Service to confirm best practice are provided
- to complete the register of *Incident, Injury, Trauma or Illness* and/or document incidents of infectious diseases no later than 24 hours of an illness or infectious disease occurring in the Service
- FDC educators who have diarrhoea or an infectious disease do not handle food for others and are not to return to work until they have been symptom free for 48 hours
- any risk to a child or adult with complex medical needs is minimised in the event of an outbreak of an infectious disease or virus. This may require a risk assessment and decision-making regarding the suitability of attendance of the child or staff member during this time.

FDC EDUCATORS WILL ENSURE:

- that any child suspected of having an infectious illness is responded to and their health and emotional needs supported at all times
- any child suspected of having an infectious illness is isolated from other children and supervised whilst waiting for collection by parents or guardian
- notification has been made to the approved provider of any circumstances which may affect or pose a risk to the health, safety and wellbeing of children, including infectious diseases or natural disasters (bushfire, flooding) (reg 176A)

- that appropriate health and safety procedures are implemented when treating ill children- [wear disposable gloves, face mask or other PPE if needed]
- families are aware of the need to collect their unwell child/ children as soon as practicable from the FDC Service
- all resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected- (cushions, pillows, toys)
- their own immunisation status is maintained, and the approved provider/nominated supervisor is advised of any updates to their immunisation status
- opportunities are provided for children to participate in hygiene practices, including routine opportunities, and intentional practice such as hand washing, sneezing and cough etiquette

PREVENTION STRATEGIES FOR MINIMISING THE SPREAD OF DISEASE WITHIN OUR FDC SERVICE INCLUDE ALL EDUCATORS, EDUCATOR ASSISTANTS AND COORDINATORS ENSURING:

- they adhere to the FDC Service's health and hygiene policy including:
 - hand washing
 - daily cleaning of the FDC residence/approved venue
 - wearing gloves (particularly when in direct contact with bodily fluids- nappy changing and toileting)
 - appropriate and hygienic handling and preparation of food
 - wearing of face masks as mandated by PHO
 - COVIDSafe Plan [delete if not applicable]
- they maintain up to date knowledge with respect to Health and Safety through on-going professional development opportunities
- they clean surfaces first with detergent and water before using disinfectants. [Disinfectants cannot kill germs unless areas are clean]
- children rest 'head to toe' to avoid cross infection while resting or sleeping
- cots or mattresses are placed at least 1.5m away from each other if physical distancing measures are required to be implemented
- children do not to share beds at the same time
- bedding is cleaned using detergent and water after each use and if the surface is known to be contaminated with a potential infectious disease, disinfectant is also used to clean beds
- all play dough is freshly made every week. If there is an outbreak of vomiting and/or diarrhoea, or any other contagious communicable disease, play dough is to be discarded at the end of each day and a new batch made each day for the duration of the outbreak.
- children are to wash their hands before and after using the play dough

- mops used for toilet accidents are to be soaked in disinfectant in a bucket in the laundry sink and then air-dried
- that a daily clean is carried out on other surfaces that may transmit germs such as high touch objects including doorknobs, tables, light switches, handles, remotes, play gyms, low shelving, etc. This will be increased if an outbreak has been recorded in the FDC Service or to minimise the risk of transmission of a virus such as COVID-19
- that if a child has a toileting accident, the items are placed in a plastic bag with the child's name on it. The plastic bag will be stored in a sealed container labelled 'soiled/wet clothing' for parents to take home.
- cloths and mops are colour coded so that a separate cloth or mop is used to clean floors, bathroom, art and craft, and meal surfaces
- that any toy that is mouthed by a child is placed immediately in the 'toys to be washed' basket located on the top shelf in the nappy change area and washed with warm soapy water at the end of the day. All washable toys out on display for the children are to be washed on a weekly basis to decrease the risk of cross contamination and recorded with the date and a signature as evidence.
- toys and equipment (that are difficult to wash) will be washed with detergent (or soap and water) and air-dried in sunlight
- washable toys and equipment will be washed in detergent and hot water or the dishwasher and aired to dry (toys will not be washed in the dishwasher at the same time as dishes). All toys and equipment that have been cleaned will be recorded on the toy cleaning register.
- a 'Dummy Basket' is located by the sign in sheet that requires all children that use a dummy to place the dummy in the basket in an individual container, small zip locked plastic bag, or a protector with the child's name clearly stated to reduce the risk of cross contamination.
- all cleaning procedures will be recorded on the FDC Service's Cleaning Checklist
- all cushions, including floor cushions, should have removeable cushion covers and will be laundered at the end of each day as well as whenever they are visibly dirty or contaminated
- floor surfaces will be cleaned on a daily basis after each meal and at the end of each day
- toilets/bathrooms will be cleaned in the middle of the day, the end of the day and whenever needed throughout the day using disinfectant and paper towel
- when cleaning up spills of faeces, vomit or urine off beds, floors, bathrooms etc. FDC educators will use disinfectant on the surface after cleaning it with detergent and warm water
- management must ensure pregnant women are aware of the occupational risks and exposure to specific infectious diseases including Cytomegalovirus (CMV). Occupational risks of CMV in childcare should be individually managed and control measures implemented. Risk management may include ensuring pregnant women do not work with children under two years of age including

avoiding changing nappies or assist in toileting or cleaning up toileting accidents to prevent unexpected cross contamination and risk of contracting Cytomegalovirus (CMV). (see *Pregnancy in Early Childhood Policy*)

FAMILIES WILL:

- adhere to the Service's policies regarding *Dealing with Infectious Diseases, Immunisation and Sick Children Incident, Injury, Trauma and Illness* and adhere to exclusion requirements
- adhere to the FDC Service's restrictions of entry into approved FDC residences and/or venues in the event of an outbreak of an infectious disease or virus
- adhere to the FDC Service's policy regarding *Hand Washing*
- exclude their child from care if they display symptoms of an infectious illness or disease or in the event of a vaccine preventable disease occurs in the residence/venue where their child is educated and cared for and their child is not fully immunised
- alert the FDC Service if their child is diagnosed with an infectious illness, including COVID-19
- advise the coordinator/FDC educator of their child's immunisation status, by providing a current Immunisation History Statement recorded on the Australian Immunisation Register (AIR) for the service to copy and place in the child's file.
- advise the coordinator/FDC educator when their child's medical action plan is updated
- provide sufficient spare clothing, particularly if the child is toilet training
- adhere to the FDC Service's risk minimisation strategies if their child has complex medical needs in the event of an outbreak of an infectious disease or virus

RESOURCES

Gastro Pack NSW Health

Minimum periods for exclusion from childcare services

NSW Health [Stopping the spread of childhood infections factsheet.](#)

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Dealing with Infectious Diseases Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP - RELATED RESOURCES

Hand Washing Procedure	Immunisation Register
Illness Management Procedure	Incident injury trauma and illness Record
Illness or Infectious Disease Register	Reporting Infectious Diseases Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2023). [*Guide to the National Quality Framework*](#).

ACECQA. (2021). Policy and procedure guidelines. (2021). [*Dealing with Infectious Diseases*](#).

Australian Government Department of Health *Health Topics* <https://www.health.gov.au/health-topics>

Australian Government. Department of Health (2019). *National Immunisation Strategy for Australia 2019-2024*

https://www.health.gov.au/sites/default/files/national-immunisation-strategy-for-australia-2019-2024_0.pdf

Australian Government Department of Health Australian Health Protection Principal Committee (AHPPC)

Department of Human Resources: National Immunisation Program Schedule:

<https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program>

Early Childhood Australia Code of Ethics. (2016).

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https://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx

NSW Public Health Unit: <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>

Public Health Act 2010

Public Health Amendment Act 2017

Public Health Regulation 2012

Public Health and Wellbeing Regulations 2019 Victoria

Queensland Government. Department of Education. Information for early childhood service providers, Managing

COVID-19 safely. <https://alt-qed.qed.qld.gov.au/covid19/early-childhood-service-operations/information-for-early-childhood-service-providers>

Queensland Health [*Information for parents about infectious diseases and exclusion periods in Queensland early childhood education centres and schools*](#)

Revised National Quality Standard. (2018).

Safe Work Australia

[*Western Australian Education and Care Services National Regulations*](#)

REVIEW

POLICY REVIEWED BY	[NAME]	[POSITION]	[DATE]
POLICY REVIEWED	MARCH 2024	NEXT REVIEW DATE	MARCH 2025
VERSION NUMBER	V16.03.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • deleted reference to 'Sick Children Policy' (now merged with Incident, Injury, Trauma and Illness Policy) • deleted managing COVID-19 positive case section • merged '<i>nominated supervisor/ responsible person /family day care educator</i>' section • order of some statements moved within paragraphs for consistency and repetition • merged minor formatting edits within text • hyperlinks checked and repaired as required 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
DEC/MARCH 2023	<ul style="list-style-type: none"> • Change of name of policy from <i>Control of Infectious Diseases</i> to <i>Dealing with Infectious Diseases</i> • Edits to COVID-19 practices and references • removal of reference to the COVID-19 Management Policy • policy maintenance • hyperlinks checked and repaired as required • minor formatting edits within text • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
MARCH 2022	<ul style="list-style-type: none"> • deleted information about a confirmed COVID-19 case replaced by <i>Managing a positive case of COVID-19 in an ECEC Service</i> • services must check with their state regulatory authority for current guidelines for managing a positive case of COVID-19 as definitions of close contacts and management of cases may change • minor edits • sources checked for currency 		MARCH 2023

OCTOBER 2021	<ul style="list-style-type: none"> • Additional law/regulations added- ACECQA Guidelines to Policy and Procedures document- Dealing with Infectious Diseases (August 2021) • additional related policies added • Additional information added re: mandated COVID-19 vaccinations 	MARCH 2022
MARCH 2021	<ul style="list-style-type: none"> • review of policy changed to March each year in readiness for cold/flu season • 'Information to be displayed at the Service' deleted (This is contained in Immunisation Policy) • sources checked for currency and links updated where needed • additional resources added for Queensland services 	MARCH 2022
SEPTEMBER 2020	<ul style="list-style-type: none"> • additional information related to notification to PHU and Regulatory Authorities • additional information related to COVID-19 management added • further guidance for Infection Control Measures added including contacting parents 	JUNE 2021
MAY 2020	<ul style="list-style-type: none"> • Additional information from Australian Health Protection Principal Committee and Safe Work Australia re: physical distancing, immunisation for staff, risk minimisation for vulnerable children/adults, additional cleaning • Requirement of a doctor's certificate for suspected cases of infectious disease made editable for individual services to decide upon • Pregnancy in Early Childhood reference and risks of CMV and pregnancy • Inclusion of recommended exclusion periods Poster link- Staying Healthy: Preventing infectious diseases in ECECE 	JUNE 2021
MARCH 2020	<ul style="list-style-type: none"> • Implementation information added regarding infectious illnesses • Added mandatory reporting to public health unit information • Rearranged some content into new headings- Prevention Strategies • deleted repeated items • New sources added 	JUNE 2021

JUNE 2019	<ul style="list-style-type: none"> • Grammar, punctuation and spelling edited. • sentences reworded/refined. • Additional information added to points. • Sources/references added. • Sources/references alphabetised. • Added a Related Policy. • Related policies alphabetised. 	JUNE 2020
JUNE 2018	<ul style="list-style-type: none"> • Updated the opening statement, included the 'Related Policy' section and made general improvements to grammar to support further understanding and implementation. 	JUNE 2019
OCTOBER 2017	<ul style="list-style-type: none"> • Updated to comply with new vaccination regulations in NSW. Effective January 1, 2018 	JUNE 2018

IMMUNISATION POLICY

When groups of children are together, illness and disease can spread rapidly. Preventable diseases such as measles and whooping cough can have serious health consequences for children, and especially young children. Staff members who work in an early childhood education and care service are also at increased risk of contracting certain infectious illnesses. Immunisation is a simple, safe and effective way of protecting people against harmful diseases. Our Family Day Care (FDC) Service implements the Australian Government Department of Health, 'No Jab No Play' policy.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS	
174(2)(a)	Notification to the Regulatory Authority- (a) any serious incident at the approved education and care service
12	Meaning of serious incident
77	Health, hygiene and safe food practices
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases

90	Medical conditions policy
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
172(2)(g)	a notice stating that there has been an occurrence of an infectious disease at the premises

RELATED POLICIES

Dealing with Infectious Disease Policy	Orientation of New Families Policy
Enrolment Policy	Pregnancy in Early Childhood Policy
Family Communication Policy	Record Keeping and Retention Policy
Incident, Injury, Trauma and Illness Policy	Work Health and Safety Policy

PURPOSE

The purpose of this policy is to provide information to manage and prevent the spread of infectious illnesses and diseases. Our FDC Service has a duty of care to ensure that all children, families, and FDC educators are protected from infectious diseases whilst attending an education and care service. Along with maintaining a clean and hygienic environment, this also includes notifying families when an excludable illness or disease is present in a FDC residence/venue, maintaining a record of children's and educators' immunisation status, complying with relevant health department exclusion guidelines, and increasing educators' awareness of cross-infection.

SCOPE

This policy applies to children, families, the approved provider, nominated supervisor, coordinator, educators, educator assistants, students, volunteers and visitors of the FDC Service.

IMPLEMENTATION

Immunisation is a reliable way to prevent many childhood diseases. Immunisation works by giving the person a vaccine (weakened or killed disease-causing bacteria or virus), against a particular disease.

This makes the person's immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe, or possibly no symptoms. The vaccine therefore leads to the creation of antibodies that provide future protection if the person comes into contact with the disease.

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'.

Children must meet the immunisation requirements to be eligible for Family Tax Benefit (FTB) Part A and Child Care Subsidy (CCS). As of January 2018, unvaccinated children due to their parent's conscientious objection are no longer able to receive CCS benefits. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be able to receive CCS benefit.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/COORDINATOR WILL:

- ensure that obligations under the *Education and Care Services National Law and National Regulations* are met
- ensure FDC educators, educator assistants, coordinators staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- ensure all new engaged educators and employees are provided with a copy of this policy as part of their induction process
- ensure information about immunisation, infectious diseases and exclusion periods is available to families at time of enrolment/orientation and is included in the Family Handbook
- advise parents and families about the [National Immunisation Program \(NIP\)](#)
- ensure that evidence is provided for each child prior to enrolment that confirms the child is fully immunised for their age or has a medical reason not be immunised (Immunisation History Statement from the Australian Immunisation Register (AIR) as evidence)
- provide FDC educators and other staff with information about vaccine-preventable diseases
- develop a staff immunisation record that documents each staff members' and approved FDC educators' previous infection and immunisations (include dates)

- require all new and current FDC educators and staff to complete the staff immunisation record
- update staff immunisation records as staff/educators become vaccinated
- take all reasonable steps to encourage non-immune staff and FDC educators to be vaccinated
- document advice given to FDC educators and other staff, and any refusal to comply with vaccination requests
- review children's immunisation regularly, updating the child's records kept at the FDC service, and sending reminder letters and emails to families as required
- provide updates to FDC educators for their own records
- provide wall charts about childhood immunisation schedules to FDC educators to display in their residence/venue
- notify families when an outbreak of a vaccine-preventable disease occurs through various channels of communication:
 - verbally
 - through a letter from the FDC educator or Approved Provider
 - posting a note or sign at the entry of the residence
 - via electronic message- text message or email
- notify the Regulatory Authority of any incidence of a notifiable infectious illness or disease [ACECQA contact regulatory authority](#)
- exclude any child who is not immunised from the FDC Service if and when an outbreak of a vaccine-preventable disease occurs to protect that child and to prevent further spread of infection. In the instance of the child being immunised but the immunisation record has not been sighted by the FDC Service, the child is to be considered as not being immunised
- advise any FDC educator, educator assistant or coordinator who falls pregnant to discuss [Cytomegalovirus during pregnancy](#) (CMV) with their doctor and inform management so that their individual risk can be assessed and managed. There is NO vaccination to prevent against infection with CMV. Educators working with young children in ECEC services have an occupational risk of contracting CMV. [see: Pregnancy in Early Childhood Policy]

FAMILIES WILL:

- adhere to the Service's policies regarding *Dealing with Infectious Diseases, Immunisation, Sick Incident, Injury, Trauma and Sickness Policies* and exclusion requirements
- provide the FDC Service with a copy of one or more of the following documents:
 - An Australian Immunisation Register (AIR) Immunisation History Statement which shows that the child is 'up to date' with their scheduled vaccinations; or

- An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
- An AIR Immunisation Medical Exemption Form which has been certified by a GP
- provide the FDC service with an updated copy of their child's current immunisation record every 6 months, or when the next scheduled immunisation has been completed. A current AIR Immunisation History Statement can be accessed at any time by the parent/guardian through logging in to their Medicare online account: [myGov website](#).
- support their child's exclusion from the Service if there is an outbreak of a vaccine preventable disease at the Service or if they come into contact with a person with a vaccine preventable disease, even if there is no outbreak at the Service.

INFORMATION TO BE DISPLAYED IN EACH FAMILY DAY CARE RESIDENCE/VENUE AND PRINCIPAL OFFICE

INFORMATION	WEBSITE/INFORMATION	PHONE NUMBER
The National Immunisation Program (NIP) Service	https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program	1800 020 103
Notification of an occurrence of an infectious disease/vaccine preventable disease	<p>Notify local Public Health Unit</p> <p>Provide information to families about the infectious disease-</p> <p>Children unimmunised against vaccine preventable diseases must be excluded from care</p>	1300 066 055
Australian Government Department of Health	<p>In the event of a community spread virus- (COVID-19) publications from Government agencies will be displayed</p> <p>https://www.health.gov.au/resources/collections/coronavirus-covid-19-campaign-resources</p>	1800 020 080

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH- IMMUNISATION SAVES LIVES

Currently there are different immunisation requirements for early childhood education and care services across states and territories. Information on immunisation requirements is listed below.

Northern Territory (NT)
Children do not need to be immunised to attend early childhood education and care services.

Victoria (VIC)
Children must be fully immunised to attend early childhood education and care services. A current Immunisation History Statement from the Australian Immunisation Register (AIR) must be provided to services.
The National Immunisation Program (NIP) Schedule TO BE DISPLAYED IN THE SERVICE can be accessed and downloaded from: https://www.health.gov.au/resources/publications/national-immunisation-program-schedule-portfolio <ul style="list-style-type: none"> • Department of Health, Victoria Immunisation Program- children https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children Telephone - 1300 882 008 • No Jab No Play https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play • Immunise Australia National Hotline: 1800 671 811 • Australian Government, Department of Human Services: https://www.humanservices.gov.au/individuals/online-help/medicare/getting-your-immunisation-history-statement-using-your-medicare-online-account

RESOURCES

AIR General Enquiries line 1800 653 809

Australian Government Services Australia *Australian Immunisation Register*

<https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register>

[NSW Government Immunisation Enrolment Toolkit](#)

Sharing Knowledge About Immunisation. (2020). <http://talkingaboutimmunisation.org.au/>

[Time Out Keeping your child and other kids healthy!](#) (Queensland Government)

Time Out Brochure [Why do I need to keep my child at home?](#)

[Victoria State Government Immunisation enrolment toolkit for early childhood services](#)

CONTINUOUS IMPROVEMENT/REFLECTION

The *Immunisation Policy* will be reviewed on an annual basis in conjunction with children, families, staff, educators and management.

SOURCES

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority. (2023). [Guide to the National Quality Framework](#).

Australian Government. Department of Health (2019). *National Immunisation Strategy for Australia 2019-2024* https://www.health.gov.au/sites/default/files/national-immunisation-strategy-for-australia-2019-2024_0.pdf

Australian Government Department Of Health National Immunise Program:
<https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>

Australian Government. Services Australia. [Australian Immunisation Register](#)

Australian Government. Services Australia. (2023). [Immunisation requirements](#)

Australian Government. Services Australia: [How to get immunisation statements](#)

Australian Government Department Of Health National Immunise Program:
<https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Federal Register of Legislation *Privacy Act 1988*.

National Centre for Immunisation Research and Surveillance (NCIRS). No Jab No Play, No Jab No Pay:
<https://www.ncirs.org.au/public/no-jab-no-play-no-jab-no-pay>

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

NSW Public Health Act- NSW Government (2023) [Questions and answers about vaccination requirements for child care](#)

Pregnancy Birth and Baby. [Cytomegalovirus \(CMV\) during pregnancy](#).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

POLICY REVIEWED BY	[NAME]	[POSITION]	[DATE REVIEWED]
POLICY REVIEWED	MARCH 2024	NEXT REVIEW DATE	MARCH 2025
VERSION NUMBER	V8.03.24		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • minor edits within policy • updated information re: CMV for staff/educators who are pregnant 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
MARCH 2023	<ul style="list-style-type: none"> • annual policy maintenance • additional regulations added • name change of Control of Infectious Disease Policy to <i>Dealing with Infectious Disease Policy</i> • Vaccination requirements for COVID 19 removed • hyperlinks checked and repaired as required • Continuous improvement section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		MARCH 2024
MARCH 2022	<ul style="list-style-type: none"> • Review of policy as per annual cycle • No major edits 		MARCH 2023
OCTOBER 2021	<ul style="list-style-type: none"> • Additional information added to reflect mandatory COVID-19 vaccination requirements for NSW/VIC • FDC residence in NSW must not open unless all adults in residence are fully vaccinated against COVID-19 • state by state immunisation requirements for enrolment added • updated sources (broken links updated) 		MARCH 2022
MARCH 2021	<ul style="list-style-type: none"> • addition related to CCS requirements for immunisation • updates to reflect 'no jab no play' in each state/territory • links to each state/territory immunisation schedules checked and edited as required • further resources added 		MARCH 2022
MARCH 2020	<ul style="list-style-type: none"> • additions to introduction • Additional information added to content • Resource section added 		MARCH 2021

	<ul style="list-style-type: none"> • Jurisdiction specifications checked for currency 	
MARCH 2019	<ul style="list-style-type: none"> • New immunisation requirements changed to past tense. • Grammar, punctuation and spelling edited. • Additional information added to points. • Sources checked for currency. • Sources/references corrected and alphabetised. 	MARCH 2020
MARCH 2018	<ul style="list-style-type: none"> • Policy created to comply with changes to immunisation requirements 	MARCH 2019

HEAD LICE POLICY

Head lice continue to cause concern and frustration for families, educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age. This policy is intended to outline roles, responsibilities and expectations of the Family Day Care (FDC) Service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

Whilst families have the primary responsibility for the detection and treatment of head lice, our (FDC) Service and educators will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
77	Health, hygiene and safe food practices
88	Infectious Diseases
168	Education and care service must have policies and procedures

RELATED POLICIES

Family Communication Policy	Respect for Children
Health and Safety Policy	Work Health and Safety Policy
Privacy and Confidentiality Policy	

PURPOSE

To ensure parents, staff, educators and educator assistants are well informed about the early identification of head lice and managing infestations through effective treatment and communication with families.

OUR FAMILY DAY CARE SERVICE AIMS TO:

- outline the roles and responsibilities of families, educators and management who are involved in detection, treatment and control of head lice
- document effective treatment and management strategies and,
- provide information and support for families.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinators, educators, educator assistants, children, families, and visitors of the Family Day Care Service.

HEAD LICE

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

People get head lice from direct head to head contact with another person who has head lice. This can happen when people play, cuddle or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes or soft toys. They rarely spread by sharing hats.

While head lice are not known to carry disease, they are a nuisance for parents and children. The social stigma associated with head lice infestation can affect children's comfort and confidence.

FINDING HEAD LICE

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

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

IMPLEMENTATION

RESPONSIBILITIES OF THE NOMINATED SUPERVISOR, COORDINATOR, EDUCATORS AND EDUCATOR ASSISTANTS

If one child at the FDC Service has head lice, it is likely that several others also have them. To help prevent the spread of head lice our Service will:

- remind parents to be vigilant in checking for head lice weekly
- confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated before returning to the Service the following day
- keep families informed if there is someone at the FDC Service with head lice, ensuring confidentiality is not breached by disclosing the child's name who has head lice
- reduce head-to-head contact between all children when the Service is aware that someone has head lice
- support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice
- ensure that the child or children with head lice are not isolated or excluded from learning
- provide families with suggestions of effective treatment for head lice
- encourage parents to tie back children's hair when attending the FDC Service
- record all cases confidentially so an outbreak can be avoided or minimised
- encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks- e.g.: avoid sharing hairbrushes and hats.

RESPONSIBILITIES OF FAMILIES:

- check your child's head once a week for head lice
- notify the FDC educator immediately if head lice are found on your child's head
- ensure you check all members of your family if one person has head lice (there is no need to treat the whole family, unless they also have head lice)
- ensure your child does not attend the FDC Service with untreated head lice. If you find any live lice or eggs, begin treatment immediately and notify the service if your child is affected so the Service can monitor the number of cases and act responsibly.
- check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs from your child's hair using the conditioner method and head lice comb.
- once treatment has started, your child can attend the FDC residence/approved venue
- children with long hair will attend the Service with their hair tied back
- only use safe and recommended practices to treat head lice
- maintain a sympathetic attitude and avoid defaming/blaming families who are experiencing difficulty with control measures.

TREATMENT

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

Conditioner and Combing Technique

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

1. Untangle dry hair with an ordinary comb
2. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.
3. Use an ordinary comb to evenly distribute the conditioner and divide the hair into four or more sections using hair clips.
4. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
5. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.
6. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.
7. Wash out the conditioner.

8. Clean the comb using hot soapy water and rinse off with hot water.
9. Repeat the conditioner and combing method after seven days to ensure that any immature head lice that have hatched are removed before they can lay more eggs.

Chemical treatments

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

There are many different chemical products available to use for children aged over six months- check with a pharmacist to help choose a product. No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

VICTORIA (VIC)
<p>Victoria State Govt. Health Vic.</p> <p>https://www2.health.vic.gov.au/public-health/infectious-diseases/head-lice</p>

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Head Lice Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children's Education & Care Quality Authority. (2014).
 Better Health Channel. (2019). Head lice (nits) [Fact Sheet].
<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/head-lice-nits?viewAsPdf=true>
 Early Childhood Australia Code of Ethics. (2016).
 Education and Care Services National Law Act 2010. (Amended 2023).
[Education and Care Services National Regulations](#). (Amended 2023).
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 National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.
 Privacy Act 1988.
 Revised National Quality Standard. (2018).
 SA Health. (2019). Head lice, management guidelines for schools:
 United Nations Convention on the Rights of the Child
[Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW DATE	JUNE 2025	[REVIEWED BY]	
POLICY REVIEWED BY:	AMY AYACHE	EDUCATIONAL LEADER	JUNE 2024
VERSION NUMBER	V6.06.24		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required 		
POLICY REVIEWED	JULY 2023	NEXT REVIEW DATE	JULY 2024
VERSION NUMBER	V5.07.23		
MODIFICATIONS	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JULY 2022	<ul style="list-style-type: none"> policy maintenance - no major changes to policy minor formatting edits within text hyperlinks checked and repaired as required 		JULY 2023
JULY 2021	Minor formatting edits sources checked for currency		JULY 2022
JULY 2020	Regulations added for compliance reordering of wording in 'Implementation' section small changes to family responsibility section links checked and modifications made where indicated further information added to treatment section additional source added		JULY 2021
JUNE 2019	New policy drafted for FDC services		JULY 2020

MEDICAL CONDITIONS POLICY

To support children's wellbeing and manage specific healthcare needs, allergy or relevant medical condition our Family Day Care (FDC) Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are implemented. We aim to take every reasonable precaution to protect children's health and safety by explicitly adhering to individual medical management and risk management plans and responding to any emergency situation should they arise.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
85	Incident, injury, trauma and illness policy
86	Notification to parent of incident, injury, trauma or illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical Conditions Policy
90 (1) (a)	The management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis
90 (1) (iv)	Medical Conditions Communication Plan

90 (2)	The medical conditions policy of the education and care service must set out practices in relation to self-administration of medication by children over preschool age if the service permits that self-administration
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First Aid qualifications
162(c) and (d)	Health information to be kept in enrolment record
168	Education and care services must have policies and procedures
170	Policies and procedures are to be followed
173(2)(f)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy	Enrolment Policy
Administration of First Aid Policy	Epilepsy Management Policy
Administration of Medication Policy	Family Communication Policy
Anaphylaxis Management Policy	Health and Safety Policy
Asthma Management Policy	Incident, Illness, Accident and Trauma Policy
Celebrations Policy	Nutrition Food Safety Policy
Child Safe Environment Policy	Privacy and Confidentiality Policy
Diabetes Management Policy	Supervision Policy
	Work Health and Safety Policy

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions. We aim to efficiently respond to and manage medical conditions, health care needs or allergies of children and staff at the Family Day Care Service ensuring the safety and wellbeing of all children, staff, families and visitors

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, educators, educator assistants, children, families, and visitors of the Family Day Care Service.

DUTY OF CARE

Our FDC Service has a legal responsibility to take reasonable steps to ensure the health needs of children enrolled in the service are met. This includes our responsibility to provide:

- a. a safe environment for children free of foreseeable harm *and*
- b. adequate supervision of children at all times.

IMPLEMENTATION

We will involve all FDC educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Family Day Care Service is committed to adhering to privacy and confidentiality procedures when dealing with individual health care needs, allergies or relevant medical conditions.

There are a number of concerns that must be considered when a child with a diagnosed health care need, allergy, or medical condition is enrolled at the FDC Service. Key procedures and strategies must be in place prior to the child commencing care at a FDC residence or venue to ensure their individual health, safety and wellbeing.

THE APPROVED PROVIDER/ NOMINATED SUPERVISOR/ COORDINATOR WILL ENSURE:

- all enrolment forms are reviewed to identify any specific health care need, allergy or medical condition
- existing enrolment forms are reviewed, and parents contacted to confirm if the existing diagnosed health care need, allergy or relevant medical condition still applies and whether any new needs have been diagnosed
- parents are provided with a copy of the Service's *Medical Conditions Policy*

- a child is not enrolled at, nor will attend the FDC Service without a medical management plan and prescribed medication by their medical practitioner. In particular, medication for life-threatening conditions such as asthma, anaphylaxis or diabetes must be provided at the service each day [e.g. asthma inhalers, adrenaline auto injection devices or insulin]
- FDC educators and educator assistants have a clear understanding of children's individual medical conditions enrolled in their service
- FDC educators, educator assistants and other staff have knowledge and access to this policy and relevant health management policies (*Asthma Management Policy/ Anaphylaxis Management Policy, Diabetes Management Policy*)
- medication will only be administered to a child:
 - if the medication is authorised in writing by a parent or authorised person
 - is administered in accordance to a child's Medical Management Plan or other instructions provided by a registered medical practitioner
 - as prescribed by a registered medical practitioner
 - is in the original container
 - has the original label clearly showing the name of the child
 - is before the expiry/use by date
 - after the educator has checked the child's identity and dosage of the medication against the written instructions provided
- an *Administration of Medication* Record is completed for each child and acknowledged by the parent at the end of each day
- a communication plan is developed in collaboration with the Nominated Supervisor/Responsible Person and FDC educator to ensure communication between families and educators is on-going and effective
- educators and educator assistants receive appropriate professional development and training in managing specific medical conditions and meeting children's individual needs
- FDC educators hold current accredited first aid and CPR qualifications, emergency asthma and emergency anaphylaxis management certificates (as approved by ACECQA)
- FDC educators and educator assistants have a clear understanding about their role and responsibilities when caring for children with a medical condition
- FDC educators and educator assistants adhere to practices and procedures in relation to safe food handling and consumption of food
- families provide required information on their child's medical condition, including:
 - medication requirements
 - allergies

- medical practitioner contact details
 - medical management plan
- a medical management plan has been developed in consultation with parents and the child's medical practitioner and provided to the FDC service and/or
 - an individual Asthma or Anaphylaxis Action Plan is developed in consultation with parents and the child's medical practitioner eg: (ASCIA) or National Asthma Council of Australia
 - an individual Diabetes Management Plan is developed in consultation with parents and the child's medical practitioner
- risk minimisation plan has been developed in consultation with parents and management prior to the child commencing at the FDC service
- FDC educators will be informed immediately about any changes to a child's medical management plan, risk management plan
- to record any prescribed health information and retain copies of medical management plan, anaphylaxis management plan or asthma management plan and risk minimisation plan in the child's enrolment folder
- FDC educators and educator assistants have access to emergency contact information for the child
- casual educators are informed of children (and any other staff-educator assistant) who have specific medical conditions or food allergies, the type of condition or allergies they have and the FDC Service's procedures for dealing with emergencies involving allergies and anaphylaxis
- a notice is displayed prominently in the main entrance of the residence or venue stating that a child diagnosed at risk of anaphylaxis is being cared for or educated, and providing details of the allergen/s (regulation 173)
- a copy of the child's medical management plan is visibly displayed in an area not generally available to families and known to educators and educator assistants in the residence/venue
- medication self-administered by a child over preschool aged, is only permitted with written authority signed by the child's parent or other responsible person named and authorised in the child's enrolment record to make decisions about the administration of medication

THE FDC EDUCATOR/ EDUCATOR ASSISTANT WILL:

- In the event of a high-risk scenario where a child suffers from a reaction, incident, situation, or event related to a medical condition the FDC educator will follow the child's medical management plan as per Regulation 90(1)(c)(ii)
- commence first aid measures/monitoring
- call an ambulance immediately by dialling 000
- contact the parent/guardian when practicable but as soon as possible

- contact the emergency contact if the parents or guardian can't be contacted when practicable but as soon as possible
- contact the Coordinator/Nominated Supervisor or Approved Provider of the FDC Service as soon as possible
- complete an *Incident, Injury, Trauma and Illness Record* as soon as possible
- request the approved provider/coordinator to notify the regulatory authority (within 24 hours) in the event of a serious incident.

FAMILIES WILL ENSURE:

- they provide the FDC Service management with accurate information about their child's health needs, allergies, medical conditions, and medication requirements on the enrolment form
- they provide the FDC Service with a medical management plan prior to enrolment of their child
- they consult with Coordinator and FDC educator to develop a risk minimisation plan and communication plan
- the FDC Service enrolment form is completed in its entirety providing specific details about the child's medical condition
- they acknowledge they have received a copy of the *Medical Conditions Policy and Administration of Medication Policy*
- they notify the FDC Service and educator if any changes are to occur to the medical management plan
- they notify the FDC Service and educator verbally when children are taking any short-term medications AND whether or not these medications may be self-administered (only applicable for a child over preschool age)
- they provide adequate supplies of the required medication and complete the *Administration of Medication Record*
- they provide an updated copy of the child's medical management plan annually or evidence from a Medical Practitioner to confirm the plan remains unchanged
- they provide written consent for their child's medical management plan to be displayed in the FDC residence/service.

SELF-ADMINISTRATION OF MEDICATION

A child over preschool age may self-administer medication under the following circumstances:

- a parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication
- medication is stored safely by the FDC educator, who will provide it to the child when required

- supervision is provided by the FDC educator whilst the child is self-administering medication
- a recording is made in the medication record for the child that the medication has been self-administered
- parents will acknowledge the details in the medication record upon collection of their child with a signature and date

(See *Administration of Medication Policy* for further information)

MEDICAL MANAGEMENT PLAN

Any medical management plan provided by a child's parents and/or registered medical practitioner should include the following:

- specific details of the diagnosed health care need, allergy or relevant medication condition
- supporting documentation (if required)
- a recent photo of the child
- current medication and dosage prescribed for the child
- if relevant, state what triggers the allergy or medical condition
- first aid/emergency response that may be required
- any medication that may be required to be administered in case of an emergency
- further treatment or response if the child does not respond to the initial treatment
- when to contact an ambulance for assistance
- contact details of the medical practitioner who signed the plan
- the date of when the plan should be reviewed
- a copy of the medical management plan will be displayed for FDC educators and educator assistants to see to ensure the safety and wellbeing of the child, whilst ensuring the child's privacy by displaying only in an area generally only available to staff of the FDC Service and FDC educator
- the FDC Service must ensure the medical management plan remains current all times.

RISK MINIMISATION PLAN

All children with a diagnosed health care need, allergy or relevant medical condition must have a risk minimisation plan in place. (Regulation 90(1)(c))

A meeting will be arranged with the parents/guardian as soon as the FDC Service has been advised of the diagnosed health care need, allergy or medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian and FDC educator to ensure:

- that the risks relating to the child's specific health care need, allergy, or medical condition are assessed and minimised

- that practices and procedures in relation to the safe handling, preparation, serving, and consumption of food are developed and implemented
- that the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
- practices are developed and implemented to ensure that all FDC educators, educator assistants, and volunteers can identify the child, the child's medical management plan and the location of the child's medication
- that the child does not attend the care without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or medical condition
- risk minimisation plan(s) are reviewed at least annually and/or revised with each change in the medical management plan in conjunction with parents/guardians
- all relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day by the educator
- parents are notified by the educator in advance of any special activities taking place such as celebrations, sporting events or excursions so plans of safe inclusion can be developed
- appropriate hygiene practices are followed by the educator when managing medical conditions in accordance with the *Control of Infectious Diseases Policy*.

COMMUNICATION PLAN

The communication plan explains how relevant staff members and volunteers are informed about the medical management and risk management plans and how the parent of the child can communicate any changes to the diagnosed health care need, allergy or medical condition.

A communication plan will be created after the meeting with the parents/guardian to ensure:

- all relevant staff members, educators and volunteers are informed about the *Medical Conditions Policy*, the medical management plan and risk minimisation plan for the child; and
- an individual child communication document is created so that a parent can communicate any changes to the medical management plan and risk management plan for the child in writing.

At all times, families who have a child attending the FDC Service who have a diagnosed healthcare need, allergy or medical condition will be provided with a copy of this policy and other relevant policies specific to their child's health management and communication plans.

RESOURCES

[ASCIA anaphylaxis e-training for schools and early childhood education/care](#)

[ASCIA plans for Anaphylaxis](#)

[Coeliac Australia](#)

[Cystic Fibrosis Australia](#)

[Diabetes Australia](#)

[Epilepsy Foundation](#)

[National Asthma Australia](#)

[National Allergy Strategy](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Medical Conditions Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Procedure	Medical Management Plan
Administration of Medication Form	Medical Risk Minimisation Plan
Managing a Medical Condition Procedure	Notification of Changed Medication Status
Medication Communication Plan	Permission to Display Medication Action Plan

SOURCE

Australian Children's Education & Care Quality Authority. (2014).

Australian Children's Education & Care Quality Authority (ACECQA). 20201. Policy and Procedure Guidelines. *Dealing with Medicals in Children Policy Guidelines*.

Australian society of clinical immunology and allergy. ascia. <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Federal Register of Legislation *Privacy Act 1988*.

Guide to the National Quality Framework. (2017). (Amended 2023).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.). *Occupational Health and Safety Act 2004*.

Revised National Quality Standard. (2018).

Department of Education Victoria *Meeting children's health needs* (2020).

REVIEW

NEXT REVIEW DATE	JUNE 2025	[REVIEWED BY]	
POLICY REVIEWED BY	AMY AYACHE	EDUCATIONAL LEADER	JUNE 2024
VERSION NUMBER	V11.06.24		
MODIFICATIONS	<ul style="list-style-type: none"> • minor formatting edits within text • policy maintenance – no major changes to policy • hyperlinks checked and repaired as required 		
POLICY REVIEWED	JUNE 2023	NEXT REVIEW DATE	JUNE 2024
VERSION NUMBER	V14.06.23		
MODIFICATIONS	<ul style="list-style-type: none"> • annual policy maintenance • hyperlinks checked and repaired as required • minor formatting edits within text • continuous improvement/reflection section added • Childcare Centre Desktop Related resources section added • link to Western Australian Education and Care Services National Regulations added in 'Sources' 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JUNE 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required 		JUNE 2023
OCTOBER 2021	<ul style="list-style-type: none"> • Policy reviewed and included suggested guidelines from ACECQA Dealing with Medical Conditions in Children (June 2021) • Additional section added <i>Cook and Food Handlers</i> • National Allergy Strategy link added 		JUNE 2022
MAY/JULY 2021	<ul style="list-style-type: none"> • Duty of Care section added • minor edits as policy was reviewed in September 2020 following feedback from QLD regulatory authority • inclusion of staff annual ASCIA anaphylaxis e-training as best practice • resources added for management of medical conditions • communication plan information added • sources checked for currency 		JUNE 2022
SEPTEMBER 2020	<ul style="list-style-type: none"> • additional regulations added • administration of medication regarding original container, prescribed dosage/authorisations added 		JUNE 2021

	<ul style="list-style-type: none"> • minor changes to relate policy to Administration of Medication Policy • procedure for self-administration of medication added 	
APRIL 2020	<ul style="list-style-type: none"> • additional information added to points • additional wording added to include diagnosed health care need, allergy or relevant medical condition 	JUNE 2020
JUNE 2019	<ul style="list-style-type: none"> • Some grammar, punctuation and spelling edited. • Some sentences reworded/refined. • Additional information added to points. • Sources/references added & alphabetised. • Related policies added. 	JUNE 2020
JUNE 2018	<ul style="list-style-type: none"> • Included the 'Related Policies' section and minor adjustments made to terminology. 	JUNE 2019
DECEMBER 2017	<ul style="list-style-type: none"> • Updated policy to comply with the changes to the National Quality Standard 	JUNE 2017
MAY 2017	<ul style="list-style-type: none"> • Modifications made for Family Day Care Services 	TBA

ASTHMA MANAGEMENT POLICY

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. Our Family Day Care (FDC) Service recognises the need to educate its staff, educators, educator assistants and families about asthma and to implement responsible asthma management strategies.

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents

92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Administration of First Aid Policy	Handwashing Policy
Administration of Medication Policy	Medical Conditions Policy
Enrolment Policy	Privacy and Confidentiality Policy
Family Communication Policy	Supervision Policy
Incident, Injury, Trauma and Illness Policy	

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions including asthma management. We aim to create and maintain a safe and healthy environment for all children enrolled at the FDC Service where all children with asthma can fully participate. We ensure all FDC educators, educator assistants, coordinators and staff follow our *Asthma Management Policy* and procedures and children's medical management plans.

SCOPE

This policy applies to the approved provider, coordinator, educators, educator assistants, children, families, and visitors of the Family Day Care Service.

DUTY OF CARE

We are committed to be an Asthma Friendly Service as outlined by Asthma Australia. This means:

- the majority of staff have current training in Asthma First Aid and routine Asthma management
- each FDC educator and educator assistant holds a current ACECQA-approved Emergency Asthma Management certificate
- Asthma Emergency Kits (AEKs) are accessible and include in-date reliever medication, and single-use spacers with masks for children under 5
- Asthma First Aid posters are on display and information is available for FDC Educators and parents
- Policies are Asthma Friendly.

Source: Australian Children's Education & Care Quality Authority (acecqa.gov.au)

Our FDC Service has a legal responsibility to take reasonable steps to provide

- c. a safe environment free from foreseeable harm and
- d. adequate Supervision for children

All FDC educators, educator assistants, including relief staff, must have adequate knowledge of the signs and symptoms of asthma to ensure the safety and wellbeing of the children. Management will ensure all FDC educators and educator assistants are aware of children's medical management plans and risk management plans.

BACKGROUND

Asthma is clinically defined as a chronic lung disease, which can be controlled but not cured. In clinical practice, asthma is defined by the presence of both excessive variation in lung function, i.e., variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'), and respiratory symptoms (e.g., wheeze, shortness of breath, cough, chest tightness) that vary over time and may be present or absent at any point in time (National Asthma Council Australia, 2015, p.4).

Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. However, with correct asthma management people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma may vary between children, but may include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own

asthma without adult assistance. Our FDC Service recognises the need to educate FDC educators and parents/guardians about asthma and to promote responsible asthma management strategies.

Asthma causes three main changes to the airways inside the lungs, and all of these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways.
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling.
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Our FDC Service will ensure that all FDC educators and educator assistants have current approved emergency asthma management training in accordance with the Education and Care Services National Regulations.

It can be difficult to diagnose asthma with certainty in children aged 0–5 years, because:

- episodic respiratory symptoms such as wheezing, and coughing are very common in children, particularly in children under 3 years
- objective lung function testing by spirometry is usually not feasible in this age group
- a high proportion of children who respond to bronchodilator treatment do not go on to have asthma in later childhood (e.g., by primary school age).

ASTHMA AND COVID-19

There is no specific data as yet to suggest people with asthma are at greater risk of contracting COVID-19 however as this is a serious respiratory illness, anyone with asthma should implement strict hygiene measures to protect themselves and others.

Health practitioners have encouraged parents of children with asthma to:

- update their child's Asthma medical management/action plan with their general practitioner
- ensure their child uses their reliever and preventer medicines (if required) as prescribed
- ensure their child continues taking medication to keep their asthma well controlled
- practice good hygiene and other measures to reduce contact with people who may be infected
- have their child tested for COVID-19 if they develop any symptoms (cough, fever, shortness of breath, sore throat)

(Asthma Australia, June 2020)

IMPLEMENTATION

We will involve all FDC educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The FDC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of our *Medical Conditions Policy* will be provided to all FDC educators, volunteers, and families of the FDC Service and reviewed on an annual basis. It is important that communication is open between families and educators to ensure appropriate asthma management.

It is imperative that all FDC educators and volunteers at the FDC Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

MANAGEMENT/NOMINATED SUPERVISOR/CO-ORDINATORS WILL ENSURE:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record
- if the answer is *yes*, the parents/guardians are required to provide a medical management plan and signed by a registered medical practitioner prior to their child's commencement at the FDC Service [see section below-*When a child with asthma is enrolled in the FDC Service*]
- parents are provided with a copy of the Service's *Medical Conditions Policy*, *Asthma Management Policy* and *Administration of Medication Policy* upon enrolment of their child
- written consent is requested from families on the enrolment form to administer emergency asthma medication or treatment if required
- that all FDC educators hold approved and current first aid qualifications, anaphylaxis management training and Emergency Asthma Management training meeting the requirements of the National Law and National Regulations and are approved by ACECQA
- the details of approved Emergency Asthma Management training are included on the staff record
- upon employment/engagement at the Family Day Care Service all staff will read and be aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies
- that medication is administered in accordance with the *Administration of Medication Policy*
- an *Administration of Medication Record* is kept for each child to whom medication is to be administered by the FDC Service

- that in the event of a serious incident such as a severe asthma attack, notification to the regulatory authority is made **within 24 hours of the incident**
- that when medication has been administered to a child in an asthma emergency, the parent/guardian of the child are notified as soon as is practicable **or within 24 hours of the incident**
- children with asthma are not discriminated against in any way
- children with asthma can participate in all activities safely and to their full potential.
- to communicate any concerns with parents/guardians regarding the management of children with asthma at the FDC Service
- Asthma Australia's Asthma First Aid posters are displayed in key locations at the FDC Service
- discussions occur regarding authorisation for children to self-administer asthma medication if applicable. Any authorisations for self-administration must be documented in the child's Medical Management Plan and approved by the FDC Service, FDC educator, parents/guardian and the child's medical management team

WHEN A CHILD WITH ASTHMA IS ENROLLED AT THE FDC SERVICE THE NOMINATED SUPERVISOR/COORDINATOR WILL:

- meet with the parents/guardians to begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until a medical management plan developed in consultation with parents and the child's medical practitioner is provided
- develop and document a risk minimisation plan in collaboration with parents/guardian and the FDC educator [see Risk Minimisation Plan section]
- discuss with the requirements for completing an *Administration of Medication Record* for their child
- discuss any requests for self-administration of medication with families and the FDC educator
- ensure the medical management plan includes:
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for asthma (signs and symptoms)
 - list of usual asthma medicines including doses
 - response for an asthma emergency including medication to be administered
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed

- keep a copy of the child's asthma medical management plan and risk minimisation plan in the enrolment record
- ensure families provide reliever medication and a spacer (including a child's face mask, if required) whilst their child is attending the FDC residence or approved venue
- collaborate with parents/guardians and the FDC educator to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's asthma [see Communication Plan section]
- ensure that whenever the FDC educator takes children out of the FDC residence or approved venue, they carry a copy of each child's individual asthma medical management action plan and required medication
- ensure an *Administration of Medication Record* is kept for each child to whom medication is to be administered by the FDC educator
- ensure families update their child's asthma medical management/action plan regularly or whenever a change to the child's management of asthma occurs
- regularly check the expiry date of reliever medication and ensure that spacers and facemasks are cleaned after every use

FDC EDUCATORS WILL ENSURE:

- they are aware of the Family Day Care Service's *Asthma Management Policy* and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, and Asthma medical management plan)
- to maintain current approved Emergency Asthma Management qualifications
- they are able to identify and, where possible, minimise asthma triggers as outlined in the child's asthma medical management plan and risk minimisation plan
- that the first aid kit, children's personal asthma medication and Asthma medical management plans are taken on excursions or other offsite events, including emergency evacuations and drills
- to administer prescribed asthma medication in accordance with the child's asthma medical management plan and the FDC Service's *Administration of Medication Policy*
- to discuss with parents/guardians the requirements for completing an *Administration of Medication Record* for their child
- ensure any asthma attacks are clearly documented in the *Incident, Injury, Trauma or Illness Record* and advise parents as a matter of priority, when practicable
- communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- that children with asthma are not discriminated against in any way

- that children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program

FAMILIES WILL:

- inform staff, either on enrolment or on initial diagnosis, that their child has asthma
- read the FDC Service's *Asthma Management Policy*
- provide a copy of their child's Asthma medical management/action plan to the FDC Service ensuring it has been prepared in consultation with, and signed by, a medical practitioner
- provide written authorisation to the FDC Service for their child to self-administer medication (if applicable)
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Responsible Person/Coordinator and FDC educator
- ensure all details on their child's enrolment form and medication record are completed prior to commencement at the FDC Service
- provide an adequate supply of appropriate asthma medication and equipment for their child when they attend the FDC residence or approved venue
- provide an updated plan at least annually or whenever medication or management of their child's asthma changes
- communicate regularly with their FDC educator in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encourage their child to learn about their asthma, and to communicate with their FDC educator if they are unwell or experiencing asthma symptoms

IF A CHILD SUFFERS FROM AN ASTHMA EMERGENCY THE FDC EDUCATOR WILL:

- Follow the child's asthma medical management/action plan
- If the child does not respond to steps within the Asthma medical management/action plan call an ambulance immediately by dialling 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

REPORTING PROCEDURES

Any incident involving serious illness of a child while the child is being educated and cared for by the FDC Service for which the child attended, or ought reasonably to have attended a hospital e.g., severe asthma attack is considered a serious incident (Regulation 12).

- FDC educator/s involved in the incident are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor/Coordinator of the FDC Service
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- place a copy of the record in the child's file
- the Nominated Supervisor /Coordinator will inform the management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- the FDC educator will be debriefed after each serious incident and the child's individual medical management plan/action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- discussions about exposure to the allergen/trigger and the strategies that need to be implemented and maintained to prevent further exposure.

MINIMISATION PLAN FOR A CHILD WITH DIAGNOSED ASTHMA

The Coordinator and FDC educator together with the parents/guardians of a child with asthma, will discuss and agree on a risk minimisation plan for the emergency management of an asthma attack based on the child's asthma medical management/action plan. This plan will be included as part of, or attached to, the child's asthma medical management/action plan and enrolment record.

The plan will assess and minimise risks relating to the child's diagnosed health care need including any known allergens. Strategies for minimising the risk are developed and implemented.

The risk minimisation plan is to be updated whenever the child's medical management plan is changed or updated.

Common asthma triggers include:

- viral infections- such as colds, flu and respiratory conditions
- cigarette smoke
- physical exercise
- allergens- mould, pollens, pets
- irritants in the environment- dust, pollution, wood/bush fire smoke

- weather- changes in air temperature or thunderstorms
- chemicals and strong smells- perfumes, cleaning products
- stress or high emotions (including laughter or crying)

Betterhealth.vic.gov

COMMUNICATION PLAN

A communication plan will be created in accordance to our *Medical Conditions Policy*. The communication plan will be developed in collaboration with parents/guardians. It will detail the negotiated and documented manner to communicate any changes to the child's medical management plan and risk management plan for the child with relevant staff, educators, and volunteers.

Any changes to a child's medical management plan and risk minimisation plans will be documented in the communication plan.

RESOURCES

[Asthma First Aid A4 Poster](#)

[Asthma Action Plan](#)

[FIRST AID FOR ASTHMA CHILDREN UNDER 12](#)

[Aiming for Asthma Improvement in Children](#)

[Supporting the Continuity of Asthma Care \(for patients with severe asthma during Coronavirus \(COVID-19\) pandemic](#)

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Asthma Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Asthma Australia: <https://asthma.org.au>

Australian Children's Education & Care Quality Authority. (2021). [Dealing with Medical Conditions in Children Policy Guidelines](#)

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Framework (2017). (Amended 2023).

National Asthma Council Australia. (2015). *Australian asthma handbook: Quick reference guide*.

<https://www.asthmahandbook.org.au/>

National Asthma Council Australia. (2019). *My asthma guide*. <https://www.nationalasthma.org.au/living-with-asthma/resources/patients-carers/brochures/my-asthma-guide>

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.). [Revised National Quality Standard](#). (2018).

[Western Australian Education and Care Services National Regulations](#)

REVIEW

NEXT REVIEW DATE	JUNE 2025	[REVIEWED BY]	
POLICY REVIEWED BY:	AMY AYACHE	EDUCATIONAL LEADER	JUNE 2024
VERSION NUMBER	V13.06.24		
MODIFICATIONS	<ul style="list-style-type: none"> • policy maintenance – no major changes to policy • minor formatting edits within text • hyperlinks checked and repaired as required 		
POLICY REVIEWED	JULY 2023	NEXT REVIEW DATE	JULY 2024
VERSION NUMBER	V8.7.23		
MODIFICATIONS	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • hyperlinks checked and repaired as required • minor formatting edits within text • continuous improvement/reflection section added 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE
JULY/SEP 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text- abbreviation of Family Day Care to FDC throughout policy for consistency • hyperlinks checked and repaired as required (updated in September) 		JULY 2023
JULY 2021	<ul style="list-style-type: none"> • Major changes/rearrangement of policy for consistency with related medical conditions policies (anaphylaxis, diabetes, epilepsy) • deletion of repetitive statements in all sections • new sections added- 'When a child is diagnosed with asthma is enrolled at the FDC Service' and 'Reporting procedures' • Policy review includes ACECQA policy guidelines/components (June 2021) • information regarding self-administration of asthma medication added • additional resources for FDC service added 		JULY 2022
JULY 2020	<ul style="list-style-type: none"> • minor formatting changes • Additional regulations added • Additional related policies added • Additional resources added • COVID-19 recommendations • Communication Plan information included • sources checked for currency 		JULY 2021

JULY 2019	<ul style="list-style-type: none"> • Grammar and punctuation edited. • Additional information added to points. • Sources checked for currency. • New source added to represent referenced work. • Regulation 136 added. • Moved the 'scope' to before information begins. 	JULY 2020
JULY 2018	<ul style="list-style-type: none"> • New policy draft 	JULY 2019

ANAPHYLAXIS MANAGEMENT POLICY

The *Education and Care Services National Regulations* requires approved providers to ensure services have policies and procedures in place for medical conditions including anaphylaxis.

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication. Any anaphylactic reaction always requires an emergency response.

NATIONAL QUALITY STANDARDS (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
12	Meaning of a serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy

90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
173(2)(g)	Prescribed information to be displayed- a notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the family day care service and attends the family day care residence or family day care venue
174	Time to notify certain circumstances to Regulatory Authority

RELATED POLICIES

Administration of first aid Policy	Incident, Injury, Trauma and Illness Policy
Administration of Medication Policy	Medical Conditions Policy
Enrolment Policy	Privacy and Confidentiality Policy
Family Communication Policy	Supervision Policy

PURPOSE

We aim to minimise the risk of an anaphylactic reaction occurring at our Family Day Care (FDC) Service by following the *Anaphylaxis Management Policy* and implementing risk minimisation strategies. We ensure all Family Day Care (FDC) educators, educator assistants and staff members are adequately trained to respond appropriately and competently to an anaphylactic reaction.

SCOPE

This policy applies to the approved provider, nominated supervisor, coordinator, educators, educator assistants, children, families and visitors of the Family Day Care Service.

DUTY OF CARE

Our FDC Service has a legal responsibility to take reasonable steps to provide

- e. a safe environment for children free of foreseeable harm and
- f. adequate supervision of children.

Our focus is keeping children safe and promoting the health, safety and wellbeing of children attending our FDC Services. FDC educators and staff members, including relief educators, need to be aware of children at the FDC Service who suffer from allergies that may cause an anaphylactic reaction, maintaining a healthy and safe environment. Management will ensure FDC educators and staff are aware of children's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plans, risk minimisation plan and required medication.

BACKGROUND

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening.

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g., cashews)
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

Signs of anaphylaxis (severe allergic reaction) include any 1 of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking/and or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

The key to the prevention of anaphylaxis and response to anaphylaxis within the FDC Service is awareness and knowledge of those children who have been diagnosed as at risk, awareness of allergens that could cause a severe reaction, and the implementation of prevention measures to minimise the risk of exposure to those allergens. It is important to note however, that despite implementing these measures, the possibility of exposure cannot be completely eliminated. Communication between the FDC Service and families is vital in understanding the risks and helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

IMPLEMENTATION

We will involve all FDC educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Children at risk of anaphylaxis will not be enrolled into the FDC Service until the child's personal ASCIA Action Plan is completed and signed by their medical practitioner. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

The [ASCIA Action Plans](#) meet the requirements of regulation 90 as a medical management plan. It is imperative that all FDC educators, educator assistants and volunteers follow a child's ASCIA Action Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

The FDC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written permission to display the child's ASCIA Action Plan in prominent positions within the FDC residence or approved venue. A copy of all medical management plans will be kept at the FDC Service principal office.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/COORDINATOR WILL ENSURE:

- that as part of the enrolment process, **all** parents/guardians are asked whether their child has been diagnosed as being at risk of anaphylaxis or has severe allergies and clearly document this information on the child's enrolment record
- if the answer is *yes*, the parents/guardians are required to provide an ASCIA Action Plan signed by a registered medical practitioner prior to their child's commencement at the Service
- parents/guardians of an enrolled child who is diagnosed with anaphylaxis are provided with a copy of the *Anaphylaxis Management Policy, Medical Conditions Policy and Administration of Medication Policy*
- that all FDC educators, educator assistants and coordinators hold current ACECQA approved first aid qualifications, and have undertaken current approved anaphylaxis management training and current approved emergency asthma management training
- that all FDC educators, educator assistants and coordinators, whether they have a child diagnosed at risk of anaphylaxis enrolled at their service or not, undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months, recording this in the staff records
- that all FDC educators, educator assistants and other staff, are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and location of EpiPen® / Anapen ® kit
- that a copy of this policy is provided and reviewed during each new FDC educator and educator assistant's induction process
- that updated information, resources and support for managing allergies and anaphylaxis are regularly provided to families
- anaphylaxis risk management plans are developed prior to any excursion or incursion consistent with Regulation 101

IN FAMILY DAY CARE SERVICES WHERE A CHILD DIAGNOSED AT RISK OF ANAPHYLAXIS IS ENROLLED THE NOMINATED SUPERVISOR/COORDINATOR WILL:

- meet with the parents/guardians and FDC educator and begin the communication process for managing the child's medical condition
- not permit the child to begin education and care until an ASCIA Action Plan is provided by the family and signed by a medical practitioner
- ensure the ASCIA Action Plan includes:
 - specific details of the child's diagnosed medical condition
 - supporting documentation (if required)
 - a recent photo of the child
 - triggers for the allergy/anaphylaxis (signs and symptoms)
 - first aid/emergency action that will be required
 - administration of adrenaline autoinjectors
 - contact details and signature of the registered medical practitioner
 - date the plan should be reviewed
- develop a risk minimisation plan in collaboration with parents/guardian, by assessing the potential for accidental exposure to allergens while the child at risk of anaphylaxis is in the care at the FDC residence or approved venue (particular attention should be given to mealtimes as this is a significant risk for children with food allergies)
- ensure that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the FDC Service without a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management plan)
- collaborate with parents/guardians and FDC educator to develop and implement a communication plan and encourage ongoing communication regarding the status of the child's allergies, this policy, and its implementation
- request parental permission to display an ASCIA Action Plan for each child with a diagnosed risk of anaphylaxis in key locations at the FDC residence for example, in the children's room, kitchen and / or near the medication cabinet
- display ASCIA First Aid Plan for Anaphylaxis (ORANGE) in key locations of the FDC residence
- ensure if meals are provided for children at the FDC residence, the FDC educator is trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.
- ensure that a notice is displayed prominently in the main entrance of the FDC residence or

- ensure risk assessments for excursions consider the risk of anaphylaxis
- ensure that whenever the FDC educator takes children outside the residence, a copy of the ASCIA Action Plan with the auto-injection device kit is always taken
- ensure an up-to-date copy of the medical management plan and/or ASCIA action plan is provided whenever any changes have occurred to the child's diagnosis or treatment
- provide information to the Service community about resources and support for managing allergies and anaphylaxis
- ensure anaphylaxis risk management plans are developed prior to any excursion or incursion consistent with Regulation 101

FAMILY DAY CARE EDUCATORS AND EDUCATOR ASSISTANTS WILL:

- read and comply with the *Anaphylaxis Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- ensure that a complete auto-injection device kit (which must contain a copy the child's ASCIA Action Plan signed by the child's registered medical practitioner) is provided by the parent/guardian for the child while at the FDC residence or approved venue
- ensure a copy of the child's ASCIA Action Plan is visible and known to the FDC educator assistant and coordinator, visitors, and students at the FDC residence or approved venue
- follow the child's ASCIA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis
- practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly
- ensure the child at risk of anaphylaxis only eats food that has been prepared according to the parents' or guardians' instructions
- always check a meal before it is given to a child with anaphylaxis
- ensure tables and bench tops are washed down effectively before and after eating
- ensure all children wash their hands upon arrival at the FDC residence/approved venue and before and after eating
- increase supervision of a child at risk of anaphylaxis on special occasions such as excursions, incursions, parties and family days
- ensure that the auto-injection device kit is:
 - stored in a location that is known to the FDC educator/educator assistant, relief staff, coordinator and any family members residing in the FDC residence
 - **NOT** locked in a cupboard

- easily accessible to adults but inaccessible to children
- stored in a cool dark place at room temperature
- NOT refrigerated
- contains a copy of the child's medical management plan
- ensure that the auto-injection device kit containing a copy of the ASCIA Action Plan for each child at risk of anaphylaxis is carried by the FDC educator accompanying the child when the child is removed from the FDC residence e.g., on excursions/regular outings that this child attends or during an emergency evacuation
- regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month).

SCHOOL-AGED CHILDREN WHO CARRY THEIR OWN ADRENALINE AUTOINJECTOR

In some cases, children over preschool age attending the FDC Service as part of a before/after school or vacation care program might carry their own adrenaline auto-injector. Children at risk of anaphylaxis usually only carry their own adrenaline auto-injector once they travel independently to and from school. This often coincides with high school or the latter years of primary school.

To ensure compliance with the National Quality Framework an authorisation for a child over preschool age to self-administer medication is required (Regulation 96).

- Where a child carries their own adrenaline auto-injector it is advisable that the FDC Service requests the child's parent to provide a second adrenaline auto-injector to be kept at the FDC residence/approved venue in a secure location, as it should not be relied upon that the auto-injector is always being carried on their person.
- If a child does carry an auto-injector device, its exact location should be easily identifiable by the FDC educator. Where an auto-injector device is carried on their person, a copy of the child's medical management plan must also be carried.

FAMILIES WILL:

- inform the FDC educator and coordinator at the FDC Service, either on enrolment or on diagnosis, of their child's allergies and/or risk of anaphylaxis
- provide the FDC service with their child's ASCIA Action Plan giving written consent to use the auto-injection device in line with this action plan and signed by a registered medical practitioner
- develop an anaphylaxis risk minimisation plan in collaboration with the Coordinator and FDC educator

- develop a communication plan in collaboration with the Coordinator and FDC educator
- provide the FDC educator with a complete auto-injection device kit each day their child attends the FDC residence or approved venue
- comply with the FDC Service's policy that a child who has been prescribed an adrenaline auto-injection device is not permitted to attend the Service or its programs without that device
- maintain a record of the adrenaline auto-injection device expiry date so as to ensure it is replaced prior to expiry
- assist FDC educator and other staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to FDC educators and staff, for example, any matter relating to the health of the child
- notify the FDC Service and FDC educator if their child has had a severe allergic reaction while not at the service- either at home or at another location
- read and be familiar with this policy
- bring relevant issues to the attention of the FDC educator
- notify the FDC educator of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes

If a child suffers from an anaphylactic reaction the FDC educator will:

- Follow the child's ASCIA Action Plan - administer an adrenaline injector
- Call an ambulance immediately by dialing 000
- Commence first aid measures
- Record the time of administration of adrenaline autoinjector
- If after 5 minutes there is no response, a second adrenaline autoinjector should be administered to the child if available
- Ensure the child experiencing anaphylaxis is lying down or sitting with legs out flat and is not upright
- Do not allow the child to stand or walk (even if they appear well)
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the Approved Provider/Coordinator of the FDC Service as soon as practicable
- Notify the regulatory authority within 24 hours

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

- Call an ambulance immediately by dialling 000
- Commence first aid measures
- Administer an adrenaline autoinjector
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable
- Notify the Approved Provider/Coordinator of the FDC Service as soon as practicable
- Notify the regulatory authority within 24 hours

REPORTING PROCEDURES

Any anaphylactic incident is considered a serious incident (Regulation 12).

- FDC educator/educator assistant involved in the incident will complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the person in charge of the FDC Service at the time of the incident- the Nominated Supervisor/Coordinator
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's file
- the Coordinator/Nominated Supervisor will inform the FDC Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours through the [NQA IT System](#) (as per regulations)
- the FDC educator and educator assistant will be debriefed after each anaphylaxis incident and the child's individual anaphylaxis medical management plan and risk minimisation plan, evaluated, including a discussion of the effectiveness of the procedure used
- discussions will be held about the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

EDUCATING CHILDREN

Allergy awareness is regarded as an essential part of managing allergies in early childcare services. FDC educators will:

- talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as '*this food will make _____ sick*', '*this food is not good for _____*', and '*_____ is allergic to that food*'.

- help children understand the seriousness of allergies and the importance of knowing the signs and symptoms of allergic reactions (e.g., itchy, furry, or scratchy throat, itchy or puffy skin, hot, feeling funny)
- encourage empathy, acceptance, and inclusion of the allergic child
- implement Food Allergy Smart Education Program- [My Food Allergy Friends](#)

CONTACT DETAILS FOR RESOURCES AND SUPPORT

[Allergy Aware- A hub for allergy awareness resources](#) A project developing national Best Practice Guidelines and supporting resources for the prevention and management of anaphylaxis in schools and children's education and care services (April 2022)

[Australasian Society of Clinical Immunology and Allergy](#) (ASCIA) provide information on allergies. The ASCIA Action Plans for Anaphylaxis are device-specific and must be completed by a medical practitioner.

<https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Current ASCIA Action Plans are the 2023 versions, however previous versions (2022 and 2021) are still valid for use throughout 2023. There are ~~two~~ three types of ASCIA Action Plans for Anaphylaxis and a First Aid Plan. The 2023 plans have been reformatted for the first time in 20 years.

- ASCIA Action Plan (**RED**) are for children or adults with medically confirmed allergies, who have been prescribed adrenaline autoinjectors (Plans are available for EpiPen® or Anapen®)
- ASCIA Action Plan for Drug (Medication) Allergy (DARK GREEN) for children or adults with medically confirmed drug (medication) allergies, who have NOT been prescribed adrenaline injectors.
- ASCIA Action Plan for Allergic Reactions (GREEN) is for children or adults with medically confirmed food or insect allergies who have not been prescribed adrenaline autoinjectors and
- ASCIA First Aid Plan for Anaphylaxis (**ORANGE**).

[Allergy & Anaphylaxis Australia](#) is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and other resources are available for sale from the Product Catalogue on this site.

Allergy & Anaphylaxis Australia also provides a telephone support line for information and support to help manage anaphylaxis: Telephone 1300 728 000.

[Royal Children's Hospital Anaphylaxis Advisory Support Line](#) provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: anaphylaxisadvice@rch.org.au

[NSW Department of Education](#) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

ADDITIONAL INFORMATION

VICTORIA (VIC)
Children with medical conditions attending education and care services
First aid, anaphylaxis and asthma management

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Anaphylaxis Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

SOURCE

Australian Children's Education & Care Quality Authority. (ACEQCA). (2021). [Dealing with Medical Conditions in Children Policy Guidelines](#)

ASCIA Action Plans, Treatment Plans, & Checklists for Anaphylaxis and Allergic Reactions:

<https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

Guide to the National Quality Standard. (Amended 2023).

National Allergy Strategy. (2021). [Best practice guidelines for anaphylaxis prevention and management in schools and children's education and care \(CEC\) services \(Guidelines\)](#).

National Health and Medical Research Council. (2013). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th Ed.). Australia: Commonwealth of Australia. NSW Government. (n.d.).

New South Wales Department of Education and Communities. (2014). *Anaphylaxis Guidelines for Early Childhood Education and Care Services*.

Revised National Quality Standard. (2018).

REVIEW

NEXT REVIEW DATE	JULY 2025	[REVIEWED BY]	
POLICY REVIEWED BY:	AMY AYACHE	EDUCATIONAL LEADER	JULY 2024
VERSION NUMBER	V9.07.24		
MODIFICATIONS	<ul style="list-style-type: none">• minor formatting edits within text• policy maintenance – no major changes policy• hyperlinks checked and repaired as required• not applicable interstate hyperlinks removed		
POLICY REVIEWED	JULY 2023	NEXT REVIEW DATE	JULY 2024
VERSION NUMBER	V8.7.23		

MODIFICATIONS	<ul style="list-style-type: none"> • Annual policy maintenance • Reference to medical management plan as: ASCIA Action Plans • ASCIA Action Plans information updated for 2023 versions • Links checked and repaired where required • continuous improvement/reflection section added 	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY 2022	<ul style="list-style-type: none"> • policy maintenance - no major changes to policy • minor formatting edits within text- reference to Family Day Care Service abbreviated to FDC for consistency within policy • hyperlinks checked and repaired as required • hyperlinks edited to the name of the document where possible 	JULY 2023
OCTOBER 2021	Additional information re: best practice from National Allergy Strategy- October 2021	JULY 2022
JULY 2021	<ul style="list-style-type: none"> • rearranged content within policy and deletion of repetitive statements in all sections • consistent wording to align with related Medical Conditions policies (asthma, epilepsy, diabetes) • policy review includes ACECQA policy guidelines/components (June 2021) • links added for suggested education program for children • ASCIA action plans updated for 2021 • communication plan information added • links to state/territory information checked and edited where required 	JULY 2022
JULY 2020	<ul style="list-style-type: none"> • Additions to content of policy • Additional regulations added • Additions to emergency first aid requirements • rearranged some points under Educators to Nominated Supervisor • Storage of autoinjector updated • Updated 2020 ASCIA Action Plans • All State/Territory contacts checked for currency • Additional links for some states added 	JULY 2021
JULY 2019	Section added – “School-aged children who carry their own adrenaline autoinjector” to cater for school-aged children in before/after	JULY 2020

	<p>school care & vacation care.</p> <p>Grammar and punctuation edited.</p> <p>Additional information added to points.</p> <p>Sources checked for currency.</p> <p>Contact information updated (email address)</p> <p>Regulation 136 added.</p>	
JULY 2018	New policy draft	JULY 2019