

ADMINISTRATION OF MEDICATION

Ruby & Ollie's – Out of School Hours Care

AIM:

We will administer medication only when it is absolutely necessary for the child's well-being. The service will administer medication in a safe and appropriate manner, with parent authorisation. Educators will administer medication or help the child with the medication in accordance to service procedure as outlined below.

"In the interest of children's safety and wellbeing, the centre should only administer medication if the medication is in its original container with the dispensing label attached listing the child as the prescribed person and the dosage to be given." Staying Healthy in Child Care, Fifth Edition.

METHOD:

- A parent must complete the Services medication form indicating details about the time and dosage required. The required dosage must correctly correspond with the label on the medication. The form is to then be signed and placed in the child's file and copy placed in the insulated medicine pouch with the medicine.
- Both prescribed and over the counter medications must be provided in its original container and must have a pharmaceutical label, detailing the child's name, the dosage required, and any instructions from the child's doctor. If there is no pharmaceutical label on oral medication (Except in the case of Bonjella), the medication cannot be administered.
- Homeopathic, Naturopathic or other forms of alternate remedies must be accompanied by a letter from the prescribing professional. A Medication form as outlined above must be completed and signed by the parent.
- Medication must be placed in the pouch and stored in a locked cabinet. Medication must never be left in the child's bag, this includes Ventolin, spacers, creams and gels.
- **At no time** will medication be administered to anyone other than those listed on the pharmaceutical label, this *includes siblings of the child*.
- Long term medication for conditions such as Asthma, diabetes, anaphylaxis etc. must be accompanied by a Plan of Action including a Medical Management Plan completed by the child's doctor. The Action Plan will contain a photograph of the relevant child. The coordinator will meet with the parents to develop and document an appropriate emergency minimization plan specific to that child as required.
- All staff will have access to copies of Medical Action Plans/ Management Plans for every child enrolled in the Service that is required to have a Medical Action Plan/Management Plan.
- Panadol, nurofen or over the counter cold and flu medications can be administered by staff more than once, if it is provided in the original container and must have a pharmacist label detailing child's name, dosage requirements, and frequency of dose. If the staff feel that the symptoms are not improving, or getting worse, they will discuss the situation with the Service Leader. The decision to contact parents and request that a child be taken home will be made at the Service Leader's discretion.
- Staff are not permitted to give injections, **except in the case of anaphylaxis**, and as long as staff have been trained in EpiPen use. If educators are required to administer an EpiPen, they will follow the emergency medical plan.
- In the case of a child who has diabetes, staff may be required to do a finger-prick blood sugar test. This will be outlined in the child's diabetes action plan, and educators will be trained in the use of the required equipment by the parent of that child.
- If a child requires the use of a Ventolin nebulizer, the additional staff will be called to assist staff supervision, as this process is time consuming and requires close monitoring of a child using the nebulizer.

ADMINISTRATION OF MEDICATION

Ruby & Ollie's – Out of School Hours Care

PROCEDURE:

Two educators are to administer medication to children at all times. Educators need to pay acute attention to detail when administering any form of medication including the name on the medication is the same of the children being administered, the amount documented to administer and the expiry date of the medication

BOTH staff are to check the following:

- Check the child's name, the name of the medication and prescribed dose and time as listed on the medication label and on the medication form filled in by the parent.
- Check that you have the right child who is receiving the medication
- Check the expiry date on the medication
- Check the correct dosage of medication is measured out
- Check that the child swallows the administered dose of medication
- Both staff are then required to fill in the medication log and sign to prove that they have followed the above procedure.

When parents arrive to collect their child up, they are required to sign the medication log in the room and then collect the medication from staff. Medication that is no longer needed by the child should not be left at the centre. It should be handed back to the parents for them to dispose of it.

Regular medication can be kept in the child's file in the medication folder in the locked cabinet.

Related forms: 7.4.1.2.1A - Administering Medication Record

7.4.1.2.1B – Long Term Medication Form

Sourced

<http://www.careforkids.com.au/childcarenews/2010/august/medication.html>

Staying Healthy in Childcare: Fifth Edition

Communicating Policy to Families, Children and Team Members

Information relating to the Administration of Medication Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

ADMINISTRATION OF MEDICATION

Ruby & Ollie's – Out of School Hours Care

POLICY DETAILS

Policy Reference No:	7.4.1.2.1
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	23.10.2023
Next Review Date:	23.10.2024

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

NUTRITION

Ruby & Ollie's – Out of School Hours Care

A child's diet provides a basis from which a child can develop in a healthy manner. The child's dietary preferences and needs can reflect and express the child's individuality. Consistent with this we recognise that children's needs vary with moods, growth and energy requirements.

The Service provides a healthy and nutritious afternoon tea in the after school OSHC programme, but ask that Parents / guardians ensure that their child has had breakfast prior to attending the before school session of OSHC. In the rare cases that the child was unable to have breakfast prior to attending the before school session of OSHC, the Parents can bring the food along and the Service will ensure that the child is offered the food within the session prior to commencing their school day.

On Vacation Care days the service will provide a healthy and nutritious afternoon tea, the Parents / Guardians are requested to pack a healthy lunch for the children that are attending the Service on these days.

The service encourages all types of feeding from oral intake to enteral (NG, NJ and ND, GJ Tubes, PEG) and combination feeding.

Children have access to fresh drinking water at all times, and we encourage them to bring a bottle of water each day so they have autonomy to choose when they need drinks throughout the sessions, rather than it being controlled by the educators or only given at meal times.

METHOD:

Upon enrolment the child's eating / feeding requirements will be discussed and if required a plan put in place.

Our suggested meals plans for involve the following:

- Are low in salt, sugars and saturated fat
- Include whole and fresh foods
- Provide natural fiber
- Include lean red meat, fish, poultry, eggs, legumes
- Include milk, yoghurts, cheese and/or alternatives
- Provide plenty of cereals (preferably wholegrain), vegetables and fruits
- Include Vegetarian dishes
- Provide foods that are consistent with the recommended balance of the 5 food groups
- That are sensitive to individual development and dietary needs, restrictions and preferences
- That provide the opportunity for children to meet their required intake of liquid: milk and water are served regularly throughout the day and water is available to children at all times.

Our nutrition policy and practices are reviewed regularly against industry guidelines. Families and staff are consulted about changes to the nutrition policy.

All staff that are to conduct enteral feeding will be trained in the processes required. The training will be completed on a needs basis by and external training provider.

The parent / guardian will complete the Feeding Regime Form and as Feeds / Formulas can all be different in preparation the formula preparation instructions are to be provided and kept with the Feeding Regime form.

NUTRITION

Ruby & Ollie's – Out of School Hours Care

Related Forms: 7.4.1.2.2A - Feeding Regime

This policy is to be read in conjunction with the 7.4.1.2.7 Mealtime & 7.4.1.2.8 Food Safety Policy's

Sourced

Kids Food Health By Dr Patricia McVeagh & Eve Reed
www.nutritionaustralia.org;
Healthy Children: A Guide for Child Care (2nd Edition), Coralie Mathews;
Start Them Right, Child Health Association
Caring for Children: Food, Nutrition and Fun Activities, NSW Health, 4th Edition June 2005;
Health & Safety in Children's Centres: Model Policies & Practices
2004 Australian Government guidelines Get Up & Grow:
Healthy Eating and Physical Activity for Early Childhood
Dietary Guidelines for Children and Adolescents in Australia

Linked to NQS

2.1.3

National Regulations

Education and Care Services National Regulations, **Part 4.2 Children's Health & Safety**, Division 1 Health, hygiene and safe food practices 77 & 78

Communicating Policy to Families, Children and Team Members

Information relating to the Curriculum Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.2
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Next Review Date:	23.10.2024

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

ARRIVAL & DEPARTURES

Ruby & Ollie's – Out of School Hours Care

AIM:

For the safety and security of the children, arrival and departure times are closely supervised. The purpose of this is to minimise any risk of someone other than those authorised to collect a child and to ensure the safety of the children by preventing them from entering or leaving the premises unsupervised. The centre puts processes in place to reduce the risk of anyone unauthorised entering the premises, and potentially taking a child from our care.

METHOD:

Arrival

- On arrival at the centre, it is imperative that parents/ guardians / teachers sign their child in Xplor – this can be completed via the App or Hub.
- Signing children in is a legal requirement.
- If a parent forgets to sign their child in, the service leader or staff will contact the parent by phone to verify attendance and seek permission to sign in for parent.
- Educators will acknowledge the arrival of the parents and the child and will greet the child on a one to one basis using their name, in a warm, friendly, welcoming manner.
- Sunscreen is available and all children are required to apply sunscreen before going outside.
- If the children are outside on arrival, children are required to have a hat on before going out into the playground.
- Parents should discuss with an Educator any relevant information about their child for the day or ensure this is communicated via phone / email.
- Educators will assist children and parents when separating in a supportive and caring manner whenever required.
- Parents are encouraged to call the Centre at any time during the session hours if they need to communicate information to or speak to any of the Educators.
- Upon arrival at our service, parents are urged to phone the administration number and dial through to the specific site to ensure educators are aware of your arrival (ph: (07) 2113 4478).

Departure

- Only the parents/ guardians or other persons authorized by the parents/guardians, are permitted to sign a child out of the service. A register of authorized persons is maintained in the services software Xplor / Playground.
- Photo ID will be required for any other persons collecting children. This includes family and friends not already known to the Centre.
- Parents are to ensure that any person they authorize to collect their child is aware of the need to produce ID at the Centre upon arrival.
- If a person is authorised, the child may be released.
- If person is **not authorised**,
 - Check the Childs profile in Playground to confirm the list of who is authorized to collect the child.
 - Discuss the matter quietly and calmly with the person while he / she remains calm and rational. For example – explain that you were expecting someone else to collect the child and that we had not been informed otherwise and that we cannot release any children without written authorization.
 - If practical, inform the custodial parent.
- At no time should Educators endanger themselves or other children at the centre.
- If for any reason, there is a confrontation about picking up the child and
 - an unauthorized person manages to take a child from our care,
 - the Educators are concerned for their safety or that of the child/ren's safety.

ARRIVAL & DEPARTURES

Ruby & Ollie's – Out of School Hours Care

The Educators are to call 000 immediately and provide all available information to the police.

If the person is authorised to collect:

- The parent or other authorised person collects the child and is informed about the child's day by the Educators.
- Parent or other authorised person signs the child out of the service via the Hub / App.
- The Parent or other authorised person is responsible for the child as soon as the child leaves the front door of the centre.
- No information is to be disclosed about the child or given to anyone other than parents or authorised persons that have been named on the enrolment form / Contact list in Xplor / Playground.

If the Child is deemed "Abandoned"

A child is deemed "abandoned" if no contact can be made with the Parents or authorized contacts on the Child's contacts list in Playground / Xplor for 45 minutes after either the closing time of the centre or an Emergency Incident where the child is required to be picked up from the Centre.

If after 45 minutes the staff member is still unable to reach either the parents or an emergency contact, the Director / Nominated Supervisor will.

- Call the emergency after hour's number for the Department of Human Services or Child and Family Services, they are the first contact points to report an abandoned child.
- Provide the Department with the child's parents phone numbers and those of any listed emergency contacts in order that all attempts to contact an authorized pickup may continue
- A staff member (or whenever possible, two staff members) will remain with the child at the Centre until they are collected by either parents, contacts or professionals.
- The Director / Nominated Supervisor is to complete an Incident Report Form
- Children at the Centre after hours will incur a late fee as per the fee structure.

Child Access/Custody Arrangements

It is the centre's policy that copies of any access arrangement or custody agreement are provided upon enrolment. If in the event that an intervention order is in place and access is denied to one parent, custodial parents should supply a photo of the person(s) mentioned in the orders.

All Educators are made aware of the situation and are trained to deal with the event of the non-custodial parent arriving to collect a child. If a person is authorised, the child may be released. If person is not authorised, Educator will take whatever reasonable measures they can to keep the child at the centre and notify the custodial parent of the situation. However, at no time will Educators endanger themselves or other children at the centre.

Sourced

Department of Education – www.education.gov.au

Child Care Subsidy (Eligibility of Child Care Services for Approval and Continued Approval)

Communicating Policy to Families, Children and Team Members

Information relating to the Arrival and Departure Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

ARRIVAL & DEPARTURES

Ruby & Ollie's – Out of School Hours Care

POLICY DETAILS

Policy Reference No:	7.4.1.2.3
Authorised By:	Amy Moss – General Manager
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Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

BUILDING AND EQUIPMENT SAFETY

Ruby & Ollie's – Out of School Hours Care

AIM:

- For the building and equipment to be safe and well maintained.
- To minimise the risk of accidents, injuries & exposure to hazardous substances.
- To keep the centre free of environmental hazards and prevent accident and injury to all Educators, children and any others in the centre or grounds.

FACILITIES:

Storage of dangerous substances

The centre will have adequate provision of appropriate, secure and child safe storage facilities for:

- Drugs and medicines – stored in the medicine pouch, in Child's file.
- First aid equipment - to be stored in lockable first aid box / or in a first aid bag located in a lockable storage room.
- Cleaning and other harmful chemicals are stored in a high cupboard or in a locked cupboard at all times – always ensure the child-proof locks are secure on these cupboards

Equipment and fittings

- All equipment will be checked regularly for faults and withdrawn from use if necessary as per the monthly safety checklist
- Electrical outlets will be of a suitable approved safety type and located out of children's reach and covered with protective caps when not in use
- There is an approved earth leakage switch in the centre, which is tested annually
- Furniture will be kept in good repair and be suitable for the age group using it
- Broken equipment is reported to the Service Leader immediately. Educators are to record the broken equipment on the Services depreciation register, and withdrawn from use until repaired or replaced.
- Educators will endeavor to keep the centre and grounds safe from hazards

Playground equipment

- All outdoor equipment will comply with the current Australian Standards for Playgrounds (these documents are available from Standards Australia)
- Playground equipment will not be a hazard to children because of:
 - The height from which a child can fall
 - Sharp, rusty or rough edges
 - The scale of equipment being unfit for the age of the children using it
 - Equipment being placed too close to other structures or pathways
 - The likelihood that a child can be trapped, pinched or crushed in the equipment or struck by it
- Any climbing equipment or large pieces of furniture are either securely anchored to the floor or have stable bases
- The outdoor play area is to be adequately shaded
- Soft fall areas are provided under climbing equipment and other pieces of equipment
- The sandpit will have a permanent shade cover or umbrella
- Playground equipment will be checked in accordance with the Safety Checklist for Playgrounds policy

BUILDING AND EQUIPMENT SAFETY

Ruby & Ollie's – Out of School Hours Care

Toys

- Children are only able to use toys and other equipment in appropriate areas – wheeled toys are only used in safe riding areas.

PROCEDURE:

The centre will do the following with each item:

Cleaning Products	use safer, less toxic alternatives
Dust mites	Regular dusting & Vacuuming
Fence	fence off securely & effectively all sides of outdoor play areas from roads, water hazards and drive ways. Maintain fence, have correct height, install childproof self-locking devices on gates, ensure that no equipment is stored or located against the fence to reduce the risk of climbing Check the school fences and lock the fence / gate where possible.
Garbage	ensure safe and prompt disposal. Use lidded secure bins that prevent child access & maintain in a clean & safe condition. Encourage recycling
Garden	free of debris, regularly trim branches & bushes
Heating, Cooling, Ventilation, Lighting	Comfortable , safe, maintained, guarded, filters cleaned regularly
Hygienic	regularly cleaned, maintained condition, protect against vermin, bacteria, mildew, lead & other dust allergens
Safety Glass	installed according to the Regulations & Australian Standards on all glass doors & windows accessible to children
Security	minimize un-authorized access with appropriate fencing & locks
Sheds	kept locked
Spills	clean up as they occur, using appropriate cleaning equipment and chemicals.

Related forms: 7.4.1.3.3.A - Monthly Safety Checklist

7.4.1.3.3.B - Monthly Safety Checklist (Coomera)

7.4.1.3.3.C - Monthly Safety Checklist (Mackenzie)

Sourced

A Practical Guide to Working with Children, Caron Egle, 2005

Health & Safety In children's Centres: Model Policies & Practice 2003, 2nd Edition Revised. Kid Safe Information Sheets – www.kidsafensw.org

Communicating Policy to Families, Children and Team Members

Information relating to the Building and Equipment Safety Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

BUILDING AND EQUIPMENT SAFETY

Ruby & Ollie's – Out of School Hours Care

POLICY DETAILS

Policy Reference No:	7.4.1.2.4
Authorised By:	Amy Moss – General Manager
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Next Review Date:	23.10.2024

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

CHILD ACCIDENT / INCIDENT / TRAUMA

Ruby & Ollie's – Out of School Hours Care

AIM:

To provide a safe and healthy environment to all persons.

To ensure Educators respond quickly and appropriately in an emergency situation.

The service will ensure immediate action; appropriate services and care are provided in medical, dental or an accident emergency.

To provide first aid equipment that each worker has access to and to ensure that at least one staff member on duty holds a current approved first aid qualification.

REASON:

The child's condition may need immediate medical attention and first aid will need to be administered.

PROCEDURE:

If there is an accident, illness or injury requiring first aid, the following response procedure will be implemented.

First aid kits will be easily recognized and readily available where children are present at the service and during excursions. They will be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of the service.

Management will ensure First aid, anaphylaxis management training and asthma management training is current and that all components of the first aid certificate are current.

First aid qualified educators will be present at all times on the roster and in the service. They will never exceed their qualifications and competence when administering first aid.

Initial Response

- Educator or staff member notifies the nominated supervisor and a first aid qualified educator of the incident, illness or injury
- Nominated supervisor or first aid qualified educator reviews the child's medical information on the enrolment form / Playground App or medical management plan before the first aid qualified educator attends the injured or ill child or adult.
- If the illness involves asthma or anaphylaxis, and educator with approved training will attend to the child or adult.
- Ensure other children in the vicinity of the incident are supervised

If required,

- First aid qualified educator or nominated supervisor to notify and co-ordinate the ambulance.
- First aid qualified educator or nominated supervisor to notify parent or authorized nominee that child requires medical attention from a medical practitioner
- Educator or nominated supervisor to contact parent or authorized nominee to collect from the service.

CHILD ACCIDENT / INCIDENT / TRAUMA

Ruby & Ollie's – Out of School Hours Care

1. Parents (or an emergency guardian if the parent cannot be contacted) will be contacted as soon as possible, but within 24 hours when a child has been involved in any incident, injury, trauma or illness while the child has been in the services care. The Parent / guardian will be required to acknowledge this notification on the Incident, Injury, Trauma and Illness record.
2. Every effort will be made to contact the parents concurrently while the team are seeking medical attention for the child. However, if parents and emergency contacts cannot be reached, approval has been given on the enrolment form for the Nominated Supervisor to act on medical advice at the hospital and this will be done.
3. If a child needs medical attention but not hospitalisation, an ambulance will be called to treat the child at the Centre or alternative arrangements will be made in consultation with the parents, such as the parents taking their child to the local medical practitioner.
4. As soon as possible after the incident the Educators who witnessed or found the child/children will complete an accident/incident form providing as much detail as possible and including:
 - Date
 - Time
 - Location
 - Name of child (including surname)
 - Name of Educator Reporting
 - Number of Educators present: number of children in the group at the time
 - Type of Accident- if there are no visible marks at the time of accident the details must still be recorded.
 - Nature of Injury
 - What part of the child was injured marked with an X on the diagram on the Child Accident/Incident Form.
 - How the accident happened
 - Name of witness
 - Medical treatment administered and by whom.
 - Time the parent was contacted
 - Educators name, witness' name and parent signatures
 - When an assistant completes an Accident/Incident report the Lead Educator of the room must be informed of the incident/accident and must provide their signature as a witness to the writing of the report.
 - All reports must be signed by the Service Leader as soon as possible once the report has been completed by the Educator and witness.
 - If medical treatment has been sought or recommended to be sought, the nominated supervisor or certified supervisor will submit via the ACECQA IT Portal on an NL01 form.
 - The nominated supervisor is then to record it in the accident/incident log.
5. The Nominated Supervisor will contact Management to let them know if it is a serious issue so Management can notify the insurers if there is likely to be an insurance claim

Signs of Emotional Trauma

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviours and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regressions in functioning and behaviour. If an Educator suspects a child of suffering trauma they are to discuss with the Nominated Supervisor and follow the reporting procedures.

CHILD ACCIDENT / INCIDENT / TRAUMA

Ruby & Ollie's – Out of School Hours Care

Definitions

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Injury: Any physical damage to the body caused by violence or an incident.

Medical Management Plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical conditions.

Minor Incident: An incident that results in an injury that is small and does not require medical attention.

Serious Incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises. The serious incident should be documented and notification to the Regulatory Authority within 24 hours.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

Related Forms:

7.4.1.2.5.A - (Child) Physical Injury & Accident Record
7.4.1.2.5.B - (Staff) Physical Injury & Accident Record
7.4.1.2.5.C - Behavioural Incident Record
7.4.1.2.5.D - Illness Record
7.4.1.2.5.E - Injury On Arrival Record
7.4.1.2.5.F - Incident Record Log
7.4.1.2.5.G - Abscondence Report
7.4.1.2.5.H - Report of Concern
7.4.1.2.5.I - Internal Incident Record
7.4.1.2.5.J – Ruby and Ollies Liability Waiver

ACECQA: NL01 – Notification of complaints, incidents and additional children in an emergency
SI01 – Notification of serious incident

Sourced

Family Handbook

Educators Handbook

“When Things Go Wrong: Managing Critical Incidents in Children’s Services” 2001. Author C Legg. ISBN-1-87589-053-X

Staying Healthy in Childcare – 5th Edition

Communicating Policy to Families, Children and Team Members

Information relating to the Child Accident Injury Trauma Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

CHILD ACCIDENT / INCIDENT / TRAUMA

Ruby & Ollie's – Out of School Hours Care

POLICY DETAILS

Policy Reference No:	7.4.1.2.5
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Policy Review Statement

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CHILD PROTECTION

Ruby & Ollie's – Out of School Hours Care

AIM:

- To ensure that all Educators are aware of the indicators of child abuse and neglect and what steps to follow to advocate for children's rights
- To give training and guidelines to all Educators for the appropriate procedures to follow in any situation of suspected child abuse and/or neglect
- To ensure all Educators are informed that the reporting of child abuse or neglect is mandatory, if Educators have reasonable grounds to suspect that a child is at risk of harm by family, relatives, friends, caregivers, other Educators, or other adults.
- To ensure all Educators are fully informed of their legal rights, responsibilities and procedures in relation to Mandatory Reporting of known or suspected child abuse
- To ensure Educators are aware that in the first instance it is necessary to report child abuse concerns to the Nominated Supervisor.

METHOD:

We acknowledge that:

- i. All Children have the right to personal safety, and adequate standards of care, nutrition and nurturing from adults in their lives.
- ii. All adults have responsibilities for the protection of children in our society.

It is important that children have an awareness of both their own feelings and the feelings of others. They should be encouraged to demonstrate these feelings both verbally and non-verbally in an appropriate manner eg. The use of "I" statements.

Children should be able to recognise their feelings - good or bad. It is important for children to identify situations which will make them feel either in or out of control with what is happening. By using problem solving skills children will be able to express what they would like to see happen and then follow through to make them into a reality.

Educators are to act as advocates for children's rights. As part of our induction to the service, all Educators are given a copy of the "UN convention of the Rights of the Child", and this should be the basis of our role as an educator of young children.

Child protection is everybody's business. Educators must listen to, acknowledge, verbalise, and accept children's feelings.

Educators should encourage children to talk about situations where they feel safe and don't feel safe. They should promote questioning and allow children to make decisions. Those choices should be respected and children should learn to respect the choices of others.

It is essential to recognise and value the personal space of children, Educators and families taking into consideration cultural differences. All Educators should be aware of the procedure to follow in the case of suspected abuse. Educators must maintain confidentiality and impartiality at all times. It is necessary to record and observe concerns noting physical and behavioural indicator – dates, times, actions, etc. ***Educators must ensure children are their first priority in child protection issues.***

CHILD PROTECTION

Ruby & Ollie's – Out of School Hours Care

Mandatory Report

Under the *Child Protection Act 1999*, mandatory reporters are:

- Teachers, include approve teachers under the *Education (Queensland College of Teachers) Act 2005*, employed at a school.
- Doctors and registered nurses, include those employed in both the public and private health sectors
- Child Safety employees and employees of licensed care services are mandated to report a reasonable suspicion that a child care has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse.
- Police officers with child protection responsibilities
- A person performing a child advocate function under the *Public Guardian Act 2014*
- Early childhood education and care (ECEC) professionals, including staff from family day care, kindergarten, limited-hours care, long day care and after-school hours care. Individuals who are volunteers or under 18 years of age are not mandatory reporters.

Early Childhood education and care professionals.

Reporting where there is a reasonable suspicion that the child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse, and there is not a parent willing and able to protect the child from harm.

ECEC professionals are not prescribed entities and cannot refer families to Family and Child Connect or an intensive family support service without their consent. If concerns about a family do not meet the legislative threshold for reporting to the department, ECEC professionals are encouraged to refer families to support services, with their consent.

Family and Child Connect is a community based intake and referral service. It is able to provide an additional pathway for referring concerns about children and their families. It can provide information and advice to people seeking assistance for children and families where there are concerns about their wellbeing.

In recognising the indicators of abuse or neglect, it is not necessary to prove that it has occurred or who is responsible for it. There are many indicators of abuse and neglect. Each of these signs needs to be considered in the context of a child's personal circumstances. Notification must be made on 'reasonable grounds' and should be based on facts of concern, the nature and the seriousness of the allegations, being mindful of the child's age and circumstances.

CHILD PROTECTION

Ruby & Ollie's – Out of School Hours Care

DEFINITIONS OF ABUSE:

There are different forms of child abuse:

Physical abuse:

Non accidental injury or pattern of injuries to a child caused by a parent, caregiver or any other person.

It includes injuries which are caused by excessive discipline, severe beatings or shakings, bruising, lacerations or welts, burns fractures or dislocation, attempted strangulation and female genital mutilation. Sometimes these injuries can be fatal.

Neglect:

Is the continued failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision.

This can include failing to provide adequate nutrition, clothing, medical attention, education, shelter and safe living conditions

Sexual abuse or exploitation:

Sexual abuse is sexual activity or behaviour that is imposed, or is likely to be imposed, on a child or young person by another person. Sexual activity includes the following: sexual acts; exposure to sexually explicit material; inducing or coercing the child or young person to engage in, or assist any other person to engage in, sexually explicit conduct for any reason and exposing the child or young person to circumstances where there is risk that they may be sexually abused.

Emotional/psychological abuse:

Behaviour by a parent/caregiver which can destroy the confidence of a child, resulting in significant emotional disturbance or trauma.

It can include a range of behaviours such as excessive criticism, withhold affection, exposure to domestic violence, intimidation or threatening behaviour.

RECOGNISING CHILD ABUSE AND NEGLECT:

Recognising indicators of child abuse and neglect is important and all Educators receive training and guidance in this area. Educators may have a concern for the safety, welfare or well-being of a child based on the presence of any one or more of the following circumstances:

The child or young person's basic physical or psychological needs are not being met or are at risk of not being met

The parents or other caregivers have not arranged and are unable or unwillingly to arrange for the child or young person to receive necessary medical care

The child or young person has been, or is at risk of being physically or sexually abused or ill-treated

The child or young person is living in a household where there have been incidents of domestic violence, and as a consequence, the child or young person is at risk of serious physical or psychological harm

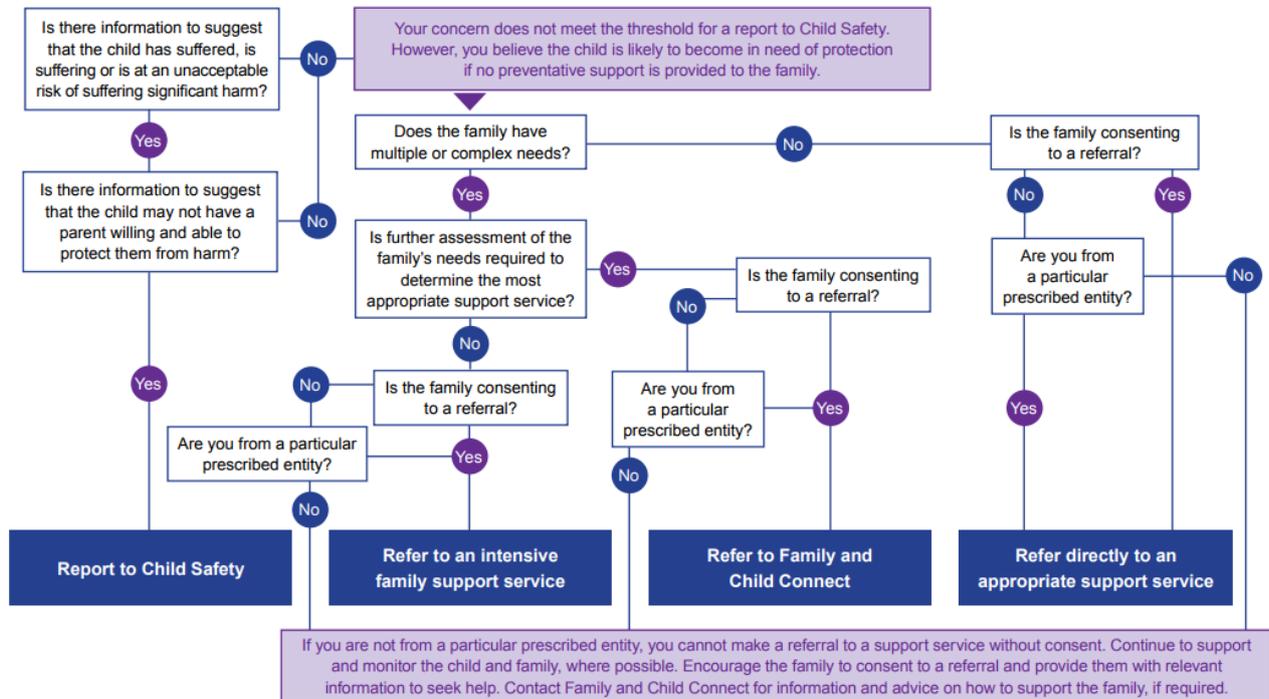
A parent or caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm

CHILD PROTECTION

Ruby & Ollie's – Out of School Hours Care

There are a number of different pathways for referring or reporting concerns, depending on the seriousness of the concerns and the complexity of the situation. The diagram below summaries the circumstances or deciding which pathway to follow.

Pathways for reporting and referring concerns



If you are not from a particular prescribed entity, you cannot make a referral to a support service without consent. Continue to support and monitor the child and family, where possible. Encourage the family to consent to a referral and provide them with relevant information to seek help. Contact Family and Child Connect for information and advice on how to support the family, if required.

The Child Protection Guide is an online tool to support you in deciding which pathway to take to refer or report your concerns about a child’s safety or wellbeing. It asks a series of ‘yes or no’ questions about your concerns and provides a recommended ‘decision point’ based on the answers. It is available at www.communities.qld.gov.au

AFTER NOTIFICATION IS MADE:

When concerns are reported, Family and Child Connect or the support service will determine how best to respond to the situation. Decisions take into account the need to ensure the safety of the child, while respecting the diversity of family values, lifestyles and culture.

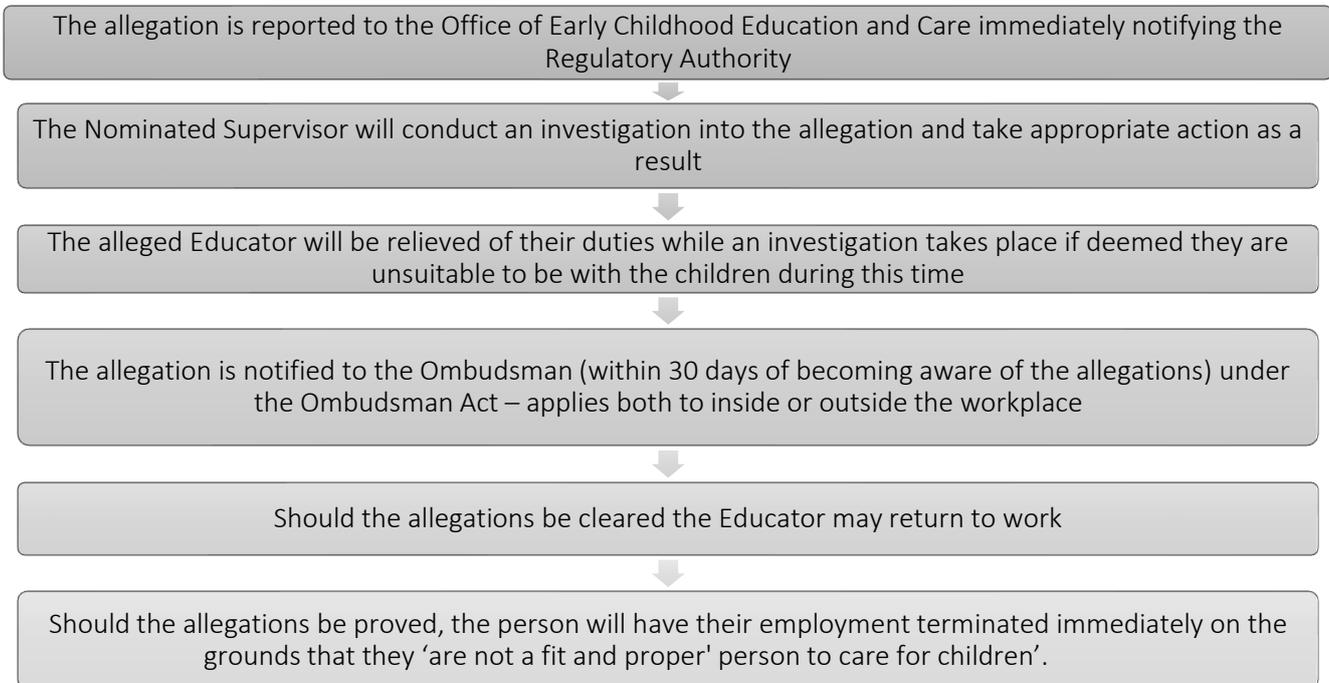
CHILD PROTECTION

Ruby & Ollie's – Out of School Hours Care

ALLEGATIONS INVOLVING EDUCATORS:

It is mandatory to report any incident which can amount to abuse or neglect involving the centre Educators in any situation, be it within the centre or outside of the centre.

When it is alleged that a child has been abused by an employee, the Nominated Supervisor is required to ensure that:



To protect children while at the service Educators will:

- Never physically punish children by hitting, shaking, smacking, biting or pinching a child. They will not use abusive, derogatory or humiliating language or inappropriately punish children by withdrawing child's food, rest time or use of toilets
- Minimise negative interactions between children and centre Educators. Any instances or concerns with this type of issue will be discussed with the Nominated Supervisor and strategies will be developed to address any issues.
- Be aware that criminal and child protection checks are carried out on all Educators at a child care centre and these will be updated on a monthly basis to ensure all educators Blue Cards are current at all times.

Educators and management review the child protection policy on a regular basis and actively searches for information and new ways to improve standards on child protection practices. Any changes to or suggestions on Child Protection practices are discussed in Educators meetings.

EDUCATORS TRAINING

Educators will be given training on Mandatory Reporting. This will be through either

- Webinars
- Workshops
- In house training using the tools on the [communities.qld.gov.au](https://www.communities.qld.gov.au) site – Understanding Mandatory Reporting.

CHILD PROTECTION

Ruby & Ollie's – Out of School Hours Care

ONGOING SAFETY

When a child or young person needs to be removed from their family, the department is committed to ensuring a focus on the child or young person's best interest is maintained. Most importantly, the child has a right to be placed in a caring environment that meets his or her needs.

- A child might be placed away from home for a short time while further assessments are undertaken, or for a long period if it is decided they cannot safely live with their family.
- A child or young person who is living away from home is said to be 'in care'. Children and young people in care are often placed with extended family or family friends, with other families (foster carers), or in group homes supervised by paid workers.
- If a child or young person is living away from their family, a child safety officer will organise a placement meeting with the carer to provide important information about the child such as their emotional and developmental needs, personal history and special requirements.

The child or young person (depending on their age) is also provided with details about his or her foster carers, family and other relevant information.

Arrangements are also made for contact with the child's parents, siblings, relatives and friends, as well as advice regarding accessing support and advocacy services. This process allows for the smoothest possible transition at a difficult time.

The centre is also open to referrals from support organisations and works with these agencies to develop appropriate programs for children with protection needs.

Ruby & Ollie's Abilities Childcare uses the *Rights of the Child (UN Convention)* to make sure that all children rights are respected.

Sourced:

Commission for Children & Young People Rights of the Child – UN Convention

<http://www.communities.qld.gov.au/>

<http://www.csyw.qld.gov.au>

Child Protection Regulation 2011 SL No. 245

Communicating Policy to Families, Children and Team Members

Information relating to the Child Protection Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

CHILD PROTECTION

Ruby & Ollie's – Out of School Hours Care

POLICY DETAILS

Policy Reference No:	7.4.1.2.6
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	23.10.2023
Next Review Date:	23.10.2024

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

MEALTIME

Ruby & Ollie's – Out of School Hours Care

AIM:

Mealtimes are an excellent opportunity to promote healthy eating habits with the children, and encourage positive, safe and social interactions and experiences. Mealtimes are also an important experience for everyone, not only for the act of consuming food and nourishing the body, but also as an opportunity for everyone of all abilities to engage in social interactions enjoyed over a meal and the emotional support and connection that comes with it.

It is also an opportunity for staff members to model good manners, and for children to practice their independence and individuality, this includes their autonomy in food choice, likes and dislikes.

NDIS PRACTICE STANDARDS HIGH INTENSITY SKILLS DESCRIPTORS

Workers may support people who need assistance to manage severe dysphagia.

This is a high intensity support activity that requires specialist skills and training by a speech pathologist.

The worker needs to know about severe dysphagia and how to implement a person's mealtime management plan.

They must be able to identify changes and difficulties in swallowing, to respond to coughing and choking, to follow referral pathways, and to apply emergency First Aid.

This activity overlaps with mealtime assistance, oral care, and enteral tube feeding and management.

Context: Providers recognize complexity in the management of individuals with severe dysphagia, obtain input from a speech pathologist and other appropriate health practitioners, and ensure support workers are prepared for and able to provide support for the person's safe and enjoyable meals.

Providers will support their workers and others involved in providing supports to:

- Identify participants who need management for severe dysphagia; refer participants with severe dysphagia for assessment by a speech pathologist and other appropriately qualified health practitioners.
- identify and act when a person's eating and drinking needs change or swallowing/mealtime difficulties are observed.
- undertake training with a speech pathologist in relation to managing severe dysphagia; read, interpret, understand and implement an individual's prescribed mealtime management plan.
- support and implement the person's recommended regular oral hygiene practices.
- prepare and provide food and fluid of the correct texture as recommended in the mealtime plan.
- communicate with the person about their mealtimes and food/fluid preferences.
- follow recommended procedures for food and fluid preparation techniques, mealtime positioning, and the use of mealtime equipment.
- support the person's independence, participation in, and enjoyment of the meal.
- monitor the person during and after eating, drinking, or having a tube feed.

MEALTIME

Ruby & Ollie's – Out of School Hours Care

	<ul style="list-style-type: none">● identify and immediately respond to risks, incidents and emergencies related to eating or drinking. <p>Providers will deploy staff who:</p> <ul style="list-style-type: none">● know about and implement policies, procedures, and action plans related to supporting a person with severe dysphagia.● recognize and respond to the signs, symptoms and risks associated with severe dysphagia.● know and avoid the hazards, risks and adverse events associated with not following the person's mealtime management plan.
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PURPOSE

Ruby and Ollie's recognizes the importance of healthy eating for the growth, development, and wellbeing of children and young people and is committed to promoting and supporting healthy food and drink choices for children in our care.

We believe in providing a positive eating environment that reflects dietary requirements, mealtime management, cultural and family values, and promotes lifelong learning for children. Having access to mealtimes that are safe and enjoyable is critical as it minimizes the risk of choking and serious health problems; and improves a person's safety and quality of life.

SCOPE

This policy applies to children, families, educators, support workers, inclusion coaches, staff, management, and visitors of Ruby and Ollie's.

BACKGROUND AND LEGISLATION

In November 2021, the NDIS implemented some changes for people with a disability who have Support Workers assisting them at mealtimes.

The NDIS Quality and Safeguards Commission introduced these changes in response to a review of causes and contributions to deaths of people with a disability in Australia.

The changes are to ensure that disability service providers and their staff are safely delivering quality mealtime supports and services to maintain the health and safety of the people they support.

There are 2 categories identified by the NDIS, being Severe Dysphagia (swallowing difficulty) and Mealtime Management

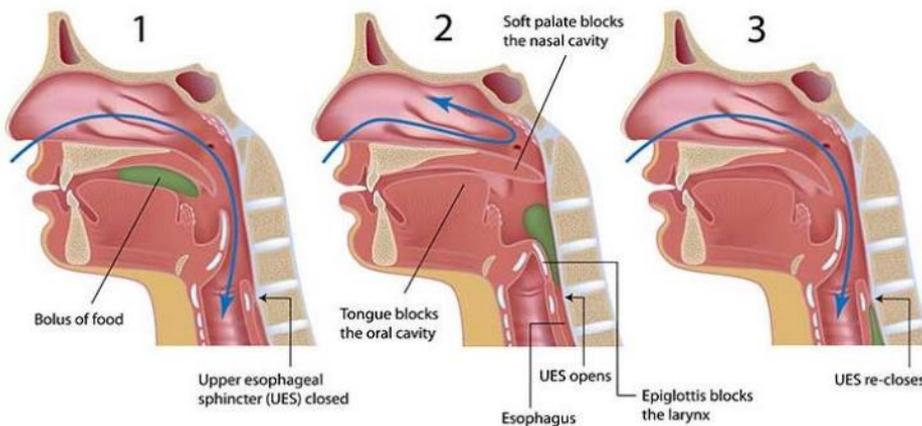
What is Dysphagia

Dysphagia is a medical term for any difficulty with swallowing. It is associated with a wide range of disabilities and health conditions. People with disabilities who have dysphagia are more likely to die from choking or respiratory illnesses or have serious health complications because of poor management of dysphagia. Dysphagia occurs when one or more of the four phases of swallowing is disrupted.

There are 4 phases of swallowing:

1. Oral Preparatory Phase – also known as the pre-oral stage, involves the cognitive response to food and fluid and the ability of the person to think about eating. This is the initial phase, which starts with the mouth closing and chewing the food.
2. Oral Transit Phase – is where the tongue works to move the food back towards the throat. Food and liquid is chewed and mixed with saliva, which is then pushed into the pharynx by the tongue.
3. Pharyngeal Phase – is where the soft palate elevates and creates pressure within, so food doesn't go back into the nose. The food or fluid reaches the pharynx and triggers the swallow reflex. This acts to protect the airway so that food or fluid passes into the oesophagus and not into the lungs.
4. Oesophageal Phase – is the final stage and involves the passage of the food and fluids down the food pipe (the oesophagus) into the stomach.

Swallow Function



If a child or young person shows any sign or symptom of swallowing difficulty, you need to support the family to consult a GP and a speech pathologist promptly, so they can assess their child's swallowing and mealtime assistance needs, as well as review their overall general health.

A child or young person may have dysphagia if they show signs and symptoms such as:

- difficult, painful chewing or swallowing
- a feeling that food or drink gets stuck in their throat or goes down the wrong way
- coughing, choking, or frequent throat clearing during or after swallowing
- having long mealtimes e.g. finishing a meal takes more than 30 minutes
- becoming short of breath when eating and drinking
- avoiding some foods because they are hard to swallow
- regurgitation of undigested food
- difficulty controlling food or liquid in their mouth
- drooling
- having a hoarse or gurgled voice
- having a dry mouth

MEALTIME

Ruby & Ollie's – Out of School Hours Care

- poor oral hygiene
- frequent heartburn
- unexpected weight loss
- frequent respiratory infections.

Medications:

Certain medicines administered to children with disability can increase the risk of choking in two ways:

- Difficulty in swallowing the consistency of medication (tablets/thin fluid)
- Causing drowsiness, making swallowing ineffective.

Risks associated with eating and swallowing:

Aspiration

Aspiration occurs when material is ingested and ends up in the lungs. This may be food particles, fluids, oropharyngeal secretions containing infectious agents or bacteria, which can cause an inflammatory condition and chest infections.

Silent aspiration

Silent aspiration is aspiration without any clinical symptoms and signs, making it difficult to identify without imaging and assessment. However, it is common, occurring in more than 50 per cent of patients who aspirate and causes significant lung damage over time.

Choking

Choking is a major cause of preventable deaths for people with disabilities. These deaths can be prevented by reducing a person's exposure to factors that may increase their risk of choking. The risk of accidental choking can be reduced by following expert advice from a speech therapist. Early identification and management of swallowing problems can minimize risks of overall health complications.

Aspiration pneumonia and pneumonitis

Dysphagia is also a risk factor for aspiration pneumonia – pneumonia caused by inhaling secretions or food that have been colonized by bacteria. Aspiration pneumonitis is caused by aspirating gastric contents. It is the most common cause of death in people with dysphagia. **This is why it is imperative that participants who have dysphagia as well as those who are enterally fed must always be fed positioned upright and not fed in moving vehicles.**

Dysphagia and Enteral Nutrition

If the participant is receiving naso-gastric, naso-duodenal or gastrostomy feeding (peg feeding), they will have an Enteral Nutrition Plan. There are two types of Enteral Nutrition Plans:

- Enteral Nutrition Plan – Plus Oral Intake (participant may also have drinks and eat some foods).
- Enteral Nutrition Plan – Nil by Mouth

Training and Monitoring of Educators, Support Workers, and Inclusion Coaches by a Health Professional

All staff will receive general training to understand:

- how to read, interpret and implement mealtime management plans
- signs and symptoms of swallowing and feeding difficulties
- risks associated with eating and swallowing
- risks associated with not following mealtime management plans
- food preparation requirements and methods for common conditions e.g. people with dysphagia
- awareness of procedures and methods for including medication in food where this is required by the plan including an understanding of crushable/non-crushable medication

MEALTIME

Ruby & Ollie's – Out of School Hours Care

- common terminology related to mealtime preparation and modified meals.
- food storage protocols in accordance with health standards
- labelling requirements so that meals for individual children can be easily identified and differentiated from meals not to be provided.

Severe Dysphagia (swallowing difficulty)

MANAGEMENT:

As each child we support is unique and requires various support and assistance during mealtimes, should a child require specific assistance, we will ask for a Mealtime Management Plan to be provided by the parent/guardian, with any accompanying medical or treating specialist/ Speech therapist documentation.

Should the Centre Manager/ Nominated Supervisor, Educators, Support Workers or Ruby and Ollies Nurse identify or observe any changes in mealtime activity, such as swallowing, modifying meals, positioning etc) we will consult with the parent/guardian immediately to complete a new mealtime management plan developed by a Speech Therapist to ensure we are all following safe, respectful and dignified mealtime experiences. We may also request consent to contact treating medical teams or Speech Therapist to ensure our educators, support workers and inclusion coaches have the necessary training and supervision needed for the individual child or young person.

Should a parent/ guardian refuse to provide additional information or partake in a respectful conversation regarding any concerns our staff have, care for the child or young person may need to cease until we have such requested information. This is to ensure the child is safe and our educators, support workers, and inclusion coaches are feeling confident and trained on any areas in which they need extra knowledge.

FAMILIES WILL:

Families need to ensure their children or young person are involved in assessment by Speech Therapist along with the development of their mealtime management plan.

Have their mealtime needs assessed by a Dietitian or Nutritionist to ensure meals meet nutritional requirements and proactively manage emerging chronic health risks related to mealtime difficulties.

Have the Mealtime Plan reviewed at least annually or as recommended by the Speech therapist, or when there are any changes noted in the participant's swallowing, eating, or drinking.

MANAGEMENT AND SITE LEADERS:

To request Mealtime plans which are developed by a Speech Therapist as well as a Dietician/Nutritionist to provide nutrition plan for children with modified diets and /or dysphagia.

Ensure that support teams will have access to the Mealtime Management Plan if they are supporting the participant with meals.

Ensure that support teams are provided with training to understand mealtime management needs and how to manage any safety incidents (e.g., coughing, choking)

Ensure that support teams are trained in how to prepare and provide safe meals.

SITE LEADERS, EDUCATORS, SUPPORT WORKERS AND INCLUSION COACHES:

MEALTIME

Ruby & Ollie's – Out of School Hours Care

This procedure specifies the requirements for educators, support workers and inclusion coaches to safely provide oral food and fluids to child and young people with severe dysphagia (difficulty swallowing), have high risk of choking and/or mealtime plan management plan in place.

Helping the child or young person with meals takes time, understanding and patience. Avoid interruptions, distractions and don't rush them.

1. Review the Mealtime Management Plan. It's important to read and understand the mealtime recommendations before assisting with meals.
2. Wash / sanitize hands and wear gloves.
3. Provide a serviette to protect the child or young person's clothing, or wipe mouths.
4. Sit opposite the child or young person.
5. Let the child or young person know that you will support them to eat their meal, if required
6. If specified in their plan, position the child or young person for eating. The plan may specify the angle of the wheelchair, for example. It's important to follow these instructions.
7. Assist with cutting food, as required. The size and texture of the food specified in the plan is important.
8. Tell the child or young person what is on the plate – eg. if eating a puree diet, as food may not be instantly recognizable.
9. Ask whether the child or young person wants any seasoning or sauces and has a preferred order in which they wish to eat the food.
10. Ask how the child or young person would like to receive the food; some may prefer a fork, others a spoon. It is important to maintain the person's autonomy during mealtimes.
10. When participants have a small appetite, suggest that they try to eat a little of each course for a balanced nutritional intake.
11. Offer sips of fluid after a few mouthfuls.
12. When the child or young person has had enough of the main course, offer dessert in the same way. Make sure the spoon is the correct size, for example, using a teaspoon for yoghurt.
13. After the meal, ensure the child or young person is clean and comfortable and has had enough to eat and drink.
14. At the end of the meal ensure the child has a drink to hand but be aware that those who need help with eating may need help with drinking too and regular fluids should be offered throughout the day hourly.
15. Remove your gloves, wash your hands
16. Document the food intake - if the child refused a meal or didn't eat much it must be documented and handed over to parent/guardian.

Mealtime Management

Mealtime management applies to participants who do not have significant changes to mealtimes but are still at some risk of choking and possible aspiration due to enteral feeding or behaviour challenges.

FAMILIES WILL:

Ensure their children or young person is involved in assessment by Speech Therapist along with the development of their mealtime management plan.

Have their child or young person's mealtime needs assessed by a Dietitian or Nutritionist to ensure meals meet nutritional requirements and proactively manage emerging chronic health risks related to mealtime difficulties.

Have the Mealtime Plan reviewed at least annually or as recommended by the Speech therapist, or when there are any changes noted in the participant's swallowing, eating, or drinking.

MEALTIME

Ruby & Ollie's – Out of School Hours Care

MANAGEMENT AND SITE LEADER WILL ENSURE THAT:

- A speech therapist reviews are up to date and completed as recommended by Speech Therapist and communicate with parents who will ensure Ruby and Ollies staff are update on any changes.
- Ruby and Ollies educators, support workers, inclusion coaches are trained by a Speech Therapist with mealtimes and staff are monitored by a health professional.

SITE LEADERS, EDUCATORS, SUPPORT WORKERS AND INCLUSION COACHES:

All Ruby and Ollies programs should seek to complement the pleasurable nature of mealtimes by involving children in the set up for mealtimes.

1. Educators, support workers, inclusion coaches discuss hygiene procedures with children before and during mealtimes.
2. Educators, support workers, inclusion coaches are encouraged to have everything ready and on hand – ensure all utensils provided are appropriate to the children's age and capability.
3. Ensure that all children are always supervised while eating and drinking.
4. Educators, support workers and inclusion coaches must prevent children from eating food or using utensils that have been dropped on the floor.
5. When eating at the tables children are encouraged to remain seated and accompanied by an adult to provide a positive role model, maintain a relaxed atmosphere, and support social interactions among children.
6. Slow eaters should be allowed to take their time and enjoy their meals.
7. Children who are fussy eaters are encouraged to eat what has been provided.
8. Mealtimes are to be relaxed and comfortable for both the children and the Educators, support workers and inclusion coaches. If children are stressed by a situation, they may refuse to eat while at Ruby and Ollies and this is detrimental to their overall health and well-being.
9. Children should be given opportunities to set the tables and clean up after themselves.
10. It is important that Educators, support workers and inclusion coaches consult with parents on any issues arising from individuals at mealtimes. This and any strategies should be communicated to the Nominated Supervisor/ Centre Manager, ensuring consistency and safety for the child.

Choking

Choking happens when a child or young person's airway gets blocked by a mass, consisting of food, mucous or an object.

Partial airway blockage: choking signs.

If a child's airway is partially blocked, they might:

- breathe noisily – for example, you might hear wheezing or a shrill, rattling sound when they breathe in
- try harder than normal to breathe.
- lose or partially lose their voice.
- gag
- grab at the throat.
- try to cough.
- seem anxious or agitated.

Complete airway blockage: choking signs.

If a child's airway is completely blocked, they might:

- try to breathe, but no air comes out of their nose and/or mouth.

MEALTIME

Ruby & Ollie's – Out of School Hours Care

- not be able to make any sounds.
- seem anxious or agitated.
- grab at their throat.
- try to cough.
- lose or change colour in their face.
- lose consciousness quickly.

Choking first aid for airway blockage: children and teenagers

For children aged over one year and teenagers:

1. Encourage the child to **lean forward and cough**. If that doesn't clear the blockage, phone **000** immediately.
2. Use the heel of your hand to give **5 firm back blows** between the shoulder blades. Look in the child's mouth between each blow to check whether the blockage has cleared.
3. If the blockage hasn't cleared, place one hand in the middle of the child's back and the other hand in the centre of their chest.
4. Using the heel of the hand on the chest, do **5 chest thrusts**. Look in the child's mouth between each thrust to check whether the blockage has cleared.
5. If the child is still choking, **alternate 5 back blows and 5 chest thrusts** until emergency help arrives.
6. If the child loses consciousness, start [CPR](#).

The child might swallow the object that they choked on and recover. If they swallow a non-food item like a button battery, take them to a hospital emergency department immediately

Reporting Procedures

Any choking episode requiring urgent medical attention or hospitalization is regarded as a serious incident. The following is required:

- Ruby and Ollies staff members involved in situation that has caused harm or raises concern for harm are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor or Ruby and Ollies Manager at the time of the incident.
- Parents / guardians or emergency contacts will be notified of the incident as soon as practicable.
- 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 or young person's file.
- Ruby and Ollies Manager will inform Regulatory Authority of the incident within 24 hours as per regulations.
- Educators, Support Workers, or Inclusion Coaches will be debriefed after each incident by Ruby and Ollie's Management and support or counselling offered.
- The child's or young person's individual mealtime management plan and risk minimization plan evaluated, including a discussion of the effectiveness of the procedure used.
- Escalate issue/concerns to Medical and Speech Therapy teams.

Include Parents and their child in all communication and updates of procedure/policy

Related Policies

7.4.1.2.25 Medical Conditions Policy

7.4.1.6.3 Enrolment Policy

7.4.1.2.13 First Aid

MEALTIME

Ruby & Ollie's – Out of School Hours Care

7.4.1.2.5 Child Accident, Incident, Injury and Trauma

7.4.1.2.10 Infectious Diseases

Related Forms

Oral Intake and Output Chart

7.4.1.2.25A Risk Minimisation and Communication Plan

7.4.1.2.2.A Feeding Regime

Communicating Policy to Families, Children and Team Members

Information relating to the Mealtime Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets in the foyer, role modelling and signs displayed around the classrooms and centre etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.7
Authorised By:	Cherie Harland – Clinical Nurse Consultant
Creation/Approval Date:	22.08.2019
Last Review Date:	29.11.2023
Next Review Date:	29.11.2024

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

Sourced

52 Steps To Quality Care By Jennifer Clarke And Maryanne Gray

Kids Food Health By Dr Patricia McVeagh & Eve Reed

Healthy Children: A Guide for Child Care (2nd Edition), Coralie Mathews;

Start Them Right, Child Health Association

IDDSI Framework to accompany Mealtime Management Plans <https://iddsi.org/framework/>

MEALTIME

Ruby & Ollie's – Out of School Hours Care

Australian Children's Education & Care Quality Authority. <https://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-2-childrens-health-and-safety>

[High Intensity Support Skills Descriptors - December 2022](https://www.ndiscommission.gov.au/sites/default/files/2022-12/High%20Intensity%20Support%20Skills%20Descriptors%20-%20December%202022.pdf) [https://www.ndiscommission.gov.au/sites/default/files/2022-12](https://www.ndiscommission.gov.au/sites/default/files/2022-12/High%20Intensity%20Support%20Skills%20Descriptors%20-%20December%202022.pdf)

Practice Alert: Dysphagia, safe swallowing, and mealtime management: <https://www.ndiscommission.gov.au/document/2411>

The Speech Pathology Association of Australia. 2012. [Dysphagia Clinical Guideline](#).

Royal College of Speech & Language Therapists. (2019). [Dysphagia Guidance](#)

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FOOD SAFETY

Ruby & Ollie's – Out of School Hours Care

AIM:

To encourage children's food to be nutritional which is prepared, kept and served hygienically. Healthy nutrition is essential to children's growth and development, as it gives children energy and assists in muscle development which is integral to their play and learning.

Children are especially susceptible to food-borne illnesses and as their immune systems are still developing. We aim to limit the amount of food-borne illness through safe food handling and storing procedures.

The Education and Care National Regulations 2011 requires a Service Leader, and or the Approved provider, to ensure that all children who are educated in this service, have access to fresh drinking water and nutritious food, which is specific to individual children's needs and dietary requirements. Ruby & Ollie's is guided by recommendations from "staying healthy in childcare", Nutrition Australia and Food standards Australia and New Zealand, when considering our menu options for children and our safe food handling guidelines.

REASON:

Food is a good place for bacteria to grow. Germs that do not grow in food can still be passed from one person to another in food, or from utensils, or surfaces on which food is prepared. Bacteria, such as those causing food poisoning, can cause gastroenteritis which can easily be spread through incorrect food handling procedures.

Educators will ensure that they follow good food handling and storage procedures at all times, and will be trained on healthy and safe food handling and preparation on a yearly basis. The Service Leader is responsible for executing the program and training all other educators on their responsibilities.

The service has a designated area for food preparation and storage, in the kitchen, which is safe and hygienic. These facilities include an oven with stove top burners, sink, a refrigerator (with a freezer), and suitable waste disposal and a hot water supply.

Educators Exclusion from Duties:

Any Educators involved in food handling who have boils or other pustular infections of the skin on the arms or face or is suspected of having any gastrointestinal infection must be excluded from food handling duties when sick or when they have cuts, wounds or skin lesions on hands which cannot be adequately covered. If an Educator has a gastroenteritis bug, they must not prepare food for 48 hours.

METHOD:

- Educators must wash hands before and after preparing or handling food, and gloves must be worn at all time when preparing food if you have an open wound on your hands or wrists.
- Educators should be excluded from food handling when ill.
- Change gloves when you change your work activity and periodically to reduce the build-up of perspiration and bacteria.
- Change gloves if you touch your face or hair or if coughing or sneezing is deflected by your hand.
- Wash hands thoroughly before and after wearing or changing gloves.
- Do not wear gloves where their use could be a safety hazard e.g. Near hot equipment
- Educators will not refreeze thawed food
- Fruits and vegetables are to be washed thoroughly even if the skin is to be removed.

FOOD SAFETY

Ruby & Ollie's – Out of School Hours Care

- All perishable foods should be stored in sealed containers in the refrigerator and kept below 5°C. Food should be cooked thoroughly.
- If possible, eat cooked foods immediately. Avoid keeping foods hot for long periods of time. Cooked foods prepared in advance are to be kept hot at 75°C or over, or kept cold at 5°C or below.
- Heat food once only and dispose of it after use.
- Cold foods to be served hot should be at 60°C within one hour of removing from fridge. Hot food to be served or stored cold must be at 50°C within 4 hours of completely cooking.
- Avoid contact between raw and cooked foods. They should be stored apart and utensils should be washed between use on raw and then ready to eat food.
- Wash hands repeatedly.
- All Kitchen surfaces, dishes, cups and utensils are to be clean and hygienic at all times.
- To protect food from insects, rodents and other animals, store foods in tightly sealed container. All foods should be kept covered until served.
- Any child food allergies or cultural restrictions should be recorded on the child's enrolment form and discussed with the Nominated Supervisor prior to the child starting. All food for these children should be stored in a separate section of the fridge and clearly labelled.
- We are a **nut free zone** and parents are asked not to send any food with nuts or traces of nut products.
- We will advertise this to parents through signage and the parent handbook.

SERVING FOOD:

- Table wiped with warm soapy water before each meal is served.
- Children wash their hands before eating.
- Children are to use tongs and serving spoons.
- Food will always be served on a plate
- Children should not share food, plates, cups or utensils.
- Throw all leftovers in the bin, and dispose of any food which has been contaminated.

Storage of Foods

- Any food in Children's lunchboxes. Lunchboxes will be checked at the beginning of the day for any food that is required to be refrigerated. This will then be placed in the fridge until such time as the child is sitting down to eat. All other food will remain in lunchboxes until required. Lunchboxes will be kept in the kitchen in a cool place until required.
- Frozen foods and fresh foods are immediately stored in freezer or refrigerator, ensuring that the older stock is moved to the top of the freezer and the newer stock put further in. Meats are either frozen, or if to be used within one (1) day are stored on the bottom shelf of the refrigerator. All cooked meals which are stored in the freezer are to be appropriately labelled with the name of the food and the date it was prepared/frozen. Other food is stored appropriately in closed containers on shelves in cupboards. If not used within a week, jars, cans, etc are used accordingly to date labels (stock rotation). Foods are stored to prevent contamination.
- Temperature monitoring - Temperature readings are to be recorded for refrigerators and freezers in the Service. A freezer needs to be kept below -18 degrees Celsius. A refrigerator needs to be kept below 5 degrees Celsius. If the thermometer readings are outside of these temperatures, the service will seek assistance from a qualified repairer to ensure the temperatures are maintained at the correct level.

Hygiene Procedures

- All food handlers will wash their hands before, during and after preparation.
- Before commencing food preparation, all bench surfaces are to be cleaned with **sanitiser and paper towel**.
- Dirty utensils and dishes are washed up in hot, soapy water and rinsed in hot water, or washed in the dishwasher.

FOOD SAFETY

Ruby & Ollie's – Out of School Hours Care

- Dishes etc are stored on racks to air dry and then put away, or are steam dried in the dishwasher.
- Children must wash and dry their hands using soap before each eating and cooking experience. Children use individual bowls/plates for each serve of food. They use tongs or appropriate serving utensils to serve themselves.
- All allergies or reactions to food are known, and a photograph of the child, with notes on reactions is clearly displayed on the kitchen wall, so that all Educators are aware if there is a special diet or need.
- Daily, monthly and weekly cleaning charts are to be marked off when completed.
- Educators responsible for handling food will be trained in appropriate food handling practices at least once a year.

Sourced

Lady Gowrie – Food Handling Courses, Food Safety QLD www.safefood.net.au;

Staying Healthy in Child Care 5th Edition

Food Handling Course "I'm Alert"

NCAC fact sheet "Food Safety"

Health & Safety In children's Centres: Model Policies & Practices 2003, 2nd Edition Revised.

Nutrition Australia, Queensland Division

Communicating Policy to Families, Children and Team Members

Information relating to the Food Safety Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.8
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	30.09.2024
Next Review Date:	30.09.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

DENTAL ACCIDENTS

Ruby & Ollie's – Out of School Hours Care

AIM:

To facilitate the prevention and management of dental trauma in children.

METHOD:

Training for Educators in dental first aid is part of the first aid training course.

FIRST AID FOR A KNOCKED OUT OR CHIPPED TOOTH IN A CHILD

If a child has a dental injury where the tooth is chipped or the whole tooth is knocked out the service will:

Baby Teeth (Deciduous)

- Manage as an emergency, inform the parents/guardians and complete and accident/incident form.
- Do not reinsert the tooth back into the socket (deciduous teeth are not usually placed back).
- Gently rinse the tooth or tooth fragments in clean milk or water to remove blood and place in a clean container or wrap in cling wrap to give to the parent or dentist.
- Seek dental advice as soon as possible and ensure you or the parent takes the tooth/tooth fragments to the dentist with the child.

Adult/Older Child

- Manage as an emergency, inform the parents/guardians and complete and accident/incident form.
- Gently rinse the tooth or tooth fragments in clean milk or water to remove excess dirt and blood.
- Handle the tooth by its crown, not its roots and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take if replaced by the dentist.
- In an adult or older child who can be relied on not to swallow their tooth, it is preferable to replace the tooth back into the socket. (Be certain that the tooth is placed into the socket the correct way around, in its original position, using the other teeth next to it as a guide).
- Hold the tooth in place by gently biting on a handkerchief or gauze pad.
- If unable to reinsert the tooth, get the casualty to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline or clean water. Place a firm pad of gauze over the socket and have the casualty bite gently on the gauze.
- Seek dental advice as soon as possible and ensure you or the parent takes the child to the dentist the tooth/tooth fragments within 30 minutes, as the root endothelial layer begins to deteriorate after 30 minutes.
- If the tooth has been in contact with dirt or soil, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor.

The licensee or the Nominated supervisor will notify the Educational Leader / General Manager who will fill out a *notice of serious accident at a children's service* if a dental accident happens.

NQAITS: SI01 (To be sent the ACECQA within 24hours of incident)

Sourced: Staying Healthy In Child Care Fourth Edition December 2006; Health and Safety in Children's Services, Revised 2nd Edition November 2003

Related Forms: 7.4.1.2.5.A - (Child) Physical Injury & Accident Record
7.4.1.2.5.B - (Staff) Physical Injury & Accident Record
7.4.1.2.5.F - Incident Record Log

DENTAL ACCIDENTS

Ruby & Ollie's – Out of School Hours Care

Communicating Policy to Families, Children and Team Members

Information relating to the Dental Accidents Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.9
Authorised By:	Amy Moss – General Manager
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Next Review Date:	30.09.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

INFECTIOUS DISEASES

Ruby & Ollie's – Out of School Hours Care

AIM:

To minimize the spread of potentially infectious diseases by educating Educators and reporting of any infectious disease outbreaks to children within the Service.

This policy applies to educators, educator assistants, regular visitors, other staff members, students, parents and volunteers.

PROCEDURES:

To minimize the spread of infectious disease between children, educators will

- Exclude child / children from care and notify the local Public Health Unit and provide details of any known or suspected child with any of the following vaccine preventable diseases:
 - Diphtheria
 - Poliomyelitis
 - German Measles
 - Tetanus
 - Mumps
 - Whooping Cough
- Exclude a child with any of the following symptoms which might indicate they have a potentially serious illness:
 - Vomiting
 - Rash, especially if purplish or hemorrhaging spots (possibly meningococcal) or blistering (possibly staphylococcal)
 - Severe headache
 - Stiffness to the neck
 - Severe pain anywhere (including toothache)
 - Swelling of the lips, mouth, tongue, throat, neck or airways
 - Asthma, wheezing, or difficulty breathing
- Exclude a child or staff member with any of the following symptoms which might indicate they have an infectious illness;
 - Diarrhea
 - Generalized rash
 - Enlarged or tender lymph glands
 - Severe cough with fever
 - Head lice, nits, scabies, ringworm, impetigo, or mouth ulcers not yet treated
 - Mouth ulcers due to herpes simplex virus or coxsackie virus
 - Infection or yellow or green discharge of the eyes or ears
 - Excessive yellow or green discharge of the nose
 - If any other infectious disease is suspected
- Exclude children, staff, volunteers or visitors who have infectious diseases other than listed above in accordance with the NHMRC Recommended Minimum periods of exclusion
 - Ensure all staff and persons working at the centre conform to all infectious disease policies
 - Isolate the child from other children into the withdrawal room at the service. Make sure the child is comfortable, and is supervised by a staff member
 - Contact the child's parents / guardian or , if they are unavailable, the contact person for emergencies as listed on the enrolment form. Inform the parents or contact person of the child's condition, or suspected condition and ask that the child be picked up as soon as possible.
 - Ensure all bedding, towels, clothing etc, which has been used by the child is disinfected – these articles should be washed separately and, if possible, aired in the sun to dry

INFECTIOUS DISEASES

Ruby & Ollie's – Out of School Hours Care

- Ensure all contact toys are separated and disinfected
- Ensure all eating utensils are separated and sterilized
- Information will be available in relevant community languages when required

All exclusion periods run in line with the most recent "Time Out" poster created by Queensland Health. The exclusion policies outlined on this poster run in line with the contagious conditions as per the Public Health Regulation 2018.

Notification

- Inform all families of the presence of and infectious disease in the centre as soon as practicable
- Complete the Infectious Disease Outbreak Notification Form.
- Ensure the Notification Sign is updated and placed on the noticeboard / door of the centre.

The service will ensure confidentiality of any personal or health related information obtained by service staff in relation to any child / children, children's parents and families.

COVID19

The Organisation is committed to ensuring the health and safety of all those in the workplace. To this end, this policy sets out steps that the Organisation is taking in order to tackle a coronavirus outbreak, alongside expectations that are placed upon you. For the safety of yourself and others in the workplace, this policy must be followed at all times.

Infectious Control Measures

We strongly encourage you to follow guidelines from the World Health Organisation on infection control, both whilst at work and in your daily life. These include:

- Frequently cleaning your hands by using alcohol-based hand sanitiser or soap and water
- When coughing and sneezing, covering your mouth and nose with flexed elbow or tissue, throwing this tissue away immediately and washing your hands, and
- Avoiding close contact with anyone who has fever and cough

If you contract the virus.

If you begin to display symptoms of the virus, you must follow Government guidance to find out what to do next. You must notify your manager at the earliest opportunity. In order to protect your fellow colleagues and individuals within the service, you are required to remain absent from the workplace should you show symptoms. You are required to have no symptoms prior to returning to the workplace.

Continuation of business activities

i) Attendance at work

It is our expectation that you attend work as normal during this time, unless:

- you are on a period of authorised leave (personal, annual or long service)
- you are not attending work under our specific instruction, or
- there is a safety reason why you cannot be at work that has been discussed and agreed with your manager.

INFECTIOUS DISEASES

Ruby & Ollie's – Out of School Hours Care

ii) Harassment/bullying

We operate a zero tolerance policy to all forms of harassment and bullying in the workplace. We will not tolerate any unacceptable behaviour to colleagues, suppliers, members of the public etc. Any complaints of this nature will be investigated in line with our usual policy and may result in disciplinary action, up to and including dismissal.

Department of education requirements

As outlined by the department of education, COVID19 remains a condition that requires a person to be excluded from a service. COVID19 is a highly infectious disease, and as such the service must follow their infectious disease policy as per the national quality framework. The service is required to take reasonable steps to prevent the spread of an infectious disease and to notify parents and guardians of an occurrence within the centre. Further, National Regulation 173(2)(g) requires the visible display at the service of a notice of an occurrence of an infectious disease.

Related Forms

7.4.1.2.10.A - Infectious Disease Outbreak Notification Form

7.4.1.2.10.B - Infectious Disease Outbreak Notification

7.4.1.2.10.C – Suspected Infectious Disease Outbreak Notification Form

Sourced

Staying Healthy Preventing Infectious Diseases in Early Childhood Education Services 5th Edition

Time Out Poster – QLD Health

Communicating Policy to Families, Children and Team Members

Information relating to the Infectious Diseases Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.10
Authorised By:	Amy Moss – General Manager
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Last Review Date:	1.10.2024
Next Review Date:	1.10.2025

INFECTIOUS DISEASES

Ruby & Ollie's – Out of School Hours Care

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

EMERGENCY

Ruby & Ollie's – Out of School Hours Care

AIM:

To provide instructions for how Educators should deal with a number of emergency situations.

Method:

Power Cuts

- In the event of a power failure at the service, the Nominated Supervisor / Team leader (on the floor during the session) should immediately try to determine if the failure is based at the service or whether it covers a larger area.
- The children are to be kept inside if the power failure is due to fallen power lines near the service. The Nominated Supervisor / Team leader (on the floor during the session) will then contact the local electricity and explain that they are a child care service, and request that they respond immediately. Children should be comforted and reassured by Educators. If the problem is located within the service, the Nominated Supervisor / Team leader (on the floor during the session) is to call an electrician and arrange to have the problem rectified.
- The Nominated Supervisor, or Nominated Supervisor's representative will locate a phone which does not require electricity battery and plug it into the outlet.
- Alternately, the nominated supervisor will use the Service's emergency mobile phone.

Water Cuts

- In the event of water cuts, the Nominated Supervisor / Team leader (on the floor during the session) should contact the local water board office to find out how long the service will be without water.
- If the water cuts are going to occur for an extended period, the Nominated Supervisor / Team leader (on the floor during the session) can arrange for the water board to connect a water tanker to the service. The Educators can assist by storing as much water as possible in buckets etc. prior to the water cuts, if the service is notified in advance of impending water cuts.

Storms and Natural Disasters

- For storms and other natural disasters, bring children indoors immediately. Check the roll books and sign-in sheets to ensure all children are inside. Turn off all electricity. Stay calm and comfort any children who may be distressed. Keep the children away from windows and doors, and ensure these are closed.
- In the event of a prolonged period indoors, the children's parents are to be notified by Educators in a calm manner.

Inappropriate or Unauthorised Pickup

In the case of a non-custodial parent, relative or stranger seeking to remove a child from the service, Educators should:

- Remain calm and check with the Nominated Supervisor / Team leader (on the floor during the session) to see who is nominated to collect the child.
- The NS / TL will check the child's file and records to verify who is authorised to collect.
- Discuss the matter quietly and calmly with the person while he/she remains calm and rational, for example – explain that you were expecting someone else to collect the child and that we had not been informed otherwise. We cannot release any children without written authorisation.
- If practical, inform the custodial parent of the situation
- The police (if applicable) should be contacted and given all available information.

EMERGENCY

Ruby & Ollie's – Out of School Hours Care

In the case of someone entering the child care service while suffering from the effects of drugs or alcohol, Educators should

- Remain calm
- Attempt to keep the children physically removed from the inebriated person
- Contact the police as quickly as possible to request the removal of the person in question
- If the inebriated person is seeking to collect a child from the service, do what is sensible and practical (and will not cause risk to any Educators or children) to deter them from taking the child. However, it may not be possible to prevent them from taking the child.

In the case of a person acting in a violent or aggressive manner while in the service, Educators should:

- Remain calm, avoid further contact with the person if possible
- Ensure the children are removed from contact with the aggressor if possible
- Contact the police as quickly as possible to request the removal of the aggressor
- In every instance, Educators should attempt to ensure the safety of child care service Educators, children, and other parents or personnel within the service.

Absconding Child

In the case of a child absconding

- Follow the absconding policy
- Refer to Emergencies risk assessment

SOURCES AND FURTHER READING

Emergency Preparedness. *Guide on Emergency and Disaster Control*. :
General Health and Safety. *Work Health and Safety Regulation, 2011*
Risk Management, The 5 step process Workplace Health and Safety Act 2011.

Communicating Policy to Families, Children and Team Members

Information relating to the Emergency Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.11
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
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Next Review Date:	1.10.2025

EMERGENCY

Ruby & Ollie's – Out of School Hours Care

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care (Mackenzie)

AIM:

It is our aim to ensure a healthy and safe environment for children, families, staff and visitors accessing the Service. We do this by:

- Ensuring Educators are sufficiently practiced to provide an appropriate emergency response to any perceived or actual threat to the Service/children.
- Educators are to ensure that all emergency exits are kept clear and unlocked to enable a quick departure.
- Emergency evacuation drills are carried out every 3 months as per the Regulations. This drill/rehearsal will occur on different days of the week so that all Educators and children are familiar with the procedures.
- The drill /rehearsals will vary each time to ensure comprehensive practice in a range of emergencies. i.e. Emergency evacuation and Lock Down procedures.
- Copies of the drills and risk assessments will be kept online & in a locked file on the premises at all times.
- This policy/procedure is clearly displayed near the entrance of the service.
- A copy of the Emergency Evacuation Floor Plan is clearly displayed near the entrance of each room in the service.
- Emergency telephone numbers will be clearly displayed within the Service.
- The Emergency Roll is maintained in Xplor / Playground and will be used to determine who is in the Service in the case of emergencies.
- The Service will ensure at least two Educators are on the premises whenever children are in the Service, and during operating hours.
- Given the nature of the service we provide, caring for young people aged 6-18 and with varying developmental ages, our staff are trained and aware of the comprehension, safety and behavioural challenges which could present themselves in such emergency situations. We maintain ratio's of no less than 1:3 at all times, and no more than 21 students in care at any one time. Should a young person require higher support, such as 1:2 or 1:1, this will be adhered to, to ensure a safe transition to the Assembly point or lockdown area at any time.

The types of emergencies that may warrant an evacuation include

- fire,
- explosion,
- incidents with hazardous chemicals,
- bomb threats,
- armed confrontations and
- natural disasters.

Educators will be guided through this policy/procedure as part of the Induction process and are also part of the policy review process on (at least) a yearly basis. Throughout their employment, Educators are responsible for ensuring that at all times they:

1. Know the location of the fire extinguishers and fire blanket in the service
2. Know where the fire extinguishers are, their type and operating instructions within the service
3. Are aware of Evacuation procedures and their role and responsibilities during any drills.
4. Ensure exits are **always** free of obstacles.
5. Participate in regular evacuation drills and contribute to their documentation and evaluation where necessary.

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care (Mackenzie)

MACKENZIE SPECIAL SCHOOL -

All gates are locked and require either a swipe card or key to unlock during the normal running of the school / OSHC. In the event of power outages the security and fire systems all run on back up power that is monitored centrally to ensure continuous power supply.

In an emergency, any school key will open the lock on the gate to gain exit.

If / when the main fire evacuation button is engaged **ALL** gates are disengaged to allow timely evacuations.

OSHC will have a minimum of 4 sets of keys / swipe cards onsite at all times. Every educator will have a pool gate key on their lanyard at least. This will be reviewed and more purchased if the risk assessment determines this to be required.

Assembly area: School Oval at MacKenzie Special School , or the nearest Carpark if access to the Oval is unavailable.

In case of an Emergency Evacuation these Procedures should be followed:

1. If the alarm is sounded and the service is unsure whether it is a false alarm, the Lead Educator is to immediately phone the All 4 Kids OSHC located within the state school grounds to clarify and then implement the evacuation plan if it is not an accident. The correct number will be stored on the work phone, and printed and located within the OSHC room for easy access.
2. **In the case of an emergency, the person identifying the emergency** is to sound the alarm immediately.
 - a. In the case of a bomb threat (for example), it may be more appropriate to use discretion and liaise with the Nominated Supervisor/Director/Person in day to day charge to discuss best approach.
3. **The Nominated Supervisor or in his/her absence the Person in day to day charge** is to notify the appropriate emergency service on 000 and give service details.
 - a. Name of service:
 - b. Address of service:
 - c. Nearest landmark:
 - d. Phone number or mobile:
4. The Nominated Supervisor (or directed person) will collect the Service Emergency Evacuation Kit, including first aid kit, emergency medications, Visitor Log.
5. The emergency evacuation route from both rooms within the service ensure that the exit route is via the ramp to ensure the safety of children with mobility difficulties.
6. Educators are to collect their Emergency evacuation kit and calmly evacuate the children to the Assembly Area, which is the School Oval at MacKenzie Special School. ensuring they count all children before leaving the service and gathering any emergency medication that may be required for the children (eg Epipen, asthma medication etc). Children should again be counted once they arrive at the Assembly Area.
7. Our ratio's of Educator to Child remain high (no less than 1:3) and should a young person require 1:2 or 1:1 support, this will always be adhered to, to ensure a safe transition to the designated assembly point.
8. Should the needs of a child change during their time with us in care, we will adapt and review the emergency management plan. This may include when they fatigue and require the use of a wheelchair for transitions, or if they are managing increased seizure activity and require 1:1 Educator support. Management plans will be considered daily and staff communicated with by the Nominated Supervisor/ Person In Charge.
9. The Nominated Supervisor and/or Educators will form a human chain to prevent the children from moving outside of the Assembly Area.
10. All adults must help assist in guiding the children outside to the assembly area.
11. The nominated supervisor / person in day-to-day charge will complete a final check of the service ensuring that no adults or children remain behind.
12. An auditory and visual check of those present will be done to ensure that all students, Educators and visitors are accounted for.

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care (Mackenzie)

13. The Nominated Supervisor / person in day-to-day charge will continue to liaise with the appropriate emergency service. He/she will continue to assess the safety in the nominated Assembly Area in conjunction with Emergency Services (where appropriate). For example, during a natural disaster, you may be advised to move to a different site.
14. Educators will continue to check the rolls and continually monitor the children – ensuring their comfort and safety at all times.
15. Educators should ensure that they also provide support to each other (and any other adults/visitors) and monitor each other for signs of panic, shock or discomfort. Where appropriate, the Nominated Supervisor should be advised of any identified issues.
16. The Nominated Supervisor / person in day-to-day charge should then assess if it is safe for the students to remain in the assembly area or to arrange for them to move to a safer location.
17. The Nominated Supervisor / person in day-to-day charge should also contact families / emergency contacts - to either reassure families or provide guidance regarding where the children will be.
18. The Nominated Supervisor / person in day-to-day charge should also consider allowing the Educators to contact their families to advise of the current circumstances and provide reassurances.
19. The Nominated Supervisor / person in day-to-day charge will ensure Educators provide the appropriate level of support and documentation for Emergency Services where required. For example, in the case of a bomb threat, additional statements and/or documentation may be required from the Educator/s involved. Support will be provided to any team member who is required to participate in these processes, including debriefing.

At no time should anyone's life be put at risk to prevent the destruction of property.

Educators and children will not return to the building until the all clear is given by the Nominated Supervisor-in conjunction with Emergency Services, where appropriate.

In the event that the building is unsafe families will be asked to collect their children. Where families cannot be contacted, the "Abandoned Children" section of the Arrivals & Departures Policy will be followed.

In the case of a false alarm

The Lead educator is to phone Protective Services (3224 6666) to inform them of the incident.

Emergency services are automatically contacted in the event of an alarm.

Service Emergency Evacuation Kit to include:

- Service Mobile phone.
- First Aid provisions.
- Family Emergency Contact Details (online).
- Baby wipes.
- Nappies in a range of sizes.
- A copy of this Emergency & Evacuation Policy.
- A copy of the site Emergency Evacuation Floor Plan map.
- Medication Bag.

ROLES:

Management will:

- Develop and review written evacuation procedures (this document) and ensure it is displayed at the Service.

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care (Mackenzie)

- Develop and review the Emergency Evacuation Floor plan and ensure they are prominently displayed at the exits of the service
- Provide instruction to all Educators on evacuation procedures
- Provide necessary induction, training and instruction to Educators in the location and correct use of fire extinguishers, blankets, etc
- Arrange annual checks of fire safety equipment, signage and access to fire exits
- Arrange and participate in regular evacuation drills
- Document all Evacuation Drills on the corresponding forms

Educators will:

- Be aware of, and follow evacuation procedures
- Participate in training and instruction in relation to evacuation and related training such as fire safety training
- Maintain the Service Emergency Evacuation Kit and ensure all Educators are aware of its location in the room,
- Be familiar with the location and proper use of fire extinguishers and blankets
- Carry out an inspection of the service each session to ensure the following:
 - All exit doors are unlocked and accessible
 - All corridors and doors leading to exits are clear
 - There are no items hanging from sprinkler heads or fire alarm devices
 - Fire alarm devices, extinguishers and sprinkler heads are not obstructed
 - All evacuation maps are in place and current

Families / Visitors will:

- Families will ensure they sign children in and out daily
- Ensure they follow instruction and direction in the event that an evacuation occurs while on the premises
- Parents will not be allowed to remove a child from the custody of the service during the evacuation. Once all children are accounted for at the Assembly area, parents may be allowed to sign out their child/ren.
- Visitors must sign in the visitor's book or via the Butler Diary on arrival at the service

Potential reactions from those in an Emergency situation

When presented with a crisis our mind and bodies respond quickly. This is reflected in a change in our mental state; how we think and how we act. This reaction may be varied in different people, and until experienced, is often an unknown reaction. For this reason it is important that policies and procedures are in place and are well practiced by educators and children. Signs of panic that may be exhibited:

- Shallow breathing: your breath becomes shallow and the person can feel like there is not enough air to fill their lungs;
- Increased heart rate: person may feel their heart beating faster than normal, may report pounding heartbeat or palpitations;
- Sweating: hot or cold sweats are common;
- Discomfort in the chest area: including chest pain or tight feeling in the chest;
- Nausea: a bloated feeling or abdominal discomfort;
- Behavioural changes;
- Confusion or speech difficulties;
- Trembling muscles or uncontrollable shaking: both visible or just a feeling of shaking all over;
- An urgent need to go to the toilet; and/or
- Children may become clingy or withdrawn.

Having a clear plan for the management of emergency situations assists educators to handle these calmly and effectively, reducing the risk of further harm or damage. Educators need to be aware that when confronted with a crisis, children will be less capable of concentrating. They may be anxious and more attuned to nonverbal cues such as tone of voice, body posture

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care (Mackenzie)

and facial expressions. Educators need to monitor children closely. If adults are unable to remain calm, they should be removed from the direct care of children.

Follow Up

The Nominated Supervisor/Management may consider involving appropriate external parties in a debriefing process after the emergency has occurred or providing staff with the opportunity to safely and openly discuss the issues and challenges associated with the emergency procedure. This is with a focus on providing emotional support to the Educators and ensuring the Policy and Procedure is sufficiently robust to give support and guidance should a similar situation recur.

Sources:

Education and Care Services National Regulations

Safe Work Australia

(http://www.safeworkaustralia.gov.au/sites/swa/about/publications/Documents/657/Emergency_plans_fact_sheet.pdf) – accessed February 2016 for updates

Guide to the National Quality Standards

Managing Emergency Situations in Education and Care Services-PSC Alliance

Communicating Policy to Families, Children and Team Members

Information relating to the Emergency & Fire Evacuation Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.12
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2020
Last Review Date:	23.10.2024
Next Review Date:	23.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care

AIM:

It is our aim to ensure a healthy and safe environment for children, families, staff and visitors accessing the Service. We do this by:

- Ensuring Educators are sufficiently practiced to provide an appropriate emergency response to any perceived or actual threat to the Service/children.
- Educators are to ensure that all emergency exits are kept clear and unlocked to enable a quick departure.
- Emergency evacuation drills are carried out every 3 months as per the Regulations. This drill/rehearsal will occur on different days of the week so that all Educators and children are familiar with the procedures.
- The lock down AND evacuation drill /rehearsals must be carried out at least EVERY THREE (3) MONTHS and will vary each time to ensure comprehensive practice in a range of emergencies. i.e. Emergency evacuation and Lock Down procedures.
- Copies of the drills and risk assessments will be kept in a locked file on the premises at all times.
- This policy/procedure is clearly displayed near the entrance of the service.
- A copy of the Emergency Evacuation Floor Plan is clearly displayed near the entrance of the service.
- Emergency telephone numbers will be clearly displayed within the Service and with each telephone.
- The Emergency Roll is maintained in Xplor / Playground and will be used to determine who is in the Service in the case of emergencies.
- The Service will ensure at least two Educators are on the premises whenever children are in the Service, and during operating hours.
- Given the nature of the service we provide, caring for young people aged 6-18 and with varying developmental ages, our staff are trained and aware of the comprehension, safety and behavioural challenges which could present themselves in such emergency situations. We maintain ratio's of no less than 1:3 at all times, and no more than 21 students in care at any one time. Should a young person require higher support, such as 1:2 or 1:1, this will be adhered to, to ensure a safe transition to the Assembly point or lockdown area at any time.

The types of emergencies that may warrant an evacuation include

- fire,
- explosion,
- incidents with hazardous chemicals,
- bomb threats,
- armed confrontations and
- natural disasters.

Educators will be guided through this policy/procedure as part of the Induction process and are also part of the policy review process on (at least) a yearly basis. Throughout their employment, Educators are responsible for ensuring that at all times they:

1. Know the location of the fire extinguishers and fire blanket in the service
2. Know where the fire extinguishers are, their type and operating instructions within the service
3. Are aware of Evacuation procedures and their role and responsibilities during any drills.
4. Ensure exits are **always** free of obstacles.
5. Participate in regular evacuation drills and contribute to their documentation and evaluation where necessary.

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care

In case of an Emergency Evacuation these Procedures should be followed:

1. **The person identifying the emergency** is to sound the alarm immediately.
 - a. In the case of a bomb threat (for example), it may be more appropriate to use discretion and liaise with the Nominated Supervisor/Director/Person in day to day charge to discuss best approach.
2. **The Nominated Supervisor or in his/her absence the Person in day to day charge** is to notify the appropriate emergency service on 000 and give service details. These are displayed next to all telephones.
 - a. Name of service:
 - b. Address of service:
 - c. Nearest landmark:
 - d. Phone number or mobile:
3. The Nominated Supervisor (or directed person) will collect the Service Emergency Evacuation Kit, including first aid kit, emergency medications, Visitor Log.
4. Educators are to collect their Emergency evacuation kit and calmly evacuate the children to the Assembly Area, ensuring they count all children before leaving the service and gathering any emergency medication that may be required for the children (eg Epipen, asthma medication etc). Children should again be counted once they arrive at the Assembly Area.
5. Our ratio's of Educator to Child remain high (no less than 1:3) and should a young person require 1:2 or 1:1 support, this will always be adhered to, to ensure a safe transition to the designated assembly point.
6. Should the needs of a child change during their time with us in care, we will adapt and review the emergency management plan. This may include when they fatigue and require the use of a wheelchair for transitions, or if they are managing increased seizure activity and require 1:1 Educator support. Management plans will be considered daily and staff communicated with by the Nominated Supervisor/ Person In Charge.
7. The Nominated Supervisor and/or Educators will form a human chain to prevent the children from moving outside of the Assembly Area.
8. All adults must help assist in guiding the children outside to the assembly area.
9. The nominated supervisor will complete a final check of the service ensuring that no adults or children remain behind.
10. An auditory and visual check of those present will be done to ensure that all students, Educators and visitors are accounted for.
11. The Nominated Supervisor will continue to liaise with the appropriate emergency service. He/she will continue to assess the safety in the nominated Assembly Area in conjunction with Emergency Services (where appropriate). For example, during a natural disaster, you may be advised to move to a different site.
12. Educators will continue to check the rolls and continually monitor the children – ensuring their comfort and safety at all times.
13. Educators should ensure that they also provide support to each other (and any other adults/visitors) and monitor each other for signs of panic, shock or discomfort. Where appropriate, the Nominated Supervisor should be advised of any identified issues.
14. The Nominated Supervisor should then assess if it is safe for the students to remain in the assembly area or to arrange for them to move to a safer location.
15. The Nominated Supervisor should also contact families / emergency contacts - to either reassure families or provide guidance regarding where the children will be.
16. The Nominated Supervisor should also consider allowing the Educators to contact their families to advise of the current circumstances and provide reassurances.
17. The Nominated Supervisor will ensure Educators provide the appropriate level of support and documentation for Emergency Services where required. For example, in the case of a bomb threat, additional statements and/or documentation may be required from the Educator/s involved. Support will be provided to any team member who is required to participate in these processes, including debriefing.

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care

At no time should anyone's life be put at risk to prevent the destruction of property.

Educators and children will not return to the building until the all clear is given by the Nominated Supervisor-in conjunction with Emergency Services, where appropriate.

In the event that the building is unsafe families will be asked to collect their children. Where families cannot be contacted, the "Abandoned Children" section of the Arrivals & Departures Policy will be followed.

Service Emergency Evacuation Kit to include:

- Service Mobile phone.
- First Aid provisions.
- Family Emergency Contact Details.
- Baby wipes.
- Nappies in a range of sizes.
- A copy of this Emergency & Evacuation Policy.
- A copy of the site Emergency Evacuation Floor Plan map.
- Emergency Medications

ROLES:

Management will:

- Develop and review written evacuation procedures (this document) and ensure it is displayed at the Service.
- Develop and review the Emergency Evacuation Floor plan and ensure they are prominently displayed at the exits of the service
- Provide instruction to all Educators on evacuation procedures
- Provide necessary induction, training and instruction to Educators in the location and correct use of fire extinguishers, blankets, etc
- Arrange annual checks of fire safety equipment, signage and access to fire exits
- Arrange and participate in regular evacuation drills
- Document all Evacuation Drills on the corresponding forms

Educators will:

- Be aware of, and follow evacuation procedures
- Participate in training and instruction in relation to evacuation and related training such as fire safety training
- Maintain the Service Emergency Evacuation Kit and ensure all Educators are aware of its location in the studio,
- Be familiar with location and proper use of fire extinguishers and blankets
- Carry out an inspection of the service each session to ensure the following:
 - All exit doors are unlocked and accessible
 - All corridors and doors leading to exits are clear
 - There are no items hanging from sprinkler heads or fire alarm devices
 - Fire alarm devices, extinguishers and sprinkler heads are not obstructed
 - All evacuation maps are in place and current

Families / Visitors will:

- Families will ensure they sign children in and out daily
- Ensure they follow instruction and direction in the event that an evacuation occurs while on the premises
- Parents will not be allowed to remove a child from the custody of the service during the evacuation. Once all children are accounted for at the Assembly area, parents may be allowed to sign out their child/ren.

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care

- Visitors must sign in the visitor's book or via the Hub / Xplor on arrival at the service

Potential reactions from those in an Emergency situation

When presented with a crisis our mind and bodies respond quickly. This is reflected in a change in our mental state; how we think and how we act. This reaction may be varied in different people, and until experienced, is often an unknown reaction. For this reason it is important that policies and procedures are in place and are well practiced by educators and children. Signs of panic that may be exhibited:

- Shallow breathing: your breath becomes shallow and the person can feel like there is not enough air to fill their lungs;
- Increased heart rate: person may feel their heart beating faster than normal, may report pounding heartbeat or palpitations;
- Sweating: hot or cold sweats are common;
- Discomfort in the chest area: including chest pain or tight feeling in the chest;
- Nausea: a bloated feeling or abdominal discomfort;
- Behavioural changes;
- Confusion or speech difficulties;
- Trembling muscles or uncontrollable shaking: both visible or just a feeling of shaking all over;
- An urgent need to go to the toilet; and/or
- Children may become clingy or withdrawn.

Having a clear plan for the management of emergency situations assists educators to handle these calmly and effectively, reducing the risk of further harm or damage. Educators need to be aware that when confronted with a crisis, children will be less capable of concentrating. They may be anxious and more attuned to nonverbal cues such as tone of voice, body posture and facial expressions. Educators need to monitor children closely. If adults are unable to remain calm, they should be removed from the direct care of children.

Follow Up

The Nominated Supervisor/Management may consider involving appropriate external parties in a debriefing process after the emergency has occurred or providing staff with the opportunity to safely and openly discuss the issues and challenges associated with the emergency procedure. This is with a focus on providing emotional support to the Educators and ensuring the Policy and Procedure is sufficiently robust to give support and guidance should a similar situation recur.

Related forms:	7.4.1.2.12.A – Emergency Risk Assessment
	7.4.1.2.12.B – Emergency Evacuation Observer Checklist
	7.4.1.2.12.C – Fire Drill and Evacuation Assessment Form
	7.4.1.7.19.A - Visitor Register – OSHC

Sources:

Education and Care Services National Regulations

Safe Work Australia

http://www.safeworkaustralia.gov.au/sites/swa/about/publications/Documents/657/Emergency_plans_fact_sheet.pdf – accessed February 2016 for updates

Guide to the National Quality Standards

Managing Emergency Situations in Education and Care Services-PSC Alliance

EMERGENCY & FIRE EVACUATION

Ruby & Ollie's – Out of School Hours Care

Communicating Policy to Families, Children and Team Members

Information relating to the Emergency & Fire Evacuation Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.12
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	23.10.2023
Next Review Date:	23.10.2024

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

FIRST AID

Ruby & Ollie's – Out of School Hours Care

AIM:

- For the centre to have a clear and appropriate response plan for accidents or medical emergencies.
- To ensure that Educators are able to respond quickly and effectively to a situation requiring first aid.
- To work to prevent or reduce the occurrence of accident or medical emergencies.

First aid is defined as 'the initial care of the ill or injured...where someone has had an accident or is suffering from a sudden illness and needs help until a qualified health care professional, such as a doctor, registered nurse or ambulance officer arrives'.

Risk Assessment

Ruby & Ollie's carries out regular risk assessments to review the internal and external environment. The aim is to reduce the possible risk of an accident to both children and adults. Any identified problem areas are recorded on a Risk Assessment Form and/or the Maintenance Register.

Prevention

The following table lists some common injuries that children experience whilst in a Children's Services environment and their prevention:

Falls	
Change tables and beds	Always keep a firm hand on children
Stairs and steps	Supervise near steps
Tables & chairs	Supervise
Climbing frames	Supervise
Storage Units	Supervise and put heavier objects on lower shelves
Burns and Scalds	
Hot food and liquids	Keep out of the reach of children and test their food and drinks before serving. Hot drinks are never consumed in studios or playgrounds, where children are located.
Hot water	Temperature reduced to 50 degrees
Electrical outlets	Cover sockets and remove potential objects
Ingestion, inhalation and suffocation	
Hot foods and liquids	Test food and drinks before serving
Small objects, drawing pins	Keep out of reach
Toxic plants	Remove from environment
Hard food (nuts, carrots, popcorn)	Avoid hard foods Always sit with and observe children eating Ensure that children sit to eat food Service is "nut free"
Plastic bags	Keep out of reach of children at all times
Toxic substances	Ensure chemical and medications are securely out of the reach of children and stored in locked or high cupboards
Water	Ensure water containers and wading pools are left empty; always supervise children near water

FIRST AID

Ruby & Ollie's – Out of School Hours Care

Cuts, abrasions, bruises and pinches	
Sharp corners on furniture	Pad furniture or choose blunt varieties removing protruding objects if possible
Sharp objects	Remove if hazardous
Doors	Have slow closing doors or stoppers
Furniture, shelving	Secure furniture and place heavy items on lower shelves
Heavy objects	Place heavy objects on lower shelves

METHOD:

This policy has been developed in order to meet the requirements of the Workplace Health and Safety Act 2011 and to provide emergency treatment and life support to children, employees and visitors who suffer an injury whilst at the service, or whilst involved in related excursions.

The First Aid Policy, procedures and practices are designed to support Educators to:

- Protect yourself and the person with the injury
- Preserve life
- Ensure that ill or injured persons are stabilised and comforted until medical help/ambulance intervenes
- Monitor ill or injured persons in the recovery stage
- Apply further first aid strategies if the condition does not improve
- Ensure that the environment is safe and that other persons are not in danger of becoming ill or injured
- Conduct regular auditing of first aid kits
- Ensure policy and procedures meet current legislative requirements
- The following incidents are examples of when first aid is required:
 - Life threatening injury or illness
 - Sudden Infant Death Syndrome (SIDS)
 - Chocking and/or blocked airway
 - Allergic reaction – such as anaphylaxis
 - Injury to the head, back or eye
 - Bleeding or bone fracture
 - High temperatures and febrile convulsions
 - Asthma attack
 - Burns
 - Excessive vomiting leading to dehydration
 - Poisoning from hazardous substances, plants or snake or spider bites

We recognise that first aid responses to people suffering from an emotional or psychological condition are also important. The conditions can include:

- Severe stress resulting from a workplace or personal situation
- Anxiety attack
- Emotional breakdown and loss of reasoning

It is understood that there is a shared legal responsibility and accountability between, and a commitment by, all persons to implement the *First Aid Policy*, procedures and practices. We comply with best practice recommendations from recognised authorities and WH&S Act and Regulations; SIDS, KidSafe, Poisons Information Centre, National Quality Standards, Education and Care National Regulations

FIRST AID

Ruby & Ollie's – Out of School Hours Care

The procedures relating to the *First Aid Policy* are available in the service for all stakeholders to read.

Legal obligations and limitations include:

- Provide a level of care consistent with your knowledge and experience
- Do not undertake advice or procedures outside of your level of training

Responsibilities of stakeholders:

At induction, Educators will be advised of their first aid responsibilities

STRATEGIES AND PRACTICES:

First aid qualifications:

- All Educators hold a current First Aid Certificate (which includes Asthma and Anaphylaxis training) and a current CPR certificate
- Copies of first aid qualification are stored in the staff qualifications folder and also scanned to Dropbox

First aid action response:

- Educators must be trained and be aware of first aid practices
- Danger (Stop, think, act)
- Response (Verbal and Physical)
- Send for help (call 000)
- Airways (open)
- Breathing (check for)
- Circulation (start CPR)

Calling an ambulance:

- When an emergency (a sudden unforeseen crisis usually involving danger) that requires immediate action arises, call an ambulance
- Educators are to be assured when they take on the responsibility of attending to an emergency that professional assistance is approaching

Procedure for the service during an emergency:

- We will advise families as soon as possible of the incident involving their child or family member
- The Educators may accompany a child in the ambulance to follow instruction given by the paramedics and to comfort the child until a parent/guardian or representatives of the family arrive.
- The Educator who travels to the hospital with the child will stay with the child until the parent or emergency contact arrives to take over.
- Staff ratios are to be maintained as close as possible, if an Educator has to leave to travel in an ambulance. This may include combining groups or utilising ancillary Educators
- Other Educators will keep the rest of the children at the service calm and reduce the amount of trauma they face by distracting them and keeping them away from the person with the injury
- In accordance with our enrolment form, ambulance and medical costs are to be met by the family. A staff member will stay with the child until a parent arrives.

Follow up actions:

- Nominated Supervisor is to advise the Department of Education and Early Childhood Development of the incident through the online portal NQA IT System.

FIRST AID

Ruby & Ollie's – Out of School Hours Care

- Insurance provider (Family Daycare Australia) are to be advised as soon as possible of the incident
- At no stage should Educators make public comment or any statement regarding the incident – maintain confidentiality at all times
- The licensee or another person appointed by the licensee shall be the only person to make comment

Personal protection:

Educators must protect themselves when administering first aid – this will include wearing the protective mask when administering CPR, wearing of gloves and to be aware of the risks of contact with body fluids.

Poisons Information Centre:

The Poisons Information Centre telephone number **13 11 26** is displayed:

- Next to every telephone
- Where dangerous products are stored

First Aid Kits:

- First aid kits will be maintained to required stock levels and be easily accessible
- Educators will be advised of the location of first aid kits at induction
- Educators will take a portable first aid kit on excursions
- First aid facilities must be checked during regular inspections of the workplace to ensure that contents are in date, in good condition and stocked as per contents list
- Out of date products must be disposed of.
- Children's individual medication is stored in a padded, insulated first aid carrier and stored out of reach of children on a high shelf and in accordance with medication storage instructions where indicated
- At induction, Educators including relief Educators are advised where information is available on additional needs and allergies of all children. Lists are also provided to all rooms and readily available to all Educators
- In situations that require the use of needles or other sharp instruments, a sharps disposable container will be provided

Documenting OHS procedures and practices:

All Educators and visitors must adhere to the *OH&S Policy* which refers the following specific indicators:

- First aid plans for hazardous chemicals and substances attached to Material Safety Data Sheets (MSDS)
- Incident reports detailing first aid practices
- Register of first aid safety checks
- Certified copies of Educators/carers first aid qualifications(in filing cabinet)

Protective behaviors and practices:

- Children learn through example and Educators will model safe behaviors and practices
- All Educators, students and volunteers must comply with the *First Aid Policy*

Professional development opportunities:

- Management will source first aid courses to assist in maintaining first aid currency
- Cardio pulmonary resuscitation (CPR) qualifications will be updated annually
- Educators will be encouraged at Educators meetings and networking opportunities to discuss and role play responses to emergency situations

FIRST AID

Ruby & Ollie's – Out of School Hours Care

COMMUNICATION WITH DIFFERENT STAKEHOLDERS:

Children:

- The physical and emotional wellbeing of children must be protected at all times
- Educators will explain to children at their appropriate level of understanding and with consideration for the trauma that children witnessing the incident may experience, what has occurred during an emergency situation; and
- Support workers may be called to counsel the children in cases of trauma

Families:

- The Licensee, Manager or Nominated Supervisor will provide relevant information on an emergency to families
- Educators will be counselled and supported as to how to discuss the emergency situation with families if necessary
- During any discussions with families, privacy and confidentiality guidelines must be respected at all times

Educators:

- Educators will be supported after any emergency situation
- Debriefing and counselling will be offered to Educators after their involvement in an emergency incident
- Educators will be encouraged to debrief to whom they feel most comfortable with: a colleague, a professional, a minister of religion or any other person of their choice
- Legal opinion will be sought immediately after an incident through contact with our Insurance provider and their lawyers. Management and Educators will liaise with these professionals to assist Educators manage their responses

Management:

- During and after an emergency, management will liaise with all relevant stakeholders

Community

- Management will provide First Aid and safety information to families and other community representatives involved in the service

Excursions:

- Management and Educators will ensure that children/Educators and volunteers on excursions are informed of this policy and take all precautions to ensure the safety of all involved
- All excursions will have a risk assessment carried out prior to the excursions to ensure that first aid facilities are available

SOURCES AND FURTHER READING

Poisons Information Centre Listing. (nd).:

<http://www.childrens.health.qld.gov.au/chq/our-services/queensland-poison-information-centre/>

Tansey, S. (2006). Quality Improvement and Accreditation System Factsheet #2: Safety in children's services. NSW: National Childcare Accreditation Council Inc.

St John Ambulance Australia. *Australian First Aid Manual 4th Edition*.. St John Ambulance – www.stjohn.org.au

Workplace Health and Safety Act 2011

Workplace Health and Safety Regulation 2011

Communicating Policy to Families, Children and Team Members

Information relating to the First Aid Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

FIRST AID

Ruby & Ollie's – Out of School Hours Care

Policy Details

Policy Reference No:	7.4.1.2.13
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	23.10.2023
Next Review Date:	23.10.2024

Policy Review Statement

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FOOD HANDLING

Ruby & Ollie's – Out of School Hours Care

AIM

We aim to ensure that food is prepared, kept and served hygienically. Bacteria, such as those causing food poisoning, grow well in food. Certain infectious diseases such as gastroenteritis can be spread through food. Germs can be spread from the food preparer or from utensils or the surfaces on which food is prepared.

Food provided at Ruby and Ollie's – OSHC are healthy and nutritious.

Drinking water is provided by the Service and is available to children at all times. All children will bring a water bottle each day so they get used to being aware of their own belongings. Educators will ensure that they follow good food handling and storage procedures at all times.

The Service has a designated area for food preparation and storage, in the kitchen, which is safe and hygienic. These facilities include a microwave oven, sink, refrigerator/ freezer, and suitable waste disposal and a hot water supply

REASON:

Food is a good place for bacteria to grow. Germs that do not grow in food can still be passed from one person to another in food or from utensils or surfaces on which food is prepared.

Childcare Services need to comply with the Food Safety Standards. (FSANZ) when providing meals.

METHOD:

- Educators must wash hands before and after preparing or handling food.
- Educators should be excluded from food handling when ill.
- Gloves must be worn at all time when preparing food if you have an open wound on your hands or wrists
- Change gloves when you change your work activity and periodically to reduce the buildup of perspiration and bacteria.
- Change gloves if you touch your face or hair or if coughing or sneezing is deflected by your hand.
- Wash hands thoroughly before and after wearing or changing gloves.
- Do not wear gloves where their use could be a safety hazard e.g. Near hot equipment
- Educators will not refreeze thawed food
- Fruits and vegetables are to be washed thoroughly even if the skin is to be removed.
- Food is checked using a thermometer on arrival and when heated.
- All perishable foods should be stored in sealed containers in the refrigerator and kept below 5°C. Food should be cooked thoroughly.
- Frozen meat, fish, poultry must be thoroughly thawed before cooking. Use microwave or fridge for thawing, not bench or sink.
- Use different chopping boards for raw or cooked or ready to eat food
- All parts of cooked food must reach a temperature of 75°C during the cooking process. Cooked poultry which appears raw near bone should be returned to the oven.
- If possible eat cooked foods immediately. Avoid keeping foods hot for long periods of time. Cooked foods prepared in advance are to be kept hot at 75°C or over, or kept cold at 5°C or below.
- Heat food once only and dispose of it after use.
- Cold foods to be served hot should be at 60°C within one hour of removing from fridge. Hot food to be served or stored cold must be at 50°C within 4 hours of completely cooking.
- Avoid contact between raw and cooked foods. They should be stored apart and utensils should be washed between use on raw and then ready to eat food.

FOOD HANDLING

Ruby & Ollie's – Out of School Hours Care

- Ensure Kitchen surfaces, dishes, cups and utensils are kept clean. Protect food from insects, rodents and other animals. Store foods in tightly sealed container. All foods should be kept covered until served.
- Any child food allergies or cultural restrictions should be recorded on the child's enrolment form and discussed with the Nominated Supervisor prior to the child starting.
- Children's health, allergy, and/or food intolerance issues will be recorded in the child's profile.
- We are a **nut free zone** and parents are asked not to send any food with nuts or traces of nut products.
- We advertise this to parents through signage and the parent handbook.

SERVING FOOD:

- Table wiped with disinfectant before meal is served.
- All Children must wash their hands before eating.
- Serve food using tongs and serving spoons, or have gloves on.
- Children should not share food, plates, cups or utensils.
- Throw our leftovers in kitchen/ kitchenette bin only – not in the playroom or nappy changing room bins.

Storage of Foods

- Frozen foods and fresh foods are immediately stored in freezer or refrigerator, ensuring that the older stock is moved to the top of the freezer and the newer stock put further in. Meats are either frozen, or if to be used within one (1) day are stored on the bottom shelf of the refrigerator. All cooked meals which are stored in the freezer are to be appropriately labelled with the name of the food and the date it was prepared/frozen. Other food is stored appropriately in closed containers on shelves in cupboards. If not used within a week, jars, cans, etc are used accordingly to date labels (stock rotation). Foods are stored to prevent contamination.
- Temperature monitoring
 - Temperature readings are to be recorded daily for the freezer and refrigerator. The freezer needs to be kept below -18 degrees Celsius. The refrigerator needs to be kept below 5 degrees Celsius.
- Raw meat and vegetables are kept away from cooked foods, separate utensils and chopping boards are to be used to prevent cross contamination. Hot food is served above 60 degrees Celsius. Germs are killed at high temperatures.
- Cold foods are kept below 5 degrees Celsius; fridge temperatures will slow germ growth. All benches are to be cleaned prior to use. Disposable gloves are to be worn when preparing ALL meals and food. Ensure thorough hand washing takes place, Educators are to have a sound knowledge of the '2 hour / 4 hour rule':
- If potentially hazardous food is out of temperature control for less than 2 hours refrigerate or use immediately, between 2 and 4 hours use immediately or more than 4 hours throw it out.

Hygiene Procedures

- All food handlers wash hands before, during and after preparation.
- All Educators are to have their hair tied back.
- Before commencing food preparation, all bench surfaces are to be cleaned with **sanitiser and paper towel**.
- Dirty utensils and dishes are washed up in water and rinsed in water that is above 80 degrees C. (Boiling water or a dishwasher is to be used) or sprayed with sanitizer.
- Dishes etc. are stored on racks to air dry and then put away.
- Kitchen sink is cleaned at the end of the wash-up period. Cupboard doors are wiped at this time. Floor is swept and disinfectant-washed daily. Fridge door handle and other handles are wiped with sanitiser and paper towel daily. Refrigerator interior and exterior is cleaned weekly.
- Children must wash and dry their hands using soap before each eating and cooking experience. Children use individual bowls/plates for each serve of food. They use tongs or appropriate serving utensils to serve themselves.
- At no time is food touched by fingers as it is being served/offered.
- All allergies or reactions to food are known, and a photograph of the child, with notes on reactions is clearly displayed on the kitchen wall, so that all Educators are aware if there is a special diet or need.
- Educators responsible for handling food will be trained in appropriate food handling practices.

FOOD HANDLING

Ruby & Ollie's – Out of School Hours Care

Sourced

Lady Gowrie – Food Handling Courses, Food Safety QLD www.safefood.net.au;
Staying Healthy in Child Care 5th Edition,
QLD Food Authority
Food Handling Course “I’m Alert” Moreton Bay Regional Council
NCAC fact sheet “Food Safety”
Health & Safety In children’s Services: Model Policies & Practices 2003, 2nd Edition Revised.
Nutrition Australia, Queensland Division

Communicating Policy to Families, Children and Team Members

Information relating to the Food Handling Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.14
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	10.10.2024
Next Review Date:	10.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

HANDLING & STORING CHEMICALS

Ruby & Ollie's – Out of School Hours Care

AIM:

To ensure that all Educators and children are protected from risks from any chemical products used in the service. To ensure all chemicals used and stored in the service are managed safely.

EXPLANATION:

Chemical products which are routinely used can be potentially dangerous, particularly when stored in bulk. Household bleach can be fatal if swallowed, and can cause burns to skin and serious damage to eyes.

Dishwasher detergent is extremely hazardous if swallowed. Solvent cleaners and some pesticides are highly toxic. Solvent cleaners are dangerous if inhaled.

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

By understanding the risks associated with the chemicals, you can reduce the potential of injury or illness to workers and children.

METHOD:

The service will make available adequate information about any substance used in a place of work, to ensure that the substance will be safe and without risks to health when used properly.

We choose the least hazardous product that can do the job and choose multi-use products to cut down on the number of different chemicals we need to use and store.

Educators will identify any chemicals used or brought onto the premises. The Nominated Supervisor will ensure that a MSD sheet is included with the addition of any new chemical or cleaning substance.

We will maintain a Chemical Register which is updated regularly. The register includes some of the following products: bleach, disinfectant, insecticides and cleaning agents, dishwashing detergent, etc.

When using any chemical substance, Educators will:

- Read any Material Data Safety Sheet, and follow the manufacturer's directions for use and first aid instructions on the label
- Use the approved personal protective equipment such as gloves, aprons, goggles, masks etc when using the chemical
- Ensure that all chemicals which are stored or decanted are labeled with description of contents, hazards and precautions for use, ensuring that any new container is suitable for the type of chemical being stored
- ensure that children are not exposed to fumes or sprays from potentially dangerous products
- Store all chemicals in a locked cupboard or room out of the reach of children, and according to manufacturer's instructions, the cupboard which the chemicals are stored in MUST have a dangerous chemicals sign on them and be inaccessible to children
- for bulk storage, store different kinds of chemicals with space between the containers
- Ensure Educators are aware of the hazardous nature of any chemicals used at the centre. Training and instruction must be provided

HANDLING & STORING CHEMICALS

Ruby & Ollie's – Out of School Hours Care

- Do not unnecessarily transport chemical substances
- Ensure that taps are fitted to any bulk containers for ease of decanting
- Ensure the provision of personal protective equipment and clothing is supplied to minimise contact with chemicals
- Ensure personal protective equipment supplied is used and is maintained in sound condition, replaced when damaged and suited to the task
- Beware of contractors etc. who introduce a chemical product into the environment. Ensure it is safe

Educators & Management will never:

- store chemical in soft drink bottles, or other food or drink containers
- never mix chemicals together

Sourced

Managing the risks in children's services - S. Caton + D. Roche

Article on Chemical Toxins safety - familymanagement.com

Kids and Poisons. (n.d.). *Safeguarding against poisons*. Retrieved June 28, 2007, from

<http://www.childsafetyaustralia.com.au/community/poisons/poisons.htm>

Communicating Policy to Families, Children and Team Members

Information relating to the Handling & Storing of Chemicals Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.15
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	10.10.2024
Next Review Date:	10.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

TOILETING, BATHING AND HYGIENE

Ruby & Ollie's – Out of School Hours Care

AIM:

To ensure that the children will be provided with safe, hygienic and developmentally appropriate toileting and bathing routines.

All incontinence aid changing, toileting and bathing will be carried out in a respectful and caring manner with positive learning outcomes for all children.

REASON:

To ensure incontinence changing, toileting and bathing procedures are a positive experience for all children, demonstrating respect for their age and level of development, with positive learning outcomes for children while protecting and minimizing the risk of infection and cross infection.

PROCEDURES:

Incontinence Aid Changing

Children should never be left unattended during an incontinence aid change procedure on a change table and keep a hand on the child for the entire time.

- Ensure communication is made between all Educators when it comes to the time of aid changes. As the change table is located in the Accessible bathroom area, supervision is imperative at all times. Due to our higher staffing ratio's, this is always covered, as at times two staff are needed to assist with the incontinence aid-changing process, depending on the developmental, behavioral and physical needs of the child.
- Notes are on file if there are preferences of who the child/ parents and caregivers request to NOT change the child. For example- some families only ask for female Educators. We ensure we always respect their wishes and protect the child's dignity.
- If the child is able to walk, have them walk to the change table (2 staff may be required depending on the needs of the child) and assist them to stand at the table, with them supporting themselves by leaning on the table as the Educator removes the pull-up, freshens up with a wipe and places a new pull-up on the child.
- If the child is unable to walk, push their wheelchair to the change table. Use manual handling techniques, (usually requiring a 2 person lift or hoist) to lift the child onto the change table. Refer to Back Care and Lifting in Childcare procedure.
- Apply gloves
- Remove the child's incontinence aids and any soiled clothes. **Place soiled clothes into a plastic bag to be sent home for washing. Place the incontinence aid in the bin provided. Our service does not have sluicing facilities so we cannot hygienically rinse soiled items.**
- Clean the child's bottom
- Remove the gloves now, before touching the child's clean clothes. Remove the gloves by peeling back from your wrists, turning them inside out as you go. Do not touch the outer soiled / contaminated surface of the gloves. Put the gloves in the bin.
- Put on a clean incontinence aid and dress the child
- Wash and dry the child's hands, even if they are not visibly soiled, this may be achieved with wipes, depending on the child's ability, and Educators to do safely, to access the wash basin
- Ensure safe manual handling techniques are undertaken again when transferring the child to their wheelchair or moving away from the change table.

TOILETING, BATHING AND HYGIENE

Ruby & Ollie's – Out of School Hours Care

- Clean the change table with water and detergent
- Wash your hands

Toileting procedure - children

Learning to use the toilet is a big step for all children and it can be difficult for some. Be positive at all times

- Guide the child into the bathroom at either regular intervals or when the child indicates that they are needing to use the toilet
- If the child isn't able to carry out toileting on their own
 - help the child with removing / pulling up their pants
 - teach the girls to wipe from front to back
 - teach the boys to shake the last drops away
 - don't expect all children to be able to wipe their own bottom, this comes with practice. If you need to help them ensure that you have put gloves to adhere to infection control and hygiene practices.

Use positive language at all times to encourage all the new skills that they are learning.

Hand washing

Hand washing should take 10-15 seconds using soap and running water. All surfaces of the hands should be cleaned, lathering vigorously the front, back and sides of the hands, wrist, between the finger and under nails. Rinse hands with finger pointing down for another 10 seconds. Count to 10 as you wash and then rinse. Dry hand with a single paper towel and discard towel in bin provided.

Not all children at the centre will be able to follow instructions or happy to wash their hands at the basin (due to sensory challenges), therefore an option of hand wipes is provided also.

Educators with cuts and abrasions, dermatitis or open wounds on their hands should cover them with a water resistant occlusive dressing, which should be changed each time it is soiled or wet. If hands are visibly soiled, washing with soap and running water should be done if possible. In situations where running water is not available, non-water cleansers or antiseptics such as alcohol based hand rub, gel or foam are adequate. Educators should ensure they do not put near their mouth or inhale fumes.

Educating children about efficient and effective hand washing is integral to minimizing the spread of germs and infection; and overall Service hygiene. Educators at Ruby & Ollie's will ensure children's hand washing is monitored and supported to ensure effectiveness.

Bathing /Showering

Not all school environments have a shower available, so the following process/ facilities may differ

- Ensure communication is made between all Educators when it comes to needing to use the shower facility. As this is located in the Accessible bathroom area, supervision is imperative at all times. Due to our higher staffing ratio's, this is always covered, as at times two staff are needed to assist with the changing process, depending on the developmental, behavioral and physical needs of the child.
- If the child is able to walk, have them walk to the shower area.
- If the child is unable to walk, push their wheel chair to the shower area. Use manual handling techniques/ hoisting to lift the child onto a chair in the shower. Refer to Back Care and Lifting in Childcare procedure.
- Apply gloves
- Remove the child's incontinence aid and any clothes. Place soiled clothes into a plastic bag to be sent home for washing.
- Clean the child

TOILETING, BATHING AND HYGIENE

Ruby & Ollie's – Out of School Hours Care

- Remove the gloves now, before touching the child's clean clothes. Remove the gloves by peeling back from your wrists, turning them inside out as you go. Do not touch the outer soiled / contaminated surface of the gloves. Put the gloves in the bin.
- Put on a clean incontinence aid and dress the child
- Wash your hands

CHILDREN SHOULD ALWAYS WASH/ WIPE HANDS

- On arrival and departure
- After coming indoors from outside play
- Before eating
- After toileting
- After touching animals
- After coughing or sneezing
- After touching their nose or putting their hands in their mouths.
- If they vomit or have a toileting accident
- After eating
- After using the toilet
- After using a tissue
- Before going home

EDUCATORS SHOULD ALWAYS WASH HANDS:

- On arrival and departure
- After coming indoors from outside play
- Before eating
- After toileting yourself or a child
- After touching animals
- After coughing or sneezing
- After touching a nose (if a barrier method has not been used)
- After cleaning up faeces, urine or vomit
- After handling soiled linen
- Before and after administering children's medication & first aid
- Before preparing food
- After eating
- After handling raw food
- After wearing disposable gloves
- After handling rubbish
- After using a tissue
- Before going home

Communicating Policy to Families, Children and Team Members

Information relating to the Toileting, Bathing and Hygiene Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets in the foyer, role modelling and signs displayed around the classrooms and Centre etc.

TOILETING, BATHING AND HYGIENE

Ruby & Ollie's – Out of School Hours Care

Sourced:

Accreditation & Beyond "Highlighting Health" by Claire Bell;
QLD Department of Health;
National Health & Medical Research Council Publications Unit;
Staying Healthy In Childcare - 5th Edition;
Health & Safety in Children's Services – Model Policies & Practices 2nd Edition Revised 2003

POLICY DETAILS

Policy Reference No:	7.4.1.2.16
Authorised By:	Rebecca Glover - Founder
Creation/Approval Date:	01.01.2017
Last Review Date:	10.10.2024
Next Review Date:	10.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

TOILETING, BATHING AND HYGIENE

Ruby & Ollie's – Out of School Hours Care



Step 1

Wet hands with running water (preferably warm for comfort)



Step 2

Apply foam soap to hands



Step 3

Lather soap and rub hands for at least 15 seconds, including palm to palm, back of hands, between fingers and back of fingers, around thumbs and tips of fingers



Step 4

Rinse hands with water



Step 5

Dry hands thoroughly with paper towel

HEAD LICE

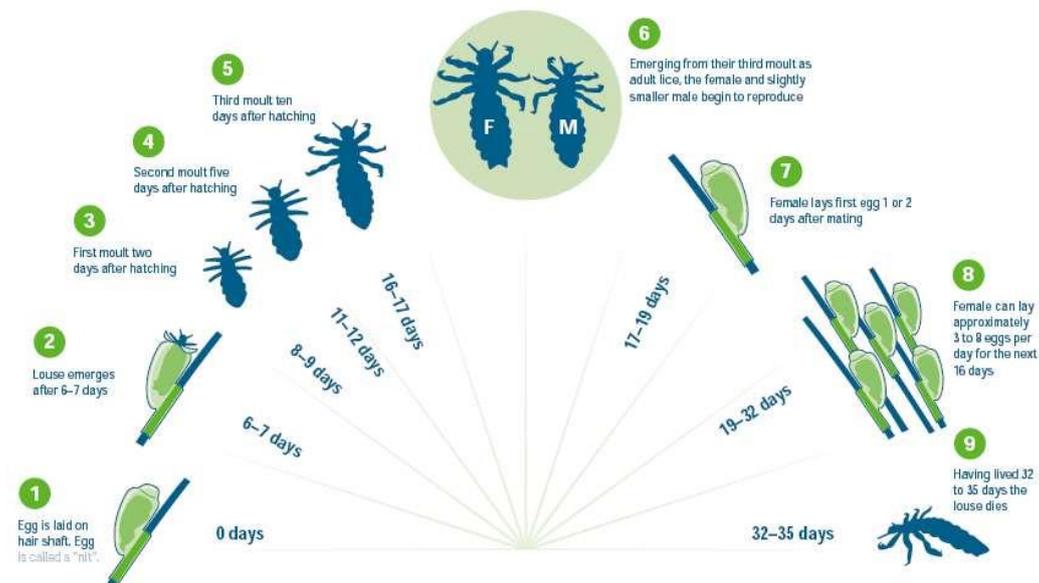
Ruby & Ollie's – Out of School Hours Care

AIM:

Head lice is an issue which affects most people at different times in their lives. It is not something that is discriminatory; they can be contracted by any person. Head lice mainly affects children, however it may affect people of any age, nationality, gender or socio-economic status. We try to control the issues as much as possible through a cooperative approach between families, children and the service with assistance as necessary from health service providers.

Remember

- We can all catch head lice, regardless of how clean our hair is.
- Head lice are spread mainly through head to head contact.
- Treating head lice with head lice control products and combing all live head lice and their eggs out and repeating this after a week is the **ONLY** way to stop the cycle.



METHOD:

Expectations of Ruby and Ollie's

To help control head lice, it is reasonable to expect the service will:

- Distribute procedures and information on the control, detection and treatment of head lice to parents and Educators as frequently as required.
- Advise parents to be vigilant, particularly during periods of heavy lice infestations.
- Implement recommended practices as well as guidelines for play, which minimise head to head contact during outbreaks of head lice.
- Support families through practical advice and a sympathetic attitude and to offer advice and information to families.
- Requests families not to send children with head lice to the Service until treatment has begun.
- The Educators will advise the Service director if they suspect a child has head lice. Where there is evidence of live lice; parents will be contacted and required to collect their child immediately and commence treatment.

HEAD LICE

Ruby & Ollie's – Out of School Hours Care



Expectation of Parents

It is the parent's responsibility to ensure that their children do not attend Ruby and Ollie's with untreated head lice. To achieve this, it is reasonable to expect that parents will:

- Regularly inspect their child's head to detect the presence of lice or lice eggs.
- Regularly inspect all household members and treat them if required, and
- Notify the Service if their child is affected, and advise when treatment has begun.

Parents will follow recommendations for comprehensive treatment of head lice and complete a second treatment 7-10 days after the first one.

Treatment

The Service will call you to collect your child as soon as there is evidence of lice and you will need to treat your child with head lice treatment and **ALSO, comb out all live lice and all eggs** before bringing your child back to the service.

Useful Websites:

www.thenitpicker.com.au

<http://www.myhomeremedies.com/topic.cgi?topicid=93>

<http://www.kp24.com.au/>

<https://www.choice.com.au/babies-and-kids/health/conditions/articles/how-to-get-rid-of-head-lice>

Sourced:

Staying Healthy in Childcare – 5th Edition,

www.thenitpicker.com.au

<http://www.myhomeremedies.com/topic.cgi?topicid=93>

<http://www.kp24.com.au/>

<https://www.choice.com.au/babies-and-kids/health/conditions/articles/how-to-get-rid-of-head-lice>

Communicating Policy to Families, Children and Team Members

Information relating to the Head Lice Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

HEAD LICE

Ruby & Ollie's – Out of School Hours Care

Policy Details

Policy Reference No:	7.4.1.2.17
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	11.10.2024
Next Review Date:	11.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

MINIMISING TOXIC PRODUCTS AND OTHER POTENTIALLY HAZARDOUS MATERIALS

Ruby & Ollie's – Out of School Hours Care

AIM:

To ensure all chemicals are screened to ensure the lowest level of toxicity is used, which does not compromise the standards of hygiene and/or purpose of the chemical.

METHOD:

We are very receptive to the use and purchase of less harmful products as much as possible. This process includes:

- Discussions directly with the manufacturer on the best low toxic or non-toxic products
- Researching for cleaning products that does not use harmful chemicals, but still maintains a high standard of hygiene.
- Obtaining current Material Safety Data Sheets on all chemicals kept at the centre
- Training all Educators on the correct usage and handling of chemicals
- Ensuring all hazardous products are appropriately labeled and stored
- Sanitiser used in the Service, must be "Food Grade Sanitiser" to maintain a healthy food preparation area.

Sourced:

Staying Healthy in Child Care, 5th Edition, 2012

Communicating Policy to Families, Children and Team Members

Information relating to the Minimising Toxic Products Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.18
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	11.10.2024
Next Review Date:	11.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

OCCUPATIONAL HEALTH & SAFETY

Ruby & Ollie's – Out of School Hours Care

AIM:

Ruby & Ollie's -OSHC objectives for implementing this OHS management system are to reduce the:

- number of hazards in our service environment
- consequences of risks present in our service environment
- number of accidents, injuries and reportable incidents
- cost of workers' compensation claims by our service.

METHOD:

- Ruby & Ollie's ensures adequate financial, physical and human resources are allocated to support the implementation of an OHS management system.
- Ruby & Ollie's OHS policy applies to all persons employed and/or contracted by our service (that is, full time, part time, and/or casually) as well as to all persons at or near the service workplace (for example, clients, suppliers, visitors, volunteers, students etc).
- Ruby & Ollie's OHS management system conforms to/takes into account the requirements of relevant legislation, regulations, codes of practice, advisory standard, and Australian Standards where they apply.
- Ruby & Ollie's applies 'due diligence' at all times to maintain a safe and healthy service environment and thereby protect all those involved in the service from any potentially adverse health and safety effects.
- Ruby & Ollie's OHS policy is:
 - issued to, and discussed with, all employees on induction.
 - Available for parents online
 - discussed with contractors, students, suppliers, visitors and volunteers to the service.
- Ruby & Ollie's consults with, and involves, all employees in implementing our risk management approach to OHS.
- Ruby & Ollie's ensures effective OHS information, instruction, training and supervision is provided to all employees, to increase their personal understanding of workplace hazards and the need to follow safe work practices, and to facilitate the identification of unsafe workplace practices.
- Educators will report all hazards, incidents and injuries to the Nominated Supervisor / Team Leader via the appropriate forms. All completed forms are to be filed appropriately.
- Ruby & Ollie's provides a safe and healthy service environment by developing documented procedures for:
 - employer and employee OHS roles and responsibilities
 - workplace consultation
 - risk management (as it applies to OHS)
 - audit and review procedures
 - record keeping and document control
 - appropriate work practices
 - the use of equipment (as required)
 - the provision of first aid
 - emergency procedures
 - the reporting and investigating of accidents, incidents, hazards and near misses.
- Educators are to observe safe manual handling procedures and report any concerns to the nominated supervisor/management. No educator is to move heavy furniture or equipment alone. If children are heavy, or needing full assistance with mobility / transition, Educator's should assist children to walk up a step-before getting up to the nappy change bench or requires a 2 person lift. Educators are encouraged to get down to the child's level rather than picking up a child.

OCCUPATIONAL HEALTH & SAFETY

Ruby & Ollie's – Out of School Hours Care

- Educators are to use provided steps to access space above their height, not stand on tables or chairs.
- Ruby & Ollie's has a nominated employee who acts as the services OH&S representative.
- Ruby & Ollie's reviews this policy and the service's performance against the stated objectives (at least) annually and/or in line with any changes to legislative/regulatory requirements. The review(s) form the basis for ongoing improvement to our OHS management system. If amendments are required, all employees are consulted and notified of the change(s).
- Ruby & Ollie's monitors all employees/ student/volunteers health and conditions at the workplace
- PCBU (Person Conducting a Business or Undertaking) will ensure where reasonably practical the health and safety of workers and other persons
- Ruby & Ollie's is committed to providing injured employees with effective rehabilitation programs to ensure their recovery and return to work at pre-injury capacity, wherever possible.
- Ruby & Ollie's will notify the regulator immediately if there is a death of a person, a serious injury or illness of a person, or a dangerous incident. Records of the incident will be kept for at least five years

Employer Responsibilities:

To use reasonable care to provide a safe place and system of work and to achieve this will:

- Comply with all relevant legislation and statutory requirements, codes of practice and industry standards and ensure for the adequate provisions of resources to meet the obligations of the centre
- Promote health and safety awareness amongst the centre community and to promote the development of health and safe working practices with notices / posters on Notice boards / walls / online / via email.
- Provide information, training and instruction
- Provide appropriate protective and preventative safety equipment when appropriate
- Be responsible for the overall supervision of any matter which could affect the health and safety of employees and others at Ruby & Ollie's
- Investigate any near misses, accidents and injuries in order to ensure proper identification of hazards and the necessary correction of any unsafe practices and methods
- Encourage the rehabilitation of injured employees

The responsibility of employees, students, contractors and employees is to:

- Comply with all relevant legislation and statutory requirements and working procedures, codes of practice and industry standards
- Comply with any reasonable instruction to comply with the O H & S Act and the requirements of Ruby & Ollie's and cooperate with any reasonable policy or procedure relating to health or safety.
- Use all safety equipment provided
- Behave in a manner which will ensure personal safety and safety for all
- Report and, where appropriate, rectify hazards and participate in the investigation of near misses, accidents and injuries
- Accept responsibility for protection of themselves and others within the Centre Name
- Read and understand all documentation given to you by management included the O H & S Manual.
- Take reasonable care of their own health and safety and that their acts or omissions do not adversely affect the health and safety of others

OCCUPATIONAL HEALTH & SAFETY

Ruby & Ollie's – Out of School Hours Care

Sourced:

Managing OHS in Children's Services by Sue Tarrant, Lady Gowrie Child Centre, Sydney

<http://worksafe.qld.gov.au>

<http://www.workcover.nsw.gov.au>

Communicating Policy to Families, Children and Team Members

Information relating to the OH&S Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.19
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	14.10.2024
Next Review Date:	14.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

IMMUNISATION

Ruby & Ollie's – Out of School Hours Care

AIM:

To protect and to promote the health and wellbeing of the service's children, families and Educators by encouraging them to have up to date immunisations in accordance with the National Immunisation Program Schedule and the Public Health Act (2005).

To ensure families are aware of decisions regarding immunisation and their impact on access to care and government benefit entitlements.

REASON:

"Immunisation is a simple, safe and highly effective way of protecting children and adults from harmful diseases before they come into contact with them. It is estimated that vaccinations currently save up to three million lives worldwide each year.

Immunisation uses the body's natural defence mechanism – the immune response – to build resistance to specific viral infections. When a person is vaccinated, their body produces an immune response in the same way their body would after exposure to a disease, but without the person suffering symptoms of the disease. When a person comes in contact with that disease in the future, their immune system will respond fast enough to prevent the person developing the disease.

Immunisation protects more than just one child's health. Vaccinating a child will reduce the opportunity for that child to pass that disease on to another – especially young babies who cannot yet be fully immunised.

When levels of immunisation in a community are sufficiently high, the risk of specific diseases can fall so low that even those who are too young or too sick to be given a vaccine will not be exposed to it. This communal or 'herd immunity' can save countless lives." (Source: [Why Immunise-Australian Government Department of Health](#))

In principle, this service believes that Immunisation is the best preventative health mechanism available for some medical conditions/diseases and we encourage our families to participate fully in the recommended / required immunisation programs. Team members are encouraged to complete vaccinations as they are considered to be in a group at occupational risk (more details below).

The Queensland Government has amended the Queensland Public Health Act (2005) allowing childcare service providers to refuse enrolment to a child whose immunisation history is not up to date or where a family has opted not to immunise their child. Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements. These changes also linked immunisation to entitlement to a number of government benefits relating to child care.

As a service, we have decided that we will not adopt this policy. Although we do encourage immunisation.

Where full immunisation is not achieved prior to commencement, non-immunised child exclusion program is outlined below.

The legislation provides for exceptions to be made for children who are deemed to be at risk. Families must discuss this status with the Service Director/Nominated Supervisor to determine whether you do meet the standard, and what exception(s) or conditions can be made.

IMMUNISATION

Ruby & Ollie's – Out of School Hours Care

No jab no pay

As a service, we are *required* to implement the “no jab no pay” aspect of this legislation. Therefore, if a child does not have up to date immunisations (or has no recognised program in place to ensure an appropriate level of immunisation) the family will cease to be eligible for Child Care Subsidy and the Family Tax Benefit Part A end of year supplement (family assistance payments) as per the Government Legislation.

Non-Immunised Child Exclusion program

It is understood that there may be children who are not fully immunised (or where there is insufficient evidence of full immunisation) and they may be in attendance at the service. In light of this, we reserve the right to exclude enrolled children from our service where the Director/Nominated Supervisor believes that the child has, or may have, a contagious condition that may/will place our children, families and/or team members at risk. This decision will be taken after consultation with a doctor or other appropriately authorised person as required by legislation.

It is expected that families of non-immunised children will exercise extreme caution in exposing their children / other children to any suspected contagious condition and choose not to send their child to the service until full health has been attained.

The Director/Nominated Supervisor may exclude a child from attendance at the Service if they reasonably suspect a child of having a contagious condition. This can only be done after consultation with a doctor or other prescribed medical professional.

The service will use the “Time Out” guide from Queensland Health as a reference for exclusion periods.

Any periods of absence as a result of this policy will be charged as per enrolment.

Implementation Method:

- On enrolment a copy of each child’s immunisation records will be taken and kept with other confidential documents in the child’s file. Documented evidence is “The Red Book” and/or Immunisation History Statement available via the mygov website and/or a report from the Australian Childhood Immunisation Register (ACIR).
- Parents/guardians will be asked to provide a copy of any updated immunisation as they occur. Parents/guardians will be reminded to provide updates of immunisation records as requested by newsletters and notices.
- If an outbreak of an infectious disease occurs at the service, notices will be posted on the Notice Board in the service. Parents will also receive email notifications and timeline notifications. Details and fact sheets will be provided in accordance with Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services (5th Edition) June 2013.

The service ensures that Educators and parents are aware of our policy on immunisation and made available.

The service may bring in specific health care professionals and QLD Public Health unit to visit the service and talk to Educators and families about immunisations.

The service will review immunisation schedules and procedures on a yearly basis to ensure any changes or updates to recommended practices is reviewed and incorporated into the Service’s policy and procedures. Where promotional information is available, this will be posted in the Service to assist parents in better understanding the immunisation program.

Any team member who has been advised of, or suspects a child of having a contagious condition, must advise the Service Director / Nominated Supervisor as soon as practicable.

IMMUNISATION

Ruby & Ollie's – Out of School Hours Care

Occupational Risk

Team members working in the Early Childhood Education and Care field are considered to be at occupational risk of acquiring a vaccine-preventable disease. We encourage all team members to be vaccinated and to provide a copy of their current Vaccination History and update as required. . Recommended vaccinations can be sourced at; <https://www.qld.gov.au/health/conditions/immunisation/occupational/index.html#children>

Pregnancy

Team members who are trying to become pregnant or who are pregnant are potentially more vulnerable to vaccine-preventable diseases. Please refer to the “Pregnancy in Early Childhood Education and Care” policy for additional information.

Family members, visitors, students or volunteers etc who access the service who are trying to become pregnant, or who are pregnant, are also potentially more vulnerable to vaccine-preventable diseases. We advise that you pay attention for any posted illnesses and seek additional guidance where necessary or appropriate, before entering the Service.

Sources:

Education and Care Services National Regulations

Queensland Public Health Act 2005

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

The Australian Immunisation Handbook 10th Edition (Updated June 2015)

Australian Government Department of Health – Immunise Australia Program (www.immunise.health.gov.au) – accessed October 2019 for updates

<https://www.qld.gov.au/health/conditions/immunisation/childcare> - access October 2019 for updates.

Communicating Policy to Families, Children and Team Members

Information relating to the Immunisation Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.20
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	14.10.2024
Next Review Date:	14.10.2025

IMMUNISATION

Ruby & Ollie's – Out of School Hours Care

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

PHYSICAL ACTIVITY

Ruby & Ollie's – Out of School Hours Care

We recognise the following important functions of physical activity for young children:

- Promotes healthy growth and development
- Builds strong bones and muscles
- Improves balance, coordination, flexibility, posture and strength
- Assists with the development of gross motor and fine motor skills
- Provides the opportunity to develop fundamental movement skills
- Improves concentration and thinking skills
- Improves confidence and self-esteem
- Relieves stress and promotes relaxation
- Provides opportunities to develop social skills and make friends
- Helps to achieve and maintain a healthy weight

This policy seeks to promote children's physical activity and the development of their gross motor and fundamental movement skills through a range of planned and spontaneous physically active play experiences, as well as through everyday physical tasks.

Further, Ruby & Ollie's recognises the importance of supporting families to promote their children's physical activity, and their gross motor and fundamental movement skills development, and to limit their children's small screen recreation and non-activity behavior (playing ipads, watching TV etc).

AIMS:

- Promote children's participation in a range of safe, physically active learning experiences.
- Provide a positive physically active environment which reflects cultural and family values.
- Limit time spent engaging in small screen recreation (television, DVDs, computer and other electronic games) and sedentary behaviour whilst at the service.
- Encourage communication with families about physical activity, gross motor skills development, fundamental movement skills development and limiting small screen recreation and sedentary behavior

METHOD:

Promote children's participation in a range of safe physically active learning experiences.

Note: Physically active learning experiences include planned play (eg, action games/songs, intentional teaching experiences), spontaneous 'free' play (eg, child initiated, active play in the playground, dancing to music) intentional teaching experiences and everyday physical tasks (eg helping with gardening, setting up experiences, tidying up spaces).

The service will:

- Provide the opportunity for children to be active every day through a balance of planned and spontaneous physically active learning experiences (including everyday physical tasks), in the indoor and outdoor environments.
- Plan daily intentional Fundamental Movement Skills (FMS) experiences to support children's physical activity and their FMS development.
- Foster the development of a range of FMS - including running, galloping, hopping, jumping, leaping, side-sliding, throwing, catching, striking, kicking, underarm rolling and stationary dribbling.
- Ensure physically active experiences are play based, varied, creative, developmentally appropriate and cater to a range of abilities and interests.

PHYSICAL ACTIVITY

Ruby & Ollie's – Out of School Hours Care

- Ensure all physically active experiences are safe by providing an appropriate environment - ensuring all equipment is developmentally appropriate and well maintained and supervision is constant.
- Provide the space, time and resources for children to revisit and practice movement skills and engage in active play.
- Use physical care times and transitions as opportunities for physical activity.
- Where practical, educators will involve children in the planning of physically active experiences.
- Encourage children and educators to drink water before, during and after physically active experiences.
- Provide opportunities for educators to undertake regular professional development to maintain and enhance their knowledge about early childhood physical activity.

Provide a positive physically active environment which reflects cultural and family values.

The service will:

- Plan a caring and positive play environment with involvement from children, families and educators.
- Encourage children to participate in a range of active play and physically active experiences of varying intensity (eg. lighter through to vigorous activity).
- Encourage children to be as active as possible during daily active play times.
- Provide instruction, constructive feedback and positive reinforcement to children to assist them in developing and refining their FMS.
- Offer inclusive physical activity opportunities which cater for children from culturally and linguistically diverse backgrounds and for those children with additional needs.
- Adopt a participatory approach to physically active experiences offered to children and emphasise fun and participation rather than competition.
- Encourage children to be accepting of the different physical skills and abilities of other children.
- Encourage educators to actively role model to children appropriate physical activity behaviours and enjoyment of being physically active.

Encourage communication with families about physical activity, gross motor skills development, fundamental movement skills development and limiting sedentary behaviour.

The service will:

- Families will be provided with opportunities to contribute to the review and development of the policy.
- Request that any details of children's additional needs in relation to physical activity participation be provided to the service.
- Encourage families to share with the service links between cultural backgrounds and physical activity.
- Invite and engage families and the wider community to participate in promoting physical activity with the children.
- Communicate regularly with families and provide information, support and advice on physical activity, gross motor skills development, FMS development, everyday physical tasks, active transport and limiting small screen recreation and sedentary behaviour. This information may be provided to families in a variety of ways including newsletters, noticeboards, during orientation, information sessions and informal discussion.

Sourced:

These recommendations were developed in 2009 by child health and early childhood professionals in collaboration with the Australian Government Department of Health and Ageing. The Recommendations are listed in the ***Get Up & Grow resources*** and in the ***Munch and Move Resource Manual***.

PHYSICAL ACTIVITY

Ruby & Ollie's – Out of School Hours Care

Communicating Policy to Families, Children and Team Members

Information relating to the Physical Activity Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.21
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	17.10.2024
Next Review Date:	17.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

RISK MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

AIM:

The purpose of risk management is to enable substandard practices and conditions to be identified and rectified before they cause any injury to children, parents or Educators.

METHOD:

Where reasonably practical, will identify any risks. Develop a plan of action outlining the strategies that will be implemented to minimize any potential risks to children, Educators and families.

Risk Assessment process:

1. IDENTIFY THE HAZARDS

- **Physical** – noise, temperature, lighting, ventilation, lifting, sharp edges, wet or uneven floors, bites.
- **Chemical** – liquids, fumes, cleaners, bleachers, disinfectants, detergents
- **Ergonomic** – work spaces, work heights, postures
- **Radiation** – ultra violet, microwave, electromagnetic
- **Biological** – viruses, bacteria
- **Psychological** – harassment, discrimination, excess workload, stress, post-traumatic stress, inadequate training

2. ASSESS THE RISKS

Once the hazard has been identified the associated risks will be assessed to determine what they are and how serious a risk it is by using the below table

Risk Matrix	CONSEQUENCE				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Critical 5
5. Almost Certain	Medium	Medium	High	Extreme	Extreme
4. Likely	Low	Medium	High	High	Extreme
3. Possible	Low	Medium	High	High	Extreme
2. Unlikely	Low	Low	Medium	Medium	High
1. Rare	Low	Low	Low	Low	Medium

RISK MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

Hazard Probability Rating

- A. Rare – highly unlikely, possible
- B. Unlikely – rare, not likely – possible
- C. Possible– Could happen occasionally
- D. Likely – would occur, not frequently
- E. Almost Certain – Likely to occur frequently

Hazard Severity Rating

1. Insignificant – No treatment required
2. Minor – hazard may cause injury or illness resulting in first aid
3. Moderate – injury, illness requiring hospitalisation
4. Major - Serious injury requiring specialist medical treatment or hospitalisation
5. Critical – hazard may result in death or total loss of bodily functions

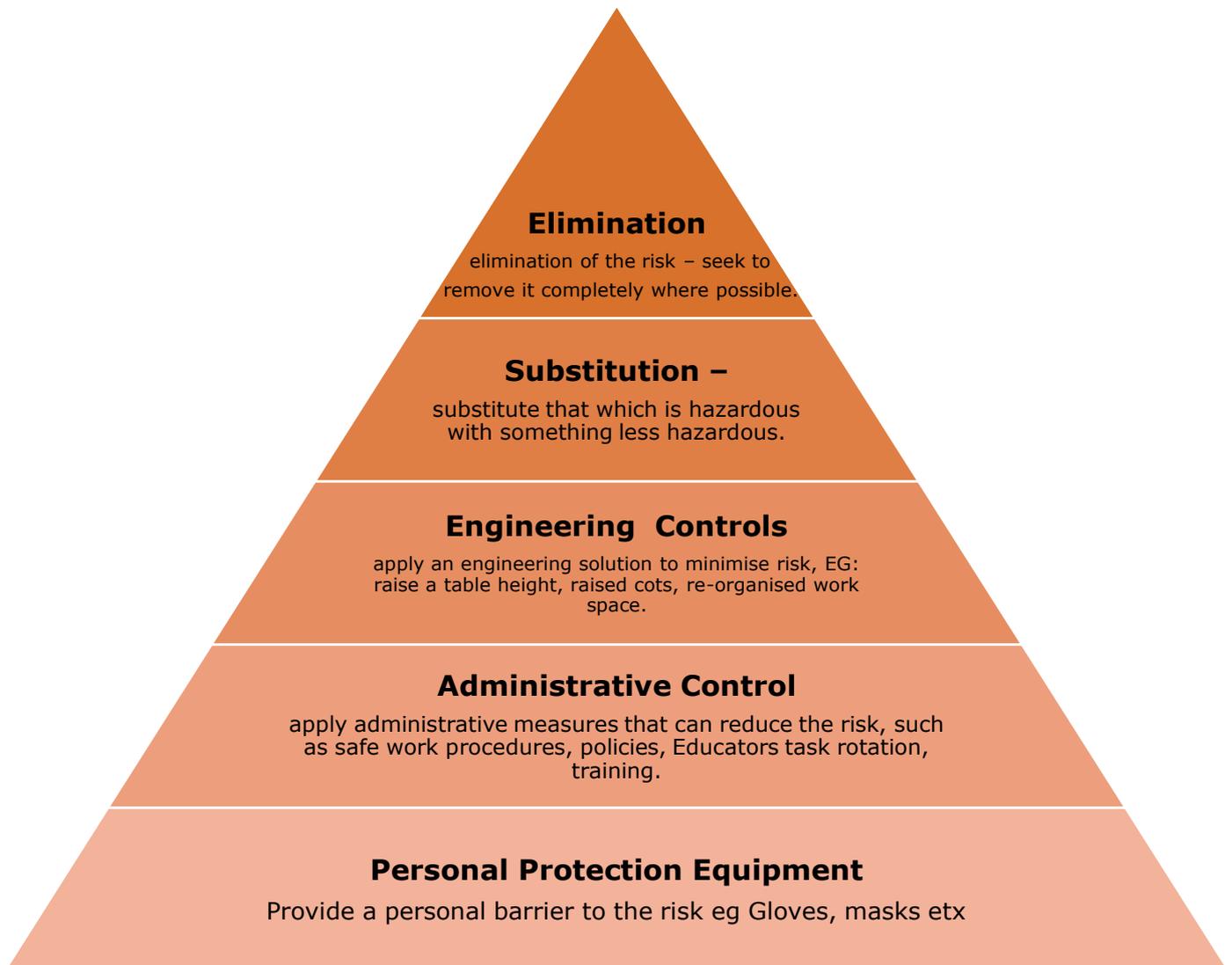
Inherent Risk Level		Action Required / Approval
Low	Little chance of incident or injury.	<ul style="list-style-type: none"> • Manage through regular planning processes
Medium	Some chance of an incident and injury requiring first aid.	<ul style="list-style-type: none"> • Document controls in planning documents and/or complete a <i>Curriculum Activity Risk Assessment</i>. (attached at end of document) • Consider obtaining parental/carer permission.
High	Likely chance of a serious incident and injury requiring medical treatment.	<ul style="list-style-type: none"> • A <i>Curriculum Activity Risk Assessment</i> is required to be completed. • Director approval prior to conducting this activity is required. • Once approved, activity details are to be entered into the <i>Risk Assessment Register</i>. • Parental/carer permission must be obtained for student participation.
Extreme	High chance of a serious incident resulting in highly debilitating injury or death	<ul style="list-style-type: none"> • Consider alternatives to the activity. • A <i>Curriculum Activity Risk Assessment</i> is required to be completed. • Manager approval prior to conducting this activity is required. • Once approved, activity details are to be entered into the <i>Risk Assessment Register</i>. • Parental/carer permission must be obtained for student participation.

RISK MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

3. CONTROL THE RISK (HIERARCHY OF CONTROL)

All risks must be controlled as far as is reasonably practicable in line with the Hierarchy of controls



It is often a combination of the above controls that are needed to minimise, as far as is practical, the injury risk to Educators.

4. REVIEW THE CONTROLS

Once the service has identified the hazard, assess the associated risk, put the measures into place to control risks, the above will then be regularly reviewed.

Risk management is an ongoing process and evaluation to assess the effectiveness of Risk Management Measures takes place using the Risk Assessment controls.

This table allows continual improvement for all areas of risk, property, liability, health & safety.

Ongoing Risk Assessments will be done by Management and the Nominated Supervisor.

RISK MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

If Educators see or feel there is an issue that needs a risk assessment done on it, they will need to do the following

1. Obtain a risk management form from the Nominated Supervisor
2. Complete the risk management form in consultation with the Nominated Supervisor by:
 - a. Providing a complete description of the hazard which may either be a substandard condition or a substandard practice
 - b. Complete the risk assessment by identifying the likelihood of the incident occurring, along with the most probable consequence should the incident occur. Guidance for completion of this matrix is provided
 - c. Implement and document the immediate temporary control that has been put in place to prevent an incident from occurring.
 - d. Identify a long term control that will either eliminate or minimise the risk through design or redesign.
 - e. Review the control measures to ensure they do not introduce any additional hazards
 - f. Submit the completed form to the Nominated Supervisor for implementation of the recommended controls.
3. The Nominated Supervisor is to maintain copies of all completed risk management forms as evidence of the continuous improvement program established by us.

Sourced:

Managing OHS in Children's Services by Sue Tarrant, Lady Gowrie Child Centre, Sydney

Risk Management Guide for childcare - Guild Insurance

<https://www.worksafe.qld.gov.au>

Communicating Policy to Families, Children and Team Members

Information relating to the Risk Management Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.22
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	17.10.2024
Next Review Date:	17.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

LOCK DOWN PROCEDURE

Ruby & Ollie's – Out of School Hours Care

AIM:

To ensure all Educators and visitors to the Service are aware of what to do in a lock down situation. To identify what a lock down situation is and to maintain regular practice of these drills.

METHOD:

When an emergency situation arises, where the Service needs to lock down to ensure the safety of all persons inside, all Educators need to follow the below procedure.

The following situations would describe a “Lock-Down”

- An aggressive parent who is abusive or threatening
- A person under the influence of alcohol or drugs and who is behaving in an irate manner.
- A past Staff member who has an issue with current staff at the Service.
- A random person from the community who is in possession of a weapon or is aggressive towards Educators
- A custody battle between parents, where one parent could try to take a child from the Service from the other parent.
- A toxic Spill
- Extreme weather conditions
- A dangerous animal
- Any other violent or dangerous situations where Educators feel it necessary to lock the Service to prevent someone entering the Service, or to stop anyone leaving the Service until it is deemed safe by the Nominated Supervisor or most qualified Certified Supervisor on site.

Not all emergency situations will require the Service to evacuate from the premises. Some situations, such as the threat of a violent person or a police operation in the vicinity, may require the service to go into lockdown. This means that the education and care service locks all doors and windows and where possible, removes children, educators and other adults from view.

In a real lock down situation, Educators should keep all children calm and stay in the room until they are given advice from the Nominated Supervisor.

LOCK DOWN DRILL:

Lock down drills will be practiced quarterly. When a practice situation arises, the Educators will follow the procedure as closely as possible and document the drill on the emergency evacuation/lock down evaluation form.

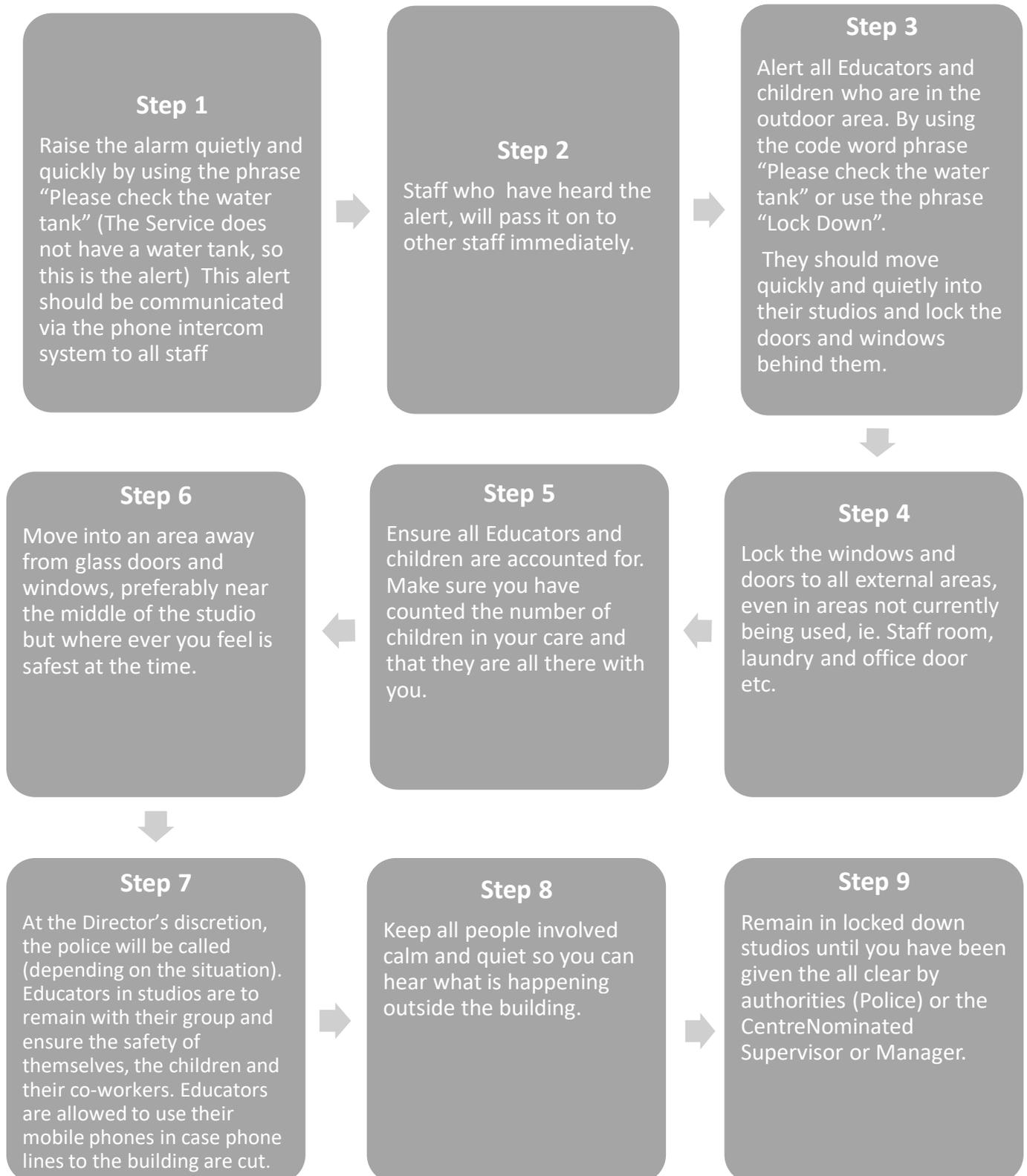
This form will be kept at the Service and possible improvements will be discussed at Staff meetings. The Nominated Supervisor will also list this drill on the “lock down register”.

LOCK DOWN PROCEDURE

Ruby & Ollie's – Out of School Hours Care

PROCEDURE FOR A LOCK DOWN:

When an Educator issues a lock down, they need to:



LOCK DOWN PROCEDURE

Ruby & Ollie's – Out of School Hours Care

Sourced:

Managing Emergency Situations in Educational & Care services – CS Central

http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=547

Communicating Policy to Families, Children and Team Members

Information relating to the Lock Down Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.23
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	17.10.2024
Next Review Date:	17.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

SUN & SHADE PROTECTION

Ruby & Ollie's – Out of School Hours Care

AIM:

The purpose of this policy is to ensure that all children and Educators attending the service are protected from skin damage caused by the effects of exposure to the sun. Unprotected sun exposure in the first 15 years of life can greatly increase a child's risk of developing skin cancer later in life. The centre aims to ensure that everyone attending the centre is protected all year round from harmful exposure to the sun. This policy applies to children, families and Educators.

Children throughout the year are informed through learning programs incorporating sun protection information.

METHOD:

Policy Objective	Strategies
We offer children free choice between indoor and outdoor play	<ul style="list-style-type: none">Outdoor play is offered at all times of the day. During these times, children will be offered sunscreen and hats to wear, however sensory restrictions may cause a child to opt to not wear these. We will cater to their needs by offering shaded spaces and consistently checking the UV rating.The activities are to be set up in the shaded areas of the playground and all children and Educators will be continuously prompted to use a hat.
Outdoor activities and equipment will be planned to occur in shaded areas	<ul style="list-style-type: none">Activities and equipment will be moved to shaded areas throughout the day or put away.
The service will provide adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade.	<ul style="list-style-type: none">A recommended Cancer Council shade audit will be conductedPlans will be developed if any concerns arisePriorities for shade development will be given to outdoor areas where children spend extended periods of time.
At all times during the year children and Educators will be prompted to wear hats and sleeved T shirts/shirts. A sun safe hat is: <ul style="list-style-type: none">Legionnaire hat.Bucket hat with deep crown and brim of at least 5cm(adult 6cm)A hat of any kind that is comfortable for the child and allows for their sensory needs	<ul style="list-style-type: none">The centre will provide an appropriate hat if the child does not arrive with oneWhen outdoors, Educators and children will wear sun safe clothing that covers as much skin as possible.Clothing needs to have sleeves to protect shoulders from the sun.Educators will continue to encourage all children to wear a hat and will work with families to ensure sensory needs are taken into consideration.All educators will role model wearing a hat outside as much as possible
All children and Educators will be encouraged to apply SPF 30+ Broad-spectrum water-resistant sunscreen where possible prior to going outdoors and reapply every 2 hours. Sunscreen is stored in a cool, dry place and the use by date monitored.	<ul style="list-style-type: none">The service will provide 30+ sunscreen for use by both children and Educators unless parent / guardian advises otherwiseChildren are encouraged to apply sunscreen; however, the child's sensory needs will be taken into consideration and a plan made with families to align with sun safety.Parents will provide sunscreen if their child is unable to use sunscreen at the centre.The Centre will take into consideration the UV rating each day and adjust sun

SUN & SHADE PROTECTION

Ruby & Ollie's – Out of School Hours Care

	protection in accordance with cancer council guidelines.
Sun protection will be considered when excursions are being planned	<ul style="list-style-type: none">• Time of the day and availability of shade will be considered• Sun protection requirements will be relayed to families• Volunteers accompanying us will be informed of our sun protection requirements on excursions• All children and Educators will wear a hat when on excursions
Spontaneous and planned experiences will promote sun protection awareness	<ul style="list-style-type: none">• Posters are displayed and brochures are available to families, visitors and Educators• Sun protection information is also included in centre newsletters• Sun safety awareness will be included as part of the program in the service, and this will be documented.
All Educators, families and visitors will be informed of the centre's sun protection policy	<ul style="list-style-type: none">• All Educators are advised in their induction and a copy of the policy is onsite• All families are advised on enrolment and a copy is made available• A copy of the policy is also found in the Policy & Procedure Manual located onsite
The sun protection policy is reviewed annually and updated to reflect new information when it becomes available. Management will monitor and review the effectiveness of the sun protection policy regularly.	<ul style="list-style-type: none">• A review date is set each year• The Cancer Council guidelines will be referred to when the policy is being reviewed• On completion a new review date is set

Sourced:

Keeping our Children Safe
Sun Smart Policy and Support Information for Child Care Services
Sunsafe Queensland
Staying Healthy in Childcare – 5th Edition
The Cancer Council of NSW – www.cancer.org.au
Sunsmart Childcare – A Policy Guide for Service Providers

Communicating Policy to Families, Children and Team Members

Information relating to the Sun & Shade Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

SUN & SHADE PROTECTION

Ruby & Ollie's – Out of School Hours Care

Policy Details

Policy Reference No:	7.4.1.2.24
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	19.08.2024
Next Review Date:	19.08.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

MEDICAL CONDITIONS

Ruby & Ollie's – Out of School Hours Care

AIM:

The aim of this policy is to ensure that the service and all Educators can effectively respond to and manage when a child who has a specific health care need, allergy or relevant medical condition is enrolled at the service. This is not limited to, but may include; asthma, diabetes and anaphylaxis and incorporate behavioural management strategies. This is to ensure the health, safety and wellbeing of children, staff and visitors.

IMPLEMENTATION:

The service will involve all Educators, families and children in regular discussions about medical conditions and general health, safety and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

Every child's individual health needs will be recorded in their child profile in Xplor and on Visual Care.

As much information as possible will be collected during a child's Enrolment in the service as part of the enrolment process and then at any change in a child's medical management or annually.

If the Medical Management Plan form identifies a required medication for the treatment/control of the condition to be available at all times, this medication MUST be provided to the Centre during the child's attendance. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

The Service:

A copy of the Medical Conditions Policy must be provided to all Educators and volunteers at the service and be accessible at all times via Visual Care.

A copy of the relevant policies will also be provided to parents of children enrolled at the service who are identified as having a specific medical condition including Asthma, Diabetes and Anaphylaxis. Management of these medical conditions is controlled by the following policies;

- Medical Conditions - Anaphylaxis Management and Severe Allergy Policy
- Medical Conditions - Asthma Policy
- Medical Conditions - Diabetes Policy

Risk Minimisation Plan

All children with a diagnosed medical condition must have a risk minimisation plan in place. A meeting will be arranged with the parents/guardian as soon as the Service has been advised of the medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

1. That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
2. That practices and procedures in relation to the safe handling of food are developed and implemented
3. To ensure 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
4. Practices ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented

MEDICAL CONDITIONS

Ruby & Ollie's – Out of School Hours Care

5. Plan(s) in conjunction with parents/guardians will be reviewed at least annually and/or will be revised with each change in the Medical Management Plan.
6. Medical Management Plans will be uploaded to the child's profile in Visual Care on enrolment and whenever a revised plan is provided.
7. Educators will ensure all relevant information pertaining to the child's health and medical condition is communicated to parents either verbally at the end of the day, or via a notification in Xplor.
8. Educators will notify parents in advance of any special activities taking place such as celebrations, sporting events and excursions so plans of safe inclusion can be made
9. Educators will ensure appropriate hygiene practices are followed when managing medical conditions in line with the Control of Infectious Diseases Policy.
10. Risk minimisation plans will be continually reviewed in collaboration with families and any changes or amendments will immediately be recorded on the child's profile.

Communication Plan

A communication plan determined via the above process (Risk Minimisation Plan) will be given to Families and also to Educators as appropriate. In accordance with current regulations, details may also be publicly displayed at the Centre:

1. All relevant staff members and volunteers are informed about the medical conditions policy and the Medical Management Plan and Risk Minimisation Plan for the child; and
2. Educators and parents can communicate any changes to the Medical Management Plan and Risk Management Plan for the child

At all times, families who have a child attending the Service who have a diagnosed medical condition will be provided with a copy of this policy which includes a communication plan and any other relevant policies.

Training and Rostering

The Educators roster must ensure that the following listed qualifications are current and available at all times. The required qualifications can be held by a single rostered Educator or shared as per the regulations, as follows:

- At least one Educator who holds a current approved first aid qualification;
- At least one Educator who has undertaken current approved anaphylaxis management training;
- At least one Educator who has undertaken current approved emergency asthma management training.
- At least one Educator who has undertaken current approved epilepsy training (when a child with known Epilepsy in attendance in the service)

Staff will be provided training in the management of any other medical condition that has been diagnosed of a child in the Service. This training or information will be from the recognised authority of the condition i.e. Epilepsy Australia, and Diabetes Australia.

Parents/Guardians

1. Provide a medical management action plan which has been authorised by a licensed Medical Practitioner
2. Provide supplies, equipment and medication related to the care of the diagnosed medical condition and replenish as needed
3. Notify the Service immediately if any changes occur to the plan(s).
4. Where required provide training to the Educators to enable them to support the individual care and health needs for their child
5. If a child requires special medical procedures or support that are outside of our everyday practices, parents are required to support the Service in obtaining appropriate training and written authorisation for Educators
6. If medication is required, supply and complete the Medical Administration Form. Educators will then follow the Administration of Medication Policy.

MEDICAL CONDITIONS

Ruby & Ollie's – Out of School Hours Care

7. Review Medical Management Plan (which includes the Risk Minimisation and Communication Plans) relating to their child's medical condition with the service at least annually

*** Note parents are responsible for updating their child's Health Management Plan/providing a new Plan as necessary and will be regularly reminded by the service. ***

Any new information will be attached to the Enrolment Form, kept on file at the service and recorded in the child's profile in Xplor.

Related forms: 7.4.1.2.25A – Risk Minimisation and Communication Plan
7.4.1.2.25B – Risk Minimisation and Communication Plan – Document Guide

Sourced:

www.health.nsw.gov.au – Public Health Fact sheet issued Dec 2003
Health and Safety in Children's Services: Model Policies & Practices, 2nd Edition Revised,
Childcare Desktop Policies
National Regulations

Communicating Policy to Families, Children and Team Members

Information relating to the Medical Conditions Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.25
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	17.10.2024
Next Review Date:	17.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

MEDICAL CONDITIONS

ANAPHYLAXIS AND SEVERE ALLERGIC REACTION POLICY

Ruby & Ollie's – Out of School Hours Care

AIM:

- To ensure that the children in our service who are at risk of anaphylaxis or a severe allergic reaction are provided with the best possible care and attention while at the service, Anaphylaxis and/or severe allergies can affect the lives of the children in our care.
- To develop strategies and procedures which need to be followed in regards to medications and the child's well-being.
- To ensure regulations and other guidelines are complied with in relation to the management of risk of anaphylaxis or a severe allergic reaction.

REASON:

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen to which they are sensitive. This reaction requires immediate adrenaline. The most common causes of anaphylaxis are: -

- Food Allergy – eg: peanuts, other nuts, milk and eggs
- Insect Stings – eg: bees, wasps, jumper ants
- Medicines – eg: antibiotics (eg: penicillin), aspirin
- Latex – eg: rubber gloves, balloons, swimming caps

Anaphylaxis is potentially life threatening and always requires an emergency response

METHOD:

On enrolment it is the parent's responsibility to inform the service of their child's anaphylaxis or severe allergic reaction condition. In doing so, the following forms and equipment are to be completed/supplied and returned: -

- Anaphylaxis/Severe Allergy Management Plan (completed by medical practitioner) & Medical Management Plan form, completed in consultation with parents. Any other forms/equipment as may be recommended by medical practitioner/s.
- Details provided in these forms are to be reviewed every twelve months or earlier if required for medical reasons.
- The nominated supervisor and the child's educators will discuss the completed forms with the family and agree on a management and communication plan.
- Specific health information will be recorded in the child's profile.
- All associated documents as described above will be uploaded to child's profile.
- The service is to be informed of any changes in medication or the Anaphylaxis/Severe Allergy Management Plan immediately.
- It is the parent/guardian responsibility to ensure that a store of current medications is available at the Centre.
 - Parents are required to supply medication and ensure it has not expired eg: EpiPen (adrenalin).
 - The medication is to be provided and stored in accordance with the Medication Policy. **The child will not be accepted into care if this required medication is not provided as per the "Anaphylaxis/Severe Allergy Management Plan".**
- If the child displays symptoms of an anaphylactic or severe allergy reaction the Educators will follow the Anaphylaxis/Severe Allergy Management Plan and contact the child's parents/guardians.
- In the event that an Educator feels emergency treatment is required an ambulance will be called.
- Educators will follow the child's Anaphylaxis/Severe Allergy Management Plan and Medical Management Plan. Educators are not medical professionals and are therefore unable to diagnose, however will seek further professional advice if they feel is necessary.

MEDICAL CONDITIONS

ANAPHYLAXIS AND SEVERE ALLERGIC REACTION POLICY

Ruby & Ollie's – Out of School Hours Care

- The service will maintain an up to date copy of every child's Anaphylaxis/Allergy Management Plan and Medical Management Plan.
- Educators will be informed of a child's health information at the point of enrolment.
- Anaphylaxis or a severe allergic reaction information, and the location of a child's epi pen medication will be recorded in the child's profile.
- Educators will be made aware of the signs and symptoms of anaphylaxis or a severe allergic reaction episode.
- All educators will be required to obtain their First Aid Certificate.

General Information about the condition

Symptoms and signs of anaphylaxis

The symptoms and signs of anaphylaxis, usually but not always, occur within the first 20 minutes after exposure but in some cases can be delayed up to 2 hours or more.

Symptoms and signs of anaphylaxis (a severe allergic reaction) may include one or more of the following:

- Difficulty and/or noisy breathing
- Swelling or tightness in the throat
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Swelling of the tongue
- Difficulty talking or hoarse voice
- Dizzy/light headed
- Pale and floppy (young child)

Symptoms and signs of a mild to moderate allergic reaction may include one or more of the following:

- Tingling of the mouth
- Swelling of the face, lips, eyes
- Hives, welts or body redness
- Vomiting, abdominal pain

When Educators and families work together on an Anaphylaxis/Severe Allergy Management Plan and Medical Management Plan, we can be sure that all children are treated with care and respect and given every chance to participate in the program fully.

Any new information will be attached to the Enrolment Form, kept on file at the service and included in the child's profile. The service will ensure information that is displayed about a child's medical conditions is updated as per the Communication Plan. Additional information provided by recognized authorities of the condition will be displayed throughout the Centre, for example, information provided by Australasian Society of Clinical Immunology and Allergy ASCIA providing First Aid guidance (i.e. [First Aid for Anaphylaxis Fact Sheet](#))

Related Forms:

- 7.4.1.2.26.A - Anaphylaxis action plan - epipen
- 7.4.1.2.26.B - Allergic Reactions - non epipen
- 7.4.1.2.25A - Risk Minimisation and Communication Plan

MEDICAL CONDITIONS

ANAPHYLAXIS AND SEVERE ALLERGIC REACTION POLICY

Ruby & Ollie's – Out of School Hours Care

Sourced:

Anaphylaxis Australia website

<http://www.allergyfacts.org.au/whatis.html>

www.health.nsw.gov.au – Public Health Fact sheet issued Dec 2003

Health and Safety in Children's Services: Model Policies & Practices, 2nd Edition Revised,

Severe Allergic Reactions - Anaphylaxis Guidelines for Queensland Schools

Communicating Policy to Families, Children and Team Members

Information relating to the Medical Conditions – Anaphylaxis & Severe Reactions Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.26
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	21.10.2024
Next Review Date:	21.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

MEDICAL CONDITIONS

ASTHMA POLICY

Ruby & Ollie's – Out of School Hours Care

AIM:

- To ensure that the children in our service who have asthma are provided with the best possible care and attention while at the service. Asthma is a condition which can affect the lives of the children in our care.
- To develop strategies and procedures which need to be followed in regards to medications and the child's well-being.
- To ensure regulations and other guidelines are complied with in relation to the management of asthma.

REASON:

To document strategies for implementation of best practice asthma management within our service so that:

- All children enrolled at our service who have asthma can receive appropriate attention as required
- Most children with asthma are able to lead essentially normal lives, provided they receive the correct medical management.

METHOD:

On enrolment it is the parent's responsibility to inform the service of their child's asthma condition. In doing so, the following forms and equipment are to be completed/supplied and returned: -

- Asthma Management Plan (completed by medical practitioner)
- Medical Management Plan form. Completed in consultation with parents
- Any other forms/equipment as may be recommended by medical practitioner/s.

Details provided in these forms are to be reviewed every twelve months or earlier if required for medical reasons.

- The nominated supervisor and the child's educators will discuss the completed forms with the family and agree on a management and communication plan.
- Specific health information will be recorded in the child's profile.
- All associated documents as described above will be uploaded to child's profile.
- The service is to be informed of any changes in medication or the Asthma Management Plan immediately.
- It is the parent/guardian responsibility to ensure that a store of current medications is available at the Centre.

Medications used in asthma can be divided into RELIEVER and PREVENTERS:

- RELIEVERS are quick acting and used to treat the symptoms of an attack. Given when a child begins to cough and wheeze.
- PREVENTERS are used to prevent attack or daily symptoms and include; Inhaler Becotide, Pilmicort and Flixotide. Usually given once or twice a day.
- The medication is to be provided and stored in accordance with the Medication Policy. **The child will not be accepted into care if this required medication is not provided as per the "Asthma Management Plan".**
- If the child displays symptoms of an asthma attack the Educators will follow the Asthma Management Plan and contact the child's parents/guardians.
- In the event that an Educator feels emergency treatment is required an ambulance will be called.
- Educators will follow the child's Asthma Management Plan and Medical Management Plan. Educators are not medical professionals and are therefore unable to diagnose, however will seek further professional advice if they feel it is necessary.
- The service will maintain an up to date copy of every child's Asthma Management Plan and Medical Management Plan.
- Educators will be informed that the child is asthmatic at the point of enrolment.
- Asthma information and the location of a child's asthma medication will be recorded in the child's profile.

MEDICAL CONDITIONS

ASTHMA POLICY

Ruby & Ollie's – Out of School Hours Care

- Educators will be shown how to administer the medication as instructed in the Asthma Management and Medical Management Plan
- Educators will be made aware of the signs and symptoms of an asthmatic episode.
- All educators will be required to maintain current First Aid certification.

General Information about the condition

Signs of a severe asthma attack

Signs could include:

- Gaspings for breath
- Severe chest tightness
- Inability to speak more than one or two words per breath
- Feeling distressed and anxious
- Little or no improvement after using blue reliever medication (Airomir, Asmol, Bricanyl or Ventolin)
- Sucking in of the throat and rib muscles
- Blue colouring around the lips (can be hard to see if skin colour also changes)
- Pale and sweaty

As well as the above symptoms, young children appear restless, unable to settle and may have problems eating or drinking due to shortness of breath. They may also have severe coughing and vomiting.

The signs of an asthma attack vary, so a person with asthma may not show all the above signs during a severe attack.

When Educators and families work together on an Asthma Management Plan and Medical Management Plan, we can be sure that all children are treated with care and respect and given every chance to participate in the program fully.

Any new information will be kept in the Child's file at the service and uploaded in the child's profile in Xplor. The service will ensure information that is displayed about a child's medical conditions is updated as per the Communication Plan. Additional information provided by recognized authorities of the condition will be displayed throughout the Centre, for example, information provided by National Asthma Council of Australia providing First Aid guidance (i.e.

www.nationalasthma.org.au/uploads/content/22-First-Aid-Asthma-Chart.pdf)

Related Forms:

- 7.4.1.2.26.A - Anaphylaxis action plan - epipen
- 7.4.1.2.26.B - Allergic Reactions - non epipen
- 7.4.1.2.25A - Risk Minimisation and Communication Plan

Sourced:

Staying Healthy in Childcare 5th Edition

52 Steps to Quality Care – Jennifer Clark & Maryanne Gray

Health in Early Childhood Settings by Prof Frank Oberklaid

St John's First Aid Training

Health and Safety in Children's Centres – Model Policies & Practices, 2nd Edition Revised

Foundation of Queensland February 2009; www.asthmaqld.org.au

MEDICAL CONDITIONS

ASTHMA POLICY

Ruby & Ollie's – Out of School Hours Care

Communicating Policy to Families, Children and Team Members

Information relating to the Medical Conditions – Asthma Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.27
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	21.10.2024
Next Review Date:	21.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

MEDICAL CONDITIONS

DIABETES POLICY

Ruby & Ollie's – Out of School Hours Care

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that educators, support workers, inclusion coaches and staff within the Service understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications

NDIS PRACTICE STANDARDS HIGH INTENSITY SKILLS DESCRIPTORS:

Manage Diabetes	Description
This is an example of knowledge and role related to diabetes. This is a corequisite with injecting where a person with diabetes requires support to implement their diabetes management plan and need regular injections that they cannot administer themselves.	<p>Context: A diabetes management plan has been developed and is overseen by a health practitioner and the support worker has also received training to administer medication by injection.</p> <p>Providers will support their workers and others involved in providing supports to: Support a person to implement their diabetes management plan and identify and respond to hypoglycaemic episodes, monitor, and record blood sugar levels (BSLs); follow procedures to calculate dose requirements, administer medication.</p> <p>Providers will deploy staff with knowledge of: Basic understanding of diabetes types 1 and 2; factors that can affect BSLs; methods of managing insulin levels including different types of insulin (fast/slow release); variables that affect insulin delivery such as timing, site selection and rotation; common symptoms and risks of low or unstable blood sugar levels and related responses; common complications and sources of expertise e.g. podiatrist.</p>

PURPOSE:

The Education and Care Services National Regulations and NDIS Practice Standards and Quality Indicators requires approved providers to ensure their services have policies and procedures in place for medical conditions including diabetes. Ruby and Ollie's (R&O) is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency occurring for any child whilst at our Service by supporting young people with diabetes, working in partnership with families and health professionals, and following the child's diabetic management plan and Emergency Action Plan.

SCOPE

This policy applies to children, families, educators, support workers, inclusion coaches, staff, management, and visitors of the Service.

DUTY OF CARE

Ruby and Ollie's has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to always provide a safe environment and adequate supervision. Our Service will ensure that staff members, including relief staff, have adequate training and knowledge about diabetes and know what to do in an emergency to ensure the health and safety of children (especially regarding hypoglycaemia). Management

MEDICAL CONDITIONS

DIABETES POLICY

Ruby & Ollie's – Out of School Hours Care

and Ruby & Ollie's Registered Nurse will ensure all staff are aware and have been trained in the individual child's diabetes management plan, emergency action plan and risk minimization plans.

DESCRIPTION

Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.

Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

IMPLEMENTATION

We will involve all educators, support workers, inclusion coaches, families, and children in regular discussions about medical conditions and general health and wellbeing throughout the enrolment of Ruby and Ollie's. The 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 medical management plan in prominent communication devices/applications within the Service.

A copy of our Medical Conditions Policy and Diabetes Management Policy will be provided to all educators, support workers, inclusion coaches, staff, and families of the Service. It is important that communication is open between families and all members of R&O's support teams so that management of diabetes is effective.

Children diagnosed with diabetes will not be enrolled into the Service until the child's diabetic management plan and emergency action plan is completed and signed by their medical practitioner or diabetes nurse practitioner and the relevant staff members have been trained on how to manage the individual child's diabetes.

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. It is imperative that all educators, support workers and inclusion coaches at the Service follow a child's diabetic management plan and in event of an incident the emergency action plan is activated.

MANAGEMENT AND SITE LEADER WILL ENSURE THAT:

Before the child's enrolment commences, the family will meet with Ruby & Ollie's Registered Nurse to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions.

Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy, Medical Conditions Policy, and Administration of Medication Policy.

Each child with type-1 diabetes has a current individual Diabetes management plan prepared by the child's diabetes medical specialist team, at or prior to enrolment.

A child's diabetes management plan must be current and signed by a registered medical practitioner and inserted into the enrolment record for each child. This will include all information on how to manage the child's diabetes on a day-to-day basis as well as the emergency action plan. Information may include:

- blood glucose testing- BG meter

MEDICAL CONDITIONS

DIABETES POLICY

Ruby & Ollie's – Out of School Hours Care

- insulin administration order
- food, carbohydrate portion control
- how to store insulin correctly
- how the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
- any oral medicine the child may also be prescribed.
- managing diabetes during physical activities and excursions

A risk minimisation plan will be developed in collaboration with parents/guardian and cover the child's known triggers and where relevant other common triggers which may lead to a diabetic emergency.

A communication plan is developed in collaboration with staff and parents/guardians encouraging ongoing communication regarding the management of the child's diabetes, the status of the child's health, and this policy and its implementation within the Service prior to the child starting at the Service.

All staff members are provided with a copy of the Diabetes Management Policy and the Medical Conditions Policy which are reviewed annually.

A copy of this policy is provided and reviewed during each new staff member's induction process.

All staff members have completed first aid training by an approved Registered Training Organisation at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on Ruby and Ollies electronic file.

When a child diagnosed with diabetes is enrolled, all educators, support workers, inclusion coaches, attend regular professional training on the management of diabetes and emergency management of diabetes.

At least one staff member who has completed training in emergency diabetes first aid is always present at a R&O's Service whenever a child with diabetes is in attendance.

There is a staff member who is appropriately trained to perform finger-prick blood glucose and is aware of the action to be taken if these are abnormal whenever the child attends the service.

Consideration is given as to how and where insulin is stored.

The family supplies all necessary glucose monitoring and management equipment, and any prescribed medications and sharps disposal container prior to the child's enrolment.

All staff members are trained to identify children displaying the symptoms of a diabetic emergency and are aware of the location of the diabetic emergency management plan, required insulin/food as well as the risk minimisation plan.

All staff, including casual and relief staff, are aware of children diagnosed with diabetes attending Ruby and Ollie's Service, their individual symptoms of low blood sugar levels, and the location of their diabetes management plans, emergency management plan and risk minimisation and communication plans.

The programs delivered at Ruby & Ollies are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential.

Healthy snacks, drinks, and plenty of fresh water that are appropriate for the child and are in accordance with the child's diabetes management plan are always available at Ruby & Ollies Services.

Applications for additional funding opportunities are made if required to support the child living with diabetes.

MEDICAL CONDITIONS

DIABETES POLICY

Ruby & Ollie's – Out of School Hours Care

SITE LEADERS AND EDUCATORS WILL:

- Read and comply with the Diabetes Management Policy, Medical Conditions Policy, and Administration of Medication Policy
- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, diabetes management plan, emergency action plan and risk management plans and any prescribed medications.
- Perform finger-prick blood glucose when indicated and will act by following the child's diabetes management plan if these are out of the individual child's normal range.
- Communicate with parents/guardians regarding the management of their child's diabetes as per their communication plan.
- Ensure that children living with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at Ruby and Ollie's All Abilities.
- Ensure a copy of the child's individual diabetes management plan, emergency action plan is visible and known to staff within Ruby and Ollie's All Abilities.
- Eating times are flexible and children are provided with enough time to eat.
- Take all children's diabetes management/action plans, monitoring equipment, medication records, and any prescribed medication on excursions and other events outside of Ruby and Ollies Service Sites.
- Recognise the symptoms of a diabetic emergency and treat appropriately by following the diabetes emergency action plan.
- Ensure a trained and qualified educator will administer prescribed medication if needed according to the diabetes management/action plan and in accordance with Ruby and Ollie's Administration of Medication Policy.
- Record Blood Glucose Readings and any units of insulin given in the Monitoring of Blood Glucose and Giving of Insulin Record.
- Identify and where possible minimise possible triggers as outlined in the child's diabetes management plan and risk minimisation plan.
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties, and family days, as well as during periods of high-energy activities.
- Ensure appropriate supplies of insulin administration equipment, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays.
- Maintain a record of the expiry date of the prescribed insulin and ensure it is replaced prior to expiry.
- Ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g., glucose jellybeans, lemonade, lucozade, honey etc.
- Document in notes on Visual Care after each shift with details of Blood Glucose Levels, Units of Insulin given, meals / snacks consumed as well as child's mood and demeanour that day.
- Record any incidents on Visual Care and notify Ruby and Ollies General Manager / Educational Leader immediately.

FAMILIES WILL ENSURE THEY PROVIDE RUBY AND OLLIES WITH:

Details of their child's diagnosis and how it affects their individual diabetes health condition.

Their doctor's name, address and phone number, and a phone number for an authorised nominee and/or emergency contact person in case of an emergency

A diabetes management plan and emergency action plan following enrolment and prior to the child starting at Ruby and Ollies.

The plan must be completed by their child's diabetes team (paediatrician or endocrinologist, general practitioner, or diabetic nurse practitioner).

The plan should include:

When, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring.

- what meals and snacks are required including food types/groups amount and timing

MEDICAL CONDITIONS

DIABETES POLICY

Ruby & Ollie's – Out of School Hours Care

- what activities and exercise the child can or cannot do
- whether the child can go on excursions and what provisions are required
- what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
- what action to take in the case of an emergency
- an up-to-date photograph of the child

The appropriate monitoring equipment needed according to the diabetes management plan.

An adequate supply of insulin for the child always according to the Diabetic Management Plan and Emergency Action Plan.

Any changes to their child's medical condition including the provision of a new Diabetes Management Plan to reflect these changes as needed.

All relevant information and concerns directly to Ruby and Ollie's staff, for example, any matter relating to the health of the child that may impact on the management of their diabetes.

Families are to provide the main meals of Breakfast, Lunch and Dinner which have adequate low glycaemic index carbohydrate portions as well as protein and fresh vegetables.

DIABETIC EMERGENCY

A diabetic emergency may result from too much or too little insulin in the blood.

There are two types of diabetic emergency.

- a) very low blood sugar- HYPO- (hypoglycaemia, usually due to excessive insulin), and
- b) very high blood sugar- HYPER- (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia.

This can result from:

- too much insulin or other medication.
- not having eaten enough carbohydrate or other correct food.
- a meal or snack has been delayed or missed.
- unaccustomed or unplanned physical exercise or
- the young person has been more stressed or excited than usual.

SIGNS and SYMPTOMS HYPOGLYCAEMIA- (HYPO)

If a child is wearing a CGM device, it will sound an alert when they are below their target range. Symptoms can vary between each young person.

If caused by low blood sugar, the child may:

- feel dizzy, weak, tremble and feel hungry
- look pale and have a rapid pulse (palpitations)
- sweat profusely
- feel numb around lips and fingers
- change in behaviour- angry, quiet, confused, crying
- become unconsciousness or have a seizure

MEDICAL CONDITIONS

DIABETES POLICY

Ruby & Ollie's – Out of School Hours Care

SIGNS and SYMPTOMS HYPERGLYCAEMIA –(HYPER)

If caused by high blood sugar, the child may:

- feel excessively thirsty
- have a frequent need to urinate
- feeling tired or lethargic
- feel sick
- be irritable
- complain of blurred vision
- lack concentration
- have hot dry skin, a rapid pulse, drowsiness
- have the smell of acetone (like nail polish remover) on the breath
- become unconsciousness

If a child suffers from a diabetic emergency at Ruby and Ollies staff will:

- Always provide adult supervision
- Follow the child's diabetic medical management /action plan
- If the child does not respond to steps within the diabetic emergency action plan, immediately dial 000 for an ambulance.
- Continue first aid measures and follow instructions provided by emergency services
- Contact the parent/guardian when practicable.
- Contact the emergency contact if the parents can't be contacted when practicable.
- Contact Ruby and Ollies Manager / Educator Lead who will Notify the regulatory authority within 24 hours.

REPORTING PROCEDURES

Any incident involving serious illness of a child which requires urgent medical attention or hospitalisation is regarded as a serious incident.

The following is required:

- staff members involved in the situation are to complete an Incident, Injury and Illness Record which will be counter signed by the Nominated Supervisor of Ruby and Ollies, at the time of the incident.
- Ensure the parent/ guardian is notified as early as possible of the incident.
- ensure the parent or guardian signs the Incident, Injury, and Illness Record
- if necessary, a copy of the completed form will be sent to the insurance company.
- a copy of the Incident, Injury, and Illness Record will be placed in the child's file in Visual Care.
- the Nominated Supervisor will inform Ruby and Ollies Management about the incident.
- the Nominated Supervisor/General Manager will inform Regulatory Authority of the incident within 24 hours as per regulations.
- staff will be debriefed and offered counselling after each incident and the child's individual diabetes management plan, emergency action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used.

Related Forms:

7.4.1.2.28.A – Blood Glucose Level Testing and Insulin Monitoring

MEDICAL CONDITIONS

DIABETES POLICY

Ruby & Ollie's – Out of School Hours Care

Communicating Policy to Families, Children and Team Members

Information relating to the Curriculum Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.28
Authorised By:	Cherie Harland – Clinical Nurse Consultant
Creation/Approval Date:	25.10.2023
Last Review Date:	21.10.2024
Next Review Date:	21.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

SUPERVISION

Ruby & Ollie's – Out of School Hours Care

AIM:

To meet and exceed the supervision regulations set by the Department of Education. Appropriate supervision is paramount to ensure the service is safe and meeting the needs of the children in your care. Children need to be properly supervised indoors and outdoors.

METHOD:

- Educators will always supervise children while they are in our care at our service. This is inclusive of both inside and outside areas, no child is to be left unsupervised at any point in the day.
- Appropriate child: Educator ratios will always be maintained and exceeded in accordance with the National Quality Framework (NQF).
- Educators will use walkie talkies to ensure the safe supervision of all children
- While Educators are supervising children, they will not be involved in any other activity that will reduce the level of supervision.
- While supervising children, Educators will be actively involved in activities with the children, or will be observing the activity closely.
- While supervising children both indoors and outdoors, Educators will be active and will supervise all areas. Educators will plan activities in private and quiet spaces. However, Educators need to ensure that children in these spaces are still appropriately supervised, and the children are always seen or in earshot of the Educators. Supervision is not just defined by sight, children must be seen, heard and physically accessible to educators.
- Educators will use walkie-talkies when accessing both indoor and outdoor facilities to maintain contact and adequate communication and supervision at all times.
- Educators will perform regular head counts both formally and informally and communicate this over walkie talkies.
- Formal head counts will be logged within the playground application every 3 hours.
- Should, on the rare occasion a child needs to access the shower, this is located close by to the building and the rooms we provide our daily care from. The shower facilities have adequate Educators on duty to be supervising all environments that the children are in, including the 1:1 support a child may need to take care of their personal hygiene needs. Refer: 7.4.1.2.16 – Nappy Changing, Toileting, Bathing & Hygiene.
- A supply of towels will be available and these will be placed in a closed basket to be taken to the laundry after hours for washing and drying.
- Educators will ensure the Person in Charge/ Lead Educator is aware that they will be undertaking 1:1 support in the bathroom facilities, so to ensure ratios are met in all other environments and all staff and children are accounted for.
- Educators will record the event on the child's personal and private Xplor profile so parents/ caregivers are made aware that such a rare event took place whereby the child needed a shower.
- Educators will place themselves in a position where they can see most of the environment and children and will avoid sitting/standing with their backs to the majority of children. An Educator will be in every environment the children are, i.e indoors/ outdoors/ toileting.
- Educators consider implications for supervision during any changes to the physical environment of the service.
- Educators will avoid positioning furniture in the room or playground that may obstruct their view, and to ensure that it is placed securely and safely.
- While supervising children, educators will be involved in guiding the children's behaviour, meeting their care giving needs and extending their development.
- During transition of children to another environment, Educators will ensure they are aware of how many children are moving into that area and ensure that the area is safe before entering.
- Educators avoid becoming involved in lengthy discussions with other Educators or parents while supervising children.
- All Educators need to be aware of who is picking the children up each day. If an Educator is unsure or has not met a person before, they will check the contact list in Xplor / Playground and ask the person for photo identification before releasing the child.

SUPERVISION

Ruby & Ollie's – Out of School Hours Care

- Custody arrangements are listed on the child's enrolment form / in their profile and are kept in the child's file in the centre.

Walkie Talkie communication and responsibilities:

It is the responsibility of the Nominated Supervisor to:

- Ensure walkie talkies are in working order and operational
- Ensure all staff understand how to use a walkie talkie and train and support staff to understand communication conduct

It is the responsibility of the Responsible Person of the day to:

- Be accountable for the walkie talkies and consult the Nominated Supervisor if support is required.
- Allocate Walkie Talkies to all educators for the day and ensure they are returned at the end of the shift to charge.
- Ensure walkie talkies are charged and operational for the next shift

It is the responsibility of educators and staff to:

- Utilize walkie talkie as communication method for effective supervision of all children
- Ensure children and NO access to the walkie talkies
- Follow clear communication and two-way radio protocol
- Report any issues relating the walkie talkies as soon as possible
- ensure they are secure and looked after on shift at all times.

Communication:

- Communication whilst using the walkie talkies needs to be respectful at all times.
- Walkie talkies should NOT be used for casual or private conversations, these are a safety tool.
- Communication needs to be CLEAR and CONCISE at all times. Say only factual and relevant information and keep it short.
- Remember that talking through a walkie talkie is never a private conversation, be mindful that language needs to be appropriate and the use of walkie talkies needs to remain professional.

Don't	Do
Say long winded sentences	Keep it brief and clear
Let children control or handle walkie talkies.	Keep on you at all times.
E.g. "hey I'm at the playground and xyz needs to use the toilet can someone come and help?" E.g. "I need to go inside and have my break please"	"Name, XYZ needs to be toileted, Name XYZ needs to be toileted" – repeat phrase and use names to gain immediate attention. "Name, requesting swap for break, Name, Requesting swap for break"

SUPERVISION

Ruby & Ollie's – Out of School Hours Care

Sourced:

National Quality Framework (NQF) <https://www.acecqa.gov.au/nqf/educator-to-child-ratios>;

Managing Risks in Children's Services – S. Caton & D. Roche

Communicating Policy to Families, Children and Team Members

Information relating to the Supervision Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.29
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	27.09.2024
Next Review Date:	27.09.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

ABSCONDENCE

Ruby & Ollie's – Out of School Hours Care

AIM:

To ensure all Educators and visitors to the Service are aware of what to do in an absconding situation. To identify when it is needed and to maintain regular practice of these drills.

METHOD:

When an emergency situation arises, where the Service needs to locate a missing child or pursue a running child, a lock down of other children will occur to ensure the safety of all persons inside, all Educators need to follow the below procedure.

The following situations would describe an "Abscondence"

- A child goes missing from the service and is not accounted for.
- A child is considered to be hiding and unable to be found.
- A child has been witnessed running toward or over a fence line.
- A child will not return to safety of the service and requires emergency interception.
- A child is attempting to escape fence lines repeatedly.

In the case of a child missing or attempting to abscond, the service will proceed to place the remaining children in the service into a lock down in order to keep them safe and accounted for during the retrieval of absconded child.

In a real absconding situation, Educators should keep all children calm and stay in the room until they are given advice from the Nominated Supervisor.

ABSCONDING DRILL:

Absconding drills will be practiced quarterly. When a practice situation arises, the Educators will follow the procedure as closely as possible and document the drill on the emergency absconding evaluation form.

This form will be kept at the Service and possible improvements will be discussed as a group where possible.

ABSCONDENCE

Ruby & Ollie's – Out of School Hours Care

PROCEDURE FOR ABSCONDENCE:

When an Educator issues an abscondence, they need to:

Step 1: Raise the alarm loudly and quickly by using the phrase "A Puzzle piece is missing" This alert should be communicated via walkie talkies and verbally across site.

Step 2: Staff who have heard the alert, will pass it on to other staff immediately.

Step 3: Alert all Educators and children who are in the outdoor area. By using the code word phrase "A puzzle piece is missing". They should move quickly and collect all remaining children, their medication and supplies and quickly move into their studios and lock the doors.

Step 4: Staff then must perform a head count and ensure that all children are in the safe space along with enough staff to care for them during this time. **This is to be logged formally within our playground application.**

Step 5: Two staff members are to begin searching/retrieving child while remaining staff call services and parents if needed.

Step 6: Once child is located and all children are accounted for. Leads will alert staff by saying the phrase" the puzzle is complete" this will be said over walkie talkies/phones and verbalised repeatedly.

Step 7: If emergency services were called but child was located quickly then they need to then be cancelled.

If child was not located then lead educator works co-operatively with police/ other emergency services accordingly.

Step 8: Nominated supervisor engages with families to inform them of what has occurred and completes handover with police if necessary.

Step 9: Incident reports to be completed and staff statements to be sent to nominated supervisor.

Step 10: Department to be informed within 24 hours of the incident by the General Manager / Educational Leader / CEO.

ABSCONDENCE

Ruby & Ollie's – Out of School Hours Care

Related Forms: 7.4.1.2.5.G - Abscondence Report
7.4.1.2.30 - Absconding drill

Sourced:

Managing Emergency Situations in Educational & Care services – CS Central
http://www.earlychildhoodnews.com/earlychildhood/article_view.aspx?ArticleID=547

COMMUNICATING POLICY TO FAMILIES, CHILDREN AND TEAM MEMBERS

Information relating to the Abscondence Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

POLICY DETAILS

Policy Reference No:	7.4.1.2.30
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	24.10.2024
Next Review Date:	24.10.2025

POLICY REVIEW STATEMENT

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

WATER SAFETY

Ruby & Ollie's – Out of School Hours Care

AIM:

We may use water play as part of our program (in suitable weather). This activity is supervised at all times by Educators and water is emptied after each time and equipment is stored where it cannot collect water while not in use.

METHOD:

- When filling up a water receptacle one Educator is to watch it filling, and one Educator is available to turn water on and off.
- One Educator to remain at the water play activity and supervise children at that activity AT ALL TIMES.
- Children are to be dressed according to our "Sun Safety Policy".
- Once the activity is finished, Educators are to empty water receptacle and store where it cannot collect water while not in use.
- Educators will aim to set up the water trough/receptacle in a shaded position in the playground, in accordance with the centre "sun safety policy".

Educators will consider the local Government rules regarding water restrictions when planning for and implementing water play. Educators will also be water-wise and recycle water onto gardens and plants rather than disposing of the water in drains.

Sourced

Health & Safety In children's Centres: Model Policies & Practices

Communicating Policy to Families, Children and Team Members

Information relating to the Water Safety Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.31
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	24.10.2024
Next Review Date:	24.10.2025

WATER SAFETY

Ruby & Ollie's – Out of School Hours Care

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

SLEEP AND REST

Ruby & Ollie's – Out of School Hours Care

AIM:

Ruby and Ollie's OSHC endeavors to ensure that each child feels safe and secure at the service. The Approved Providers, Nominated Supervisor and Educators have a duty of care to ensure all children are provided with a high level of safety when sleeping and resting.

Every reasonable precaution will be taken to protect children from harm and hazards.

R & O will consult with individual families about their child's particular sleep/rest needs and be sensitive to different values, and parenting beliefs and culture.

Each child's comfort will be accommodated with appropriate opportunities to meet individual needs for sleep, rest and relaxation.

A trusting environment where children feel secure with their carers is more conducive to their sense of comfort and being able to properly rest or sleep.

PROCEDURES:

Ruby and Ollie's defines 'rest' as a period of inactivity, solitude, calmness or tranquility, and can include a child being in a state of sleep.

Sleeping/resting children will be closely monitored by staff, and observations will be noted in the Child's timeline in Xplor.

If a child is regularly required to have a sleep / rest during the day it will be advised by the parent on either their medical management plan or enrolment form. This information will then be transferred to the daily whiteboard by the service leader before each After School Care /Vacation Care session for easy reference for educators

If a parent requests a sleep / rest when dropping the child to the service, this is to be recorded on the daily whiteboard by the educator for easy reference for educators.

Individual children:

- who do not need to sleep will be provided with alternative quiet activities and experiences that will not disrupt sleeping children.
- If a child has a unique requirement around sleep / rest this will be recorded on their Medical Management Plan.

All children:

- will be given the opportunity to rest or sleep at any time of the day, particularly if they are showing signs of tiredness (e.g., yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour, and seeking comfort from adults).
- All children will sleep and rest with their faces uncovered.
- The environment will be quiet, well-ventilated and comfortable.

SLEEP AND REST

Ruby & Ollie's – Out of School Hours Care

Environment and Equipment:

If a school age child requests a rest, then there is a designated area for the child to be inactive and calm, away from the main group of children. The designated rest area may be a cushion, or comfortable couch in a quiet section of the care environment.

- If using linen, it should be light weight and firmly tucked in to prevent being pulled over their head.
- beds will NOT be placed within children's reach of hanging cords such as those on blinds, curtains, or electrical appliances.
- Heaters or any electrical appliances will be kept well away from the beds.
- Electric blankets, hot water bottles or wheat bags will not be used for children.
- Linen – children who require a sleep / rest will bring their own linen to the service. The service will provide Linen to those children who do not bring Linen – this will then be taken home with the child, washed and returned.

Sourced

ACECQA acecqa.gov.au

Red Nose rednose.com.au

Guide to the National Quality Standard (Standard 2.1, Element 2.1.1) acecqa.gov.au

NATIONAL QUALITY STANDARDS

QUALITY AREA 2: CHILDRENS 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.

SLEEP AND REST

Ruby & Ollie's – Out of School Hours Care

Related policies:

Section 2: Childrens health and safety.

Policy # 7.4.1.2.29

Section 3: Physical environment.

Policy # 7.4.1.3.1

section 6: Collaborative partnerships with families and communities.

Policy # 7.4.1.6.1

Communicating Policy to Families, Children and Team Members

Information relating to the Sleep and Rest Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.33
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	24.10.2024
Next Review Date:	24.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

PURPOSE

The purpose of this policy is to guide support workers to undertake care of enteral feeding via a gastrostomy using a PEG tube to meet the individual's needs for the provision of medications, food, and fluids. To comply with the requirements of the NDIS High Intensity Personal Daily Activities Practice Standards, Quality Indicators and Skill Descriptors.

Individuals with PEG tubes are at higher risk of aspirating (breathing in) foods and fluids into their lungs due to already having swallowing difficulties or physical abnormality of the gastrointestinal tract. Coughing, vomiting or poor positioning while feeding can lead to food and medications entering the child or young person's lungs, rather than staying in the stomach, causing chest infections, aspiration pneumonia and chronic lung tissue scarring.

NDIS High Intensity support activity – Enteral Feeding Management.	Description.
<p>Supporting a person who is reliant on Percutaneous endoscopic gastrostomy (PEG) feeding can be part of a general support worker role.</p> <p>A person reliant on NG feeding typically has more complex health issues requiring high intensity support. The need for high intensity support is also indicated when other factors are present. For example, where behavior means a person frequently dislodges the feed tube; the person is at high risk of choking and aspiration - this can include people with severe epilepsy, severe dysphagia, complex physical disability; people who are unable to feed themselves; people with complex communication.</p> <p>The length of time allocated to mealtime assistance can provide an indication of the intensity of support required. This activity overlaps with mealtime assistance.</p>	<p>Context: A mealtime preparation and delivery plan has been developed and is overseen by a health practitioner (may include more than one health practitioner e.g. dietician, speech therapist, occupational therapist).</p> <p>Providers will support their workers and others involved in providing supports to: Follow personal hygiene and infection control procedures; confirm need and consent for enteral feeding, introduce food via tube according to plan; monitor rate and flow of feeding and take appropriate action to adjust if required; keep stoma area clean and monitor and report signs of infection; check that the tube is correctly positioned, monitor equipment operation; follow procedures to respond to malfunction e.g. blockages, follow procedures to document a request to review mealtime plan where required; liaise with health practitioners to explain/demonstrate requirements (e.g. hospital staff), recognize and respond to symptoms that could require health intervention e.g. reflux, unexpected weight gain or loss, dehydration, allergic reaction, poor chest health.</p> <p>Replacement of Nasogastric (NG) tubes is high risk and should be done by a health practitioner. In some cases, support workers may respond when PEG tubes become dislodged. This is only appropriate when the balloon device tube is in position and stable (after the initial tube has been replaced by balloon device), and there is active oversight by a health practitioner.</p>

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

	<p>Providers will ensure that all workers deployed to support enteral feeding has knowledge of: basic anatomy of the digestive system; equipment components, function, cleaning and maintenance procedures; stoma care requirements and procedures; awareness of risks associated with departing from plan and ability to explain these risks to others including carers.</p> <p>Providers will ensure that all workers deployed to provide high intensity support has knowledge of: the impact of associated health conditions and complications that interact with enteral feeding e.g. related cardiac or respiratory disorders; very complex physical disability; severe epilepsy; symptoms that indicate the need for intervention e.g. poor chest health, dehydration, reflux; factors that may require immediate adjustment e.g. rate, flow and quantity of food.</p> <p>When working with people who have very complex physical disability, workers also need training in positioning and turning to maintain airway safety and avoid choking risk and in pressure care.</p>
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DEFINITIONS

Gastrostomy – an opening into the stomach from the [abdominal](#) wall, made [surgically](#) for the introduction of food.

PEG – A percutaneous endoscopic gastrostomy (PEG) is a *procedure to place a feeding tube*.

Mic Key Button – A Mic-Key button is a low-profile tube that allows children and young people to receive nutrition, fluids, and medicine directly into the stomach.

Bolus or Gravity feeding- Feed is administered from a height above the stomach, where the flow of feed is due to the effects of gravity. Used when larger amount of feed is given over shorter period of time and at intermittent feeding intervals.

Continuous feeding - continuous feeding refers to administering an enteral feed continuously using a feeding pump. Feed is provided slowly over several hours via a pump to control flow rate. Feed may be given overnight or during the day or combination of both.

Flush - a quantity of water fed through the tube before and after the administration of food or medication.

Stoma - A stoma is an opening surgically created on the surface of the abdomen to allow for the Percutaneous Enteral

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

REASON FOR GASTROSTOMY FEEDING

A wide range of children may require gastrostomy feeding either for a short or long period of time for a variety of reasons including:

- Unable to consume adequate nutrients.
- Impaired swallowing/sucking
- Facial or oesophageal structural abnormalities
- Anorexia related to a chronic illness.
- Eating disorders
- Increased nutritional requirements,
- Congenital anomalies
- Primary disease management.

Gastrostomy feeding tubes can be used to:

- Administer bolus, intermittent feeds, and continuous feeds.
- Medication administration
- Facilitate venting/decompression of the stomach from build-up of air.

PARENTS WILL:

Provide the Feeding Regime and /or Enteral Feeding script written by qualified health professional with full explanation of procedure as it applies to their individual child or young person including the feeds/formula as well as amounts of water flushes.

A mealtime management plan completed by a Speech therapist if the individual child or young person is also orally fed.

Provide all food for feeds as per Feeding Regime.

Provide fully charged and clean Nutricia Flocare feeding pump with charging cable.

Provide feeding lines, extension tubes and syringes.

Provide spare feeding lines and syringes in case of damage.

Provide consumables and products for mouth care.

Provide consumables and products for stoma care.

RUBY AND OLLIES NURSE WILL:

During the initial intake health assessment process, Ruby and Ollie's nursing staff are to:

- Confirm and obtain the enteral feeding regimen or the enteral feeding script is provided by the appropriately qualified health professional for the individual child.
- Confirm contact details of the prescriber and the next review date of the script appropriateness. The prescriber could be:
- The GP or medical specialist

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

- A private practice dietitian
- A private registered nutritionist
- The dietetic department of QLD Children's Hospital
- Check to see if a mealtime plan has been developed by a Speech Pathologist. Where the person has a swallowing and choking risk and is eating orally in conjunction with enteral feeding, the person must also have a mealtime plan developed by a Speech Therapist.
- Review the feeding regimen, ensuring the following areas are covered in the enteral feeding plan and mealtime plan (if applicable).
 - Whether child is nil by mouth or enterally and oral fed
 - Delivery route
 - Formula
 - Rate/ volume and frequency of feeds
 - Total volume of feeds for the day
 - Amount of fluid to flush
 - Positioning for enteral feeding – during and after feeds
- Document clearly on the Disability Related Health and Wellbeing Care Plan:
 - Whether the person is Nil by Mouth and enterally fed only or enterally and orally fed.
 - Mention the positioning of the child during and after feeds, as recommended by the mealtime and/or enteral feeding plans.
 - Care of individual stoma and mouth care.
- Gain written consent from parents to replace Gastrostomy Mic Key buttons if dislodged during Ruby and Ollies service.
- Train and monitor educators, support workers or inclusion coaches to the individual child's regimens and care plans.

SITE LEADERS, EDUCATORS, SUPPORT WORKERS, INCLUSION COACHES:

Before providing food, fluids or medications to a child or young person with a feeding tube, the support worker should check the following:

- The Site leader is to confirm the enteral feeding regimen and/or mealtime management plan provided has been provided by the appropriately qualified health professional.
- The educator, support worker or inclusion coach is to confirm they have been trained and deemed proficient by Ruby and Ollie's nursing staff to undertake this activity for enteral feeding and use of feeding feeding tubes.
- At the commencement of each shift read the individual child or young person's Care Plan's, enteral feeding regimen and/or the mealtime plan feeding provided by the health professional.
- If the educator, support worker or inclusion coach is unsure of their knowledge or how to implement any aspects of these plans or PEG tube care provided by the health professional they should inform the Site Leader, Management or Ruby and Ollies nursing staff immediately.

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

PROCEDURE

This procedure specifies the requirements for support services team members to safely care for children, and young people with a PEG tube (percutaneous endoscopic gastrostomy tube) enteral feeding.

- If **IN HOME** the support worker will need to understand how to interpret and implement the Disability Related Health and Wellbeing Care Plan developed by Ruby and Ollie's Nurse for the individual child or young person.
- If **IN CENTRE** the educator or inclusion coach will need to understand the enteral feeding regimen or the enteral feeding script provided by the health professional or the parent.

BOTH SERVICES

- Completed PEG tube enteral feeding training and have been deemed proficient by Ruby and Ollie's Nurse to undertake this activity.
- If applicable to the individual child or young person, understand how to interpret and implement the mealtime management plan supplied by Speech Therapist.
- Understand the safe operation for the management of PEG feeding machines and related equipment which is included as part of the training by Ruby and Ollie's Nurse.
- Understand the specific risks relating to care of people being provided medications, food, and fluids by PEG feeding tube.
- Understand how to identify and escalate complications related to children and young people with PEG tubes and enteral feeding.

Prepare the child or young person for the enteral feed activity you need to undertake:

- Always wash your hands or use alcoholic hand rub (70%) before and after caring for a PEG.
- Inform the child or young person what you are going to do. Ask for consent and allow time for them to communicate in their individual way to you.
- Include the child and young person in every part of the process by communicating with them constantly and being alert to cues / gestures the individual is trying to tell you.
- Place the child and young person in the safe position described in feeding/care plans.
- Lying prone/supine during feeding increases the risk of aspiration and therefore where clinically possible the child should be placed in an upright position.
- After washing hands, prepare the required equipment for the activity you will be undertaking.
- Use gloves (after washing hands) to prevent contact with leakage of stomach fluids.
- Dressings are only needed on tubes that are leaking and should be managed under the guidance of Ruby and Ollie's nursing staff or parent. Read the individual child's or young person's individual Disability Related Health and Wellbeing Care Plan for direction if IN HOME or contact parent immediately if PEG's are leaking for guidance.
- You can gently clean the skin around the stoma using cotton buds or a clean, soft cloth with soap and warm water. It must be a new clean cloth not used on any other part of the body.

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

- Dry the skin thoroughly, the skin must be kept clean and dry to prevent irritation and infection. Use a clean towel for drying that has not been used on any other part of the body.
- Check for redness, swelling, oozing, or excess skin growing around the stoma and tube.
- Unless there is an infection present, it is not necessary to use normal saline or antiseptic solutions.
- Inform parents of any issues with stoma immediately.
- Document condition of stoma after each shift.

Procedure for venting stomach via PEG.

Venting allows excess air to escape from the stomach,

- Before a feed
- If the child seems uncomfortable or has stomach pain
- If the child's stomach appears swollen/bloated
- Always wash your hands or use alcoholic hand rub (70%) before and after caring for PEG.
- Use gloves (after washing hands) to prevent contact with leakage or stomach fluids.
- Assemble equipment.
- For a Mic Key button tube attach the feeding or venting extension tube to the button, the tube used, depends on the type of gastrostomy, refer to the child or young person's individual Care Plan.
- Attach a 50 ml syringe without plunger, to the tube used for venting.
- Lower the tube and syringe so it sits lower than the stomach, you may see liquid draining from the stomach and hear or see bubbles in the liquid.
- Gently press the tummy, to see if there is any air to be let out. Usually, a little bit of air comes out. If a lot of air comes out, then gently press the abdomen again.
- When finished, remove the syringe and extension tube, and clean them as required.

Water Flushes and extra water

- Tap water is suitable for most other children over 6 months but a lot of families choose to use cooled boiled water. Follow the parents wishes with regards to water flushes.
- Always ensure that the water is at room temperature before flushing PEG.
- Follow instructions on the child or young person's individual Feeding plan or Disability Related Health and Wellbeing Care Plan.

Care of Feeding Sets and Accessories:

- Wash all containers, extension tubes and feeding equipment in warm soapy water.
- Rinse well and drip dry thoroughly before storing away.
- Do not dry with a tea towel as that can transfer bacteria.

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

- It is recommended that they are stored in an airtight container in a cool dry place or in fridge.

Feeding sets need to be changed:

- Daily if the child is under one year
- Daily if the child or young person has issues with their immune system.
- Every 2 days for children and young people.

Feeds prepared from a formula eg. Alfare

- For children and young people on continuous formula prepared from powder form can be hung for 6-8 hours.
- Pre-prepared can be stored in a sealed plastic container in the refrigerator for up to 24 hours.
- Follow instructions on the child or young person's individual feeding plan or Disability Related Health and Wellbeing Care Plan.

Ready made feed formula eg. Nutrini

- Unopened formula should be stored in a cool dry place and does not need refrigeration.
- If using a closed system pack set. Open formula does not need to be stored in the fridge and can be used for up to 48 hours.
- Follow instructions on the child or young person's individual feeding plan or Disability Related Health and Wellbeing Care Plan.
- For children on continuous feeds ready to feed formula can be hung for 8-12 hours (if not in a closed system pack).
- Opened bottles or packs can be capped and stored in the fridge for up to 48 hours. Discard feed after this time and prepare new feed.

Duration of Feeds

- Feeds through a gastrostomy can take from ten minutes up to a few hours.
- They may also run all the time (continuously), please refer to the child or young person's individual Feeding plan or Disability Related Health and Wellbeing Care Plan on which technique to use for feeding and how long to run feeds.

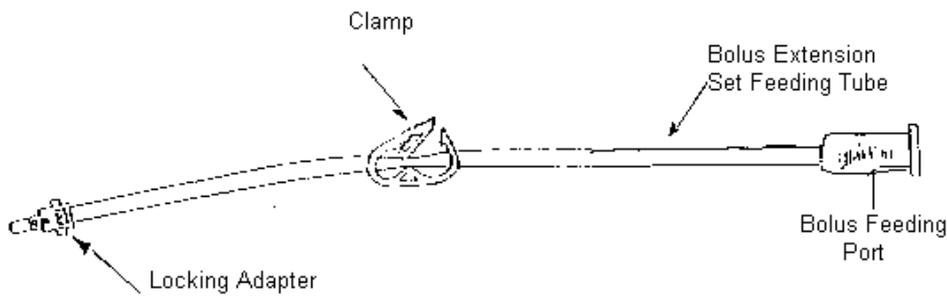
Procedure for feeds using a syringe known as Bolus or Gravity Feeding.

Equipment

- Bolus feeding tube (straight tube)
- Catheter tip syringe
- Water (cool boiled for child less than 12 months)
- Feed (warm feed for child less than 12 months)
- Cloth to wipe spills.

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care



Procedure:

- Tell the child or young person that a meal is due and gain consent by acknowledging their individual cues and gestures. Inform them of every step and before each time you touch them.
- Always wash your hands or use alcoholic hand rub (70%) before and after caring for PEG.
- Use gloves (after washing hands) to prevent contact with leakage of stomach fluids.
- Gather equipment.
- Place the child or young person in a comfortable position. Lying prone/supine during feeding increases the risk of aspiration and therefore where clinically possible the child should be placed in an upright position.
- Connect the tip of the syringe without plunger, into the end of the feeding tube or extension tube with the tube clamped.
- Pour small amount of feed into syringe. Allow the tubing to fill by releasing the clamp slowly. Clamp the tube. This is called priming the feeding set to prevent excess air.
- If using an extension set connect it to the child's gastrostomy and when ready to give the feed unclamp the tube.
- Undo the stopper of the gastrostomy button and connect the feeding tube.
- Unclamp the feeding tube and allow the feed to flow in. The feed should flow easily. Hold the syringe at a height that gives the feed to the child at a comfortable rate. If the syringe is held up high the feed will be fast, if it's held lower the feed will be slower due to gravity.
- **DO NOT rush the feed** by holding the syringe high in the air. Feeds should take as long as an oral feed (**at least 15 – 20 mins**).
- Continue to top up the feed in the syringe until all the feed is given.
- When there is 10ml feed left in the syringe add more feed to the syringe until all the feed has been given. This is known as topping up the syringe and by doing this you can stop air going into the child's stomach.
- Clamp the feeding tube. Disconnect the feeding tube and replace the stopper into the gastrostomy button.
- Clean any spills from around the gastrostomy button and dry. Wash equipment as advised.
- GENTLE plunging of the syringe may be necessary for a child receiving pureed solids. Again, this should take as long as an oral feed (15 – 20 mins)
- At the end of the feed flush the tube with water (as directed on the child or young persons individualised Feeding Plan or Disability Related Health and Wellbeing Care Plan. Disconnect the extension set (if using one)
- Remove gloves and dispose of in accordance with waste management policy.
- Wash your hands.

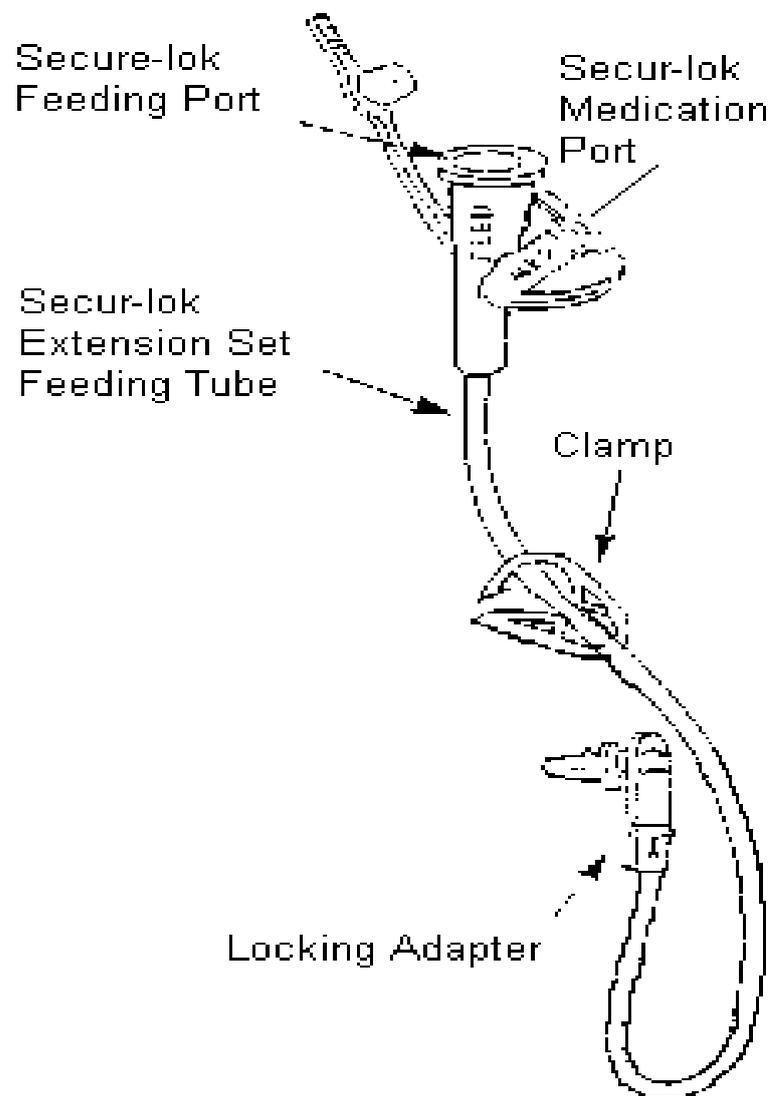
ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

Procedure for feeding using a Nutricia Flocare Pump.

Equipment

- Extension feeding tube.
- Feeding pump
- Bottle and feeding set.
- 50 ml catheter tip syringe.
- Water (cool boiled for child less than 12 months)



ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

Procedure:

- **Tell the child or young person that a meal is due and gain consent by acknowledging their individual cues and gestures. Inform them of every step and before each time you touch them.**
- Always wash your hands or use alcoholic hand rub (70%) before and after caring for PEG.
- Use gloves (after washing hands) to prevent contact with leakage or stomach fluids.
- Prepare Equipment
- Set up feeding pump as per Nutricia Flocare Pump instructions.
- Put the right amount of feed into the feed container.
- Connect giving set to the formula, hang the container and prime the line. Some pumps require priming of the line to be done by the machine. In general, this is done by pressing 'Fill Set' to prime all tubing with feed if required for that machine.
- Set the pump to correct rate - which is set at pump in ml/hr and set the total volume of feed to be given.
- If using an extension tube attach this to the end of the giving set and prime that too
- Put the child in a comfortable position, which allows you to reach the gastrostomy.
- Connect the feeding set/extension tube to the gastrostomy button.
- Unclamp all clamps and turn pump on.
- At the end of the feed, clamp the feeding set and the feeding tube and disconnect the feeding set. Leave feeding tube connected to the button. (To flush the tube and button).
- Connect the syringe to the feeding tube. Pour the water into the syringe.
- Unclamp the feeding tube and allow the water to flow in to flush the button.
- When there is no water left in the syringe, clamp the feeding tube. Disconnect the feeding tube from the gastrostomy button and replace the stopper.
- Wipe up any spills from around the gastrostomy button and dry. Clean equipment and store as advised.
- At the end of the feed administer water flush and disconnect all tubing. Clean and store as per specific instructions on feeding plan or Disability Related Health and Wellbeing Care Plan.
- Remove gloves and dispose of in accordance with waste management policy.
- Wash your hands.

Procedure for giving medication through the PEG.

Procedure:

- Always wash your hands or use alcoholic hand rub (70%) before and after caring for PEG.
- Use gloves (after washing hands) to prevent contact with leakage or stomach fluids.
- Prepare equipment and medication as per medication policy and procedure.
- If giving a feed, stop the feed to give the medication.
- Fill a 5 or 10ml syringe with water, amounts as directed on the child or young person's individualised Feeding Plan or Disability Related Health and Wellbeing Care Plan,

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

- Connect the tip of the syringe into the medication port (opening) of the tube or extension set (never put a syringe directly into a button gastrostomy)
- If you have stopped the feed to give the medication, flush the feed through the extension tube using all the water in the syringe.
- If there is no feed going and you are using an extension set, fill the extension set with water before connecting it to the child or young person. Once connected flush the tube with the rest of the water and clamp the tube. Remove the water syringe.
- Connect the medication syringe and gently push the medication into the tube. Clamp the tube.
- When the medication syringe is empty, clamp the tube and remove the medication syringe.
- Connect another water filled syringe and flush the tube (volume as directed on the child or young person's individualised Feeding Plan or Disability Related Health and Wellbeing Care Plan.
- If giving more than one medication at a time flush the tube with water in-between all medications
- When all medications and flushes have been given restart the child's feed. If no more medications or feeds are due, remove the extension set or secure the long tube safely.
- Remove gloves and dispose of in accordance with waste management policy.
- Wash your hands.

Mouth Care

Ensure child receiving enteral feeding receives 2/24 mouth care to prevent lips drying and skin being affected by saliva.

Wipe mouth with warm wet washer, apply lip balm and barrier cream to face. Only apply products that the parents /guardians have supplied to you as children and young people are very sensitive to creams and odours.

ADVERSE ISSUES TO GASTROSTOMY FEEDING

Aspiration

When the child is suddenly short of breath, their color is changing to pale or blueish, unable to vocalize and the educator, support worker or inclusion coach suspects the feed has entered the child or young person's lungs.

- Stop the feed or administration of medications immediately.
- If possible, place the child in a recovery position to enable drainage of fluid from lungs.
- If child or young person uses a suction unit, suction as per training their mouth.
- Call for help if In Centre, or anybody nearby if out in community.
- If you believe you need emergency help, for example, Call 000 immediately.
- Follow directions from paramedics.
- Call parents / emergency contact when practicable.
- Call Ruby and Ollies manager when practicable.
- Complete relevant documentation when situation has resolved.

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

What you need to do if the PEG tube comes out:

- Save the button.
- Cover the stoma with a small gauze dressing and tape it to the skin.
- Place the tube in a clean bag.
- Contact Ruby and Ollie's nursing staff who may be able to replace the tube with consent from parents.
- Ring parents or emergency contact to discuss options.
- The gastrostomy tube must be replaced within four hours but 2 is preferred or the stoma may begin to close. Parents can arrange to have this done at their treating hospital.

Procedure for Blocked Tubes.

- The best way to prevent blocked tubes is by flushing them before and after all feeds and medications.
- To unblock a tube, you can try to flush the tube whilst pushing and pulling (pulsating action) with 10 to 20ml of tepid water (not cold water) in a syringe with volume as per feeding plan or Disability Related Health and Wellbeing Care Plan.
- If the tube is not able to be unblocked notify parents immediately to discuss options.
- Ruby and Ollies nursing staff may be able to assist to unblock the tube with consent from parents.

Procedure for Leakage around PEG.

- Gastrostomy stoma's must be always kept clean and dry.
- Use of a very thin barrier cream supplied by parents, after cleaning is gold standard.
- Gauze or Toppers are not advised to use as they promote bacteria growth in the warm, moist environment.
- If leaking is occurring ring parents immediately and discuss options for continued care. If you suspect that the clothing and/or bedding is wet resulting from stomach acid and the child or young person has been laying in the stomach acid, please clean the child with tepid running water (don't rub the area if a burn is suspected).
- Please ensure that all roller clamps are securely fastened and check the child's or young person's torso front and back regularly.
- Clean the skin surrounding the stoma at the start and completion of shifts, before and after feeding, before and after exercise/therapy, at the time of toileting and bathing. Skin that has been exposed to irritating gastric acids should be protected from further exposure.

REPORTING PROCEDURES

Any choking and aspiration episode requiring urgent medical attention or hospitalization is regarded as a serious incident. The following is required:

- Ruby and Ollies staff members involved in situation that has caused harm or raises concern for harm are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor or Ruby and Ollies Manager at the time of the incident.
- Parents / guardians or emergency contacts will be notified of the incident as soon as practicable.
- 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 or young person's file.
- Ruby and Ollies Manager will inform Regulatory Authority of the incident within 24 hours as per regulations.

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

- Educators, Support Workers, or Inclusion Coaches will be debriefed after each incident by Ruby and Ollie's Management and support or counselling offered.
- The child's or young person's individual mealtime management plan and risk minimization plan evaluated, including a discussion of the effectiveness of the procedure used.
- Escalate issue/concerns to Medical and Speech Therapy teams.
- Include Parents and their child in all communication and updates of procedure/policy.

Related Forms: 7.4.1.2.2.A – Feeding Regime
Input / Output Chart
Individual Care Plan

Sourced:

[High Intensity Support Skills Descriptors - December 2022: https://www.ndiscommission.gov.au/sites/default/files/2022-12](https://www.ndiscommission.gov.au/sites/default/files/2022-12/High%20Intensity%20Support%20Skills%20Descriptors%20-%20December%202022.pdf)

Practice Alert: Dysphagia, safe swallowing, and mealtime management: <https://www.ndiscommission.gov.au/document/2411>

Australian Resuscitation Council (ARC). (2021). *The ARC guidelines: Section 4 – Airway*. ARC. Retrieved 22 November 2023 from <https://resus.org.au/the-arc-guidelines/>

The Royal Children's Hospital Melbourne: <http://www.rch.org.au>

Nutricia Flocare Pump Instructions: https://www.youtube.com/playlist?list=PL89Zes_75nxbXCaLpZi2j6Fnvr7IF7RHt

Communicating Policy to Families, Children and Team Members

Information relating to the Enteral Feeding and Medication Administration via a Gastronomy Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.33
Authorised By:	Cherie Harland – Registered Nurse
Creation/Approval Date:	6.12.2023
Last Review Date:	6.12.2023
Next Review Date:	6.12.2024

ENTERAL FEEDING POLICY

Ruby & Ollie's – Out of School Hours Care

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

BACK CARE AND LIFTING IN CHILDCARE

Ruby & Ollie's – Out of School Hours Care

AIM:

To ensure that the Educators reduce the risk of long-term discomfort and damage to their back.

REASON:

Frequent lifting and carrying of children in the child care setting can increase the risk of long-term discomfort and damage to a persons back. If performed poorly, lifting places a significant strain on many parts of the body. The following will assist in ensuring back safety in the workplace. Where a child has specific needs, check the advise from the relevant therapists. .

PROCEDURES:

Planning and preparing the Environment

- Wear flat, sturdy, closed toe foot wear with a non-slip sole.
- Where possible, plan the daily routine to minimize the number of lifts, need to carry a child.
- When the child is heavy (over 15kg) or displays strong or unpredictable movements two people are required to carry out the lift. Ensure that both people understand and are confident about what is required. Work together and maintain clear communication. Keep the child informed of what you are doing at all times.
- If required, use mechanical devices such as a hoist. These are only to be used by those that have received adequate training.
- Make use of equipment with wheels (e.g. stroller, wheelchair) to minimize the need to lift
- Apply brakes on equipment such as a wheelchair (except for hoist)
- Plan the path. Clear away any obstacles and ensure sufficient space.
- Ensure any items required for the task at hand are within close proximity, to avoid needing to move away from the equipment or child when completing a lift or transfer.
- Always ask for assistance if the child is too heavy or when you do not feel confident.

Performing the Lift

- Stand comfortably with your feet shoulder width apart for a stable base.
- Lower yourself into a semi squat position, bending at the knees. In this stance, your legs have their greatest strength to do most of the work.
- Hold your chin as close to your body as possible whilst standing and tighten your stomach muscles without holding your breath. Maintain the spine in its natural curves.
- To move the child, turn pivoting your feet. Do not twist your body.
- To lower the child, continue to bend your knees with the child positioned close to your body.

Be aware of the most secure way to hold a child to prevent unexpected movements during a lift. Check to see if there is any advice or manual handling plan from the child's therapists or parents.

Also, stretching for a few minutes before and after work or during a break can reduce the risk of injury to your back. It can also improve energy levels and flexibility.

BACK CARE AND LIFTING IN CHILDCARE

Ruby & Ollie's – Out of School Hours Care

Meal Times

- When feeding or assisting a child at mealtimes. Position yourself directly in front of the child at their level to reduce unwanted twisting or bending of your back. This will also avoid leaning excessively forward when feeding as this can cause stress overtime.

Child sized Chairs and Tables

- When working with children who are sitting at child-sized tables and chairs, it is wise to use a low chair or stool whilst assisting with activities. Some low stools are fitted with castors to allow greater ease of movement.

Working on the Floor

- Frequently getting up and down from the floor can put a strain on your knees and back.
- Ensure that you have everything that you need before sitting down with a child. Gather up all toys/ resources in a basket before you get up.
- Get up from the floor by kneeling, then half kneeling, as it is easier on your knees than getting up from a squatting position.

Nappy Changes

Also Refer to the Nappy Changing, Toileting, Bathing and Hygiene Procedure.

There are a number of options to help with Back Care and positioning for changing a child.

- If the child is over 15kg, lifting a child onto a change table at waist height will require two people.
- Where the child is able, support the child to climb up the steps to the change table.
- Once on the change mat, roll the child from side to side rather than lifting to remove a nappy.
- Using an electric hoist.

Sourced:

Accreditation & Beyond "Highlighting Health" by Claire Bell;

QLD Department of Health;

National Health & Medical Research Council Publications Unit;

Staying Healthy In Childcare - 5th Edition;

Health & Safety in Children's Services – Model Policies & Practices 2nd Edition Revised 2003

Communicating Policy to Families, Children and Team Members

Information relating to the Back Care and Lifting in Childcare Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

BACK CARE AND LIFTING IN CHILDCARE

Ruby & Ollie's – Out of School Hours Care

Policy Details

Policy Reference No:	7.4.1.2.34
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	22.08.2019
Last Review Date:	24.10.2024
Next Review Date:	24.10.2025

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

SEIZURE AND EPILEPSY MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

Epilepsy refers to recurring seizures where there is a disruption of normal electrical activity in the brain that can cause momentary lapses of consciousness, or sudden loss of body control (Epilepsy Australia, 2019). The effects of epilepsy can vary, some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

NDIS PRACTICE STANDARDS HIGH INTENSITY SKILL DESCRIPTORS

High Intensity support – High Risk of Seizure.	Description
<p>Support workers often work with people who have seizures, and this does not typically require specialist skills provided the support worker has an understanding about the procedures to follow. Where a support worker administers epilepsy medication such as Midazolam, they also need training in medication specific emergency management procedures. High intensity support is relevant for people who also require emergency post-seizure medication (PRN). Correct administration of this medication is critical and is considered a high intensity support activity that requires intensive training.</p> <p>The support worker also needs basic first aid skills and knowledge required to administer CPR and place a person in a recovery position.</p> <p>This is covered in the following vocational training units:</p> <ul style="list-style-type: none">· HLTAID001 Provide cardiopulmonary resuscitation· HLTAID002 Provide basic emergency life support· HLTAID003 Provide first aid	<p>Context: An epilepsy management plan has been developed and is overseen by a health practitioner that includes a description of types, frequency and patterns seizures, triggers; signs to check for before and after seizure; monitoring and recording; detailed instructions on medication selection and administration procedures; emergency management options and procedures.</p> <p>Providers will support their workers and others involved in providing supports to:</p> <p>Identify and minimise exposure to seizure risk factors; consult with the participant to identify and remove or minimise exposure to conditions that expose the person to risk e.g. risk of burns, falls etc.; observe the person to identify early indicators of seizure and take appropriate action; monitor and record seizure information; follow procedures and exercise judgement on when to call an ambulance and whether and how much PRN medication to administer; demonstrate application of first aid including positioning and cardiopulmonary resuscitation.</p> <p>Providers will deploy staff with knowledge of: Types of seizures; impact of epilepsy on the person; common patterns or clusters of seizures; seizure triggers and symptoms; appropriate seizure management and control procedures; risks of related health complications associated with epilepsy; factors that increase risk and appropriate methods of control; common methods of emergency management and potential side effects; parameters to guide decisions about when and how much PRN medication to administer; factors that inform interpretation of advice in plan about when to request an ambulance</p>

SEIZURE AND EPILEPSY MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

PURPOSE

The Education and Care Services National Regulations as well as NDIS Practice Standards and Quality Indicators, requires approved providers to ensure their services have policies and procedures in place for medical conditions including epilepsy. Ruby and Ollie's (R&O) is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members who have been diagnosed with epilepsy. The aim of this policy is to ensure that all staff are aware of their obligations in supporting children with epilepsy and work in partnership with families and health professionals to manage seizures by following the child's seizure management plan.

SCOPE

This policy applies to children, families, educators, support workers, inclusion coaches, staff, management, and visitors of the Service.

DUTY OF CARE

Ruby & Ollie's has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to provide.

- a. a safe environment free from foreseeable harm and
- b. adequate supervision for all children always.

All staff members including relief staff must have adequate knowledge about epilepsy and the management of seizures to ensure the safety and wellbeing of the children.

BACKGROUND AND LEGISLATION

Epilepsy is a common, serious neurological condition characterized by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not. Epilepsy is unique. There are virtually no generalizations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child's abilities, learning, and skills will be affected by seizures. Because the child's brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop.

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

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. National Regulations of the Education and Care Services require the Approved Provider to ensure that there is always at least one educator on duty who has a current approved first aid qualification. As a demonstration of duty of care and best practice, it is recommended that all educators have current approved first aid qualifications.

NDIS Practice Standards and Quality Indicators requires support workers and inclusion coaches be trained and monitored by health professionals to the individual child's seizure management plan with a care plan indicating who, when and how to escalate concerns to.

SEIZURE AND EPILEPSY MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

IMPLEMENTATION

We will involve all educators, support workers, inclusion coaches, families, and children in regular discussions about medical conditions and general health and wellbeing throughout the child's enrolment. Ruby and Ollie's will adhere to privacy and confidentiality procedures when dealing with individual health needs including having families provide written permission to discuss the child's Seizure Management Plan to all educators, support workers, inclusion coaches, nurses, and allocated management within R&O's.

A copy of our Medical Conditions Policy and Epilepsy Management Policy will be provided to all educators, support workers, inclusion coaches and families of R&O's. It is important that communication is open between families and educators, support workers, inclusion coaches so that management of epilepsy is effective.

Children diagnosed with epilepsy will not be enrolled into R&O's until the child's seizure management 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.

It is imperative that all educators, support workers, inclusion coaches at R&O's follow the child's Seizure Management Plan in the event of a seizure and support the child reassuring them at all times.

MANAGEMENT AND SITE LEADER WILL ENSURE THAT:

- before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions.
- parents/guardians of an enrolled child who is diagnosed with epilepsy are provided with a copy of the Epilepsy Management Policy, Medical Conditions Policy, and Administration of Medication Policy
- all children enrolled at the Service with epilepsy must have an epilepsy medical management plan, seizure record and, where relevant, an emergency action plan, signed by a registered medical practitioner and a copy filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner and/or neurologist.
- the medical management plan will describe the prescribed medication for that child and the circumstances in which the medication should be administered.
- individual epilepsy medical management will be displayed in key locations throughout the Service.
- a risk minimisation plan is developed in consultation with the parents of a child diagnosed with epilepsy outlining procedures to minimise the incidence and effect of a child's epilepsy. The plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure.
- that no child who has been prescribed epilepsy medication attends the Service without the medication
- they collaborate with parents/guardians to create and implement a communication plan and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy, and its implementation.
- all staff, including volunteers, are provided with a copy the Medical Conditions Policy and Epilepsy Management Policy annually.
- a copy of this policy is provided and reviewed during each new staff member's induction process.
- all staff members have completed first aid training approved by ACECQA at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Service's premises.
- all staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures using emergency seizure medication.
- Ruby and Ollie's Child Health Nurse service quote and information will be sent to families on enrolment for training and monitoring of educators and support teams.
- all staff members are trained by Ruby and Ollie's Child Health Nurse to identify the individual child's symptoms of a seizure and are assessed as proficient to be able to care for that child in an emergency where seizure medication and escalation is required.

SEIZURE AND EPILEPSY MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

- that a staff member accompanying children on excursions or to events outside the Service carries the prescribed medication and a copy of the epilepsy medical management/action plan and for children diagnosed with epilepsy
- that they notify the Regulatory Authority of any serious incident of a child while being educated and cared for at the service within 24 hours.

SITE LEADERS AND EDUCATORS WILL:

- read and comply with the Epilepsy Management Policy, Medical Conditions Policy, and Administration of Medication Policy
- ensure a copy of the child's epilepsy medical management plan and seizure emergency action plan is visible and known to staff and volunteers in a Service.
- recognise the symptoms of a seizure and treat appropriately and in accordance with the child's epilepsy medical management plan in the event of a seizure.
- record all seizures according to the epilepsy medical management plan.
- take all personal epilepsy medical management plans, seizure records, medication records, emergency action plans and any prescribed medication on excursions and other events.
- administer prescribed medication when needed according to the medical management plan in accordance with the Service's Administration of Medication Policy
- identify and where possible, minimise possible seizure triggers as outlined in the child's epilepsy medical management plan and risk minimisation plan.
- communicate with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy.
- ensure that children with epilepsy can participate in all activities safely and to their full potential.
- increase supervision of a child diagnosed with epilepsy on special occasions such as excursions, incursions, parties, and family days.
- maintain a record of the expiry date of the prescribed epilepsy management medication so as to ensure it is replaced prior to expiry.

FAMILIES WILL ENSURE THEY PROVIDE RUBY AND OLLIE'S WITH:

- provide information upon enrolment or on diagnosis, of their child's medical condition-epilepsy.
- provide staff with an epilepsy medical management plan and seizure emergency plan developed and signed by a registered medical practitioner.
- develop a risk minimisation plan in collaboration with the Nominated Supervisor/Site Leader.
- develop a communication plan in collaboration with the Nominated Supervisor / Centre manager and lead educators.
- provide staff with prescribed medications each day their child attends care.
- maintain a record of the expiry date of medication and ensure it is replaced prior to expiry.
- notify staff of any changes to their child's medical condition including the provision of a new epilepsy medical management plan to reflect these changes as needed.
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.

If a child is known to have an epileptic condition and has a seizure, staff will:

- Follow the child's seizure emergency management /action plan.
- Protect the child from injury- remove any hazards that the child could come into contact with.
- Not restrain the child or put anything in their mouth.
- Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is in a wheelchair safe, and airway is clear)

SEIZURE AND EPILEPSY MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

- Monitor the airway.
- Contact the parent/guardian when practicable OR contact the emergency contact if the parents or guardian can't be contacted when practicable.
- Call an ambulance immediately by dialling 000 if:
 - a seizure management plan states to call an ambulance at specific times of seizure.
 - another seizure quickly follows the first seizure.
 - it is the child's first seizure
 - the child is having more seizures than is usual for them
 - emergency seizure medication has been given and you identify breathing difficulties.
- Continue first aid measures.

REPORTING PROCEDURES

If a seizure occurs in centre, off site, in home or in the community, the educators, support workers, inclusion coaches must inform parents as soon as practicable.

The staff member or nominated supervisor will inform Ruby and Ollies Management as soon as practicable.

If the incident presented a severe risk to health, safety and wellbeing of the child or young person, OR an ambulance was called in response to the seizure emergency, staff members involved will complete an Incident, Injury and Illness Form and report on Visual Care at the time of the incident.

Ruby and Ollie's Management will investigate circumstances and complete a full report and will follow up with parents as soon as practicable and ensure the parent or guardian signs the Incident, Injury and Illness report.

If necessary, a copy of the completed form will be sent to the insurance company.

A copy of the Incident, Injury and Illness report will be placed in the child's file in Visual Care and/or Xplor.

The Nominated Supervisor/General Manager will inform Regulatory Authority of the incident within 24 hours as per regulations.

Staff will be debriefed and offered additional support after each incident and the child's individual seizure management plan, emergency action plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used.

DEFINITIONS

FOCAL SEIZURES	
Focal seizures without impaired consciousness	Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas. Consciousness is NOT impaired, and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (eg. limp, stiff, jerking). If sensory areas of the brain are involved the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.

SEIZURE AND EPILEPSY MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

<p>Focal Seizures with impaired consciousness</p>	<p>Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness, and memory, typically parts of the temporal and frontal lobes. Consciousness is lost and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure.</p> <p>Often the person's actions are clumsy, and they will not respond normally to questions and commands. Behaviour may be confused, and they may exhibit automatic movements and behaviours eg. picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures. Following the seizure, the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.</p>
<p>GENERALISED SEIZURES</p>	
<p>Tonic-clonic Seizures</p>	<p>Tonic-clonic seizures produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Shallow or 'jerky' breathing, bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur. The seizures usually last one to three minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused. If the seizures last more than five minutes the emergency seizure plan is activated and if stated in plan, an ambulance called.</p>
<p>Absence Seizures</p>	<p>Absence seizures (previously called petit mal seizures) produce a brief cessation of activity and loss of consciousness, usually lasting less than 10 seconds. Often the momentary blank stare is accompanied by subtle eye blinking and mouthing or chewing movements. Awareness returns quickly and the person continues with the previous activity. Falling and jerking do not occur in typical absences.</p>
<p>Myoclonic Seizures</p>	<p>Myoclonic seizures are sudden and brief muscle contractions usually only lasting a second or two, that may occur singly, repeatedly, or continuously. They may involve the whole body in a massive jerk or spasm or may only involve individual limbs or muscle groups. If they involve the arms, they may cause the person to spill what they were holding. If they involve the legs or body the person may fall.</p>
<p>Tonic Seizures</p>	<p>Tonic seizures are characterised by generalised muscle stiffening, lasting 1- 10 seconds. Associated features include brief cessation of breathing,</p>

SEIZURE AND EPILEPSY MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

	colour change and drooling. Tonic seizures often occur during sleep. When tonic seizures occur suddenly with the child awake, they may fall violently to the ground and injure themselves. Fortunately, tonic seizures are rare and usually only occur in severe forms of epilepsy.
Atonic Seizures	Atonic seizures produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward, but may cause sudden collapse and falling.

Seizure First Aid links

Video for first aid procedure <https://www.epilepsy.org.au/about-epilepsy/first-aid>

Seizure first aid poster <https://www.epilepsy.org.au/wp-content/uploads/2017/10/EAA-FIRST-AID-POSTER-2017-New-LOGO-updated-with-contacts.pdf>

SOURCED

Epilepsy Action Australia. (2023). <https://www.epilepsy.org.au>

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

NDIS Quality and Safeguards Commission (2023) <https://www.nidiscommission.gov.au>

The Royal Children's Hospital Melbourne: http://www.rch.org.au/neurology/patient_information/about_epilepsy/

Policy Details

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Authorised By:	Cherie Harland – Clinical Nurse Consultant
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Last Review Date:	24.10.2024
Next Review Date:	24.10.2025

Communicating Policy to Families, Children and Team Members

Information relating to the Seizure and Epilepsy Management Policy is communicated in the following ways: Newsletters, Family And Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets in the foyer, role modeling and signs displayed around the classrooms and centre etc.

SEIZURE AND EPILEPSY MANAGEMENT

Ruby & Ollie's – Out of School Hours Care

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

TRANSPORTATION

Ruby & Ollie's – Out of School Hours Care

AIM:

The purpose of a transportation policy and procedure ensures the health, safety and wellbeing of all children from the point at which the service is taken to assume responsibility for the child into their care. When transportation forms part of the service the duty to care for the children during transportation is a responsibility under the National Law. All travel will uphold high standards of safety and protection.

The nature of the Service means transport may not be conducted within the scope of the education and care service operations; However, transport for some children may be coordinated amongst adjacent supports provided by Ruby and Ollie's. Therefore, transportation of children other than for the purpose of an excursion may include but is not limited to transporting children to/from their place of residence; school or nominated destination in accordance to permissions gained from their parent/guardians and in accordance to this policy.

METHOD:

1. OPERATING SAFE TRANSPORTATION

The service understands the inherent risk and matters of compliance associated with transporting children. Thus, the following steps will be taken by the service before any child will participate in regular transportation:

- For each proposed route/method of transportation risk assessments will be completed in accordance with Risk Assessment – Transporting Children other than as part of an excursion & regulation 102C of the National Regulations and updated within a 12 month period, identifying all foreseeable hazards, and ensuring these are appropriately managed/controlled;
- The Approved Provider, or an appropriate delegate, is to confirm the approval of risk-assessments prior to the undertaking of any new proposed means of regular transport.
- Written authorisation from a parent (or any authorised person) will be obtained by the service.
- Adequate supervision will be adhered to at all times
- Child checklists will be completed upon boarding and embarking the vehicle. This is to be conducted by a staff member other than the driver.

2. IDENTIFY THE HAZARDS AND ASSESS RISKS

Approved risks assessment developed for transporting children will be made available to parents (or relevant authorised nominee) prior to or at the time of written permission. The service recognises the regulatory requirements for conducting the risk assessments for regular transportation and their maintenance within a 12 month period. All risk assessment will use documentation that satisfies all the legislated requirements to ensuring the safety and protection of children is maintained. Ruby and Ollie's will use a standardised template to ensure all relevant information is captured.

A new risk assessment will be completed each time children are transported, unless it is classified as “**regular transportation**”.

Where regular transportation occurs, and this risk assessment does not change so long as all factors remain the same, these include but are not limited to:

- Departure / arrival location
- Mode of transport
- Time of transport

Regular transportation does not require a new authorisation of transportation each time children are transported, as long as one is completed every 12 months.

TRANSPORTATION

Ruby & Ollie's – Out of School Hours Care

3. USE OF EMPLOYEE'S VEHICLE

Where transport of children is required in the personal vehicles of an employee, these are outlined in the Employee Handbook.

4. AUTHORISATION FOR TRANSPORTATION

Parent (or authorised nominee) permission will be obtained via an excursion permission form (routine), either on enrolment or when regular transportation is required or requested. All permission forms will be stored in a manner consistent with the service's record keeping policy.

The Approved Provider also recognises their duty to comply with Education and Care Services National Regulations 99, 102A-102D, & 168(2)(ga).

PROCEDURE

Before any transport is provided or facilitated by the service other than as part of an excursion, the following steps must be completed:

- A **risk assessment** covering all aspects listed in this policy, completed within the previous 12 months. This would consider the number of educators or other responsible adults appropriate to provide supervision during the transport. Additionally, first aid, behaviour, asthma management and emergency anaphylaxis requirements need to be met in each vehicle.
- **Authorisation/ permission form completed** by a parent or other persons named on the enrolment form.
- a staff member or nominated supervisor (other than the driver) accounts for children as they get in or out of a vehicle at an education and care service.
- **adequate supervision** is met when providing transportation. There should be one driver and at least one other staff member at all times. The second staff member is to complete the onboarding and embarking checklist of children from the vehicle.
- **records are made showing children are accounted for** as they get in or out of a vehicle at the education and care service.
- records are made confirming a **check of the inside of a vehicle** was completed at the service after all children have left to ensure no children remain on the vehicle.

Risk Assessment

The Nominated Supervisor (or other nominated delegate) will be responsible for facilitating the initial risk assessment for approval. Where possible, the risk assessment should be a collaborative process with additional staff to ensure all foreseeable hazards are identified and adequately controlled. All risk assessments will be prepared on a standardized form to ensure all required details are addressed.

All transportation risk assessments will follow the services risk management policy for assessment, revision and approval.

The risk assessment will:

1. Identify and assess risks that the transportation may pose to the safety, health or wellbeing of any child being transported; and
2. Specify how the identified risks will be managed and minimized

And consider:

TRANSPORTATION

Ruby & Ollie's – Out of School Hours Care

3. The proposed route and destination of the transportation
4. The proposed pick up location and destination;
5. The means of transportation;
6. Any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported;
7. Any water hazards;
8. The number of adults and children involved in the transportation;
9. Given the risks posed by transportation, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required; and
10. Whether any items should be readily available during transportation (mobile phones, emergency contact numbers),
11. The process for entering and exiting
 - a. The education and care service premises; and
 - b. The pick up location or destination (as required); and
12. Procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking.

All risk assessments for transporting children will be completed by using the service's *Transportation Risk Assessment Template*

Endorsement of Risk Assessments

Risk assessments will be required to be endorsed by the Education Leader, or an appropriate delegate. The Nominated Supervisor / Team Leader should provide sufficient communication to ensure sufficient time for consideration and approval.

Authorisations

Written authorisation from a parent (or other persons named with authorisation on the enrolment form), will be held by the service before the child is to be transported. The service will require written permission with all relevant details from the parent or authorised nominee. A detailed risk assessment must be issued either prior to or at the time of requesting authorisation. If the transportation is regular transportation, authorisation is only required to be obtained every 12 months.

The written authorisation for transporting a child whilst in the care of the service must contain:

1. the child's name;
2. the reason the child is to be transported;
3. if the authorisation is for regular transportation, a description of when the child is to be transported;
4. if the authorisation is not for regular transportation, the date the child is to be transported;
5. a description of the proposed pick-up location and destination;
6. the means of transport;
7. the period of time during which the child is to be transported;
8. the anticipated number of children likely to be transported;
9. the anticipated number of staff members and any other adults who will accompany and supervise the children during the transportation;
10. any requirements for seatbelts or safety restraints under a law of each jurisdiction in which the children are being transported;
11. that a risk assessment has been prepared and is available at the education and care service; and
12. that written policies and procedures for transporting children are available at the education and care service.

Providing Transport

Seatbelts and Restraints

In the case of children being transported in a bus (or car), the following legislative guidelines will be followed:

TRANSPORTATION

Ruby & Ollie's – Out of School Hours Care

- Bus transport with 13 or more seats does not need to be fitted with seatbelts and child restraints are not required, however, where possible the service will select buses/coaches with seatbelts as a preference.
- Australian Standard (AS/NZS 1754) child restraints are required for four to seven-year olds when traveling in a car (other than taxi) or a van/bus with 12 or less seats. In these circumstances all passengers have to wear seatbelts.
- Public transport - child restraints are not required on buses, trains or personalised transport Services such as taxi, limousine and ride-booking Services.

Vehicle Compliance and Safety

- The service will only operate vehicles which are fully registered and adequately insured.
- The driver of the vehicle is to complete an inspection before transporting any children. Any concerns regarding the vehicle's safety or maintenance will be reporting to the Nominated Supervisor immediately.
- The driver will suitably licenced to operate the vehicle. Where the driver is an employee, a copy of the driver's licence will be noted in the employee records.
- All drivers must operate the vehicle in a safe manner. Where conditions are not safe to operate the vehicle, the driver must notify the Nominated Supervisor to coordinate contingency plans.

Transitioning Between Transport, Premises and Destinations

- The risk assessment prepared for the excursion will illustrate the specific steps for children:
 - Entering and exiting the service's premises, pick-up location and destination
 - Embarking and disembarking the means of transport, including how children will be accounted for
- The service adopts sound procedures to account for children being transported. These procedures will include record keeping to ensure compliance and quality. Specific steps will be developed as per the context of the transportation being offered and will be documented in the risk assessment.
- Locations for travel embarking and disembarking will consider the relevant risks, the safest identified location for pick-up and disembarking will be chosen.

Vehicle Breakdown/Accident

- In the event of an incident occurring during transportation, procedures as set out in the *Incident, Illness, Injury or Trauma* Policy are to be followed.
- In the event of a vehicle breakdown, while waiting for replacement transport/repairs, children will be kept safe, comfortable and occupied with suitable activities. The Nominated Supervisor or delegate will communicate the situation and remedies to families via relevant communication channels.
- In the event of a late return to the service, every effort will be made to notify parents e.g. to arrange for a notice to be displayed at the service or to contact parents individually.

Communicating Policy to Families, Children and Team Members

Information relating to the Transportation Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, modelling and signs displayed around the centre etc.

TRANSPORTATION

Ruby & Ollie's – Out of School Hours Care

Related Forms:	7.4.1.2.36.A - Fuel Card Log
	7.4.1.2.36.B – In Home Motor Vehicle Checklist
	7.4.1.2.36.C – Personal Motor Vehicle Agreement
	7.4.1.2.36.D - Transport Risk Assessment Template
	7.4.1.2.36.E - Vehicle Fuel Card Procedure
	7.4.1.2.36.F – Disability Permit Log
	7.4.1.7.2.C - Excursion Permission Form

Sourced:

Australian Children's Education & Care Quality Authority

<https://www.acecqa.gov.au/>

POLICY DETAILS

Policy Reference No:	7.4.1.2.36
Authorised By:	Amy Moss – General Manager
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Last Review Date:	24.10.2024
Next Review Date:	24.10.2025

Communicating Policy to Families, Children and Team Members

Information relating to the Transportation Policy is communicated in the following ways: Newsletters, Family And Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets in the foyer, role modeling and signs displayed around the classrooms and centre etc.

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

PEG FEEDING

Ruby & Ollie's – Out of School Hours Care

AIM:

In Addition to R&O's Nutrition Policy:

To support a child's individualised nutritional needs, their feeding plan will be discussed at enrolment and plan put in place.

The purpose of this policy is to outline specific procedures involved when supporting a child requiring individualised feeding needs such as PEG (Percutaneous Endoscopic Gastrostomy) feeding.

This policy applies to all staff involved in delivering care of children who are being nutritionally supported via PEG feeding within our service.

The purpose of the guidelines stated are to outline the procedures followed in supporting the children who require PEG feeding during times supported by Ruby & Ollie's.

A small number of children currently require this support and it's the responsibility of the referral organisation, parents or consenting guardians to ensure we are made aware of the particular needs of the child at enrolment.

Staff are trained by an external trainer / in house Clinical Nurse Consultant, on PEG feeding and Enteral Tube Feeding Management.

DEFINITIONS

PEG Feeding

Also known as Enteral Feeding or Enteral Nutrition.

Peg feeding allows nutrition, fluids or medication to be put directly into the stomach bypassing the mouth and oesophagus.

*Used for difficulty in swallowing such as **Dysphagia**.*

TYPES OF TUBES

PEG or Gastrostomy Tube

A gastrostomy tube which is placed endoscopically through the abdominal wall and through which liquids may be fed to a child. Some children may have an external tube through which liquids are fed and some have a smaller button in the abdominal wall through which food is directly administered. Some may have a small button type tube (commonly used Mic-Key tube).

Nasogastric Tube

A thin soft tube that goes in through the nose, down the throat and into the stomach. Liquids and medication may be given via this tube.

Jejunostomy Tube

A soft tube that is placed through the skin of the abdomen into the midsection of the small intestine.

PEG FEEDING

Ruby & Ollie's – Out of School Hours Care

ENTERAL FEEDING TYPES

Bolus / Syringe Feeding - Refers to a volume of feed given over a limited time at regular intervals through the PEG tube. Administered via 60ml Syringe and fastest method of feeding where larger amount of feeds is to be administered.

Gravity feeding - Feed is administered from a height above the stomach, where the flow of feed is due to the effects of gravity. Used when larger amount of feed is given over shorter period of time and at intermittent feeding intervals.

Continuous feeding - continuous feeding refers to administering an enteral feed continuously using a feeding pump. Feed is provided slowly over a number of hours via a pump to control flow rate. Feed may be given overnight or during the day or combination of both.

Flush - a quantity of water fed through the tube before and after the administration of food or medication.

Stoma - A stoma is an opening surgically created on the surface of the abdomen.

ROLES AND RESPONSIBILITIES

Once the staff are trained, yearly in-service competency assessment on enteral feeding is to be carried out.

Once this training has been received it is the duty of the staff to attend to the care needs of the child.

It is the responsibility of parents/consenting guardians to inform staff of the need for specialist feeding arrangements for their child. A full explanation of the procedure as it applies including feeds and formulas to the child should be provided in writing from either the parent/consenting guardian or a health professional. Appropriate Feeding Regime forms are to be completed.

It is also the responsibility of the parents/guardians to provide all equipment, food, water (if using distilled water) and medication to the staff for this procedure. Any formula is to be given to the service in original packaging with appropriate labels and the formula unprepared as it is the role of the educator to ensure that we are abiding by preparation guidelines.

It is the responsibility of the staff working with the child to adhere to these guidelines and to report any difficulties or issues arising to the senior staff member and /or Management. It is the responsibility of the senior staff member/ management to ensure parents/guardians have been informed of any difficulties.

PROCEDURE

PREPARATION OF FEED

Ng Feeding currently under review. Check position of tube prior to administering feed/Fluids

Peg Feeding is known as a CLEAN procedure and is not a STERILE procedure.

Ensure that parents/guardians have supplied all the equipment and feeds.
Store all supplies clearly labelled with the child's name safely and appropriately in the kitchen area of each site.

A suitable place should be sought to prepare and administer the feed, ensuring safety as well as inclusion of the child with their peers. Ensure child is not lying flat while feeding due to risk of aspiration.

At all times, staff should engage in appropriate infection control measures i.e. hand washing, use of disposable gloves etc. to minimise the risk of cross infection.

Observe the stoma site and immediately report any signs of infection, soreness or leakage to the senior staff and thereafter to the parents/guardians.

PEG FEEDING

Ruby & Ollie's – Out of School Hours Care

Administering of feed

To administer the feed, staff to follow the individual plan and guidelines specific to the child.

Staff should carry appropriate infection control measures i.e. hand washing before and after administering each feed.

Dispose of gloves and any single use items in an appropriate manner, feeding bags and syringes may be washed and reused for their following feed or returned to parents.

Any changes to the procedure – amounts, content of feed, timing, etc. should be notified by parents to the staff prior to their visit. Changes should be documented on a new feeding regime form and dated appropriately.

Medication can be administered via the tube and should be documented on the medication form. (See Administration of Medication Policy). This procedure is under review, and it is expected that should a child require medication administered via the peg, extra training for staff will be given prior to the child's enrolment.

A record of each feed should be kept and documented, and parents/guardians informed of the feeds given at the time of collection during each stay.

In the event of an emergency or experiencing problems:

Observe the stoma site and immediately report any signs of infection or changes (redness, crusty, tube movement), soreness or leakage/ discharge to the senior staff and parents/guardians.

Report any damage to the tube to parents/guardians. If the tube is pulled out or otherwise seriously damaged and unusable, staff should cover the area with a clean gauze and inform parents/guardians immediately as the tube will have to be replaced. If unable to contact parents/guardians, to call an ambulance.

Unblocking the tube:

If the tube appears to be blocked and unable to flush:

- Check for kinking in the tube.
- Gently massage tube from insertion site out for a couple of minutes.
- Attempt to flush with warm water. DO NOT USE HOT WATER.
- Using a 20-30ml syringe with a plunger, gently push water through external tube.
- Using plunger gently pull back and push through again.
- Repeat several times over 2-3minute period.
- NOTE: Monitor pressure being applied, if no movement in the tube, cease process and notify senior staff member and Parents/Guardians.

Daily Care:

Ensure child receiving enteral feeding receives appropriate mouth care. Dry mouth is often experienced by them due to lack of stimulation to mouth area. Follow child's individual plan for mouth care, and or ensure moistened mouth swabs are used and lip balm is applied to prevent drying and breakdown of their lips.

If a child experiences diarrhoea, vomiting/nausea, constipation or abdominal discomfort, stop the feed and inform senior staff member immediately who will further inform parent/guardians or call for an ambulance if child's condition worsens.

If Abdominal discomfort is caused by excessive air/gas in the stomach or bloating, this can be released by a process called Venting or Decompression.

PEG FEEDING

Ruby & Ollie's – Out of School Hours Care

Venting or Decompression

- Attach a 60ml syringe (without a plunger) to the tube.
- Lower tube below the stomach and allow the air and contents to drain into the syringe. NB: this will flow without withdrawing with the plunger. Contents in the syringe may froth and bubble.
- Remove syringe and clamp the tube and discard the contents. NB: DO NOT administer Air.

Related Forms: 7.4.1.2.2.A – Feeding Regime

POLICY DETAILS

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Communicating Policy to Families, Children and Team Members

Information relating to the PEG Feeding Policy is communicated in the following ways: Newsletters, Family And Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets in the foyer, role modeling and signs displayed around the classrooms and centre etc.

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

OXYGEN ADMINISTRATION

Ruby & Ollie's – Out of School Hours Care

AIM:

The purpose of this policy is to outline specific procedures involved when supporting a child requiring individualised oxygen administration plan.

This policy applies to all staff involved in delivering care of children who are supported while at Ruby and Ollies.

Some children may have medical/chronic respiratory condition which can cause their oxygen levels in the blood to drop too low. When this happens, this is called hypoxaemia, when they may need to have additional oxygen therapy prescribed by their medical practitioner to maintain normal blood oxygen levels so they can stay healthy.

Ruby and Ollies will implement this by:

- Making sure sufficient staff are suitably trained in supporting a child requiring oxygen therapy
- Making all staff aware of the child requiring oxygen therapy
- Making sure staff are aware of the policy and procedure
- Making sure staff are aware of the oxygen administration form
- Making sure that a safe space will be made available for the child to take part in activities with reasonable adjustments during their stay
- Risk assessments will be carried out to ensure arrangements can be made with prior planning

ROLES AND RESPONSIBILITIES

Senior management team will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is an individual medical action plan, Oxygen administration form, risk minimisation and communication plan in place
- Ensure all staff involved are aware of the child's Oxygen requirement prior to the arrival of the child.
- Ensure all protocols and systems are in place for obtaining information about the child's medical needs and all information is kept up to date.

Staff:

Once the staff have received appropriate training, it is the responsibility of the staff to attend to the care needs of the child.

They need to familiarise themselves with the policy and the child's medical and oxygen needs.

Carry out an appropriate check list and ensure they follow the procedure as per the policy.

When administering oxygen, staff must carry out hourly checks as below:

- Delivery rate
- Tubing, ensure it is not kinked
- Nasal prongs or mask is on face properly secured with either the tapes or loops
- Nasal passage is clear and skin intact
- Oxygen cylinder is not running out

OXYGEN ADMINISTRATION

Ruby & Ollie's – Out of School Hours Care

Parents:

Parents will:

- Provide sufficient and up to date information about their child's medical needs.
- Provide up to date medical action plan and inform staff of any changes
- Provide all equipment such as oxygen cylinder, flow meter tubing, masks tapes, etc.
- Show staff on how to use the equipment
- Ensure they consent to the agreed action plan of care and are contactable at all times.

OXYGEN STORAGE

Oxygen should be stored:

- securely to prevent from falling
- away from areas that would block fire exits
- away from heat and light sources, such as in sunlight
- in well ventilated room
- away from flammable materials
- stored in an upright position

Oxygen cylinders have an expiry date and should be checked on arrival of the child. They should be returned back home with the child and never left in the centre.

SAFETY & EMERGENCY PROCEDURES

Oxygen can be a dangerous fire hazard, while oxygen is non-flammable, it can cause or intensifies a fire, as well as explode if heated.

- People should not smoke where oxygen is being used
- Keep oxygen away from flames or heat sources
- Do not use flammable liquids, such as paint thinners or aerosols near oxygen
- Avoid using petroleum based products when oxygen in use
- Avoid using products containing alcohol e.g. skin products when oxygen being used
- Always turn off oxygen when not in use
- Ensure oxygen is included in the fire risk assessment and in an event of a fire evacuation the child should be safely evacuated taking their oxygen with them

RECORD KEEPING

The following information must be recorded:

- Observe for any changes to the child's breathing
- Check for any changes to the child's colour, pale or blue colour around lips, nails, eyes or sole of their feet
- Nasal flaring or noisy breathing
- Changes to the child's behaviour

Report any changes to the parents/guardians, and follow the protocol in the medical action plan of the child.

In case of an emergency call an ambulance immediately, and follow the First Aid procedure if necessary and inform parents/guardian soon as possible.

OXYGEN ADMINISTRATION

Ruby & Ollie's – Out of School Hours Care

SOURCED

WorkSafe.qld.gov.au

Related Forms: 7.4.1.2.25.A – Risk Minimisation Plan
7.4.1.2.38.A – Oxygen Administration

POLICY DETAILS

Policy Reference No:	7.4.1.2.38
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	01.01.2017
Last Review Date:	17.11.2023
Next Review Date:	17.11.2024

Communicating Policy to Families, Children and Team Members

Information relating to the Oxygen Administration Policy is communicated in the following ways: Newsletters, Family And Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets in the foyer, role modeling and signs displayed around the classrooms and centre etc.

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

Suction Policy and Procedure

Ruby & Ollie's – Out of School Hours Care

AIM:

The purpose of this policy is to outline specific procedures involved when supporting a child requiring suction.

This policy applies to all staff involved in delivering care of children who are supported while at Ruby and Ollies.

Suction is a procedure that must be prescribed or consented to by the medical practitioner. Suction is to be used for the child when more secretions than usual are produced in the respiratory system and/or there is difficulty in expelling the secretions and the child is unable to cough or swallow. This may be due to a compromised cough reflex or chest muscle weakness. The child may or may not be distressed by their secretions.

Staff supporting the child must be trained in carrying out the procedure in clearing the child's secretions via nasal, oral or nasopharyngeal and/or oropharyngeal suctioning.

Ruby and Ollies will implement this by:

- Making sure sufficient staff are suitably trained in supporting a child requiring suction therapy
- Making all staff aware of the child requiring suction therapy
- Making sure staff are aware of the policy and procedure
- Making sure staff are aware of the suction administration form

ROLES AND RESPONSIBILITIES

Senior management team will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is an individual medical action plan, Suction administration form, risk minimisation and communication plan in place
- Ensure all staff involved are aware of the child's suction requirement prior to the arrival of the child.
- Ensure all protocols and systems are in place for obtaining information about the child's medical needs and all information is kept up to date.

Staff:

Once the staff have received appropriate training, it is the responsibility of the staff to attend to the care needs of the child.

They need to familiarise themselves to the policy and the child's medical and suction needs.

Carry out appropriate check list and ensure they follow the procedure as per the policy.

When suctioning the child, staff must carry out prior checks as below:

- Machine is fully charged
- Machine is assembled and ready for use
- Machine maintenance date is in date
- Collection Canister is clean and empty
- Suction catheters and/ Yankauer suckers are appropriate size
- Suction catheters and/ Yankauer suckers are clean and covered in plastic sleeve ready for use
- Gloves available
- Bottle with water to clean catheters and/ Yankauer suckers after use

Suction Policy and Procedure

Ruby & Ollie's – Out of School Hours Care

Parents:

Parents will:

- Provide sufficient and up to date information about their child's medical needs.
- Provide up to date medical action plan and inform staff of any changes
- Provide all equipment such as suction machine, charger, catheters/ Yankauer suckers, etc.
- Show staff on how to use the equipment if different from one used in training
- Ensure they consent to the agreed action plan of care and are contactable at all times.

TYPES OF SUCTION

Nasal suctioning

With nasal suctioning, a catheter or a small tip catheter is passed into the nostril. This is helpful when secretions are visible in the child's nose or nasal passage blockage is suspected.

Oral suctioning

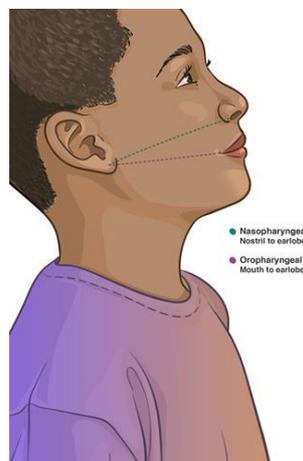
For oral suctioning, a hard-plastic tip with a handle called a Yankauer is usually used to suction secretions in the mouth. Oral suctioning is useful when the child is unable to remove secretions by coughing (for example, they have a weak cough) or they are drooling because they cannot swallow.

1. Nasopharyngeal and oropharyngeal suctioning

A suction catheter (a thin, clear, soft plastic tube preferably with depth markings on it) is inserted to a predetermined depth through the nose (nasopharyngeal) or mouth (oropharyngeal) to the back of the throat. This type of suctioning is useful when secretions are pooled at the back of the throat and the child does not have the ability to cough them up or swallow them.

KEY STEPS WHEN SUCTIONING

- Gather the equipment and supplies
- Make sure the suction pressure on the machine is set at a correct setting
- Wash hands and put on the gloves (suctioning is a clean procedure)
- Make sure the child is in a comfortable position, either sitting or lying
- Attach the suction tubing to the correct size suction catheter or Yankauer sucker.
- Keep the packaging attached until just before use.
- If using the catheter, illustration below shows how to correctly measure the length of catheter to be used



Suction Policy and Procedure

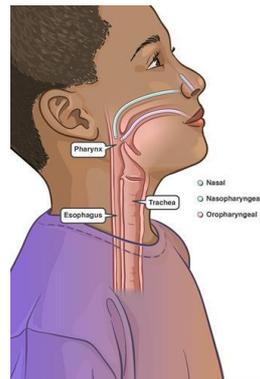
Ruby & Ollie's – Out of School Hours Care

SUCTIONING PROCEDURE

For nasopharyngeal, insert the suction catheter into the child's nostril and to the back of the throat (nasopharynx) to the length instructed in the medical action plan. Be careful not to force the catheter and rotate position as needed to guide the catheter gently. If resistance met, try the other nostril. Keep thumb off the suction control port.

For oropharyngeal, insert the suction catheter into the child's mouth and to the back of the throat (nasopharynx) to the length instructed in the medical action plan (see illustrations for reference). Keep thumb off the suction control port.

SUCTIONING DEPTHS



Apply suction by holding thumb over the suction control port. Slowly remove the catheter while "twirling" it between fingers to remove mucus. Limit suctioning to 5 to 10 seconds

Repeat suctioning the child as needed, allowing at least 20 seconds between suctioning. Alternate nostrils each time suctioning is repeated. Clean the tubing or Yankauer sucker by suctioning up the water. Once suctioning is finished, Yankauer suckers can be reused up to 24 hours, but refer to the child's individual action plan.

- After suctioning, assess the child's respiratory status.
- Turn off the suction machine. Empty and clean the suction drainage bottles and containers, if needed.
- Remove the gloves and wash hands well.
- Prepare the suction equipment by charging the machine and having supplies at hand for the next use.

SOURCED:

WorkSafe.qld.gov.au

Related Forms:

7.4.1.2.25.A – Risk Minimisation Plan

7.4.1.2.39.A – Suctioning Record

Suction Policy and Procedure

Ruby & Ollie's – Out of School Hours Care

POLICY DETAILS

Policy Reference No:	7.4.1.2.39
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	01.01.2017
Last Review Date:	17.11.2023
Next Review Date:	17.11.2024

Communicating Policy to Families, Children and Team Members

Information relating to the Suction Policy is communicated in the following ways: Newsletters, Family And Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets in the foyer, role modeling and signs displayed around the classrooms and centre etc.

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.

Personal Device and child safety

Ruby & Ollie's – Out of School Hours Care

AIM:

The purpose of this policy is to ensure the safety, wellbeing, and protection of all children, including children with disabilities and additional needs, by regulating the use of personal devices in our service. This policy reflects the Queensland Child Safety Reforms (2025) and supports our commitment to child safe practices, respectful conduct, and upholding children's rights.

Policy statement:

At Ruby & Ollies, the safety and wellbeing of every child is at the heart of everything we do. We are committed to creating an environment where children feel safe, respected, and protected, with a particular focus on the rights and needs of children with disabilities and additional needs. In line with the Queensland Child Safety Reforms, Ruby & Ollies strictly limits the use of personal devices by staff and ensures that mobile phones, and other personal technology are stored securely and never used in the presence of children, except in genuine emergencies or with management approval. We do not permit the use of personal devices to capture photos, videos, or recordings of children under any circumstances, and all service communication and documentation will be managed through approved Ruby & Ollies systems and devices. Our team actively engages in mandatory and ongoing child safety training, and positive behaviour guidance, to strengthen their ability to safeguard children and respond appropriately to risks or concerns. Ruby & Ollies is committed to upholding children's rights, empowering their voices, and ensuring that every interaction contributes to a safe, inclusive, and supportive environment where all children can thrive.

METHOD:

- Ruby & Ollie's applies 'due diligence' at all times to maintain a safe and healthy service environment and thereby protect all those involved in the service from any potentially adverse health and safety effects.
- Ruby & Ollie's consults with, and involves, all employees in implementing our risk management and scope of practice understanding
- Ruby and Ollies takes responsibility for training staff within our scope of practice and ensures that all involved understand the boundaries on which interventions can be performed.
- Ruby and Ollies remain openly communicative with all families regarding the care of their children and will report any health concerns or changes immediately.
- Ruby and ollies will continue to provide a holistic approach to care and seek advice from all children's care teams including allied health therapies, medical practitioners and families.

Personal Device and child safety

Ruby & Ollie's – Out of School Hours Care

Employer Responsibilities:

- Comply with all relevant legislation, statutory requirements, codes of practice, and industry standards, including the Queensland Child Safety Reforms (2025).
- Provide staff with information, training, and guidance on personal device use, child safety, and protective practices.
- Ensure all personal device policies are implemented and monitored effectively.
- Maintain a safe environment by overseeing practices that may impact the health, safety, or wellbeing of children, families, and staff.

The responsibility of employees, students, contractors and employees is to:

- Comply with all legislation, codes of practice, and Ruby & Ollies policies relating to child safety and personal device use.
- Keep personal devices stored securely and not use them while in the presence of children, except in emergencies or as authorised by management.
- Never take photos, videos, or recordings of children on personal devices.
- Conduct themselves in a manner that ensures the safety of children, themselves, and others.
- Complete all mandatory child safety and protective behaviours training.
- Report any breaches or concerns related to child safety or device use immediately.

Parent/ Guardian responsibilities:

- Support the Ruby & Ollies personal device and child safety policy.
- Communicate promptly with the service regarding any concerns about their child's safety or wellbeing.
- Work collaboratively with staff to support safe practices and reinforce protective behaviours at home and in the service.
- Understand that staff will not use personal devices to photograph or record children and that this policy is in place to ensure every child's safety and privacy.

Personal Device and child safety

Ruby & Ollie's – Out of School Hours Care

EXEMPTIONS

While Ruby & Ollie's restricts personal device use by staff in the presence of children to ensure safety, privacy, and compliance with legislation, there are certain approved exemptions:

- **Children's Communication Devices:** Children may use personal or service-provided devices that are required for communication, learning, or therapeutic purposes (e.g., Alternative Communication devices, speech apps, or tablets). Staff will supervise these devices to ensure they are used appropriately and safely.
- **Regulated Use:** Use of any child device must comply with the Education and Care Services National Regulations, including supervision requirements and safe use of technology.
- **Emergency or Medical Exceptions:** In rare circumstances, devices may be used to support health or safety needs, but only as authorised by management and in line with the child's individual risk management plan or medical care plan.

All exemptions are managed with clear documentation, staff training, and parental communication to ensure that the child's use of technology supports their safety, wellbeing, and development while maintaining compliance with the Queensland Child Safety Reforms (2025).

Communicating Policy to Families, Children and Team Members

Information relating to this Policy is communicated in the following ways: Newsletters, Family and Educators handbooks, team meetings and memos, planned experiences for the children, notice boards and posters, pamphlets and information sheets, role modelling and signs displayed around the classrooms and Service etc.

Policy Details

Policy Reference No:	7.4.1.2.39
Authorised By:	Amy Moss – General Manager
Creation/Approval Date:	26.08.2025
Last Review Date:	26.08.2025
Next Review Date:	26.08.2026

Policy Review Statement

All policies will be reviewed annually in consultation with Families, Team Members and Management. Any changes in legislation, regulations, Quality Assurance and other standards will be considered in the reviewing process. Any changes in policies or procedures will be communicated to families and Team Members verbally and in writing. Failure to abide by policies will result in disciplinary action.