PATRICKS ROAD STATE SCHOOL
OUTSIDE SCHOOL HOURS CARE

Policies and Procedures Manual

Policy Group 4: Health and Wellbeing

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Policy Group 4: Health and Wellbeing

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4.1 General Health and Safety Policy

This Service strives, through the following specific policies and procedures, to provide a safe, clean and healthy environment where safety and hygiene procedures are practiced at all times to promote and support the health, wellbeing and safety of children, recognising particular needs of children in this respect, and of educators, staff members, parents and others coming to the Service.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *NQS Area: 2.1.1, 2.1.3, 2.1.4; 2.2.1; 2.3.1, 2.3.2, 2.3.3; 3.1.1, 3.1.2; 3.2.1; 4.1; 6.1.1; 6.2.2; 6.3.3, 7.1.2; 7.3.1; 7.3.5.*
- *Policies: 4.5 – Incidents, Injury, Trauma and Illness, 4.6 – Medication, 4.8 - Sun Safety, 5.1 – Food Handling and Storage, 9.2 - Enrolment and Orientation & Orientation.*

Procedures

The enrolment procedures (see Policy 9.2) will include the requirement that parents advise any particular health issues (including medication, additional dietary needs or other requirements) and any other specific needs of their children.

The Nominated Supervisor will ensure that all educators and other staff members are aware of all such specific notified needs.

The Nominated Supervisor will ensure that educators have appropriate education or training to enable them to undertake basic support of the health needs of children, including administering medications, allergic reactions, basic first aid and additional dietary requirements.

The Nominated Supervisor must ensure that, at least one educator with the required first aid qualifications, anaphylaxis management and emergency asthma management training as prescribed under *Education and Care Services National Regulations 2011 (Part 4.4, 136(1)), is in attendance at any place children are being care for, and immediately available in an emergency, at all times children are being cared for (i.e. children go to oval or park, then a qualified first aid person must go with them).

To ensure the environment is safe for children, the Nominated Supervisor and/or nominated supervisor will be responsible to ensure that the relevant daily safety checklists (see Appendix C) are completed, prior to the children having access to those areas.

Educators will ensure that equipment is:

- cleaned as per the cleaning checklist;
- used safely by the children, and;
- is used for its correct purpose.

Risk assessments will be conducted for high risk activities and/or events including excursions.

Educators will actively supervise children within their area.

Educators will ensure that they, and the children, have applied a SPF30+ sun screen and wear a broad brimmed hat, prior to outdoor play. Timing of outdoor activities will be guided by the Sun Safety Policy (see Policy 4.8), specifically the UV rating for the day.

Children who are unwell will be isolated from other children in a quite area.

Educators will ensure that all food handling and storage procedures are followed to prevent the risk of contamination.

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4.2 Infectious Diseases Policy

The Service strives to remove immediate and/or serious risks to the health of the children, from possible cross-infections, by adopting appropriate procedures for dealing with infectious diseases*, whilst respecting the rights of individual privacy. Accordingly, all people, including children, educators and parents, with infectious diseases will be excluded from attending the Service to prevent the diseases spreading to others.

* When infectious disease is referred to in these policies and procedures, it means communicable diseases and notifiable diseases (see Commonwealth Department of Health at www.health.gov.au)

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- National Health and Medical Research Council ‘Staying Healthy in Childcare’ 4th edition
- NQS Area: 2.1.3; 2.1.4; 4.2.1; 6.1.3; 7.3.1, 7.3.2, 7.3.5.

Procedures

Monitoring

The Service will subscribe to available alert services through the Commonwealth Government Department of Health and Ageing (see www.health.gov.au) and Queensland Health (www.health.qld.gov.au) to keep up to date information on infectious diseases within the community.

The NHMRC resource ‘Staying Healthy in Childcare’ will be referred to when making any decisions in regards to communicable diseases and/or exclusion periods. Fact sheets may also be accessed through the Queensland Health website http://access.health.qld.gov.au/hid/

Reporting

It is the responsibility of parents/guardians to inform the Nominated Supervisor of any infectious disease that their child, or other immediate family members may be suffering.

Parents/guardians will be advised through the enrolment procedures and the Family Handbook that children who are ill are not to be brought to the Service.

It is the responsibility of educators to inform the Nominated Supervisor of any infectious disease that the staff member, or their other immediate family members, may be suffering.

This Service is responsible for reporting to the State Health Authorities all notifiable diseases (as per requirements of the Commonwealth Government Department of Health) and also to report this to parents of other children in this Service as appropriate, but having regard to the privacy of individuals concerned.

The Nominated Supervisor will notify the Management Committee in writing when report of notification has been made to the Department of Health.

Records in regard to infectious disease will be maintained by the Nominated Supervisor. These records will include the child’s name, age, symptoms, date and time when educators first noticed the illness and any action taken. This record will not be available to other parents/guardians in view of the sensitive nature of a child’s health information (see Policy 10.8 – Information Handling (Privacy and Confidentiality) and Record Keeping.

A notice will be posted on the parent’s table and attention drawn to it when there has been a report of an infectious disease at the Service. An email will also be sent out to all parents and guardians notifying them of the situation.

The rights of individual privacy will be respected at all times, and in particular the Privacy Policy of the Service (see Policy 10.8 – Information Handling (Privacy and Confidentiality) and Record Keeping will be observed by all staff implementing these procedures relating to infectious diseases.
Exclusion
All people, including children and educators, who are suffering from any infectious diseases need to be excluded from the Service to prevent others from being introduced to the infection. When any such person is found to be showing signs of any infectious disease:

- for children, their parents/guardians will be asked to immediately collect their child and seek medical advice;

- for educators, they will immediately be released from work in order to seek immediate medical attention and for the period of the infectious disease;

- for parents or other adults, they will be required to leave the premises of the Service immediately and not re-enter the premises unless and until they are no longer suffering from the infectious disease;

- if a duly qualified and registered medical practitioner diagnoses an infectious disease, the child/educator shall be excluded for the recommended period (as per NHMRC guidelines).

While a child is waiting to be collected, they will be placed comfortably away from the other children. Once they have left, pillows, blankets, toys etc. that they have been in contact with will either be washed or sanitised according to Staying Healthy in Childcare guidelines.

For diseases which are from time to time published as requiring a doctor’s certificate clearing the child/educator, the doctor’s certificate will be required before the child/educator is re-admitted to the Service. Information can be obtained from the Department of Health at www.health.gov.au and the National Health and Medical Research Council at www.nhmrc.gov.au.

IMMUNISATION
Children who are younger than seven must meet the Australian Federal Governments immunisation requirements, or have an approved exemption from the requirements for the family to be eligible for Child Care Benefit (CCB).

NON IMMUNISATION
Children and educators will be excluded from the service if there is an outbreak of an infectious disease against which they have not been immunised. The period of exclusion will be in accordance with the National Health and Medical Research Council’s recommendations (www.nhmrc.gov.au).

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4.3 Hygiene Policy

For the ongoing and general health and safety of the children, the Service strives to ensure, for its children and educators, a standard of general hygiene which complies, as a minimum, with legal requirements and, as far as reasonably possible, with the standards expected in the wider community.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Work Health and Safety Act 2011
- NQS Area: 2.1.3, 2.1.4; 2.2.1; 4.2.1; 7.1.2, 7.3.5.
- Policies: 4.1 – General Health and Safety, 4.2 – Infectious Diseases, 4.4 – Preventative Health and Wellbeing, 4.5 – Incidents, Injury, Trauma and Illness, 4.9 Children’s Toileting, 4.12 – Non Smoking, 5.1 – Food Handling and Storage, 5.5 – Cleaning and Sanitising.

Procedures

Use of gloves

When preparing food, cleaning or otherwise having contact with bodily fluids (e.g. blood, mucus, vomit, urine, faeces, etc), disposable gloves will be worn.

Used gloves are to be carefully disposed of, immediately after use, in such a way that they would reasonably be expected to be secure from children or others.

Educators are responsible to advise the Nominated Supervisor (or other responsible staff member) to ensure that there is an adequate store of disposable gloves available at all times.

Hand Hygiene

The best way to prevent the transmission of disease is through effective hand hygiene, which removes both dirt and germs from the hands. This can be done with soap and running water, or by using a hand rub.

Soap and Water

Educators will wash their hands, and ensure that children wash their hands, thoroughly with soap and water:

- before handling, preparing and eating of food;
- prior to and after giving First Aid;
- after toileting, handling of animals or other activities which could lead to the spread of infection;
- after contact with/cleaning of body fluids (blood, mucus, vomit, urine, faeces etc).

Children with soap-related allergies will be required to provide their own hand wash.

Hand Rubs

Hand rubs do not replace soap and running water however, they are effective in certain situations, such as when soap and running water are not available. To use a hand rub:

- Apply the recommended amount onto dry hands;
- Rub hands together so the hand rub comes in contact with all parts of the hands;
- Keep rubbing until the cleaner has evaporated and hands are dry.

Children with visible dirt, grease or food on their hands should be encouraged to clean their hands with soap and water, rather than use a hand rub.

Hand rubs will be kept out of reach of children and only used with adult supervision.

Noticeable signs/posters will be placed around the service to alert children to the need for effective hand hygiene.

Laundry

The OSHC building has a washer/dryer combo that has a child safety lock to prevent children accessing it. When the weather is compliant, washing will be hung to dry out the back of the centre. Non-hazardous laundry powder is kept in the locked chemicals cupboard.

Washing schedule:

- Cushions and blankets used by children will be washed weekly.
- OSHC hats will be washed twice a week, although children are encouraged to bring their own hats to prevent the spread of head lice.
• Tea-towels are used once and then washed, as are any other towels used by children or Educators.

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4.4 Preventative Health and Wellbeing Policy

For the ongoing and general health and safety of the children, the Service strives to ensure, for its children and educators, a standard of general preventative health and wellbeing which complies, as a minimum, with legal requirements and, as far as reasonably possible, with the standards expected in the wider community.

 Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- NQS Area: 2.1.2, 2.1.3, 2.1.4; 3.1.2; 7.1.2; 7.3.5

 Procedures

Sun Safety
Children and educators will wear broad brimmed hats and appropriate clothing when outside and have adequate shade provided by trees, shelter sheds or shade cloth.

Educators will encourage children, including by way of modeling behaviour, to avoid excessive exposure to the sun. This will be reflected in the timing of outdoor activities which will be kept to a minimum during the hours of 10.00am and 3.00pm, and guided by the UV index for the day.

Educators will encourage children, including by modeling behaviour, to apply a suitable sunscreen (at least SPF30+), which is reapplied according to the manufacturer’s recommendations.

If children are allergic to the service’s sunscreen, parents/guardians are required to supply their own clearly labeled sunscreen.

OSHC will provide hats to children who have forgotten to bring their own that day. Although remembering to bring their own hat will be encouraged.

Ear Care
Children will be encouraged to consider their own ear health through discussions with educators on issues relating to their ears such as cleaning, noise, water and infections.

A safe level of sound (no higher than 80 decibels) will be maintained at all times in regard to the television, music and room conversation. [http://www.hearing.com.au/preventing-hearing-loss](http://www.hearing.com.au/preventing-hearing-loss)

A Queensland Health initiative, The Deadly Ears Program aims to reduce the rates of chronic ear disease among Aboriginal and Torres Strait Islander children in regional, rural and remote communities across Queensland through consultation with local communities and the promotion of health initiatives for families.

Service Environment
A quiet area at the school library will be provided where children can be quiet and away from other children.

‘No smoking’ at or about the Service is a condition of entry for all people, including educators, parents and others entering the premises. No Smoking signs will be placed around the service.

Reminder notices and signs, for educators and children, will be placed around the Service to remind all of the need to maintain a clean and healthy environment.

Dental Health
Water will be made available to children throughout the day in preference to carbonated drinks (which are not offered) and fruit juices.

Families will be informed or any accidents, injuries or suspected injury to teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing.

Children will be encouraged to drink water after eating to rinse their mouths.
Children will be encouraged to bring their own toothbrushes and toothpaste to OSHC, in a clearly labeled container, and reminded to brush their teeth after breakfast. Parent’s will be asked to replace toothbrushes each term.

Educators will facilitate discussion with children around dental care.

**Cleanliness**

Educators will ensure that premises used for the Service and all toys, dress-up clothes, paint shirts and other materials and resources are kept clean.

Tables, benches, floor surfaces and toilets will be cleaned thoroughly and sanitised each day.

The refrigerator will be cleaned once a week.

Cupboards will be kept in a hygienic state to protect against any vermin outbreak. The premises will be treated annually for the control of pests.

Educators will ensure that all tissues are disposed of immediately after use.

There will be a suitable area for waste disposal. This is to be covered and emptied daily into outside garbage units that are collected regularly.

Recycled items (e.g. toilet rolls for craft activities) which were used, or suspected to have been used, in a non-hygienic environment, will not be used at the Service.

There will be suitable disposal facilities for first aid waste such as Band-Aids, bandages, and/or blood soaked tissues and wipes. These will be disposed of daily.

There will be suitable facilities for the storage of soiled clothing. Soiled clothing will be placed inside a plastic bag, sealed and made inaccessible to children. Soiled clothing will be returned to the family at the end of the day.

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4.5 Incidents, Injury, Trauma and Illness Policy

The Service proactively strives to avoid injuries occurring at the Service, and to minimise the impact of injuries and illnesses by responding appropriately and as quickly as possible, to all injuries and illnesses. The rights and responsibilities of parents with respect to injuries and illnesses of their children is acknowledged and will be taken into account in administering all procedures.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *First Aid Code of Practice 2004*
- *NQs Area: 2.1.1, 2.1.2, 2.1.4; 2.3.3; 4.2.1; 6.1.1; 6.2.1; 7.1.2; 7.2.3; 7.3.1, 7.3.2, 7.3.3, 7.3.5.*
- *Child Care Act 2002 (section 81) Queensland*

Procedures

Parental Permission

Written consent from the child’s parent/guardian will be sought through the enrolment process for the Nominated Supervisor (or, in absence of the Nominated Supervisor, a staff member qualified in first aid) to obtain medical attention, in keeping with the Policies and Procedures of the Service, if required. This includes an ambulance being called for injuries or illnesses deemed as an emergency by the Nominated Supervisor or Certified Supervisor.

Individual illness management plans will be developed if necessary in conjunction with the Nominated Supervisor or a qualified first aid educator, parent/guardian, child and other health/educational professionals if required.

Written consent will also be obtained from the parent/guardian for the use of all health and other personal information which the Service has relating to the child, for the purpose of enabling the Service to:

- administer care and assistance to the child, including by obtaining emergency or other medical assistance or care for the child in accordance with this policy; and
- Report any injury or illness as required by law.

First Aid

At least one educator with a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training as required by the *Education and Care Services National Regulations 2011*, will be in attendance at any place children are being cared for, and immediately available in an emergency, at all times children are being cared for by the Service.

All educators will be required to get First Aid and CPR certificates within 3 months of employment.

Disposable gloves will be worn when administering first-aid, and will be disposed of immediately after use, in a way that they are reasonably secure from children and others.

The Nominated Supervisor will, or delegate a qualified educator to, ensure that the following are kept at the Service at all times, and are accessible to the educators but not to children:

- a fully maintained and equipped first aid kit, adequate for the number of children attending the Service;
- a recognised and current first-aid manual; and
- a cold pack wrapped in paper toweling ready for use in the administering of first aid;
- a store of disposable gloves;
- current emergency contact telephone numbers;
- all cold packs will be sanitised after each use.

Immediate procedure upon injury and illness

If a child becomes ill or injured while attending the Service:-

- staff will comfort and calm the child;
- all head injuries will be reported to the parent/guardian via phone, notifying of the circumstances including:-
  - the treatment administered; and
  - whether the child has returned to normal activities as deemed appropriate by Nominated Supervisor or first aid qualified educator.
an educator, qualified in first aid, will administer appropriate first aid and assess the child’s condition in conjunction with the Nominated Supervisor;

non-prescribed oral medications will not be administered to any child;

if necessary, the Nominated Supervisor, or qualified educator, will ensure that the child is separated from the other children and made as comfortable as possible in a quiet, well ventilated area;

if necessary, the Nominated Supervisor, or qualified educator, will contact the parents/guardians to collect their child as soon as possible;

the child will be kept under adult supervision and their condition monitored until the parent’s arrival.

The child’s temperature will be taken at regular intervals and if it is 38°C the parents will be notified and asked to collect their child.

If the child’s condition is assessed as serious or deteriorates and emergency medical attention is necessary:

if a child requires emergency medication (epipen, ventolin etc) and has a medical action plan, a qualified educator will administer it.

if a child requires emergency medication (epipen, ventolin etc) and does not have a medical action plan the Nominated Supervisor will attempt to obtain verbal consent from the parent/guardian, prior to calling for an Ambulance;

the Nominated Supervisor, or qualified educator, will call an ambulance;

all attempts will be made to notify the parents; and

if parents are unable to accompany the child to the hospital, the Nominated Supervisor, or qualified educator who administered the first aid, will accompany the child provided that they leave at least one educator who is qualified in first aid at the Service and that the Service ratios are still met.

All costs incurred in obtaining medical attention for a child will be met by the parents/guardians.

**Serious Incidents**

Serious incidents include but are not limited to:

- The death of a child while attending the service, or following an event while attending the service;
- Any incident involving injury, trauma or illness of a child where medical attention was sought, or should have been sought;
- an incident at the service premises where the attendance of emergency services was sought, or should have been sought;

If a child:

- Appears to be missing or cannot be accounted for;
- Appears to have been taken or removed from the service premises in a way that breaches the National Regulations; or
- Is mistakenly locked in or locked out of any part of the service premises.

For all of the above A Notification of Serious Incident SI01 will be completed and sent to the Department of Education within 24 hours of the incident occurring.

**Recording and reporting injuries and illness**

An accident/incident report (see Appendix C) must be completed, as soon as reasonably possible after a child suffers an injury or illness, by the educator who administered care or first aid to the child.

The information which must be included on the report after a child suffers an injury or illness at the Service is:

- the child’s name;
- date and time of accident/incident;
- details of accident/incident;
- parents/guardians contacted;
- treatment and outcome of accident/incident;
- staff signature and witness signature; and
- parent’s signature confirming knowledge of accident.

The information contained in the accident/incident report forms must not be used for any purpose except strictly in accordance with this Policy, the Privacy Policy (see 10.8 – Information Handling (Privacy and Confidentiality) and Record Keeping and any other relevant policies of the Service.

If the injury/illness is serious and requires medical attention a Notification of Serious incident form must be filled out and faxed to the Department of Education promptly as per the Child care Act 2002 (section 81)

For incidents that may require minor first aid (e.g. Band-Aids), an entry must be made in the first aid record book, located with the service first aid kit. Information to be included in the first aid record book may include:
- the child’s name,
- the reason for and location of band aid/cold pack (on their person), and
- Educator signature.

The Nominated Supervisor/nominated supervisor will ensure that the parent of a child who is injured or ill at the Service is informed of the situation, and the treatment given, on collection of the child.

The Nominated Supervisor is responsible for the obligation under section 174 (4) of the *Education and Care Services National Law Act 2010* to report to the relevant Regulatory Authority if a child dies, or suffers an injury at the Service for which treatment from a medical practitioner was obtained, or ought reasonably to have been sought.

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4.6 Medication Policy

In the interests of health and wellbeing of the children, the Service will only permit medication to be given to a child if it is in its original packaging with a chemist label attached. The chemist label must state the child’s name and dose of medication required. The service recognizes and acknowledges the skill and competence of children in working collaboratively with families to enable children to self-administer medications, with prior parent authority.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- NQS Area: 2.1.1, 2.1.4; 2.3.3; 4.2.1; 6.1.1; 6.2.1; 6.3.2; 7.1.2; 7.3.1, 7.3.2; 7.3.3, 7.3.5.
- Policies: 4.1 - General Health and Safety, 4.10 – Anaphylaxis Management, 4.11 – Emergency Health and Medical Procedure Management, 4.15 – Asthma, 9.2 - Enrolment and Orientation, 10.8 – Information Handling (Privacy and Confidentiality) and Record Keeping, 4.18 Medical Conditions.

Procedures

See procedures under Policy 4.1 – General Health and Safety, regarding obligations for parents to advise the Service of particular health needs, including medication, for their children.

Parents will be requested, through the Family Handbook (see Policy 9.3 – Communication with Families) and initial enrolment procedures (see Policy 9.2), to respect this Medication Policy and, wherever possible, to administer any prescribed medication to their child before or after attending the service, rather than requesting the service to do so, unless absolutely necessary.

Educators will only be permitted to administer medication to a child if it is:

- in its original package with a pharmacist’s label which clearly states the child’s name, dosage, frequency of administration, date of dispensing and expiry date; and
- accompanied by a Medication Authority form (see Appendix C), completed by the parent/guardian.

All medication will be stored in a locked cupboard or similar storage receptacle. Storage should prevent unsupervised access and damage to medicines e.g. some may require refrigeration.

All medication will be administered by the Nominated Supervisor (or an educator nominated by the Nominated Supervisor who is duly qualified in first aid) and witnessed by another educator. Administration of medication will be recorded in a medication administration register (see Appendix C). The Nominated Supervisor and educator witness must fill out and sign the register with the parent signing acknowledgement at the end of the day.

All unused medication will be returned to the parent on collection of the child.

Individual illness management plans will be developed if necessary in conjunction with the Nominated Supervisor or a qualified first aid educator, parent/guardian, child and other health/educational professionals if required.

Children self-administering medication

In all instances of children self-administering medication, the relevant authority form will be completed by the parent/guardian, prior to the child administering the medication.

For children who require regular asthma medication, an Asthma Form (see Appendix C) will need to be completed by the parent/guardian to advise the Nominated Supervisor whether their child will be responsible for administering their own medication or will require supervision and full details of how, when (i.e. at what intervals) and by whom all such treatment is to be administered.

For diabetes or other similar ongoing medications, parents will be required to advise the Nominated Supervisor in writing whether their child will be responsible for administering their own medication or will require supervision and full details of how, when (i.e. at what intervals) and by whom all such treatment is to be administered.

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4.7 Keeping of Animals Policy

The service recognizes and acknowledges the role that animals may play in the lives of children. Animals cared for by the Service will be in keeping with any regulated requirements with adequate shelter provided. Children will be given opportunity to share in the responsibility of looking after any animals in care through feeding, watering and/or caring for them on the weekends.

♀ Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Duty of Care
- Check local authority regulations, e.g. Brisbane City Council by-laws on keeping relevant animals
- NQS Area: 2.1.3, 2.1.4; 2.3.1, 2.3.2; 3.1.1; 6.1.2; 6.2.1; 7.3.5.
- Policies: 4.1 - General Health and Safety, 4.2 - Infectious Diseases, 4.3 - Hygiene, 4.4 - Preventative Health and Wellbeing, 9.3 – Communication with Families.

♂ Procedures

The Service will only keep animals:

- where they are appropriate to the program of the Service;
- if no children and/or educators are allergic to that type of animal;
- if permitted by local authority regulations, and;
- if the service has sufficient and adequate space and/or area for the keeping of the animal.

The Nominated Supervisor will ensure that any animal, which poses a health or safety risk to any child in the Service, is safely and responsibly removed immediately.

Hand washing and hygiene procedures will be followed after the handling of all animals, whether it is the service animal or a stray.

Animals cared for by the Service will have plenty of food, water, air, bedding and shelter.

Under the supervision of educators, the children will be encouraged to help with the care of the animals. Depending on the animal, families and educators may be encouraged to take care for it at home over periods of long weekends and/or service closures.

No animals will be permitted in food preparation areas.

In the case of a stray animal, the service will appropriately remove and restrain it whilst making attempts to contact the owners or local authorities for collection.

Cruelty to animals will not be permitted under any circumstances, and may lead to expulsion from the service.

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4.8 Sun Safety Policy

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

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

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

The rationale for this policy was provided by the Queensland Cancer Council and is consistent with their Sun Smart Policy Guidelines for Early Childhood Settings

The purpose of this Sun Safety Policy is to ensure that all children, staff and visitors attending our service are protected from skin damage caused by harmful UVR from the sun.

The service will provide a SunSmart environment that support Sun Safe practices and create an awareness of the need to reschedule outdoor activities to support Sun Safe practices.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Work Health and Safety Act 2011
- Duty of Care
- Cancer Council Queensland’s SunSmart Policy Guidelines – Early Childhood Cancer Council Australia
- NQS Area: 1.1.3; 2.1.1; 2.2.2; 2.3.2; 3.1.1; 4.2.1; 6.1.1; 6.1.3; 6.2.1; 7.1.2; 7.3.2; 7.3.5.
- Policies: 3.7 – Physical Activity, 4.1 - General Health and Safety, 4.4 - Preventative Health and Wellbeing, 9.2 – Enrolment, 9.3 – Communication with Families.

Procedures

Sun safety will be practiced at our service throughout the whole year.

Parents will be asked to provide a broad brimmed SunSmart hat which protects the face, neck, ears and crown of the head for their child and encourage them to wear it. No caps.

Parents will be asked to provide appropriate SunSmart clothing that protects as much of the skin as possible. Loose fitting clothing and darker colours will be more comfortable and effective.

Educators will ensure that all children, staff and visitors attending OSHC are protected from the harmful UV effects of the sun during the recommended times of the day. The Nominated Supervisor will:

- Inform Parents of our Sun Safety Policy when children are enrolled. The Sun Safety Policy will be included in the enrolment package information.
- Ensure all sun protection measures are applied to children, staff and visitors while outside when the UV level is 3 or above, which in Queensland, is all year round including:-
  - Wearing adequate SunSmart clothing and use shaded and/or covered areas;
  - Wearing broad-brimmed hats that protect the face, neck and ears;
  - Applying SPF 30+ broad-spectrum, water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours (with parent permission and allergy safe as required).
- Incorporate education programs that focus on skin cancer prevention and early detection into the program.
- Ensure all staff, children and visitors act as positive role models and demonstrate SunSmart behaviour when attending the service.
- Ensure that adequate shade is provided during outdoor events including excursions.

Ongoing feedback and support will be sought from parents and the school community for the Sun Smart policy and its implementation, through newsletters, parent meetings etc.
The Sun Safety policy will be reviewed regularly (at least annually) with children, staff, parents and the Management Committee.

References:
Cancer Council Queensland SunSmart Policy Guidelines – Early Childhood,

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4.9 Children’s Toileting Policy

The service recognizes the need to ensure the safety of all children whilst accessing the toilet and acknowledges that from time to time, younger children may require initial support and assistance if they are unable to toilet independently. Thus the service management seeks to ensure that the personal health, hygiene and safety of children and educators is supported, through the consistent implementation of the following procedures to protect children from risk of harm or injury.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Commission for Children and Young People and Child Guardian Act 2000
- NQS Area: 1.1.5; 2.1.1; 2.1.3; 2.3.1; 2.3.2; 4.1; 4.2.1; 5.2.3; 6.1.1; 6.3.3; 7.1.2; 7.3.1, 7.3.5.
- Policies: 2.1 – Respect for Children, 2.3 – Educator Ratios, 2.11 – Including Children with Additional Needs, 3.5 – Excursions & incursions, 4.3 – Hygiene, 9.2 - Enrolment and Orientation and Orientation, 9.3 – Communication with Families

Procedures

Educators shall check the toilet facilities for safety prior to the commencement of the daily program/s including before school, after school and vacation care.

All children shall be actively supervised whilst accessing the toilet facilities when outside the OSHC building.

Children shall have access to the toilets located in the OSHC building, Tuckshop area, Prep playground, Grade 7 undercover area and Grade 1/2 undercover area.

Adults shall have access to the toilets located in the OSHC building, Tuckshop area, Prep playground, Grade 7 undercover area and Grade 1/2 undercover area.

When toilets are shared by adults and children the following procedure will be in place:

- The educator shall notify another team member that they intend to use the toilet;
- The educator shall ensure that no children are in the immediate area of the toilet prior to accessing the toilet facilities;
- The staff member shall lock the entrance to the toilet. If this is not possible then a sign shall be placed outside the toilet to notify children that an educator is using the toilet and that they cannot be accessed at this present time by children.

Should the primary facilities become unavailable then other toilets may be accessed, however when these are out of sight, children will be escorted to the toilet by an educator.

Educators may be required to support the personal hygiene of children with toileting when it becomes known to them that a child is in need of assistance. If an educator feels uncomfortable giving toileting assistance to a child, they may ask the Nominated Supervisor or Nominated Supervisor to take over.

A toileting kit will be available (at or near the toilets), to assist educators with toileting issues. The kit includes gloves, wipes, hand sanitiser and appropriate bags for soiled materials. (Attention will be given to any children with allergies to latex.)

If a child is involved in a personal hygiene incident, the Parents/Guardian will be notified immediately and shall have the opportunity to collect the child.

Children who are frequently troubled with personal hygiene and toileting needs shall be requested to provide spare clothes and pull ups if necessary. If the child does not have spare clothes, then the service may provide them on the condition that they are washed and returned to OSHC as soon as possible.

Escorting children to the toilet

Educators shall observe practices to ensure that they are not placing themselves in a compromising situation while escorting children to the toilet area and shall ensure that a minimum of two children are escorted at any one time.

Children shall be regularly reminded to go to the toilet. Where the toilet is out of direct supervision of educators, children shall be escorted every 30 minutes or as required.
Educators will ensure that the service communication procedures are followed when escorting children to the toilet in another area.

**Assisting children with toileting**

Educators shall notify the Nominated Supervisor that a personal hygiene incident requires their support and, where possible, a second team member shall be called to be present during the toileting support. Gender and developmental consideration should be given to the situation in ensuring the most appropriate educators manage the situation and that the process is open and transparent.

Educators shall support children's emotional needs, demonstrating empathy and compassion and should not, under any circumstances, cause further embarrassment to the child. Nor should they become forceful in their assistance to children.

Staff shall assist children to toilet and follow hygiene procedures by:

- Encouraging children (if able) to clean themselves independently through provision of suitable wipes and means of disposal (wipes are not suitable for flushing).
- Ensuring hands are cleaned and sanitized and gloves are generally worn.

All staff shall be provided with training and support to assist in toileting children, particularly in the case of children with high support needs. This may be through written communications, direct training and/or meetings.

**Toileting on excursions**

For the purposes of Excursions, the following procedures shall be implemented to ensure the health and safety of children while using the toilet:

- A risk assessment will be conducted prior to the excursion with all educators required to read and sign off.
- On arrival at the venue, the toilet cubicles shall be checked for safety by an educator before being used by the children.
- A minimum of one educator shall be present when possible to supervise children's use of the toilets.
- On excursions, one male educator must be present to ensure boys are able to use the male toilets.

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4.10 Anaphylaxis Management Policy

The service recognizes the increasing prevalence of children attending services who have been diagnosed with anaphylactic reactions. Such reactions may be the result of severe allergies to eggs, peanuts, tree nuts, cow milk, shell fish, bee or other insect stings, latex, particular medications or other allergens as identified through professional diagnosis.

It is known that reactions to allergens may occur through ingestions, skin or eye contact or inhalation of food particles.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Duty of Care*
- *Health (Drugs and Poisons) Regulation 1996*
- *Commission for Children and Young People and Child Guardian Act 2000*
- *NQS Area: 1.1.5; 2.1.1, 2.1.4; 2.3.2, 2.3.3; 4.2.1; 6.1.1; 6.2.1; 7.1.2; 7.3.1, 7.3.2, 7.3.5.*
- *Policies: 4.5 – Incidents, Injury, Trauma and Illness, 4.6 – Medication, 4.11 – Emergency Health and Medical Procedure Management, 5.1 – Food Handling and Storage, 9.2 - Enrolment and Orientation, 10.8 – Information Handling (Privacy and Confidentiality) and Record Keeping, 10.9 – Risk Management and Compliance.*

Procedures

Parents will be requested, through the initial enrolment procedures (see Policy 9.2), to ensure that the service is made aware of any allergies that their child may be suffering. Information regarding the triggers and severity of allergic reactions will also be requested. Parents and children will also be notified that the service is a nut-free centre.

During break times, especially during vacation care, educators will scan lunchboxes while children are eating to ensure that peanuts and nuts are not brought into the centre. As children are aware that OSHC is a nut-free area, and that children with severe allergies to peanuts and nuts attend the service, they often ask educators about their foods contents if they are unsure. Children will not be permitted to share food to ensure children at risk do not accidentally consume allergens.

The service shall take appropriate action to minimize, where possible, exposure to known allergens where children have been professionally diagnosed with anaphylaxis and this information has been presented to the service with certification from a medical practitioner.

The service shall develop and implement a risk management plan to identify the possible exposure to allergens and how these will be managed and monitored within the service.

The service will ensure that at least one educator with a current first-aid qualification and CPR qualification, anaphylaxis management and emergency asthma management training as required by the *Education and Care Services National Regulations 2011*, will be in attendance at any place children are being care for, and immediately available in an emergency, at all times that children are being cared for.

All children diagnosed with anaphylaxis shall have a Personal Action Plan, outlining what to do in an emergency, developed in consultation with families, educators and the child’s medical practitioner. Each plan shall be displayed in a clearly accessible area and be approved by the child’s family/guardian.

Individual children’s health care and management plans shall be discussed on a regular basis with all educators at team meetings.

Each child shall have the appropriate medication including EPIPEN accessible to educators in a lockable medicine cabinet.

Appropriate medication shall be stored at the service for each child in clearly labeled and marked containers.

In circumstances where medication requires transportation between the child’s school/home and the service, the medication will be given to the Nominated Supervisor or Certified Supervisor, and returned to the child when they leave the service. Families may be requested to provide a spare pen to be kept at the service, if these arrangements are not suitable.

A risk management strategy shall be devised to ensure:

- Medication is transported by a responsible adult person, and
- In circumstances where children arrive at the service without the required medication, appropriate procedures shall be followed to ensure that the medication becomes immediately accessible.
Anaphylaxis plans shall be reviewed annually or as required by governing authorities.

In the case of a child who has not been previously diagnosed with Anaphylaxis, procedures as per the Emergency Health and Medical Policy (see Policy 4.11) will be followed.

If an anaphylactic child attends the centre, a notice will be placed on the parent's noticeboard informing them of the fact. The child will not be identified to ensure confidentiality.

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**How to give EpiPen®**

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.

2. PLACE ORANGE END against outer mid-thigh (with or without clothing).

3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

4. Remove EpiPen®, Massage injection site for 10 seconds.

**Instructions are also on the device label and at www.allergy.org.au/health-professionals/anaphylaxis-resources**

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**ACTION PLAN FOR Anaphylaxis**

For use with EpiPen® adrenaline autoinjectors

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for **any one** of the following signs of Anaphylaxis

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION**

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
3. Phone ambulance* - 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, **give adrenaline autoinjector**

After giving adrenaline:
- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.
How to give Anapen®

PULL OFF BLACK NEEDLE SHIELD.

PULL OFF GREY SAFETY CAP from red button.

PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).

PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at www.allergy.org.au/health-professionals/anaphylaxis-resources.

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 (or Anapen® 150 if aged 1 - 5 years)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2 Give Anapen® 300 (or Anapen® 150 if aged 1 - 5 years)
3 Phone ambulance*: 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

After giving adrenaline:
- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.
4.11 Emergency Health and Medical Procedure Management Policy

The service recognizes that occasions may arise where emergency management procedures may need to be implemented to preserve the health and safety of children and staff. Such emergency management applies to situations where a parent/guardian requests the OSHC service in writing to administer prescribed medication as directed by a medical practitioner, and/or assist with managing a specific health condition as well as where a particular emergency first aid response is needed.

In emergency situations, OSHC educators may be required to administer medication to preserve the life, safety and health of a student. These emergencies may occur for students with diabetes, epilepsy, anaphylaxis and asthma. The possible medication requirements include administering inhaled medication for asthma, prescribed medications for epilepsy, diabetes and/or anaphylaxis. Medications for diabetes and anaphylaxis are usually injected by a pen device and are not intravenous.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Health (Drugs and Poisons) Regulation 1996
- Work Health and Safety Act 2011
- Commission for Children and Young People and Child Guardian Act 2000
- NQS Area: 2.1.1, 2.1.4; 2.3.3; 4.2.1; 6.1.1; 6.2.1; 7.1.2; 7.3.1, 7.3.2; 7.3.5.
- Policies: 4.6 – Medication, 4.10 – Anaphylaxis Management, 4.15 – Asthma, 9.2 - Enrolment and Orientation, 10.8 – Information Handling (Privacy and Confidentiality) and Record Keeping, 10.9 – Risk Management and Compliance.

Procedures

All educators shall have access to information about the children’s medical conditions, medication and management procedures required.

Written procedures (management plan) shall be clearly displayed for managing emergency situations which shall include information about:

- Contact numbers for family, medical practitioner and ambulance;
- Triggers, reactions, warning signs and symptoms of possible emergency;
- Instructions on first aid management from medical practitioner or recognised authority;
- Medication requirements, dosage and method of administration.

Children may have a personal management plan (maintained confidentially) which would include further information such as:

- Guidelines for participation in specific activities if required, such as swimming or high level physical games and activities;
- Contact details and parent consent forms as required;
- Medical practitioner consent forms as required;
- Medication administration documentation.

The service will ensure that at least one educator with a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, is in attendance at any place children are being cared for, and immediately available in an emergency, at all times care is being provided by the Service.

Medication shall be taken as required on excursions in an appropriately secured/locked container readily accessible to administering educators.

In the event of emergency first aid being required, procedures as set out in the Illness and Injury Policy (see Policy 4.5) will be followed.

Written records and reports regarding implementing emergency health and medical procedures shall be completed by the administering educator within 24 hours and lodged with the Nominated Supervisor or management.

Management shall ensure that written reports are lodged with relevant authorities within the required time frame.

Medication may be administered to a child without authorisation in case of an anaphylaxis or asthma emergency. If medication is administered under this regulation, the parent and/or emergency services must be contacted as soon as practicable.
In the case of an emergency, authorisation can be given verbally by a parent or a person named in the child’s enrolment form as authorized to consent to the administration of medication; or if they can not reasonably be contacted in the circumstances, a registered practitioner or an emergency service.

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4.12 Non-Smoking Policy

To maintain the ongoing health and wellbeing of children, families, educators and community members, the service actively encourages and provides a smoke free environment. This demonstrates a commitment to the health and wellbeing of all who use the service.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Work Health and Safety Act 2011*
- *Commission for Children and Young People and Child Guardian Act 2000*
- *Tobacco and Other Smoking Products Act 1998 and Other Smoking Products Amendment Bill 2004*
- *NQS Area: 2.1.1; 3.1.2; 7.1.1, 7.1.2; 7.3.5.*

Procedures

All service handbooks shall include information regarding the service’s policy and procedures for smoking.

Visitors to the service location or site shall be actively informed as required about the policy and procedures for smoking.

Appropriate signs, displaying a no smoking symbol such as a circle with diagonal line over a picture of a cigarette, shall be displayed in accessible places to reinforce the message of a non-smoking environment.

No smoking is approved on the school grounds at any time.

Staff who smoke will be encouraged to use breath freshener and not smoke in uniform so children are not exposed to the smell of cigarette smoke.

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First Aid Waste Management Policy

The service acknowledges the need to manage first aid waste effectively to prevent cross infection or contamination from waste materials. Such materials shall include, but not be limited to: Band-Aids, bandages, swabs, cotton buds/balls and ice packs.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- Work Health and Safety Act 2011
- First Aid Code of Practice 2004
- NQS Area: 2.1.1, 2.1.3, 2.1.4; 4.2.1; 7.1.2; 7.3.5.
- Policies: 4.5 – Incidents, Injury, Trauma and Illness, 4.11 – Emergency Health and Medical Procedure Management, 6.3 – Workplace Health and Safety

Procedures

A clearly labeled first aid waste bin will be supplied and maintained in the following way:

- Fitted with a bag that can be sealed and removed each day (if required);
- Cleaned and sanitised daily (if required);
- Located in the First Aid cupboard.

Educators shall thoroughly wash hands using specified hand washing procedures before and after implementing first aid.

Educators shall wear suitable gloves to manage incidents of first aid involving waste materials as identified.

When conducting first aid, educators shall:

- Remove required items to be used to manage first aid from the first aid kit;
- Place items in/on a non contaminated dish or surface;
- Clean the injured area of the person using principles of first aid as per policy/ procedure and training e.g. wiped with sterile swab etc. (Refer to First Aid Manual/Book);
- The used swab or like shall be placed in the lined first aid waste bin;
- Be required to change gloves if changing the type of activity they are managing with first aid e.g. cleaning to bandaging. These gloves should also be placed in the first aid waste bin.

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4.14 **Infectious Diseases Response Strategy Policy**

The service acknowledges the need for a co-ordinate approach to dealing with situations of Infectious Diseases in the community. The service shall implement a response strategy in accordance with Government Health guidelines for Infectious Disease Pandemic.

### Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Australian Government Health Guidelines*
- *NQS Area: 2.1.1, 2.1.3, 2.1.4; 6.1.3; 7.3.1, 7.3.5.*
- *Policies: 4.2 – Infectious Diseases, 4.4 – Preventative Health and Wellbeing, 8.10 – Staff Orientation and Induction, 9.3– Communication with Families, 9.4 – Communication with the Community.*

### Procedures

The service shall encourage basic hygiene techniques to prevent the spread of Infectious Disease.

The service shall encourage children and educators to stay at home should they present with symptoms of infectious disease.

The service shall keep informed of current Pandemic Phases and shall follow the Australian Government Guidelines.

The service shall provide educators, families and the local community with information about the service’s response to management of Infectious Disease as recommended by Health Authorities.

### Supporting information on Pandemic Phases

The Australian phases describe whether the virus is in countries overseas (OS) or in Australia (AUS). Having an Australian system means that actions can be taken in Australia before a change of phase is declared by the World Health Organisation. The description of each phase is shown in the following table:

<table>
<thead>
<tr>
<th>Australian phase</th>
<th>Description</th>
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<tbody>
<tr>
<td>ALERT</td>
<td>A novel virus with pandemic potential causes severe disease in humans who have had contact with infected animals. Novel virus has not arrived in Australia.</td>
</tr>
<tr>
<td>DELAY</td>
<td>Novel virus has not arrived in Australia. OS4 Small cluster of cases in one country overseas. OS5 Large cluster(s) of cases in only one or two countries overseas. OS6 Large cluster(s) of cases in more than two countries overseas.</td>
</tr>
<tr>
<td>CONTAIN</td>
<td>Pandemic virus has arrived in Australia causing small number of cases and/or small number of clusters.</td>
</tr>
<tr>
<td>SUSTAIN</td>
<td>Pandemic virus is established in Australia and spreading in the community.</td>
</tr>
<tr>
<td>CONTROL</td>
<td>Customised pandemic vaccine widely available and is beginning to bring the pandemic under control.</td>
</tr>
<tr>
<td>RECOVER</td>
<td>Pandemic controlled in Australia but further waves may occur if the virus drifts and/or is re-imported into Australia.</td>
</tr>
<tr>
<td>PROTECT</td>
<td>Pandemic virus is mild in most but severe in some and moderate overall. This phase sits alongside CONTAIN and SUSTAIN phases with a greater focus on treating and caring for those more vulnerable to severe outcomes.</td>
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4.15 Asthma Policy

The service strives to provide a safe and suitable environment for all children attending the service. Children with particular health needs, such as Asthma will be supported through the creation of an Asthma friendly environment in accordance with the recommendations of the Asthma Foundation of Queensland.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulation 2011
- Duty of Care
- Work Health and Safety Act 2011
- Health (Drugs and Poisons) Regulation 1996
- NQS Area: 2.1.1, 2.1.4; 2.2.2; 2.3.2, 2.3.3; 4.2.1; 6.1.1, 6.1.3; 6.2.1; 7.1.2; 7.3.1, 7.3.2, 7.3.5.

Procedures

The service will ensure that at least one educator with a current first-aid and CPR qualification, anaphylaxis management and emergency asthma management training as required by the Education and Care Services National Regulations 2011, is in attendance at any place children are being cared for, and immediately available in an emergency, at all times that children are being cared for by the Service.

The service shall provide opportunities for all staff to participate in and receive regular education on asthma and appropriate management strategies. As per the Health (Drugs and Poisons) Regulation 1996, a person is considered to have appropriate asthma management training if they have completed a training course, of at least one hour, and are issued with a certificate identifying the successful completion of training in the specific learning outcomes.

Families of a child identified with a high risk Asthma condition through the service enrolment process shall complete a service Asthma Form (see Appendix C), which includes the following information:
- Individual asthma triggers;
- Types of medications used;
- Administering of medication (e.g. self administering under supervision).

Families may also supply an individual Asthma Action Plan for their child, completed in conjunction with their medical practitioner.

Educators will be made aware of children who suffer from Asthma and the various triggers and manage the risks of this appropriately within the service’s risk management plan. These triggers may be food intolerances or environmental.

The service may also display a poster for asthma first aid management in prominent locations to alert educators and other participants in the service’s activities.

An emergency supply of asthma medication may be held at the service for cases of emergency respiratory distress. A first aid qualified educator trained in emergency asthma management procedures can administer this medication. Should a child forget their asthma medication, the service will provide a ventolin puffer and disposable spacer which will be charged to the parent’s account and will become the property of the child.

All asthma medication provided by families and administered by educators must be in accordance with the Medication Policy (see Policy 4.6) of this service.

Please note: This policy has been developed in accordance with the recommendations of the Asthma Foundation of Queensland. Further information can be accessed from http://www.asthmaqld.org.au Services are encouraged to access this information directly.

Any reference to the content from this site should be dated in the policy at the time it was accessed. The resource papers available from http://www.asthmaqld.org.au provide support to the service in determining its own commitment to the criteria for becoming Asthma friendly.
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First Aid for Asthma

1. Sit the person comfortably upright.
   Be calm and reassuring.
   Don’t leave the person alone.

2. Give 4 puffs of a blue/grey reliever
   (e.g. Ventolin, Asmol or Airomir)
   Use a spacer, if available.
   Give 1 puff at a time with 4 breaths after each puff
   Use the person’s own inhaler if possible.
   If not, use first aid kit inhaler or borrow one.

3. Wait 4 minutes.
   If the person still cannot breathe normally, give 4 more puffs.

   If the person still cannot breathe normally,
   CALL AN AMBULANCE IMMEDIATELY (DIAL 000)
   Say that someone is having an asthma attack.

   Keep giving reliever.
   Give 4 puffs every 4 minutes until the ambulance arrives.
   Children: 4 puffs each time is a safe dose.
   Adults: For a severe attack you can give up to 6–8 puffs every 4 minutes

4. WITH SPACER
   • Assemble spacer
   • Remove puffer cap and shake well
   • Insert puffer upright into spacer
   • Place mouthpiece between teeth and seal lips around it
   • Press once firmly on puffer to fire
   • Take 4 breaths in and out of spacer
   • After each puff, repeat
   • Replace cap

   WITHOUT SPACER
   • Remove cap and shake well
   • Breathe out away from puffer
   • Place mouthpiece between teeth and seal lips around it
   • Press once firmly on puffer while breathing in slowly and deeply
   • Hold breath for 4 seconds or as long as comfortable
   • Breathe out slowly away from puffer
   • Repeat 1 puff at a time until 4 puffs taken – remember to shake the puffer
   • Before each puff
   • Replace cap

   BRICANYL OR SYMBICORT
   • Unscrew cover and remove
   • Hold inhaler upright and twist grip around and then back
   • Breathe out away from inhaler
   • Place mouthpiece between teeth and seal lips around it
   • Breathe in forcefully and deeply
   • Slip inhaler out of mouth
   • Breathe out slowly away from inhaler
   • Repeat to take a second dose – remember to twist the grip both ways to reload before each dose
   • Replace cover

Give 2 separate doses of a Bricanyl or Symbicort inhaler
   if a puffer is not available, you can use a Symbicort (people over 12) or Bricanyl, even if the person does not normally use these.

   Wait 4 minutes.
   If the person still cannot breathe normally, give 1 more dose.

   If the person still cannot breathe normally, CALL AN AMBULANCE IMMEDIATELY (DIAL 000) Say that someone is having an asthma attack.

   Keep giving reliever while waiting for the ambulance:
   For Bricanyl, give 1 dose every 4 minutes
   For Symbicort, give 1 dose every 4 minutes
   (up to 3 more doses)

Not Sure if it’s Asthma?

CALL AMBULANCE IMMEDIATELY (DIAL 000)

If a person stays conscious and their main problem seems to be breathing, follow the asthma first aid steps. Asthma reliever medicine is unlikely to harm them even if they do not have asthma.

For more information on asthma visit:
Asthma Foundations – www.asthmaaustralia.org.au
National Asthma Council Australia – www.nationalasthma.org.au

Severe Allergic Reactions

CALL AMBULANCE IMMEDIATELY (DIAL 000)

Follow the person’s Action Plan for Anaphylaxis if available. If the person has known severe allergies and seems to be having a severe allergic reaction, use their adrenaline autoinjector (e.g. EpiPen, Anapen) before giving asthma reliever medicine.

Although all care has been taken, this chart is a general guide only which is not intended to be a substitute for individual medical advice/treatment. The National Asthma Council Australia expressly disclaims all responsibility (including for negligence) for any loss, damage or personal injury resulting from reliance on the information contained. © National Asthma Council Australia 2011.
4.16 Vehicle Restraint Policy

The service promotes safety in the transporting of children in vehicles during the operation of program activities. The following measures, articulated through procedure, support legislative attempts to reduce the effects of serious injury or death in the event of a crash.

Relevant Laws and other Provisions

The laws and other provisions affecting this policy include:

- *Education and Care Services National Law Act, 2010 and Regulations 2011*
- *Queensland Government, Child Restraint Legislation, Department of Transport and Main Roads (Effective 11 March 2010)*
- *NQS Area: 2.3.1, 2.3.2; 6.1.1, 7.1.2, 7.3.5.*

Procedures

In the case of children being transported in a private vehicle during the operation of the program, the service shall provide appropriate child restraints in accordance with recommendations for children 4-7 years, which are a booster seat with H-harness or a booster seat with a secured adult seatbelt. Booster seats provided shall be Australian Safety Standard approved. (Australian Standard AS 1754 Child Restraint Systems Used in Motor Vehicles.)

The following requirements will also apply:

- A child may stop using a child restraint once they turn seven or if their eye level is above the back of the booster seat;
- A child aged between four and seven years of age cannot sit in the front row of a vehicle that has more than one row of seats unless all the other seats are occupied by children under seven years of age;
- Should the back seat have two child restraints fitted and there be no room for a third child restraint, a non-tethered booster seat or booster cushion can be used, providing the child using the booster seat is between four and seven years of age.

In the case of children being transported in a taxi during the operation of the program, the following guidelines shall be followed:

- Children under the age of seven must not be seated in the front row of seats in a taxi. Taxi drivers will be responsible for ensuring that children between the ages of seven and sixteen are properly restrained in a seatbelt. The service shall support the taxi driver in meeting such requirements;
- The service shall ensure that children up to the age of seven are appropriately restrained when using Taxi transport, whether in an approved child restraint or adult seatbelt. This may mean that the service provides their own restraints, however there is no requirement in a Taxi to do so.

In the case of children being transported in a bus during the operation of the program, the following guidelines shall be followed:

- Bus transport with 13 or more seats does not need to be fitted with seatbelts and child restraints are not required.
- The restraint provisions for four to seven year olds apply to a bus that has 11 or 12 seats with all passengers having to wear seat belts if they are fitted.

The indicative weight specified for this age range in the restraint laws is 14 to 26 kgs. Children who are four (or more) years of age but below the indicative weight range may be recommended the forward facing child restraint with built-in harness. Children who are seven (or more) years of age, within the indicative weight range may still require the recommended child restraint.


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4.17 Medical Conditions

Children who attend OSHC services are frequently able to self-medicate and manage medical conditions and, where possible, carers should encourage and support this. Effective management of medical conditions is heavily reliant on good communication with families.

relevant laws and other provisions

The laws and other provisions affecting this policy include:

- Education and Care Services National Law Act, 2010 and Regulations 2011
- Duty of Care
- NQS Area: 2.1.1; 2.1.4; 2.3.3; 4.2.1; 6.1.1; 6.2.1; 6.3.2; 7.1.2; 7.3.1; 7.3.2; 7.3.3; 7.3.5.
- Policies: 4.1 - General Health and Safety, 4.6 Medications Policy, 4.10 – Anaphylaxis Management, 4.11 – Emergency Health and Medical Procedure Management, 4.15 – Asthma, 9.2 - Enrolment and Orientation, 10.8 – Information Handling (Privacy and Confidentiality) and Record Keeping.

Procedures

Medical conditions include asthma, diabetes and the diagnosis of a child at risk of anaphylaxis. This information is included on the enrolment form and discussed as part of the enrolment interview with the family. Parents should provide the service with a medical management plan to ensure that the educators and other staff are informed of the required procedures and understand that the plan must be followed by providing regular interventions as detailed (e.g. blood glucose monitoring) or emergency first aid as described in the event of an incident involving the child.

The Nominated Supervisor will ensure that:
- Educators (and volunteers) will be informed of children’s medical management through the staff communication book, training and meetings.
- Children with medical conditions can be identified further in the Medical Conditions Folder which provides a photo of the child, their conditions and treatment.
- Medical Management plans will be placed on the inside of the locked kitchen pantry which ensure privacy and confidentiality from other children and non-staff members.
- Risk assessments will be done with family input to minimise the risk of triggering an attack/reaction in a child e.g.. Children with grass allergies will be given the opportunity to play elsewhere.
- Communication channels between the family and educators will be kept open at all times should changes in procedure be needed.
- This policy is provided to parents in the Family Handbook.

Medication

The Nominated Supervisor is responsible for all medication on site regardless of whether it is administered by educators or parents or self-administered by the child. Where medication is required for the treatment of long-term conditions or complaints such as asthma, epilepsy or ADHD, the service will require a letter from the child’s medical practitioner or specialist detailing the medical condition of the child, the correct dosage and how the condition is to be managed. This can be requested for over-the-counter medication as well as prescription only medication. If a medication authority is not provided, staff should have written instructions from the parent/guardian (recommended in cases of short-term medication only). In all cases, the instructions must match those on the pharmacy label.

If children are receiving medication at home but not at the service, the service should be advised on the nature of the medication, its purpose and of any possible side effects it may have on the child. Medication management strategies need to include plans for excursions and other off-site activities, for example, who is going to organise and manage the medication.

Storage

- When educators are to assist with a child’s medication, the medication should be given directly to the Nominated or Certified Supervisor, not left in the child’s bag or locker.
- Medications must be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some families may supply thermal carry packs to maintain safe temperature storage and for ease of transport on excursions.
- Medication must be within the expiry date and delivered to educators as a daily supply (or a week’s supply at the most). This might require the family to organise a separate labelled container from the pharmacy for safe storage at home.
- Storage should be secured with clear labelling and access limited to the educators responsible for medication storage and supervision.
Supervision of medication

Everyone supervising medication needs to ensure that:
- the right child
- has the right medication and
- the right dose
- by the right route (e.g. oral or inhaled)
- at the right time, and that they
- record the details on the service’s Administration of medication to Student’s form.

- A child should not take his/her first dose of a new medication while attending the service. The child should be supervised by the family or a health professional in case of an allergic reaction.
- Medication for the treatment of an asthma emergency by a bronchodilator (e.g. Ventolin) via a puffer can be administered without written authority. The use of a bronchodilator is considered a standard first aid response. Educators must be trained in asthma emergency first aid before administering a bronchodilator (e.g. Ventolin) via a puffer.
- The use of an adrenaline auto injector for the treatment of an anaphylaxis emergency requires an anaphylaxis plan and a prescribed auto injector. Educators must be trained in emergency anaphylaxis first aid before administering adrenaline via an auto injector.
- When a child is moving between different areas at OSHC the supervising educator will radio through to the next area that the child is bringing their medication with them so the new supervising educator can collect it from the child when they arrive.
- It is strongly recommended that staff administering medication undertake medication management training.

Self-management of medication

Parents or guardians may indicate that their child has permission to self-medicate on their enrolment form. They must also complete an Administration of Medication: Parent/Carer Authority form.

Medication error

If a child takes the wrong medication, the wrong amount of medication, or takes medication via the wrong route, the following steps should be followed:
1. Ring the Poisons Information Centre 13 1126 and give details of the incident and child.
2. Act immediately upon the advice given (e.g. if advised to call an ambulance) and notify the child’s emergency contact person.
3. Fill out an Incident Report
4. Lodge a Notification of Serious incident form must be filled out and faxed to the Department of Education promptly as per the Child care Act 2002 (section 81)

Allergies

Where a child has a known allergy, it should be recorded on the enrolment form and all staff made aware of it. Where an allergy requires specific medication or treatment, there must be a current medication plan for the child in accordance with the requirements set out in the Health Support Planning in Education and Children’s Services. It is the responsibility of services to minimise the risk of exposure to an allergen. Food-safe practices need to address any identified food allergies.