



Hallett Cove  
Community  
Children's Centre  
LEARNING TOGETHER, EVERY DAY.

# Parent Information Handbook



## **HALLETT COVE COMMUNITY CHILDREN'S CENTRE INCORPORATED**

Hallett Cove Community Children's Centre is a 53 place Not for Profit Centre. We cater for children between the ages of six weeks and six years. We are licensed in accordance with the Children's Services .

The Centre operates on a break-even basis. We establish the expected cost of running a high quality service, and determine the fees required to meet the expenses. At the end of the financial year, any excess funds are used to purchase new equipment or provide for maintenance and renovations.

### **Management of Centre**

The **Hallett Cove Community Children's Centre** is managed by a governing body referred to as the Governing Council.

The Governing council is responsible for the effective management of the Service. The Director is responsible for the day to day running of the Centre. Members of the Governing Council provide the service with a vast array of skills, knowledge, expertise and experiences, all in an honorary capacity. It is with this array of attributes that the Centre is able to meet the evolving needs of external stakeholders, including families, and the Centre itself.

Members are elected to the Governing Council at the Annual General Meeting, usually held in August each year. Shortly after this there is an induction to the Council that outlines the roles and responsibilities of members. It is at this training that members are made aware of their strategic, rather than day-to-day, role.

An induction manual is provided to each member. The responsibility of the members is clearly defined and articulated. Members are explained the reason for the Council and their roles as such are:

- Decision making body
- Operator of the service
- Licensee
- Employer
- Policy maker
- Property manager
- Legal accountability

Each member is asked to sign a confidentiality agreement – the same one signed by employees, students and volunteers. This is important in that information about individual children, families, staff and management are discussed and this information needs to be kept confidential.

If you need an interpreter, please:

- **call the Translating and Interpreting Service (TIS National) on 131 450;** and
- ask the TIS to telephone the **MyChild Hotline on 13 36 84.**

### **Hours of Operation**

The Centre is open from 7.30 am until 6.30 pm. Monday to Friday. Parents must collect their Child prior to the end of any booked session.

## Sessions

Sessions available are as follows:

Monday to Friday 7.30 am till 6.30 pm \$122.50

## Enrolment Procedures

The enrolment process takes approximately one hour. Relevant information is recorded including emergency contact details, health information, immunisation status and dietary requirements. Time is spent discussing policies and practices such as safety and hygiene, interactions with children, nutrition, the payment of fees and communication procedures.

For families from non-English speaking backgrounds an interpreter may be arranged to assist with the enrolment process and to help children settle in.

New parents and children are shown around the Centre and introduced to staff members.

Parents are encouraged to bring their children for at least two, 1 hour visits before starting (fees are not charged for these times).

## Fee Structure

### *Permanent Sessions*

Families are required to pay for all sessions booked.

If your child is absent due to sick leave or annual leave (50% off current fee when you give two weeks' notice) you are still charged for those times booked.

### *Casual Sessions*

Casual Sessions are dependent on availability and can be booked through the centre. There is a vacancy board in the foyer of the centre, which shows the following week's available spots for such casual sessions to be booked.

### *Session Rates*

Full Day (7:30am- 6:30pm) \$ 122.50

## Late Fines

A late fine may be charged if you are late picking up your child/children.

- Up to 10 minutes \$ 20.00
- Every 2 minutes after \$ 2.00

***For further information, please refer to the policy on late collection.***

## **Fees/Accounts**

Fees are set by the Centre's Governing Council.

Accounts are issued Tuesday weekly, in arrears and emailed through kidsxap.

The balance due is payable within the next week, with a nil balance expected at the end of the billing period.

There will be a late fee charged for any late collection or early delivery of Children.

Payments may be made by internet transfer into the Hallett Cove Community Children's Centres bank account located in your welcome email after enrolment process complete.

## **Closure Times**

The Centre closes for two weeks over the Christmas break. Exact dates will be provided to you in writing up to two months prior to this time. Families are not charged for this period.

The Centre is closed on all Public Holidays. **Public Holidays will be charged at the normal rate.**

The Centre closes for 2 other days during the year. Exact dates will be provided to you in writing up to two months prior to the date. The days are used for staff development and training.

## **Notice of Withdrawal**

Two weeks written notice must be given for:

- Cancelling care for your child from the centre
- Any reduction in permanent session times

## **Child Care Subsidy (CCS)**

### **Eligibility Child Care Subsidy**

Assistance to help you with the cost of child care from 2 July 2018.

Child Care Subsidy (CCS) helps with the cost of approved child care. We'll pay it directly to your child care provider to reduce the fees you have to pay.

You may be eligible for CCS if you or your partner:

- care for your child at least 2 nights per fortnight, or have 14% care
- are liable for fees for care provided at an approved child care service, and
- meet the [residency requirements](#)<sup>[2]</sup>

Your child must also:

- meet [immunisation requirements](#)<sup>[3]</sup>, and
- be 13 or under and not attending secondary school, unless an exemption applies

You may be eligible for an exemption if your child is:

- 13 years of age or under attending secondary school
- 13 years of age or under with a disability attending secondary school, or
- 14 to 18 years of age with a disability attending secondary school

In these circumstances, you must provide evidence as to why your child cannot be left unsupervised, and confirm an adult is unable to care for the child.

Child Care Subsidy (CCS) can be used to subsidise In Home Care.

### **What extra support is available**

Some families can get Additional Child Care Subsidy (ACCS). We pay it on top of Child Care Subsidy (CCS) to provide extra support with child care fees.

There are 3 different types of ACCS that you can apply for.

Read more about [Additional Child Care Subsidy<sup>\[4\]</sup>](#).

### **Levies**

Four times a year a building maintenance levy will be added to your bill at the cost of \$10.00. This is to offset the costs of maintaining the centre.

### **Fundraising**

The Governing Council organises fundraising events though out the year these funds are used to buy toys and equipment for children. The Governing Council has chosen to apply a fundraising levy of \$2.00 per week per family.

### **Communication**

Communication can be verbal from staff or information is posted on the kidsxap or emailed direct to you. You will receive information concerning the Centre, items of interest etc, however most information is forwarded by email.

A newsletter is circulated (as required from rooms and from Centre) in this Staff and Management communicate any information and events within the Centre.

### **Receiving Information about Your Child**

We will maintain records of observation, developmental checklists and profiles of children, these are available at all times, please see your room staff if you are unsure of where your child's profile is.

Please advise the Centre of details should your circumstances change.

### **Parental Involvement**

We encourage parents to participate in the Centre and be involved in their children's care and education:

- The Governing Council is made up of parents and staff representatives
- Our council develops and monitors our policies and practices to ensure a high standard of care
- Regular communication, by formal and informal means, promotes our partnership with parents.
- Newsletters, posters, and notices are frequently distributed
- We have parent evenings and social occasions
- Parent/teacher interviews are held once a year, although parents are able to talk informally with staff on a daily basis or may like to make an appointment for a longer discussion
- We aim to ensure that each section of the Centre has a parent representative on the Governing Council

Parents are welcome to visit or phone the Centre at any time.

## **Daily Operation**

### ***Settling In***

Children may not only be very shy the first few days or weeks at the Centre, but also very tired. It is an emotional strain for children to adjust to their new environment – even if a child seems to be coping well. We request that you stay with and settle your child. Never leave without saying goodbye, it may teach him/her to distrust you.

### ***On Arrival***

- Please sign your child in each time on the ipad in the front foyer
- Take your child to greet a staff member
- Help your child to place belongings in required areas

***NB a signed authority is required if another person is to collect your child/children. We will not allow them to leave the Centre with another person without your authority. You either need to write it down and hand to someone (ie no email) or you can logon to your kidsxap and enter the details there. Anyone new to the centre will need to be identified on first pick up with photo ID.***

### ***On Leaving***

- Help your child to collect belongings, paintings etc.
- Take your child to farewell a staff member
- Remember to sign out your child on the foyer ipad.

***Important: Please ensure that the front door and gate are closed. Footpaths must be used for walking in the car park. It is extremely dangerous for small children to walk behind reversing cars.***

## **Excursions**

Excursions and neighbourhood walks are an important part of providing experiences which extend the children's knowledge, interests and enjoyment.

Each excursion will require a parental consent for that particular day, these will be in your child's room.

## **Centre Philosophy**

### ***Mission Statement***

Hallett Cove Community Children's Centre provides children and families a high quality, education and care service within their community which is tailored to meet the individual needs of children and their families in a nurturing and inclusive environment. We believe that the provision of high quality education and care during early childhood provides a solid foundation for children's future wellbeing and development. Our professional team is dedicated to maintaining and providing up to date practices, while acting in a supportive, inclusive and sensitive manner.

Australia's aboriginal and Torres Strait Islander cultures are valued.

### ***Vision Statement***

Our vision is to provide a community hub that meets both care and educational needs of children and parents.

### ***Philosophy Statement***

**The aim of the centre is to provide:**

- High quality educational care that meets the needs of the children, parents, staff and the community.
- A quality educational curriculum for children in a safe, secure and sustainable environment.
- Outstanding staff that are friendly, caring and committed to a policy of equal opportunity for all and who are sensitive to the needs of parents and children.

**For the Children** We believe that all children:

- Have the right to feel safe and secure at all times.
- Learn through play – play that is supported, not directed, by educators.
- Have the right to develop to their full potential in all areas, in a non sexist/non biased environment.
- Must be recognized as individuals, with their individual and cultural needs being respected.
- Learn best when parents/guardians and caregivers work in partnership with each other.
- Have the right to be offered a curriculum that fosters their curiosity, initiative, independence and life skills.
- Have the right to nutritious, well balanced meals.
- Should be encouraged to risk take and develop resilience.

**Therefore staff will:** Offer a stimulating curriculum that focuses on play, self esteem, interests, independence and life skills.

- Foster stable, caring relationships with all children and their families through appropriate care giving practices.
- Offer a curriculum that meets the individual needs of children and families using the centre.
- Respect family and cultural values.
- Provide experiences and environments that are inclusive, non sexist and non biased.
- Maintain the quality of food offered under “Get up and grow”.
- Ensure that they are abreast of industry standards and that this is reflected in their practices with the children.

**For the Parents/Families** We believe that:

- In order to have a healthy, active centre, a high level of parent/family involvement is vital.

Therefore we will:

- Encourage parents and families to participate in all aspects of the Centre; e.g. Governing Council, Sub Committee’s and Social events.
- Work together with parents/families to support children.
- Encourage our families to provide feedback about different processes within the Centre.

The Educational Program is play based and underpinned by current national and international Early Childhood research supporting an emphasis on communication and language, cognition and social and emotional development.

Part 4.1 of the Education and Care Services National Regulations 2011 (National Regulations) outlines the operational requirements for educational program and practice within services, including the requirements for documentation of assessments in relation to the educational program.

There is no prescribed method in the National Law or National Regulations for documenting assessment of children's learning. Each service must determine a method that suits their individual circumstances.

To meet the documentation requirements of the National Regulations, the assessment must include an analysis of children's learning. Collecting this information enables educators to plan effectively for each child's learning and development. It can also be used by educators to stimulate reflection on their own values, beliefs and teaching practices, and to communicate about children's learning with children and their families.

Definitions:

Approved learning framework: A document that outlines practices that educators and co-ordinators must use to support and promote children's learning. The Early Years Learning Framework (Belonging, Being & Becoming) the approved Framework for South Australia.

Critical Reflection: Critical reflection involves closely examining all aspects of events and experiences from different perspectives. Educators often frame their reflective practice within a set of overarching questions, developing more specific questions for particular areas of enquiry. (ACECQA GUIDE 3, pg. 42. This includes reflective practices that focus on implications for equity and social justice (Early Years Learning Framework.)

Curriculum: All interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children's learning and development (Early Years Learning),

Educational Leader: The Approved Provider of an education and care service must designate, in writing, a suitably qualified and experienced educator, co-ordinator or other individual to lead the development and implementation of educational programs at the service (Regulation 118). This person must have a thorough understanding of the Early Years Learning Framework (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in the implementation of their practice

Learning Outcome: A skill, knowledge or disposition that educators can actively promote in early childhood settings, in collaboration with children and families.

Learning relationships: Relationships that further children's learning and development. Both adult and child have intent to learn from one another.

Play-based learning: A context for learning through which children organise and make sense of their social world as they engage actively with people, objects and representations.

The Nominated Supervisor/Director will:

- Designate a suitably qualified and experienced Educational Leader to direct the development and implementation of educational programs at the service (Regulation 118).
- Ensure the staff record includes the name of the Educational Leader at the service (Regulation 148).
- Ensuring a copy of the educational program is displayed at the service and accessible to parents/guardians (Regulation 75).

The Educational Leader will:



- Ensure that each child's learning and development is assessed as part of an ongoing cycle of planning, documentation and evaluation.
- Ensure that there is a record of learning and development for each child, and that it is updated and maintained on an ongoing basis.
- Develop strategies and processes to lead the development of the curriculum and set goals for teaching and learning at the Centre
- Ensure that the service's philosophy guides educational program and practice
- Lead the Educational Programming meetings with educators, and evaluate the program.

## IMPORTANT POLICIES

### Educational Program and Practice

CURRICULUM PLANNING NQS QA 1 Regulation 168, Regulation 188 Educational Leader  
NON- MANDATORY QA 1 EDUCATIONAL PROGRAM QA 4 STAFFING ARRANGEMENTS QA 7  
Educational LEADER

Hallett Cove Community Children's Centre acknowledges the importance of providing an educational program that is based on reflective practice, critical analysis and planning. This policy outlines guidelines to:

- Support each child to achieve learning outcomes consistent with the national Early Years Learning Framework ( EYLF)
- Provide an educational program where children can learn through play and are supported to make decisions, problem-solve and build relationships with others.
- Create an environment that supports, reflects and promotes equitable and inclusive behaviours and practices.
- Involve families in the development and review of educational program and practice.

Our Philosophy statement (which is reviewed annually) guides our pedagogy .

### Interaction with Children

Documented guidelines regarding behaviour and guidance for children help ensure that children, families and staff have a safe environment, and consistency and clarity around acceptable behaviour and guidance measures that will be implemented.

### Definitions

**Adequate supervision:** (In relation to this policy) supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

**Behaviour guidance:** A means of assisting children to self-manage their behaviour. It differs from traditional 'behaviour management' or 'discipline' which generally implies that an adult is

'managing' children's behaviour or using punishment to control children. Behaviour guidance applies to all forms of behaviour, not just behaviours labelled as 'negative'.

**Behaviour guidance plan:** A plan that documents strategies to assist an educator in guiding a child with diagnosed behavioural difficulties to self-manage his/her behaviour. The plan is developed in consultation with the Nominated Supervisor(s), educators, parents/guardians and families, and other professional support agencies as applicable.

**Challenging behaviour:** Behaviour that:

- disrupts others or causes disputes between children, but which is part of normal social development
- infringes on the rights of others
- causes harm or risk to the child, other children, adults or living things
- is destructive to the environment and/or equipment
- inhibits the child's learning and relationship with others
- is inappropriate relative to the child's developmental age and background.
- 

**As a staff team we believe:**

- All children have the right to feel secure and to learn and develop in a psychologically and physically safe, environment
- Children have a right to express their feelings and to be supported to develop positive behaviours that underpin the development of relationships with peers and adults
- Effective communication and learning occurs when families and educators work together to develop common goals for a child's well being, learning and development.
- That the consideration of children's individual, and contextual needs are crucial to successful learning and the development of positive behaviours
- That family consultation is valued and their individual perspectives respected
- Children have the right to be supported by educators who model appropriate behaviours and ensure consistent limits are set
- No child should be made to feel rejected, insecure, embarrassed or ashamed

**As a staff team we promote positive behaviour and interactions by:**

- Planning for and providing an environment that promotes a sense of belonging, being and becoming and provides enhanced opportunities for learning through play
- Ensuring that limits set are reasonable and understood by all children and adults

- Providing an enriching and engaging program that enables each child to experience success, a sense of well being and gives opportunities to express feelings through sensory and other forms of play
- Using positive verbal and non verbal guidance
- Demonstrate empathy and sensitivity to each child being mindful of the variety of factors that influence behaviour
- Planning enabling opportunities for the development of skills including resilience, agency, entry and exit skills when playing, appropriate risk taking, conflict resolution, independence, leadership, respect for others and communication.
- Interacting positively, using positive language and acknowledging and modelling respectful behaviour
- Valuing children as individuals within their family and cultural context
- Involving children in goal setting, developing group norms and the development of behavioural expectations and consequences
- Intentional teaching of appropriate behaviours and play skills, building on each child's strengths and achievements and providing choices when possible
- Encouraging open two way communication with families to ensure that each child's rights are met

**We will respond to challenging behaviours by:**

- Reminding children of expectations and limits and the reasons for these
- Supporting children to problem solve, negotiate, find resolutions and manage emotions appropriately
- Using Restorative Justice practices that support children to empathise with others and restore relationships
- Communicating with and involving families at the earliest opportunity to work together positively to assist the child's well being and learning
- Assessing individual children's learning and development and reflecting on and reviewing our planned program and how the active learning environment supports positive behaviours
- Planning, implementing, monitoring and reviewing individual behaviour plans in partnership with families and support services
- Being aware of our limitations and seeking assistance when required
- Withdrawing children when they are at risk of hurting themselves or others, ensuring that an adult is with them all the time

**Attachment 1**

Procedures recommended for the development of a behaviour guidance plan

These guidelines outline recommend steps that services can follow to develop a behaviour guidance plan for a child exhibiting challenging behaviour/ or with a diagnosed behaviour condition.

**Procedures**

**Step 1 – Observe**

- Observe and Document children who are exhibiting challenging behaviour, noting the Trigger, the Behaviour actions, and the result of the challenging behaviour . (Antecedent-Behavior-Consequence (ABC) Chart )
- Identify, based on observations, whether there is a need to develop an individual behaviour guidance plan for the child.

### **Step 2 – Discuss**

Invite parents/guardians to a meeting to discuss:

- The ongoing behaviour displayed by the child, including highlighting improvements and celebrating successes
- Recommended strategies to support the child’s development, and how these strategies will be reviewed and evaluated.
- Resources or changes to the environment/program that may be required for a behaviour guidance plan to be implemented e.g. Changes to routines and transitions.
- The support already accessed by the family to assist with managing the child’s behaviour
- Other support available, referral for specialist assessment and additional adult support (written consent is required from parents/guardians before any intervention/assessment is undertaken).

### **Step 3- Consult**

- The support already accessed by the family to assist with managing the child’s behaviour
- Other support available, such as an inclusion support professional, referral for specialist assessment and additional adult educator support (written consent is required from parents/guardians before any intervention/assessment /information sharing is undertaken).

### **Step 4 – Develop**

Develop an individual behaviour guidance plan, based on consultation with the child’s parents/guardians and other support agencies, that is:

- Appropriate to the needs of the child and accepted/agreed to by parents/guardians and other professionals involved in the education and care of that child.
- Regularly reviewed.

SOURCED:

ACECQA National Quality Framework Guide to the Regulations:

<http://www.acecqa.gov.au/national-quality-framework/national-law-and-regulations>

KidsMatter is a mental health and wellbeing initiative for children:

<https://www.kidsmatter.edu.au/mental-health-matters/social-and-emotional-learning/managing-behaviour>

Early Childhood Australia Code of Conduct Early Childhood Australia Statement on Inclusion 2016

REVIEWED 10/12/2020

### **Dealing with Infectious Diseases Regulation 168 (2)**

Hallett Cove Community Children’s Centre strongly promotes childhood and adult immunisation. Immunisation protects the person who has been immunised, children who are too young to be vaccinated, and other people who have been vaccinated but did not respond to the vaccine.

Relevant publications and brochures for local medical and community services are available for reference in the foyer.

Hallett Cove Community Children's Centre is committed to providing and maintaining a safe and healthy environment for families, children and staff and aims to prevent the spread of infection. Infections can be spread when a child or adult is diagnosed with an infectious disease, before and / or after they show symptoms of an infectious disease. Any symptoms of infectious diseases that show in an adult or child within the centre will be handled in accordance with the guidelines in the Department of Health and Community Services "Staying Healthy in Child Care" publication. If symptoms occur while the child is at the Centre and indicate that the child may be contagious or if a fever occurs, parents/guardians will be contacted and asked to collect their child within an hour. A full list of exclusion periods is available here:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+topics/health+conditions+prevention+and+treatment/infectious+diseases/exclusion+from+childcare+pre+school+school+and+work>

**Definitions:**

**Exclusion:** Inability to attend or participate in the program at the service.

**Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

**Immunisation status:** The extent to which a child has been immunised in relation to the recommended immunisation schedule.

**Infection:** The invasion and multiplication of micro-organisms in bodily tissue.

**Infectious disease:** A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

**Medication:** Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

**Recommended minimum exclusion period:** The period recommended by the Department of Health for excluding any person from attending a children's service to prevent the spread of infectious diseases through interpersonal contact. Download the exclusion table published by the Department of Health.

Management will:

- inform staff at induction of the risk of working with children, infection control and infectious diseases
- encourage staff to have immunisations
- keep a record of all staff members immunisation status
- advise staff upon an outbreak of an infectious disease within the Centre
- regularly review policies in regards to health and wellbeing
- advise parents upon enrolment and at least twice a year of exclusion processes
- parents who's child has not been immunised, depending on advice from the public health unit, their child may be excluded during outbreaks of some infectious diseases (such as measles and whooping cough) even if the child is well. In 2018 this will change as SA Govt. will introduce "NO-jab-no play" policy meaning a child who is not immunised cannot be enrolled. ... no details made public yet.

- require families to provide evidence of their child's immunisation status.
- as part of their duty of care, inform staff upon induction about the specific risk of cytomegalovirus ( CMV ) and to ensure a safe work environment for all is provided by adhering to good hygiene practices
- Notifying the parents or guardians of any outbreak of infectious disease at the service and display this information in a prominent position.

Educators will:

- establish good hygiene and infection control procedures and ensuring that they are adhered to by everyone at the service
- Contact the child's parent / guardian if the child is are showing symptoms of an infectious disease
- monitor the child's wellbeing including temperature
- advise the parent / guardian of the exclusion guidelines as advised in Staying Healthy in Child Care
- advise all families of an infectious disease outbreak within the by placing notices on the sign in desks
- advise parents / guardians of an outbreak of an infectious diseases in person if their child has an immunity impairment
- advise management if they have contracted an infectious disease and not attend work for the recommended exclusion period and provide a medical certificate upon return to work if requested
- keep management up to date with current and subsequent immunisation information
- notify the Department of SA Health Communicable Diseases regarding any notifiable disease as outlined on the Report of Notifiable Diseases or Related Death

Parents will:

- provide documentation of their child's immunisations at enrolment and as requested.
- inform the Centre if their child has been diagnosed with an infectious disease
- exclude their child from attending the Centre for the advised exclusion period
- provide a medical clearance certificate before their child returns to Child Care if requested
- maintain their child's immunisation schedule if they wish to claim Child Care Subsidy (refer the No Job No Pay publication) and
- be advised of changes Government requirements regarding immunisation status in Education and Care services.
- Parents are asked to keep children home for 24 hours after the last episode of diarrhoea and/or vomiting to assist the child to recover and to minimise the threat of spreading the illness.

### **Immunisation**

Children

Immunisation is a reliable way of preventing some infections. Immunisation protects the person who has been immunised and babies who are too young to immunise. Each parent is required to provide a copy of Immunisation on enrolment and after each subsequent immunisation.

For those families who decide not to immunise their children, and for children whose immunisations are not up-to-date, there may be state or territory regulations that require the child to be excluded from the service until the disease outbreak is under control. During outbreaks of some infectious diseases such as measles and whooping cough this exclusion may occur even if the child is well.

Information on the current Australian Standard Vaccination Schedule is provided to families on enrolment and information on other available vaccines such as chicken pox and meningococcal is located in the foyer.

Families who are exempt from immunisation, i.e. medical contradictions, conscientious objection, natural immunity, religious beliefs and current unavailability of vaccines, may be required to fill out appropriate paperwork.

Families are informed of the exclusion periods for unimmunised children twice yearly.

Children and Staff who are not immunised, or have incomplete immunisations, maybe excluded from care during outbreaks of infectious diseases, i.e. measles and whooping cough, even if they are well. Exclusion period details can be found in the "Staying Healthy in Child Care Centres" book. An immunisation schedule can also be found in the above mentioned book.

**Staff**

All staff should have completed the schedule of childhood vaccinations, or be currently undertaking vaccinations according to the Schedule.

Staff are reminded that Diphtheria and Tetanus vaccination is due every ten years.

It is also recommended that childcare workers be immunised against Hepatitis A and Whooping cough if they care for children less than two years of age. Adults who have not previously had chicken pox may now choose to be vaccinated.

Staff to receive updated information regarding immunisation changes.

Staff to receive updated information on infectious diseases.

### **Sick Children**

See attached "Illness indicators"

We believe that all children and staff have the right to a healthy environment and we believe that a child who is unwell has the right to the level of care s/he requires.

Our staff are not able to provide care for a sick child without interfering with the care of the other children. For the sake of all the children, including the sick child, and the staff, we require parents not to bring a child to the centre that is unwell. We also require that a sick child is collected from the centre promptly.

Children are too sick to come to childcare when they do not feel well enough to participate comfortably in the usual program of activities, or when they have signs and symptoms that indicate an infection is present.

Staff are trained to be aware of the signs and symptoms of common childhood illness and they are required to notify the director and parent when a child is unwell.

Staff will record all serious illness in the Centre Illness Record, for both children and staff. Details entered include: date, time, place, condition, brief description of illness, action and any anticipated treatment.

Staff will ensure that the person collecting the child is made aware of the illness record and information has been given. A note is sent home with the child explaining the reason and a copy given to the director.

Staff are expected to observe the same guidelines as for children regarding attendance at the centre when not well. Staff who are unwell should not report to work. They should contact the centre as soon as possible (with at least two hours' notice) to advise of their inability to work.

In the case of serious ill health/contagious or hospitalisation, the child or staff member will require a medical certificate from a medical practitioner, verifying that their recovery is sufficient to enable their return to the centre.

We, as a centre, recommend parents/guardians to keep children home for a 24 hour period if the child is sent home from childcare with an expected illness.

### **Exclusion Periods**

As per "Staying Healthy in Child Care" attached Exclusion Periods



The exclusion periods provided to each parent on enrolment show the minimum periods a child or staff member must be away from the centre and we insist that parents abide by this minimum requirement.

If a child returns to childcare before the exclusion period they will need a doctor's clearance that states they are fit for childcare.

In the case of diarrhoea and/or vomiting we act on the recommendation of the Communicable Disease Unit, Adelaide: We require that children or staff who have diarrhoea and/or vomiting remain away from the centre for 24 hours after the last episode of diarrhoea and/or vomiting. In the event of an outbreak of diarrhoea and/or vomiting we require the child or staff member to remain away from the centre for 48 hours after the last episode.

Where diarrhoea is due to an allergic reaction we require a report from the child's doctor to confirm this diagnosis prior to allowing the child to return to care. We also require a health plan from the child's doctor that details food to be avoided.

Diarrhoea is defined as being:

- An increase in the volume, frequency or fluidity of the faeces compared to the child's normal stools.
- Faeces that cannot be contained in the nappy or pants.

We recognise that some families are under great pressure to fulfil work commitments, however, we have an obligation to all families and staff to minimise the risk of infection and to maintain a healthy environment.

#### **10. Responsibilities of staff**

Staff must ensure the health of all children by;

- Consistently implementing the centre's infection control procedures,
- Consistently ensuring that babies and children spend a significant amount of time outside in the fresh air,
- Recognising any signs and symptoms of common childhood illness,
- Notifying parents/guardians and arranging for prompt collection of a child when they consider that child to be infectious or too sick to be at childcare,
- Providing a report for the doctor,
- Ensuring the child is not accepted back into care before the minimum or the recommended exclusion period is up, even if a doctor has cleared the child to return,
- Ensuring the groups are mixed as little as possible during an outbreak of an infectious illness,
- Notifying the relevant health authorities during outbreaks of notifiable diseases,
- Ensuring that the child's doctor has notified the relevant authorities when a child has been diagnosed with a notifiable disease.

#### **11. Responsibilities of parents**

- Always ensure the centre has current contact details, and that of your emergency contacts.
- Have plans in place to allow a sick child to be collected promptly from childcare, remember the first three years of a child's life is when they are most vulnerable to illness.
- Do not bring a sick child to childcare
- Be honest with us: if your child had a temperature or was unwell or even off colour the night before please let us know.
- Abide by the exclusion periods, ask if you are unsure. There is nothing worse than bringing your child back too soon and being asked to take him/her home again.
- If a family member is unwell, particularly in the case of diarrhoea/vomiting, pay extra attention to home hygiene practices to prevent other family members catching the illness.

- Appreciate that childcare staff are acting in the best interest of your child and all the other children and staff when they ask you to collect your sick child.

To help minimise the spread of infection from one family member to another;

- Make sure everyone washes their hands, especially after using the toilet or changing a nappy, before preparing food, after handling raw meats, after gardening or playing in the garden,
- Throw away your tea towels and hand towels; damp tea towels and hand towels are a perfect breeding ground for bacteria. Air dry your dishes and use paper towel for your family to dry their hands,
- Throw away your dishcloth before it starts to smell and fall apart; dishcloths are another perfect breeding ground for bacteria,
- If you have a loo and bathroom in one make sure that the toothbrushes are covered. It is amazing how far the tiny invisible particles of spray go when you flush the loo!
- Never leave meat, rice, or dairy products out to cool after cooking; put them straight into the fridge. Bacteria start to breed quickly as cooked foods cool to room temperature.
- Never use the same chopping board or knife when handling raw meat and other products such as cooked meats and vegetables,
- Don't over-use bleach, bacteria becomes immune to it, cleaning with warm soapy water will remove most germs. Save the bleach for times when a family member has an infectious illness like gastroenteritis.

*Reference: Dept. of Human Services. Communicable Disease Unit. SA Government*

*A temperature*

**AND/OR**

*A sore throat or a rash or is miserable or has no appetite or has some other symptom accompanying the fever.*

*In addition to the fever there are other signs and symptoms that indicate you need to keep your child away from childcare*

*Severe or persistent cough*

*Breathing trouble or wheezing*

*Yellow or green discharge from the eye*

*Unusual spots or rash*

*Yellow or green discharge from the nose*

*Patch of infected skin*

*Vomiting*

*Diarrhoea (an increase in the frequency, runniness or volume of the faeces)*

*Grey or very pale faeces*

**Sourced**

Staying Healthy in Childcare

<http://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch43.pdf>

Health Support Planning in Schools, preschools and childcare services

[www.decs.sa.gov.au](http://www.decs.sa.gov.au)

Child and Youth Health

[www.cyh.com.au](http://www.cyh.com.au)

Readers Digest Encyclopaedia of Family Health

Childcare and Children's Health Volume One

[http://www.rch.org.au/resources\\_and\\_publications/Childcare\\_childrens\\_health\\_archives/](http://www.rch.org.au/resources_and_publications/Childcare_childrens_health_archives/)

Children's Services (Child Care Centre) Regulations 1998

First Aid in Early Childhood Centres and schools (DECD)

[http://www.decd.sa.gov.au/speced2/files/pages/chess/hsp/Information/1092372\\_First\\_Aid\\_final\\_t\\_e.pdf](http://www.decd.sa.gov.au/speced2/files/pages/chess/hsp/Information/1092372_First_Aid_final_t_e.pdf)

St John Australia First Aid

Dept of Human Services

<http://www.humanservices.gov.au/>

REVIEWED: 8-12-2020

TO BE REVIEWED 8/12/2021

SOURCED:

Adelaide Women's & Children's Hospital

Staying Healthy in Child Care Australian Government National Health & Medical Research Council

"You've Got What?" 5th Edition

<http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Healthy+living/Protecting+your+health/preventing+disease+and+infection/Youve+got+what>

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Wash Wipe Cover – SA Infection Control Service

Associated Policies:

- Dealing with Medical Conditions Policy

**DEALING WITH MEDICAL CONDITIONS** Regulation 168:

Purpose

This policy will provide guidelines to Hallett Cove Community Childrens Centre staff to ensure that:

- Clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service.
- Service practices support the enrolment of children and families with specific health care requirements.
- Parents are well informed of the guidelines and practices for Medical Conditions Policy.

Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- In the management of medical conditions.

- When parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition.
- When developing a risk minimisation plan in consultation with the child's parents or guardians
- When developing a communication plan for staff members and parents or guardians.

Definitions:

**Communication plan:** A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

**Hygiene:** The principle of maintaining health and the practices put in place to achieve this.

**Medical condition:** In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

**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 condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

**Risk minimisation:** The implementation of a range of strategies to reduce the risk of exposure to an allergen/trigger of an adverse effect from the mismanagement of a specific medical condition at the service.

**Risk minimisation plan:** A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition

### **Children who have specific health/medical needs**

Where a child with specific medical/ health needs attends the centre or will attend the centre we must hold on file a Health Management Plan that has been completed by the child's doctor. Staff will not administer invasive medication such as nose, ear and eye drops or rectal medication. Any conditions needing injections will not be administered with the exception of staff trained in the use of Epi-pen emergency treatment for anaphylaxis

Children who have potentially serious conditions will not be accepted into care unless;

- There is a current health plan on file, and also displayed on the wall in the child's current room.
- The child's medication or required treatment is at the centre,
- Staff caring for the child have been fully informed of the details of the health plan
- Staff caring for the child have received accredited training to enable them to administer required treatment or carry out necessary procedures.(Asthma and Anaphylaxis training)

### **Administering Medications.**

The Centre acknowledges that staff are not Health Care Professionals. For that reason parents are encouraged to administer prescription medication where possible at home either before or after the child attends the Centre. Also medical practitioners may be able to prescribe antibiotics to be given at home, for example twice daily.

The administering of medications is crucial because failure to follow good practice may result in an accident, illness or some other harm. Therefore at the Hallett Cove Community Children's Centre we

realise from time to time it will be necessary for your child to be given medication. However, the centre does not have the resources to administer medication continually during the day. Thus children who require medication more frequently than 4 hourly should not be brought into the centre for care. If staff feel a child on medication is too ill to remain at the centre parents/guardians will be notified and the child will need to be collected.

If children require medication for an illness a Medication Authority needs to be filled in by the family's medical practitioner. This will ensure the staff members are clear about the procedures to follow. The staff will not be able to administer non-prescription drugs without a Medication Authority. This includes nappy creams and lotions. Please note the Centre's staff cannot administer a first dose of medication if the child has never had it before in case there is an allergic reaction.

When administering medication staff will ensure that:

The right child receives the right medication, the right route, the right time right date within expiry date, is given the right dose.

Prescribed Medication will be administered only if;

- It is in its original container with the original label intact and legible
- The prescribing Doctor has completed the Medication Authority form and the centre retains a copy (see attached)
- The parent/guardian has completed the authorisation form for a qualified staff member to administer the medication (medication book).

Over the counter medication (such as cough mixtures and Demazin) will be administered only if;

- The child's doctor has prescribed the medication for a specified period of time
- The medication is in the original container
- The prescribing Doctor has completed the Medication plan form and the centre retains a copy (see attached).
- The label is intact and details of the dosage and any other instructions are legible
- The parent/guardian has completed the authorisation form for a qualified staff member to administer the medication (medication book)
- Where a parent requests that such over the counter medications be administered the director will require that the parent provide written authorisation from the child's doctor to confirm the ongoing requirement for the medication.

All other medication related substances including vitamins and complementary medicines will be administered only if;

- There is written authorisation from the child's doctor that is dated and indicates how long the child will require the medication and the dosage (*Medication Plan*)
- The medication is in the original container with the label intact and legible
- The parent/guardian has completed the authorisation form for a qualified staff member to administer the medication (medication book).
- For children transferring between sites, a letter of authorisation will travel with the child (*Medication Plan*)

Where a child is requiring multiple medications or medications for an extended period of time (more than five days), the director will require that the parent provide a letter from the child's doctor to confirm the ongoing requirement or the need for multiple medications.

Medications, lotions and creams must be handed to staff member who will place them in a safe area or if required in the fridge. They must never be left in a child's bag or any other place that is to children.

*Reference: Health Support Planning in schools, preschools and childcare services.*

### **Administration of Analgesics**

Hallett Cove Community Children's Centre recognises that ill children are best cared for at home.

When children are unwell they require one-to-one care which we are unable to provide at childcare.

Childcare staff **will not accept** children into care who have had an analgesic administered such as

Panadol prior to attending childcare. Over the counter analgesics work by blocking the pain impulses

in the brain and spinal cord and therefore can mask signs and symptoms of serious illness or injury. Children who are not well in the morning should be kept at home. If a child becomes unwell during the day parents will be asked to collect them from the Centre.

Parents have a great deal of responsibility. Not only should parents be knowledgeable about the medications they give their children at home, they also need to consider how medication issues may affect others responsible for their children outside of the home.

Childcare staff will not use over the counter analgesics such as Panadol as a standard first aid measure.

Our staff will only administer over the counter analgesics such as Panadol when a doctor for the individual child has prescribed it, for the period of time specified. This ensures that the medication is medically warranted. We will not administer Panadol or other analgesics that the doctor has prescribed for general use – i.e. ‘as required’. The doctor must see the child and make a diagnosis in order for childcare staff to be able to administer any prescribed analgesic such as Panadol.

### **Fever and Panadol or other analgesics**

A fever causes a baby or child to feel unwell by lowering the body temperature with Panadol or other analgesics is usually not necessary and it will not make the child get well more quickly. Panadol and other analgesics do not treat the cause of the pain or the fever; instead they block the pain and discomfort for a period of time, usually about three hours. Any baby or child who is unwell or in pain should see a doctor to find out what the cause is, particularly if the pain lasts more than a few hours or it is severe or the child is clearly unwell. In some illnesses such as meningococcal disease, symptoms such as fever and joint pain can develop quickly and it is vital treatment is provided without delay.

A fever is a sign that the child or baby has an infection and that the body’s immune system is working hard to control the infection. Theoretically, by lowering the temperature by giving analgesics, the immune system becomes less effective.

Using analgesics such as Panadol does not protect a child from febrile convulsions, even if the temperature is lowered.

### **Pain and Panadol or other analgesics**

Panadol can make pain less severe but it will not treat the cause of the pain. Panadol can help a child sleep more easily if s/he is recovering from an ear infection and staff will administer Panadol that the doctor has prescribed for this purpose and for the specified time only.

### **Teething and Panadol**

Panadol will not be administered for babies or children who are teething. If a baby or child is unwell or has fever or appears to be in pain s/he must be seen by a doctor. Teething may cause mild discomfort, it does not cause fever, diarrhoea, respiratory infections or any other illness and *any doctors who put such symptoms down as teething will not influence staff.*

### **Panadol and Immunisations**

Several years ago most children had some fever after immunisations and Panadol was usually recommended. Since then vaccines have been changed, few children develop a fever and it is no longer recommended that Panadol be given at the time of the immunisation. If a child becomes unwell or has a fever soon after the immunisation, it is likely this is caused by something else and s/he should be seen by a doctor for a diagnosis.

*References:*

*Paracetamol – When it should be used? - Health Support Planning, DECS*

*Using Paracetamol: Child and Youth Health online - [www.cyh.com.au](http://www.cyh.com.au)*

*Encyclopaedia of Family Health, Readers Digest - The Meningitis Centre*

### **Teething**

Many infants and toddlers are not affected by teething. As the tooth pushes up through the gums, some children can seem a little irritable, dribble more than usual and may have disturbed sleep. In the past many symptoms have been attributed to teething, including convulsions, diarrhoea, constipation, ear infections and fevers.

Today, the consensus amongst health professionals is that teething causes nothing but teeth. Recent research had shown no relationship between teething and fever or infection or behavioural changes. Myths about teething:

Teething should not be blamed for the common infections that are so frequent in young children; there are many other causes of these symptoms. Infants and toddlers have a high rate of illness, particularly fever, respiratory problems and diarrhoea. These illnesses often occur at the same time as teething and it may be dangerous to overlook these illnesses or blame them on teething.

Teething does not cause symptoms such as a cough, wheezing, runny nose, fever, diarrhoea, rash, watery eyes, hot red cheeks or strong smelling urine. They need specific treatment and should be assessed by a doctor.

Staff will not accept a doctor's diagnosis of teething where the child has symptoms of an illness or infection. The recommended exclusion periods will apply.

Medication and medical procedures can only be administered to a child:

- With written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b)).
- With two adults in attendance.
- If the medication is in its original container bearing the child's name, dose and frequency of administration.

The Approved Provider is responsible for:

- Ensuring that medication is not administered to a child being educated and cared for by the service unless it is authorised and the medication is administered in accordance with the procedures prescribed in Regulation 95.
- Ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (Regulation 183(2)(d)).

Staff may need additional information from a medical practitioner where the child requires:

- Multiple medications simultaneously.
- A specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent or guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents or guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Definitions:

Communication plan: A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

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Risk minimisation: The implementation of a range of strategies to reduce the risk of exposure to an allergen/trigger of an adverse effect from the mismanagement of a specific medical condition at the service.

Risk minimisation plan: A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition

The Nominated Supervisor is responsible for:

- Ensuring that all staff, families and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within.
- Developing and implementing a communication plan and encouraging ongoing communication between parents or guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation.
- Review of Individual health Plans annually, or upon receipt of new Health care plans or information from a medical Practitioner about that child.
- Ensuring relevant educators and staff receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs.
- Ensuring at least one educator or staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service.
- Establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy.
- Ensuring families and educators or staff understand and acknowledge each other's responsibilities under these guidelines.
- Ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers and a medical management plan signed by their medical practitioner at enrolment and prior to the child commencing at the service.
- Ensuring that a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis and that the plan is reviewed at least annually. ( see APPENDIX A – *ASCIA Risk Minimisation and Communication Plan*)
- Ensuring that parents or guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.
- Ensuring children do not swap or share food, food utensils or food containers.



- Ensuring a copy of the child's medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan the Nominated Supervisor must explain to parents or guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to Privacy and Confidentiality Policy).
- Ensuring educators and other staff follow each child's risk minimisation plan and medical management plan.

Educators are responsible for:

- Ensuring that children are well supervised at eating/snack times and do not swap or share food, food utensils or food containers.
- Communicating any relevant information provided by parents or guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current.
- Being aware of individual requirements of children with specific medical conditions and following their risk minimisation plan and medical management plan.
- Monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor.
- Adequately supervising all children including those with specific medical conditions.
- Informing the Nominated Supervisor of any issues that impact on the implementation of this policy

Parents or guardians are responsible for:

- Informing the service of their child's medical conditions if any and informing the service of any specific requirements that their child may have in relation to their medical condition.
- Developing a risk minimisation plan with the Nominated Supervisor or other relevant staff members at the service.
- Providing a medical management plan signed by a medical practitioner either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators and staff in the event of an incident relating to the child's specific health care needs.
- Notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes.
- Informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.

REVIEWED:

TO BE REVIEWED: 07/12/2020

Associated Document:

*Medical Conditions Risk Minimisation Plan and Communication Plan (attached)from ASCIA see below.*

SOURCES:

Education and Care Services National Law Act 2010: Section 173

Education and Care Services National Regulations 2011

Australasian Society of Clinical Immunology and Allergy <https://www.allergy.org.au/>

National Health and Medical Research Council (2005), Staying Healthy in Child Care: Preventing infectious diseases in child care, or email [nhmrc.publications@nhmrc.gov.au](mailto:nhmrc.publications@nhmrc.gov.au). (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)

Associated Policies:

- *Dealing with Medical Conditions Policy*
- *Privacy and Confidentiality Policy*

## **Medical Conditions Risk Minimisation Plan and Communication Plan**

**Child's Name**

---

**Specific health care need, allergy or diagnosed medical condition**

---

### **Medical risks at the service and how these are minimised**

- Anaphylaxis, asthma and first aid trained educators are on the premises at all times.
- The medical management plan, risk minimisation plan and medication are accessible to all educators. Explain where they are kept eg A copy of the medical management plan and risk minimisation plan will be stored in the medical management plan folder in all rooms accessed by the child, with the child's medication, with the First Aid Kit and in our emergency evacuation bags.
- The child's medication is stored in the room esky or in the fridge if required and the child's EpiPen/asthma medication is accessible in the environment where educators are supervising the child.
- Emergency asthma kit is stored in each room not accessible to children.
- The child's medication will be checked to ensure it is current and has not expired.
- There is a notification of child at risk of anaphylaxis displayed in the front foyer with other prescribed information.
- The Nominated Supervisor will identify all children with specific health care needs, allergies or diagnosed medical conditions to all new educators, staff, volunteers and students, and ensure they know the location of the child's medical management plan, risk minimisation plan and medication.
- Parents are required to authorise administration of medication on medication record, and educators will complete administration of medication record whenever medication is provided.
- A copy of parent's authorisation to administer medication is attached to medical management plan and original filed in medical authorisation folder for child.
- The Nominated Supervisor will notify the parents of any allergens that pose a risk to the child.
- The service will display the child's picture, first name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students. It is necessary to get parents approval for this or the information must be displayed so it is not visible to other families and visitors to protect the child's privacy.

**The triggers for the child's health care need, allergy or medical condition are:**

List triggers using medical management plan and information from parents

- eg eating certain foods
- Using products containing certain foods, chemicals or other substances
- Temperature
- Dust
- physical activity
- Laughing
- Exposure to certain animals or plants
- Mould/pollen
- Missed meals
- Too much insulin (diabetes)

**What educators, staff and volunteers will do to minimise effect of triggers:**

This must be written in response to known allergens or child's health care needs.

- eg Centre will be cleaned daily to reduce allergens.
- Centre will use damp cloths to dust so it's not spread into the atmosphere.
- Child will be supervised to prevent movements from hot or warm environments to cold environments.
- Child will not feed pet chickens.

Service may have a separate section for kitchen staff if child has an allergy to a food.

**Food handling, preparation, consumption and service**

- eg Educators to clean tables and floors of any dropped food as soon as practical
- Child will be supervised at all times vigilantly while other children are eating and drinking.
- The child will only eat food prepared and bought to the service by the parents.
- The child's food items will be labelled clearly. Educators may refuse to give the child unlabelled food.
- Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks.
- *References: Dr Melissa Wake, Paediatrician, Royal Children's Hospital Melbourne - Childcare and Children's Health, Volume one*

## **Medical Communication Plan Service**

Educators:

- will complete an Incident, Injury, Trauma and Illness form and advise you when your child requires medication where this has not previously been authorised (for a specific day or time).
- may enquire about the child's health to check if there have been any changes in their condition or treatment
- advise parents if child's medication needs to be replenished.
- 

The Nominated Supervisor will:

- advise all new educators, staff, volunteers and students about the location of the child's medical management plan, risk minimisation plan and medication as part of their induction
- review the child's medical management plan, risk minimisation plan and medication regularly at staff meetings, and seek feedback from educators about any issues or concerns they may have in relation to the child's medical condition
- regularly remind parents of children with health care needs, allergies or diagnosed medical conditions to update their child's medical management plan, risk minimisation information and medication information through newsletters and information on parent noticeboards
- update a child's enrolment and medical information as soon as possible after parents update the information.

## **Parents**

Parents will:

- verbally advise the Nominated Supervisor of changes in the medical management plan or medication as soon as possible after the change, and immediately provide an updated medical management plan, medication and medication authorisation (if relevant)
- provide an updated medical management plan annually, whenever it is updated or prior to expiry
- provide details annually in enrolment documentation of any medical condition
- advise educators verbally or in writing on arrival of symptoms requiring administration of medication in the past 48 hours and the cause of the symptoms if known
- ensure the service has adequate supplies of the child's medication.

I/we agree to these arrangements, including the display of our child's picture, first name and last name, medication held and location, and brief description of allergy/condition on a poster in all children's rooms and prominent places to alert all staff, volunteers and students.

Parent/s signature \_\_\_\_\_

Nominated Supervisor \_\_\_\_\_

Date

# Skin Protection Policy

This policy applies to all centre events on and off-site.

## Rationale

A balance of ultraviolet (UV) radiation exposure is important for health. Too much of the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Sun exposure during childhood and adolescence is a major factor in determining future skin cancer risk. Too little UV radiation from the sun can lead to low vitamin D levels. Vitamin D is essential for healthy bones and muscles, and for general health. Sensible sun protection when UV is 3 and above does not put people at risk of vitamin D deficiency.

## Objectives

This SunSmart policy has been developed to:

- encourage children and staff to use a combination of sun protection measures whenever UV Index levels reach 3 and above
- work towards a safe outdoor environment that provides shade for children and staff at appropriate times
- assist children to be responsible for their own sun protection
- ensure families and new staff are informed of the centre's SunSmart policy.

## Legislation

This policy relates to the following National Law and Regulations:

- Education and Care Services National Law Act 2010 - Section 167 – Protection from harm and hazards
- Education and Care Services National Regulations 2011
  - Regulation 100
  - Risk assessment must be conducted before excursion
  - Regulation 113 – Outdoor space – natural environment
  - Regulation 114–Outdoor space shade
  - Regulation 168: Policies and procedures (2)(a)(ii)– sun protection
  - Regulation 170 – Policies and procedures to be followed.
  - Regulation 171 – Policies and procedures to be kept available.
  - Regulation 172 – Notification of change to policies or procedures.
- **Work Health and Safety Act 2012**

## National Quality Standards

All of the following SunSmart procedures link to:

- Quality area 2: Children's health and safety. There are also links to:
- Quality area 1: Educational program and practice
- Quality area 3: Physical environment
- Quality area 5: Relationships with children
- Quality area 6: Collaborative partnerships with families and communities
- Quality area 7: Governance and leadership.

## Procedures

Staff are encouraged to access the daily sun protection times on the SunSmart app, or at [bom.gov.au/uv/index.shtml](http://bom.gov.au/uv/index.shtml) to assist with the implementation of this policy. **We use a combination of sun protection measures for all outdoor activities during terms one, three and four (1 August until 30 April) and whenever UV radiation levels reach 3 and above at other times.** Extra care is

taken during the peak UV radiation times and outdoor activities are scheduled outside of these times where possible.

### **1. Clothing**

Quality area 2: Children's health and safety.

When outside, children are required to wear loose fitting clothing that cover as much skin as possible. Clothing made from cool, closely woven fabric is recommended. Tops with collars and elbow length sleeves, and knee length or longer style shorts and skirts are best. If a child is wearing a singlet top or dress they wear a t-shirt/shirt over the top before going outdoors.

### **2. Sunscreen**

Quality area 2: Children's health and safety

SPF 30 or higher, broad spectrum, water resistant sunscreen is available for staff and children's use. Sunscreen is applied at least twenty minutes before going outdoors and reapplied every two hours if outdoors. With parental consent, children with naturally very dark skin are not required to wear sunscreen to help with vitamin D requirements. Children, once old enough, are encouraged to apply their own sunscreen under the supervision of staff.

### **3. Hats**

Quality area 2: Children's health and safety

All children are required to wear hats that protect their face, neck and ears, i.e. legionnaire, broad brimmed or bucket hats. Baseball or peak caps are not considered a suitable alternative.

\*children who have not brought a hat to childcare will have the option of buying one or the parent bringing one back into the service.

### **4. Shade**

Quality area 2: Children's health and safety

Quality area 3: Physical environment

- A shade audit is conducted regularly to determine the current availability and quality of shade.
- Management ensures there is a sufficient number of shelters and trees providing shade in the outdoor area.
- The availability of shade is considered when planning excursions and all other outdoor activities.
- Children are encouraged to use available areas of shade when outside.
- Children who do not have appropriate hats or outdoor clothing are asked to play in the shade or a suitable area protected from the sun.

### **5. Sunglasses**

Quality area 2: Children's health and safety

Children and staff are encouraged to wear close fitting, wraparound sunglasses that meet the Australian Standard AS/NZS 1067:1.2016 (Sunglasses: lens category 2, 3 or 4) and cover as much of the eye area as possible.

### **6. Babies**

Quality area 2: Children's health and safety

Our SunSmart practices consider the special needs of infants. All babies under twelve months are not exposed to the direct sun when UV radiation levels are 3 and above. Infants should be protected

by using shade, clothing and hats. Sunscreen should be applied to small areas of exposed skin not protected by clothing or hats, for infant 6 months and older.

## **7. Enrolment and information for families**

Quality area 6: Collaborative partnerships with families and communities

When enrolling their child, families are:

- informed of the centre's SunSmart policy
- asked to provide a suitable hat for their child (if applicable)
- asked to provide their child with suitable outdoor clothing that is cool and covers as much skin as possible (i.e. covering the shoulders, chest, upper arms and legs)
- asked to provide SPF 30 or higher, broad spectrum, water resistant sunscreen for their child (if applicable)
- required to give permission for staff to apply sunscreen to their child
- families and visitors are encouraged to use a combination of sun protection measures (sun protective clothing and hats, shade, sunglasses, and sunscreen) when attending the centre.

## **8. Staff WHS and role modelling**

Quality area 5: Relationships with children

As part of WHS UV risk controls and role modelling, when the UV radiation is 3 and above, staff:

- wear sun protective hats, clothing and sunglasses when outside
- apply SPF 30 or higher broad spectrum, water resistant sunscreen
- seek shade whenever possible.

## **9. Education**

Quality area 1: Educational program and practice

Quality area 5: Relationships with children

Quality area 6: Collaborative partnerships with families and communities

- Sun protection is incorporated into the learning and development program.
- The SunSmart policy is reinforced through staff and children's activities and displays.
- Staff and families are provided with information on sun protection through family newsletters, noticeboards and the centre's website.

## **10. Policy review**

Quality area 7: Governance and leadership

Management and staff monitor and review the effectiveness of the SunSmart policy and revise the policy when required (at least once every three years).

# **Relevant resources**

## **Sun protection times**

The sun protection times show when the UV is forecast to be 3 and above. They can be accessed via the free SunSmart app, the free widget to place on your website (download via <https://www.cancersa.org.au/cut-my-risk/sunsmart/resources/sunsmart-app-and-widget>), [myuv.com.au](http://myuv.com.au), in the weather section of the newspaper or the Bureau of Meteorology website <http://www.bom.gov.au/sa/uv>.

## **Creating effective shade**

This online shade audit tool allows you to assess whether your existing shade is adequate. It also helps you develop a list of practical recommendations to improve both built and natural shade. Visit <http://www.sunsmart.com.au/shade-audit>.

## Generation SunSmart

Fun and interactive online sun protection modules for teachers. Visit <http://www.generationsunsmart.com.au/>.

## Be SunSmart Play SunSmart

A curriculum resource using the Being, Belonging and Becoming – The Early Years Learning Framework for Australia. Visit [https://www.cancersa.org.au/uploads/sunsmart/A4P\\_BeSunSmart\\_PlaySunSmart\\_ECR\\_document\\_WEB.pdf](https://www.cancersa.org.au/uploads/sunsmart/A4P_BeSunSmart_PlaySunSmart_ECR_document_WEB.pdf)

## SunSmart Hat-Wearing Toolkit

Leads staff through simple steps, with useful tips and resources to reinforce current SunSmart hat-wearing behavior to reach 100 per cent compliance or to phase out baseball caps. Visit <https://www.cancersa.org.au/prevention/sunsmart/sunsmart-resources/hat-wearing-toolkit>

**Policy dated: 3/5/2021**

**Date of next policy review: 03/05/2024**

### Sourced:-

Cancer Council SA  
PO Box 929 Unley BC  
South Australia 5061  
T 08 8291 4265  
F 08 8291 4268

E [sunsmart@cancersa.org.au](mailto:sunsmart@cancersa.org.au)

Further information can be found at [sunsmart.org.au](http://sunsmart.org.au) or contact Cancer Council on 13 11 20

### Sunscreen Authority

I give consent for my child

(insert name)

**To not wear sunscreen**, to help with vitamin D requirements that are required for children with naturally very dark skin, until further written notice from parent/guardian.

Signed ..... Dated .....

Print Name .....



## **Nutrition**

The centre aims to promote positive and nutritional eating habits in children. The centre recognises that children in long day care require at least 50% of their daily-recommended dietary intake to be provided at the centre in the form of safe and appropriate food. Water is accessible at all times.

Foods provided will be consistent with the Dietary Guidelines for Children and Adolescents

Mealtime is a pleasant occasion and children are encouraged to follow good eating habits and try a variety of foods.

## **Food /Food Preparation**

- All foods will be prepared, stored and handled in accordance with procedure on kitchen hygiene.
- Where possible foods will be low in fat, moderate fibre, low in salt and sugar.
- When children are on special diets either for religious or health reasons, the parents will be asked to provide as much detail as possible about suitable foods.
- Raw fruit and vegetables which are likely to cause choking eg Apples carrots celery will be grated, cooked or mashed.
- Meats will be cut into small pieces when being prepared
- Other foods linked to a high risk of choking will not be served, eg popcorn nuts corn chips.
- Peanut butter or any food containing nuts will not be used.

## **Meal Time Practices**

- Meal times will be set to a regular schedule but individual needs will be accommodated. If children are asleep at mealtime then their meal will be offered to them when appropriate.
- Children and staff will wash their hands before and after handling food and eating.
- Children will be seated at tables and supervised by the staff while eating their meal.
- If a child needs the meal to be cut smaller than the serving size, staff will deal with this as required.
- Staff members will sit with the children and eat the same meal.
- Staff members discuss the food being served in a positive manner
- Children will learn about food and nutrition by it being included in the program this is done via story books talking about foods we like, chopping and preparing food, making their own sandwiches helping serve up food and playing with plastic food
- Food preparation will be included in the program for children.
- Parents will be advised when their child is not eating well.
- Children will be offered an alternative if they chose not to eat the prepared meal.

## **Menu**

- Servings per day are provided from each of the food groups and are 50% of the recommended daily intake consistent with dietary guidelines for children and adolescents.

- The weekly menu will be displayed in the foyer and in each room.
- Menus will contain a variety of colours, tastes and textures. They will reflect the many cultural diversities of this country.
- Full cream milk will be used for children 0 to 2 years
- Reduced fat milk (1.5-2.5% fat) will be used for children from 2 to 5 years
- Water is available at all times.
- We only accepted water to drink brought from home in drink bottles for the children to have while at childcare.
- Flavoured milks, cordials or other sweetened drinks are not recommended
- Only soymilk fortified with calcium will be used as a substitute for cow's milk.
- Recipes are available for parents /caregivers.
- The centre encourages and supports breastfeeding.
- A late afternoon snack is available
- Children will be offered subsequent helpings of food.
- Staff will provide parents with nutrition information via pamphlets, regular newsletters and the nutrition noticeboard.

### **Birthdays**

To celebrate a child's birthday at the centre, in keeping with our nutritional guidelines we will only accept a cake, that has been bought from the shops still in the wrapping with the list of ingredients displayed and must be a low sugar and low fat option. Alternatively, cakes can be arranged with the Centre's Cook a week prior to for a cost of \$10.00 per birthday child.

### **Nutrition for Babies.**

- Breast feeding mothers will be supported and a comfortable area will be available for this.
- Parents should provide adequate breast milk /formula for the Childs attendance.
- For bottles other than milk/formula we recommend that flavoured milks, cordials or other sweetened drinks are not brought for the children to have during the day.
- Guidelines for storing and thawing /warming breast milk is referred to in the centres procedure manual. More information for recommended procedures for storing thawing and warming breast milk see attached sheet.
- This is also displayed in the baby room.
- When extra fluids are required, cooled boiled water is to be offered.
- Water is to be promoted as a thirst quencher.
- Age appropriate food to be offered to babies in the form of puree mashed or chopped.
- Introduction of solids will be offered in consultation with caregivers, and change to feeding requirements will be reviewed as child becomes older.
- New foods to be introduced in liaison with caregivers
- Staff will liaise with caregivers about baby's food and fluid intake over the day, particularly if a baby has not eaten or drank well.
- Recommended schedule for introducing solids to infants information for parents is located in the foyer.

### **Special Diets.**

If a child requires a special diet for medical reasons (professionally diagnosed food allergy or intolerance) then a Modified Diet Care Plan is to be completed by the child's medical practitioner.

This plan is to be reviewed regularly as required.

In the case of a child requiring a special diet for non medical reasons (cultural religious or other reasons) they are required to fill in a modified Diet care plan and signed by a doctor.

- Parents may be requested to provide special foods for special diets in some cases.
- The cook will be informed of all special dietary requirements.
- The cook and the team leaders will record and prominently display for staff a list of all children with special diets and food allergies.
- Staff will alert parents if they suspect a child has shown an adverse effect to a food type.
- Parents to inform staff of any changes to their child's reaction to food.

### **Staff Food Safety Training**

All staff will watch the Bug Busters video and complete the answer sheet. Newly employed staff will complete the training within 1 month of employment at the centre

### **Other Information**

- On enrolment caregivers will be given a copy of the nutrition policy in the handbook
- The Director and Cook will review the Menu with input from staff on a quarterly basis to ensure all requirements are being met. The menu will operate on a five-week rotating basis being adjusted seasonally due to variety of quality foods being available.
- The nutrition policy to review on an annual basis by the Director with input from the staff and caregivers.
- Nutrition Policy is displayed in the Policy Folder located on the shelf in the hallway which is available to look at or have a copy at any time.
- The Director and Cook have attended the Start Right Eat Right Training course.

### **Sourced**

**Reviewed 2/12/2020**

Get up and Grow 2015 Health and Nutrition Australia The Australian Dietary Guidelines  
[www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

There are many more policies and procedures that can be found in the Centre's Foyer Policy and Procedure's file. There are also some displayed on the Centre's website.

For a complete list of policies and procedures, please feel free to request from the office staff or access the binders in the front foyer.